

The Corbet School

DRUG EDUCATION POLICY

AND

PROCEDURAL GUIDELINES FOR
DRUG RELATED INCIDENTS

Policy Manager : Head

Approval Authority : Pupil Welfare

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Introduction

This policy outlines policy of The Corbet School for:

- Drug Education
- Handling of drug related incidents

For this policy, the term ‘drugs’ refers to any substance that changes the way the body or mind work, including:

- Alcohol
- Tobacco.
- Electronic cigarettes and vaping devices
- Volatile substances (aerosols, solvents, glue or petrol)
- Caffeine and energy drinks
- Over the counter/prescribed drugs e.g. painkillers, antibiotics

- Illegal drugs e.g. cannabis, ecstasy, cocaine, heroin and Novel Psychoactive Substances

'Drugs misuse' is defined as the non-medical uses of drugs that are only intended for use in medical treatment, the use of drugs that have no accepted medical purpose (DfE circular 4/95).

Drugs play a part in the lives of everyone and it is a feature of our society that children and young people will be exposed to legal and illegal drugs, whether in the home, the wider community or in the media.

The majority of school-aged pupils do not use or abuse illegal drug. However, it is acknowledged that some will be curious and will experiment, others will use as a means of being part of a group/gang, establishing status and self-identity. Others will use substances as a coping mechanism related to emotional and mental health, sexual identity or dealing with unresolved adverse childhood experiences.

Alcohol aside, cannabis is consistently reported as the most common drug used by young people, with 11% of 15 year olds reporting they had tried it (NHS Digital WAY Survey 2014)

Rationale

At The Corbet School we aim to ensure that our approach to drugs is a whole school one, designed as part of our commitment to, and concern for, the health and wellbeing of our whole school community.

This policy is based on evidence-based guidance provided by Public Health England and leading national organisations such as MENTOR, the Alcohol Education Trust and the PSHE Association.

This policy also relates to, and complements other school policies: Safeguarding, PSHE and Citizenship, behaviour/discipline and anti-bullying. Medicines, educational visits, smoking and equal opportunities and importantly our exclusion policy.

The purpose of drug education is to prevent drug use and experimentation amongst young people by ensuring that all pupils receive consistent, clear and thoroughly planned lessons appropriate to their age and stage of maturity, understanding and knowledge.

Drug education contributes to children's health and safety; it is part of a broad and balanced curriculum. An understanding of drugs enables pupils to make informed decisions and forms part of the school's duties under safeguarding (Keeping Children Safe in Education).

We aim to ensure that the approaches and processes that we follow for drug related incidents are clear for all pupils, staff, parents and the wider community.

We aim to manage drugs in a way which enables pupils to access educational opportunities in a safe environment. We manage drugs, which are medicines, as well as legal and illegal drugs in a lawful, responsible way, which ensures the health and safety of individuals and community.

Social and educational outcomes for young people are likely to be better if they attend school regularly. Young people who are unable to access education because they need to take medicine at school or, because they have been excluded for smoking, the use of alcohol or using illegal drugs are more likely to develop problematic use. Good management of drugs in schools is therefore closely aligned with, and to ensuring educational attainment and achievement for all and safeguarding.

We are mindful of the evidence that exclusion of a pupil increases their vulnerability, increasing exposure to exploitative and coercive relationships, often increasing their risk around substance use and sexual behaviour.

At The Corbet School, we have links with the West Mercia Police Youth Inclusion Team / Local Policing Team to ensure our school reflects and responds to issues and trends affecting our local community. This is especially pertinent in relation to the use of substances in the context of sexual exploitation, grooming and illegal supply of alcohol.

We are also active members of the Herefordshire, Shropshire and Telford & Wrekin Professional Information Network (HST-PIN), an online network which enables the effective sharing of drug related information between professionals (please see Appendix 8)

In developing this policy, the following individuals have been consulted or involved: Governors, head teacher, school staff parents and pupils, Shropshire Public Health Curriculum Advisor, The Shropshire Drug & Alcohol Action Team, Young Addaction Shropshire and West Mercia Police.

Confidentiality

The welfare of children will always be central to the school's policy and practice. All pupils need to feel able to talk in confidence to a member of staff about a drug-related problem. However, in line with Safeguarding procedures, teachers will not be able to promise complete confidentiality and information about a child in relation to drugs will follow the same procedure as for other sensitive information.

Workplace Health

Members of staff need to be aware of procedures in relation to working and drug taking. Staff need to be clear about how they may access support, if required.

Part One: Drug Education

The [National Drug Strategy 2017](#) has the stated aim to 'reduce all illicit and harmful drug use'. Under the 'Reducing Demand' theme, the strategy places an emphasis upon prevention work with young people, stating:

'In order to protect society and individuals from the harms of drug misuse, we must act at the earliest opportunity to prevent people starting to use drugs in the first place, and prevent escalation to more harmful use'.

The strategy sets out the action needed at both a national and local level in order to ensure an effective universal approach to preventing drug use, including the promotion of health and wellbeing across the life course and building resilience.

The strategy goes on to underline the key role of schools and particularly PSHE in helping children and young people develop confidence and resilience, key protective factors in effective prevention.

Drug education is delivered in science as part of national curriculum as well as in PSHE. Other curriculum subjects also make contributions towards the teaching of drug education and cross-curricular links and opportunities in RE, English, Drama etc. should be utilised.

Drug Education at The Corbet School aims to:

- Enable pupils to make informed healthy and safe choices by increasing their knowledge, challenge their understanding and develop their skills.
- Support pupils to develop positive self-esteem and resilience in order to help them assert themselves, respond to pressure, assess risks and seek help, support and advice to keep them and others safe from harm.
- Provide accurate, factual and upto date information about substances.

The PSHE programme is planned and taught in line with national curriculum guidance, DFE guidance, PSHE association recommendations, Ofsted requirements, [MENTOR Toolkit](#), and [Quality Standards for Effective Drug and Alcohol Education \(ADEPIS\)](#).

Our PSHE is a co-ordinated, spiral programme which addresses keeping safe, healthy relationships and understanding the world around you as part of a planned, progressive and age appropriate curriculum.

The Shropshire Respect Yourself Relationship and Sex Education programme includes issues related to substance use, peer pressure and consent and is complemented by the PSHE Association Emotional and Mental Health curriculum, which is available to all Shropshire schools via the Learning Gateway

In PSHE we use a wide range of teaching and learning approaches. We undertake assessment for and of learning and the pupils will be engaged in identifying what they currently know and understand. Myths and misinformation will be discussed, attitudes and values will be challenged and realistic case studies and scenarios will be explored to help pupils assess risk, consider options and consequences.

The Corbet School utilises the [Alcohol and Drug Education and Prevention Information Service \(ADEPIS\)](#), a leading source of evidenced based information and tools for alcohol and drug education and prevention in schools.

External agencies and visiting speakers will only be used to complement and support the planned spiral curriculum and, in all cases, will adhere to the school's visiting speaker policy.

We recognise the evidence outlined in [‘The International Evidence On The Prevention Of Drug And Alcohol Use: Summary And Examples Of Implementation In England \(Public Health England 2015\)’](#) that indicates that the use of individuals in recovery from drug and / or alcohol dependency or police officers as guest speakers is not effective and may, in some cases, be counterproductive.

Evidence shows that drug education programmes and approaches that rely upon scare tactics, knowledge only approaches, mass media campaign or the use of ex –users and the police as drug educators in schools where their input is not part of wider evidence based programme are not effective.

In addition, the PSHE Association advises caution about the use of drop down days if used in isolation and not as part of a planned PSHE programme.

Evidence has been used to inform not just what we teach but when. Year 8 & 9 is the optimum time to dispel myths and clarify peer norms and develop skills related to peer pressure and influence. Experimentation among those who are curious and are looking to establish status among peers can, and may be factors related to substance use for young people in year 7 -9. Please see Appendix 1 for further information on resources.

Summary Drug Education Approaches	
Effective	Non-Effective
Spiral Curriculum Trained teacher delivery Challenge myths Focus on skills and resilience.	One-off / standalone sessions Talks delivered by police / individuals in recovery. Shock tactics Information on specific drugs
<p>Drug and Alcohol Education as part of PSHE & Whole school approach: Congruent Policy & Practice Co-ordinated Pastoral & Targeted support Home School partnership</p>	

Our school is mindful that some pupils will require targeted support. We use Targeted Youth Support Services and Targeted Mental Health Programmes. School staff are trained in assessing outside agency support. Additionally, our school nurse provides CHAT (Confidential Health Advice for Teenagers), a drop-in advice and support service. If we have any concerns over an individual young person's drug and / or alcohol use, we will, with the young person's consent and involvement, complete the Shropshire Young Addaction SMARTER Screening Tool (please see Appendix 4). Following completion of the screening tool, the young person may be referred to the Shropshire Young Addaction service if appropriate or contact the SPC number 01743 294700 to make a telephone referral.

Part Two: Drug Related Incident Procedure

School Boundaries

- The school boundary is the school perimeter fence.
- The school day is 8.45am to 3.20pm
- If a drug related incident takes place in the immediate vicinity of the school, near the start or end of the school day, at an after-school club or at an evening school event, on school transport or while travelling to, waiting for or returning home from school transport it, will be dealt with at the discretion of the Head Teacher or other designated member of the senior management team.

- Drug related incidents occurring during school day trips or residential trips will be dealt with as if it had occurred within the school's boundaries.

Health and safety of the child should always be the principal concern when responding to all incidents.

Key Procedural Issues

Always inform the Head Teacher or most senior member of staff available.

For Safeguarding issues, refer to school's Safeguarding Policy

Record ALL drug related incidents. Recording sheets can be found in '[Drugs: Guidance for Schools \(2004\)](#) Please see Shropshire example (Appendix 3)

Disposal of illegal substances must be witnessed. Police can dispose of drugs for you.

Part Three: Staff Roles and Responsibilities

The Governing Body is responsible for:

- Authorizing the Drug Education policy and any subsequent reviews of the policy and ensuring that the terms and ethos of this policy are followed.
- Reviewing the policy every three years.
- Monitoring the number and nature of drug related incidents and the outcomes, including any disciplinary action.

The Head Teacher is responsible for:

- Ensuring that the terms and ethos of this policy are followed.
- Appointing a Senior Leadership Team to implement the policy, and ensure a planned drug education curriculum is delivered in line with recognised good practice.
- Ensuring that teachers are provided with the required training and guidance to deliver effective drug education and respond to drug related incidents.
- Ensuring that students are aware of the rules on drugs and the consequences.
- Ensuring that clear procedures for drug related incidents with appropriate sanctions consistent with the school's behavior, exclusion and safeguarding policy are in place.
- Liaising with external agencies and organisations.

The Personal Social Health Education Lead is responsible for:

- Reviewing and updating the Drug Education Policy and PSHE Scheme of Work considering current research and local and national data.
- Monitoring the effectiveness and quality of the planned and delivered curriculum for PSHE/Drug Education.
- Providing leadership and training for teachers.
- Auditing and monitoring resources for effective teaching and learning.
- Producing an annual PSHE report for school governors, to include recommendations and the identification of opportunities and threats to good practice.

All staff at The Corbet School are expected to: follow the terms and ethos of this policy.

Appendix 1: Summary of Drug Education Resources and Approaches

Primary Schools: Life Skills Focus

Resources available from:

[Mentor](#)

Shropshire Respect Yourself (RSE Programme)

PSHE Association Emotional and Mental Health Curriculum: available free from
[Shropshire Learning Gateway](#)

Age 12–13: Friendship & Social Group Focus

Alcohol in the context of peer pressure/ Self-esteem & decision making
See the Shropshire Respect Yourself RSE lessons

Resources available from:

[Alcohol Education Trust](#): Produce the '[Talk About Alcohol](#)' Teacher Workbook

[MENTOR 'Unplugged' Programme](#) A cognitive social influence programme.

[The Alcohol and Drug Education and Prevention Information Service \(ADEPIS\)](#)

Age 14-16: Experimentation & Personal Identity Focus

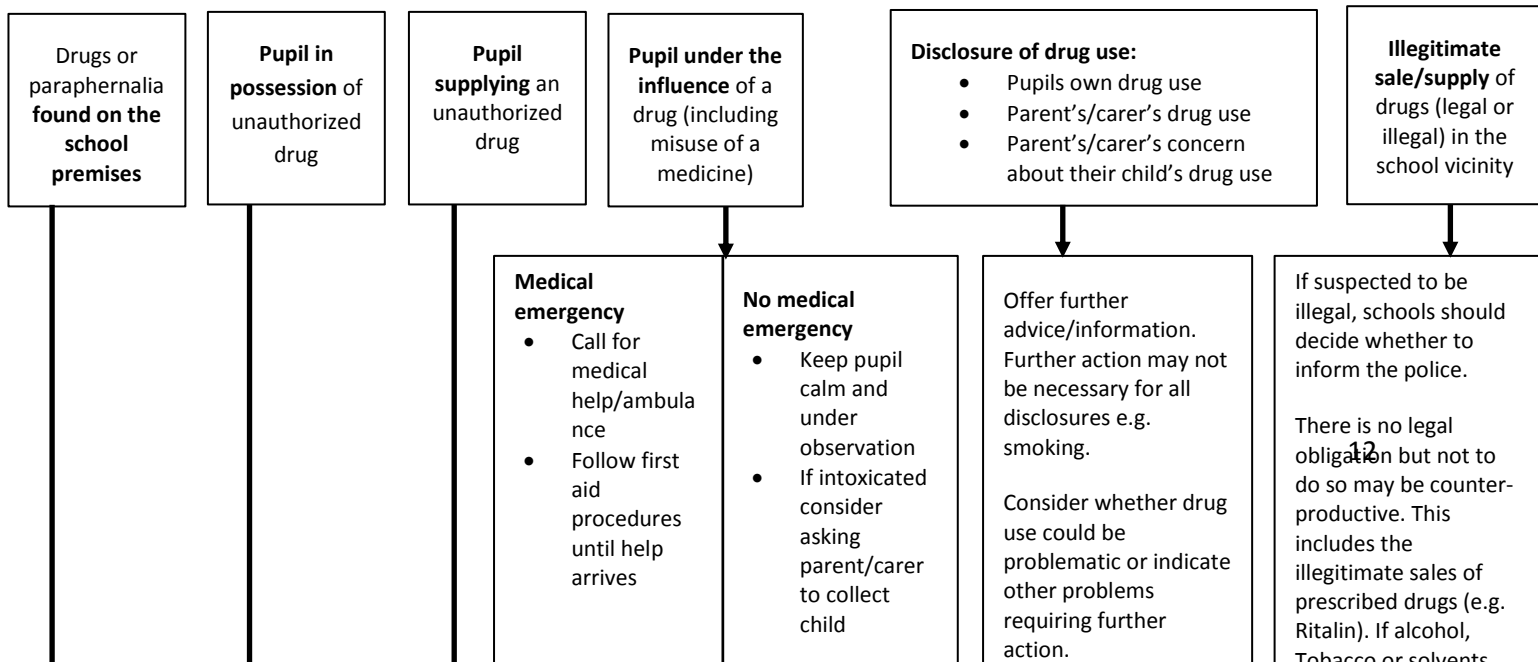
Drug education in the context of relationships, managing emotions and peer norms
Building resilience, decision making skills and self-esteem.

Resources available from:

[Rise Above](#): Website created by young people for young people which aims to build emotional resilience, equipping individuals with the skills and knowledge they need to make informed decisions and help deal with the pressures of growing up.

The Alcohol and Drug Education and Prevention Information Service (ADEPIS)

Appendix 2: Responding to Incidents Involving Drugs



Remove drug/paraphernalia

Temporarily store drug securely in a designated place. Record the details with a witness present. [See Appendix 3 Complete School Record](#)

Consider issues of confidentiality and explain issues to pupils/parents involved


Inform headteacher or designated member of staff, who will begin further investigation

Inform parent/carer if appropriate and does not place the child at risk

Appendix 4: Shropshire Young Addaction SMARTER Screening Tool

YOUNG ADDACTION
SHROPSHIRE

SMARTER
SCREENING TOOL
SUBSTANCE
MISUSE AND
RISK
TAKING EARLY
REFERRAL

young addaction 

1

SCREENING TOOL

The SMARTER screening tool will indicate when specialist advice should be sought for a young person, the tool will enable the identification of risk factors. However, the SMARTER screening tool will not provide a Comprehensive Specialist Substance Use Assessment

The form is devised into sections designed to assess risk factors regarding:

Section 1: At Risk Groups

Section 2: At Risk situations

Section 3: Substance Use

Instructions:

Complete the form, ticking the box that is the most appropriate response, ask the young person open questions to gain an insight into their substance misuse and what risk it involves for the young person. A scoring system is employed in the Substance Use section. The scores should be added up and the total written in total section

Please complete all of the following sections.

RISK FACTORS

SECTION 1- AT RISK GROUPS

I am a Looked After Child (LAC)/ young person.

I am excluded from School/College.

I am a regular truant/ non attender.

I am involved with YOS or Probation Service.

I have a Social Worker.

I have a learning disability or development disorder e.g. ADHD, Asperger's.

I am currently receiving support from CAMHS
Or have in the past.

I have family members who have mental health
Problems.

I am a young carer

SECTION 2 - AT RISK SITUATIONS

I am homeless, living in supported accommodation, temporary accommodation or sofa surfing.

I have been involved in anti-social behaviour or crime.

I have had repeated accidents/injuries or self-harm when under the influence of drugs or alcohol.

I have been under the influence of drugs or alcohol at School or other settings e.g. College.

I have caused others to become concerned about my lifestyle e.g. missing from home.

I have regular, unplanned unprotected sex.

Any further relevant information:

SECTION 3 - SUBSTANCE MISUSE

Do you use substances?

- 0 No substance use
- 2 Cannabis Ecstasy Amphetamines Meow/Mcat
Cocaine Alcohol Solvents Ketamine
LSD NPS Other (please state) _____
- 5 More than one drug at a time or mixing drugs and alcohol
- 5 Heroin/Methadone Crack Cocaine GHB
Other Opiates (please state) _____

How often do you use?

- 1 Occasional— Less than once a week
- 3 Regular - More than once a week
- 5 Daily

Do your friends use substances?

- 0 No substance using friends
- 1 Some use—some don't
- 3 All friends use

Are there any problems with substances in your family?

- 0 No problematic use in family
- 5 Problematic drug/alcohol use among close family members

Do you feel the need to use substances to cope with life?

0	I do not need substances to cope.
2	I sometimes need substances to help me cope
5	I can not cope with substances

Young Person's views:

Do you think your substance use is a problem?	Y	N
Do you want to change your substance use?	Y	N
Do you want to see a young person's drug worker?	Y	N

Scoring Table



SCORE (from SECTION 3)

0-4 Give advice if no other risk factors from Sections 1 and 2 are present. If other risk factors are present in addition to substance misuse, consider make a referral to Young Addaction.

5-12 Consider seeking advice BUT if one or more risk factors from Sections 1 and 2 are present, make a referral to the Young Addaction team.

13 + Refer to Young Addaction by completing the Referral Form on page 10.

To work out scores:

Add figures of left column where there is a tick.

If you have any queries concerning this screening tool, please contact Young Addaction on 01743 294700.

SCREENING TOOL—DRUGS GLOSSARY

Amphetamine: Speed, whiz, sulphate, phet, base, paste, dexies (Dexedrine). Methamphetamine is the strongest form of speed – ice or crystal (smokeable form); methedrine (powder form); crank; tina or meth.

Benzo Fury: Effects similar to MDMA (psychedelic/stimulant) – Class B

Cannabis: Herbal: Weed, green, skunk, ganja, bush, bud, herb, sensimilla, shake. Skunk can be known by breed of plant – White Widow, Northern Lights, Bubblegum etc.

Resin: Solid, hash, pollen, slate, rocky (Moroccan), black, squidgy black.

Hash oil: Cannabis in liquid form – very rare in the UK.

General: Pot, dope, blow, wacky baccy, spliff. Sometimes cannabis is referred to by weight – 1 gram = £10.00; an eighth (a Henry); a quarter or an ounce. A 'nine bar' is 9 oz of cannabis resin.

Dabbing: Dabs are concentrated doses of cannabis that are made by extracting THC and other cannabinoids using a solvent like butane or carbon dioxide, resulting in sticky oils also commonly referred to as wax, shatter, budder, and butane hash oil (BHO).

Cocaine Powder: Coke, posh, Charlie, white, snow.

Codeine: Lean, Syrup, Nurofen Plus/Max, Purple Drank. Codeine is a narcotic and has similar effects to the other opiates. It is a pain reliever and a cough suppressant and is controlled under Class B of the Misuse of Drugs Act.

Crack Cocaine: Rocks, stone, base, freebase.

Ecstasy: E pills, MDMA – street name for MDMA powder is mud. Ecstasy is often known by the image stamped on the pill is Mitsubishi, doves etc.

Similar drugs are MDA (Adam) and MDEA (Eve). Other ecstasy type drugs are 4-MFA (Flatliners) and 2CB.

GBL: Known as Blue Nitro. GBL turns into GHB once it is swallowed

GHB: G, liquid ecstasy (not chemically related to ecstasy). A powerful sedative drug with strong potential for dependency in regular users. Very dangerous mixed with alcohol.

Heroin: Smack, gear, brown, scag, H, horse, junk, china white. Often referred to by price eg 'a ten bag or twenty bag'.

Smoking heroin is called 'fooling' or 'chasing the dragon'. Injecting is sometimes referred to as 'digging', 'pinning' or 'shooting up'.

Ivory Wave: Stimulant drug – Ivory Wave is now a Class B drug.

Ketamine: K, Special K, Vitamin K, Ket. It is often referred to as a horse tranquilliser. It is now a Class B drug

SCREENING TOOL—DRUGS GLOSSARY

NPS (Legal Highs):

Cannabinoids:

Super Lemon haze; Super Strawberry haze; Black mamba; Pandora's Box; Exodus Damnation; Pycnone; Cherry bang

Hallucinogens:

Clockwork Orange

Stimulants:

Go Gaine; Charley Sheen; Pink Panther

Nitrous Oxide:

Mr Whippy; Laughing Gas

LSD:

Acid, trips, microdots (tiny tablets), blotter (LSD on a small square of paper – sometimes the name is the picture on the blotter)

Meow:

Is the name for Mephedrone (Methylmethcathinone). It is also called M-CAT, Drone or Bubbles. It is a powerful ecstasy-like stimulant. Now a Class B drug.

NRG 1:

Is a very powerful stimulant and potentially dangerous. Now a Class B Drug

Other opiates:

Methodone (phiseptone)

Subutex (buprenorphine)

Dihydrocodeine (DF118)

Diconal – known as 'pinkies'

Prescription Drugs: Commonly abused classes of prescription drugs include opioids (for pain), central nervous system (CNS) depressants (for anxiety and sleep disorders), and stimulants (for ADHD and narcolepsy). Such as Co-Codamol, Xanax and Tramadol.

Solvents or volatile

Substances:

There are many individual products which can be sniffed or 'huffed' – the most common is butane gas (lighter refill)

Please note: This glossary is not exhaustive! Street names for drugs can vary from town to town and between peer groups. Many of the new drugs/legal highs sold over the internet may not contain what is advertised – some can contain illegal drugs.

Useful websites:

www.drugscope.org.uk/

both contain drugs information and glossaries

www.talktotank.com

www.scowid.org

has comprehensive scientific, photographic and user-based information

www.drugs.com

has information about prescription and over-the-counter medicines

Or you can phone the Young Addaction on 01743 294700 or email info@throughtherescovery.com

REFERRAL FORM

Name of Referrer:

Agency:

Contact Address:

Postcode:

Young Person's details:

Name:

DOB:

Male

Female

Address:

Post Code:

Telephone (home):

Telephone (mobile):

Can young person be contacted at home? Yes No

Young Person's consent:

Do you give permission to send a copy of the Screening Tool to Young Addaction?

Yes

No

Signature:

Date referral form sent:

Send form to:

Young Addaction Shropshire

Tel: 01743 294700

1st floor, Crown House

Fax: 01743 259650

St Mary's Street

Email: info@shropshirerecovery.com

Shrewsbury

Keep a copy of this form for your reference

SY1 1DS

This form will not be passed onto any other agency without your permission. Except if another child or young person is being abused or if you say you going to hurt yourself or someone else.

Appendix 5: Laws Relating to Controlled Substances

The [Misuse of Drugs Act 1971](#) aims to prevent the non-medical use of certain drugs and defines a number of offences such as possession and use, possession with intent to supply, production, cultivation or manufacture, supply or offer to supply, importation or exportation, the occupier of premises knowingly permitting or allowing premises to be used for drug related production or supply.

The offences committed and hence the legal consequences depend on the class of drug.

The [Psychoactive Substance Act 2016](#) cover offences to the supply and / or production of novel psychoactive substances.

Searching Pupils:

Head Teachers and staff authorized by them have a statutory power to search pupils or their possessions, without consent, where they have reasonable grounds for suspecting that the pupil may have a prohibited item.

Prohibited items are defined as knives or weapons, alcohol, illegal drugs, stolen items, tobacco and cigarette papers, fireworks, pornographic images and articles that the member of staff reasonably suspects has been, or is likely to be used:

- i. to commit an offence
 - ii. to cause personal injury to, or damage to the property of, any person (including the pupil)
- A student's desk or locker can be searched if member of staff has reason to believe that it contains Drugs/controlled substances.
 - If a member of staff suspects a student is concealing illegal drugs on their person, every effort should be made to secure voluntary production by asking them to empty their pockets/bag etc. This should be done in presence of another member of staff.
 - If the student refuses, the head teacher may contact the police; the student should be isolated and supervised.
 - Physical searches or asking students to remove articles of clothing should never be made.
 - If the student does not cooperate and leaves the school premises the police should be informed.

Appendix 6: Drugs and Sex Related Litter

These guidelines are intended to minimise risk to pupils and staff.

Any member of staff who becomes aware of paraphilia that may have been involved in drug or sexual activity should treat the item as potential harmful to them and others.

Inform the head teacher and, if item is drug related, the police.

Do not touch the item.

Isolate the area.

Contact Shropshire Council Streetscene on 0345 678 9006

Appendix 7: Managing Medicines

In most cases, parents/carers, not teachers, will administer medicines to their children themselves outside school hours. Where this is not possible:

- Parents/carers of children in need of medication must ensure that the school is accurately advised in writing about the medication, its usage and administration.
- Pupils may be able to administer their own medication, under supervision, but only with the written agreement of their parents/carers.
- The Head Teacher will make the decision for staff to administer medicines.
- All medicines will be stored securely with access only by senior staff, such as the Head Teacher or a qualified First-Aider.
- In the case of asthma, please refer to the school policy on **Managing asthma reliever inhalers.**

ALCOHOL ON SCHOOL PREMISES schools to delete as appropriate

Alcohol is not consumed on the school premises except for special occasions and organised events. On these occasions, the alcohol is stored in a locked cupboard away from all pupils.

OR

Alcohol is not allowed on the school premises and is not permitted as part of organised events or hire of the school premises.

Alcohol given and received as a present to a teacher or member of staff from parent/pupil or exchanged between members of staff is **or is not** acceptable

Appendix 8: Herefordshire, Shropshire, Telford & Wrekin Professional Information Network (HST-PIN) Terms of Reference.

1. Background:

In January 2016, Public Health England produced 'Drug Alerts and Local Drug Information Services' Guidance to aid local authorities to establish systems and approaches for assessing intelligence and issuing public health alerts on new and/or novel, potent, adulterated or contaminated drugs.

As part of this guidance it was recommended that local areas establish a Professional Information Network (PIN), an interactive online network of local professionals who are likely to encounter new and/or novel, potent, adulterated or contaminated drugs and/or the people who use them.

The purpose of the PIN is to:

- Share information, experience and knowledge that may inform any subsequent alerts or action by the Drug Early Warning System (DEWS).
- Act as a checking mechanism, i.e., monitoring whether a similar issue has been noted by other local professionals.
- Cascade alerts to specific target audience(s) of professionals and service users.

The Herefordshire, Shropshire and Telford & Wrekin Professional Information Network (HST-PIN) is a multidisciplinary online network for professionals across the three local authority areas.

The ethos of the network is one of co-operation. The HST-PIN was established in 2017 and is jointly owned and governed by Herefordshire, Shropshire and Telford & Wrekin for each respective local authority.

2. Aim:

The HST-PIN enables better information sharing between local professionals and enhances local recording of, and therefore intelligence and responses to, new and/or novel, potent, adulterated or contaminated drugs.

3. Membership:

The HST-PIN is a 'closed' online group hosted on the 'Google Groups' platform and is open to key and appropriate organisations and professionals working within Herefordshire, Shropshire and Telford & Wrekin.

Access to HST-PIN membership can only be granted by the DEWS Coordinator in each local authority. Nominations of colleagues with relevant knowledge or experience to join

the SHT-PIN are encouraged. If you wish to nominate appropriate colleagues within your organisation for membership, please contact your local coordinator. Contact details can be found in Section 8

4. Appropriate Content and Confidentiality:

The purpose of the HST-PIN is to collect information and intelligence on local drug use to share across the membership network, examples of appropriate posts would be information relating to:

- Local emergence of a new substance, i.e., NPS.
- Emergence of new or changing drug use trends.
- Reported incidences of local availability of contaminated drugs.
- Reported issues relating to strength and purity of available drugs.

Information sent within the HST-PIN must be anonymized so that individuals, patients or service users cannot be identified. The network will only be accessible to HST-PIN members.

5. Information Requests:

Queries, clarification and requests for information may be posted on the HST-PIN. Information requests and any subsequent answers or comments should be marked 'For Information Only'.

6. Drug Alert Forms:

Any information or concerns over incidents that you have should be sent to the DEWS mailbox (please see section 8). They should be recorded on the attached Drug Alert Form. Relevant managers should be informed and service protocols should be followed.

7. Information Sharing:

As a member of the HST-PIN you will be expected to disseminate information and alerts as requested. The mechanism for doing so should be discussed with colleagues within your organisation.

- Information provided to PIN members and marked 'For Information Only' may be shared within services, but should not be in the public domain unless agreed by the DEWS Coordinator for your area.
- Alerts may be targeted to specific groups and should not be cascaded outside the groups specified.

- Public alerts may be cascaded as instructed or within the area, but should not be cascaded outside the area unless specified by the DEWS Coordinator for your area.

8. Contact Details:

The HST-PIN will be moderated on an ongoing basis by Gavin Hogarth, DAAT Partnership Officer, Shropshire DAAT. Any queries can be directed to:

gavin.hogarth@shropshire.gov.uk

DEWS Coordinators:

Shropshire: Jayne Randall

jayne.randall@shropshire.gov.uk

Tel: 01743 253979

To become a member of HST-PIN it is essential that you set up a Google Account, we recommend that you use your existing professional e-mail address as opposed to set up a new Gmail address.

Please complete and return to indicate that you have read and agree to the HST-PIN Terms of Reference:

Print Name	
Position	
Organisation	
E-Mail Address for HST-PIN	
Signature	
Date	

Appendix 8: Further Information and Support

SHROPSHIRE	
Young Addaction / Shropshire Recovery Partnership	01743 294700
Young Addaction Parent / Carer Helpline	07870 503187
NATIONAL	
FRANK	0300 123 6600 www.talktofrank.com
Family Lives General advice and support	0808 800 2222 www.familylives.org.uk
Re-Solv (Solvents/Volatile substances)	01785 810 762 www.re-solv.org