



National
Guidance

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Drinking, Drugs and Smoking

Although most young people do not smoke, drink regularly or misuse drugs, some do. If they do, this could manifest itself on an off-site visit, especially a residential one. Also, some young people may be tempted, either through curiosity or peer influence, to use opportunities presented on a residential visit to experiment with these substances.

Managing the potential use/misuse of alcohol, drugs and smoking also applies to adult participants, leaders and helpers. Some of the adults may be regular smokers, drinkers or recreational drug users and their habits and expectations may need to be managed.

This document provides guidance on some of the questions to consider when planning a visit, and some management strategies.

The issues that may need to be addressed include smoking (including e-cigarettes), drinking alcohol, volatile substance abuse, misuse of prescription medicine, legal highs, and illegal drug use.

For information on the management of medications see OEAP National Guidance document [4.4d "Medication"](#).

A Starting Point

Is this a potential problem for your visit? For some groups it will not be an issue, but beware of making naive judgements. Where it is a potential issue does the visit leadership team have appropriate knowledge and competence?

What are the standard establishment/employer policies and procedures relating to alcohol, tobacco and other drugs?

Do these policies and procedures cover activities and visits? If not, can they be directly applied? For day visits, this would be the expectation. For residential visits, some adjustments may be needed.

Planning Questions

To plan for the practical management of smoking, drinking and drug misuse, some key questions are:

1. What will be allowed openly?
2. What might be tolerated in a managed way?

3. What is the likelihood of misbehaviour and clandestine use?
4. Could smoking, drinking and drug misuse be connected with other issues, such as self-harm or abuse?
5. What supervision arrangements are needed?
6. What are the sanctions to be applied and when?
7. Are all leaders, helpers, participants and parents clear about acceptable behaviour and aware of the sanctions for falling short?
8. Are parents aware that if a participant has to be sent home this may be at their expense?
9. What are the rules for adults and the visit leadership team?
10. Should issues of smoking, drinking and drug misuse be included in a written code of conduct? See OEAP National Guidance document [8i "Model Code of Conduct"](#)

Safety and Safeguarding

The safety and safeguarding of all involved in a visit should be the priority.

The misuse of drugs, alcohol and tobacco can be the cause of accidents but so too can be attempts to hide such misuse. Examples are accidents to drunken participants, fires caused by secret smoking, young people put in danger by seeking places to hide their activities. Participants, and even adult helpers, may keep quiet about dangerous behaviour within the group because of fear of reprisals. It is important to create a culture of safety which stresses that it is everyone's responsibility to be aware of potentially dangerous actions and that, when the welfare of the individual may be threatened, to report them – not to get the individuals into trouble but to help keep them safe.

The use of alcohol or other drugs can make a young person or adult more vulnerable to abuse. Leaders should be vigilant about this possibility. See OEAP National Guidance document [4.3e "Safeguarding"](#).

Legal Differences

It is important to be aware that the law on purchase, possession and use of legal and illegal substances varies from home nation to home nation within the UK, and from country to country overseas. Ignorance of the law of the country you are visiting is no defence, and the sanctions may be heavier than you expect.

Smoking

It would be better if young people did not smoke at all, but when smokers are present on a visit it may be unrealistic to enforce a smoking ban. This will depend on the nature of the group and the establishment to which they belong as well as, possibly, on the nature of the visit. To enforce a smoking ban is likely to drive the activity underground and possibly create a far greater safety risk. The lesser of two evils may be to allow smoking in specified places and times, while making clear that it is not condoned.

You should ensure that any smokers over the age of 18 (participants, helpers or leaders) know in advance what the rules about smoking will be. In the absence of specified times and places for smoking, they should ensure that they smoke discreetly and in a way that has no impact on their carrying out their responsibilities or on the smooth running of the visit.

When travelling overseas, all leaders and participants should be aware of local laws and customs relating to smoking. Local laws should always be followed where they are more restrictive than the laws of the UK or the agreed visit rules.

Drinking – Under 18s

It is illegal to sell alcohol to under 18s in the UK. Those aged 16-17 may drink beer, wine or cider to accompany a meal on licensed premises, but only when the drink is bought for them by an accompanying adult.

Health advice in England and Wales is that:

- children under 15 should not drink alcohol;
- if young people aged 15 to 17 years consume alcohol, it should always be with the guidance of a parent or carer or in a supervised environment;
- if 15 to 17-year-olds do consume alcohol, they should do so infrequently and certainly on no more than one day a week, and never exceed recommended adult daily limits.

It is therefore sensible that off-site visits should be alcohol free, certainly for those under 18, unless there is a particular reason why this is not appropriate.

Alcohol is the substance most likely to be abused on visits, with potentially significant and serious consequences. Supervision arrangements, particularly for any free time, must take account of the likelihood of this occurring.

You should agree specific arrangements for visits to countries with lower minimum age limits for buying alcohol, and for exchanges or homestays. In the case of homestays, host families should be informed about acceptable practice.

Drinking – 18 and Over

Alcohol consumption by anyone of the age of 18 and over (participants, helpers or leaders) should be discussed and agreed in advance, taking into account:

- the law;
- the negative effect of alcohol on the ability of participants to take part in the visit, and of leaders or helpers to carry out their responsibilities;
- the need for a sufficient number of alcohol-free leaders to provide effective supervision or to drive, including in an emergency;
- the time taken after drinking for someone to be free of the effects of alcohol;
- the effect that alcohol consumption by over-18s might have on under-18s taking part in the visit.

As alcohol affects judgement and decision-making ability, participants should always be supervised by alcohol-free leaders. This includes overnight during a residential. So, if leaders are to drink alcohol:

- there should be sufficient leaders to allow some to be 'off duty' without adversely affecting supervision levels or the ability to deal with an emergency, including the possible need to drive;
- those who do drink should do so in moderation and be fit to return to duty at the appropriate time (note that the body will take up to three hours to process the alcohol in one large glass of wine or a pint of strong beer);
- the duty rota should not unfairly penalise any leaders who choose not to drink.

It makes sense to formalise in employer or establishment policy what is (and what is not) acceptable in the way of staff alcohol consumption. Then there will be a clear understanding among staff, which should make it easier to enforce while on visits.

When travelling overseas, all leaders and participants should be aware of local laws and customs relating to alcohol. Local laws should always be followed where they are more restrictive than the laws of the UK or the agreed visit rules.

Volatile Substance Abuse, Legal Highs and Illegal Drug Use

The normal expectation is that there will be no use of any of these substances and this should be clear to all leaders, participants and helpers before departure. Where this is not a practical stance due to a regular drug habit, then appropriate management and supervision arrangements must be agreed.

In the UK, leaders are not required to inform the police of illegal drug taking by young people, although they may choose to do so if they feel this is in the best interests of the young person. Visit Leaders should act in accordance with establishment policy on drugs and safeguarding when dealing with such issues.

The legal position can vary widely in other countries, so it is wise to seek advice before you go. Drugs that are legal in one country may be illegal in another. Punishment for misuse in some countries can be serious, including a mandatory death sentence. Different countries may have different interpretations of concepts such as 'possession', 'intent' and 'criminal responsibility'. As well as a general ban on the use of any of these substances, all members of the group should be made aware of the legal position of the destination country and the sanctions that the leadership team will apply, as well as the possible sanctions that the legal system of the country may apply.

Part of the definition of an emergency is "any incident that is beyond the normal coping mechanisms of the visit leadership team". Visit Leaders should be mindful that they are not expected to be experts on drug related issues and that some young people may be far more knowledgeable than they are. Therefore, should drug misuse occur, the incident may require support from the establishment's management team.

Practical Examples

1. During a primary school residential visit, a 10-year-old pupil was being assisted to unpack by a leader who discovered a piece of cannabis resin in the child's bag. The child had no idea it was there as the bag had been packed by a parent. The cannabis was placed in a sealed bag and locked away under witness. The police were asked to collect the cannabis but were not informed of the child's name.

2. A 15-year-old on a residential visit in the UK was found smoking a cannabis cigarette she had brought with her. She had no previous history of illegal drug use on school premises. Her 'free' time was withdrawn for two days and her parents informed. She was warned that a second offence during the visit would lead to her being sent home at her parents' expense.

Further Guidance

www.talktofrank.com

www.nhs.uk/common-health-questions/lifestyle/what-are-the-health-risks-of-smoking

www.gov.uk/penalties-drug-possession-dealing

ash.org.uk/category/information-and-resources

