

Welcome to  
Langley  
Grammar  
School

# Parent Forum

**Understanding teenage substance use:  
drugs, alcohol and vaping.**

# Understanding Mental Health

We want to:

- inform you about the different types of teen substance use;
- update you with national statistics concerning young people and substance use;
- provide an overview of what we are seeing in school;
- provide advice on how you can support children who may be experimenting with these types of substances;
- signpost you to further sources of advice and guidance.

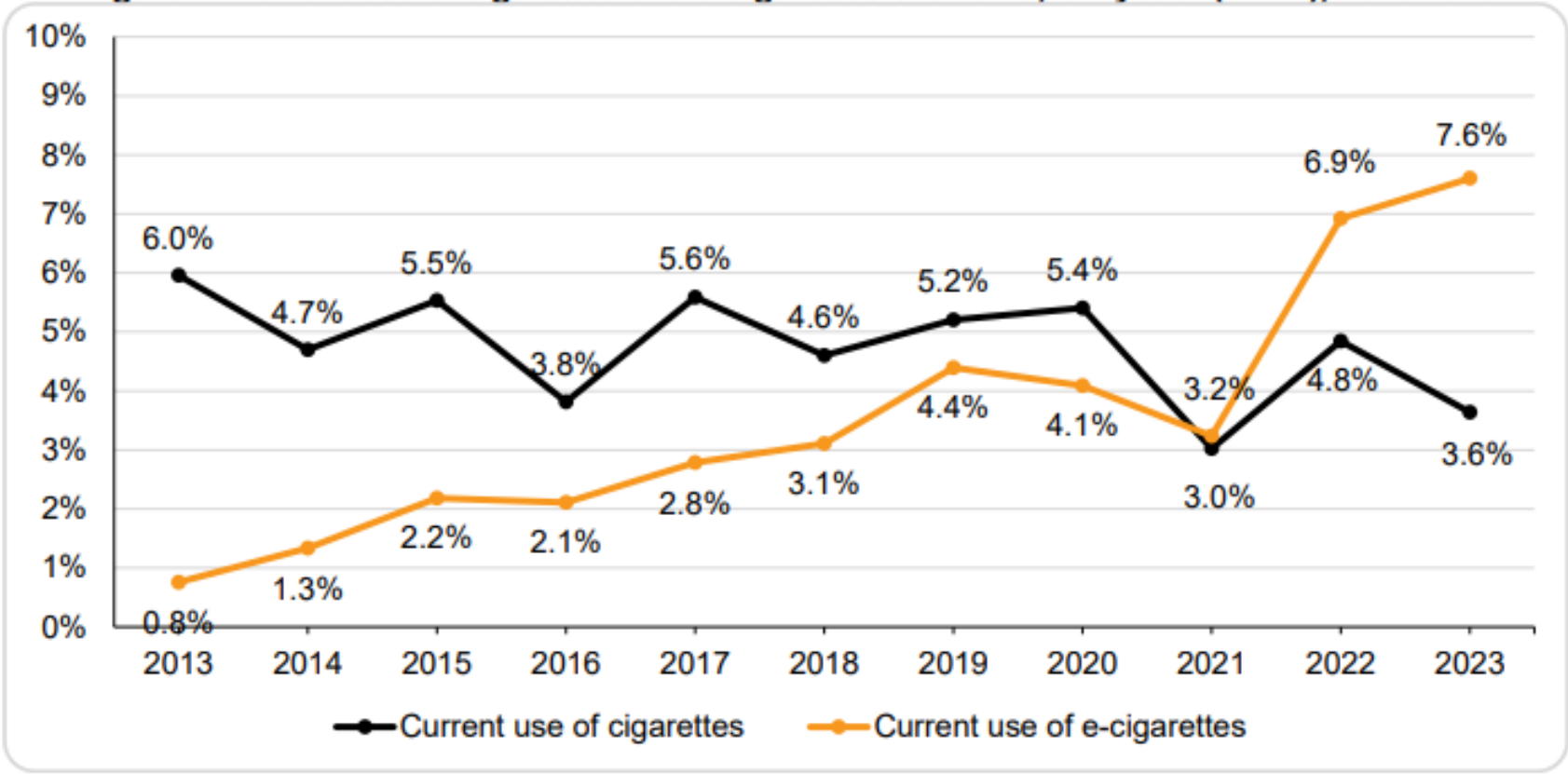


# National Picture - Vaping

- In March/April 2023 the proportion of children experimenting with vaping had grown by 50% year on year, from one in thirteen to one in nine.
- Among 11-15 year olds 15% have **ever tried vaping**, compared to 34% of 16-17 year olds and 38% of 18 year olds.
- The figures for **current use** are 4.6% among those aged 11-15, 15% for 16-17 and 18% for 18-year-olds.
- Giving vapes out for free is not illegal - 2.1% of children who have ever tried vaping report that their first vape was given to them by an e-cigarette company.
- The prevalence of regular use and experimentation increases with age.

# National Picture

Figure 7. Current use of cigarettes and e-cigarettes over time, GB youth (11-17), 2013-2023





# Vaping

Teenagers who vape are at risk of developing:

- nicotine addiction
- mood disorders
- difficulty paying attention
- reduced impulse control
- learning problems.

Vapes are very similar to cigarettes and contain nicotine.

Vapes are especially dangerous for young people under the age of 18 as their brains are still developing







# What can you do?

- Think about how you will react
- Don't make assumptions
- Stay calm
- Pick a good time to talk
- Stories in the news or vaping related storylines on TV can be good ways to start a conversation.
- Listen to them
- Don't lose your temper
- Explain your concerns
- Let them know that you are there for them and care about them
- Let young people know that they can come to you with questions and have a conversation
- Talk through effective ways to respond if they ever feel pressured to try it
- Set boundaries
- Call on your friends, family or wider network
- Take a break and go back to it another time



# Disposable vapes to be banned for children's health, government says

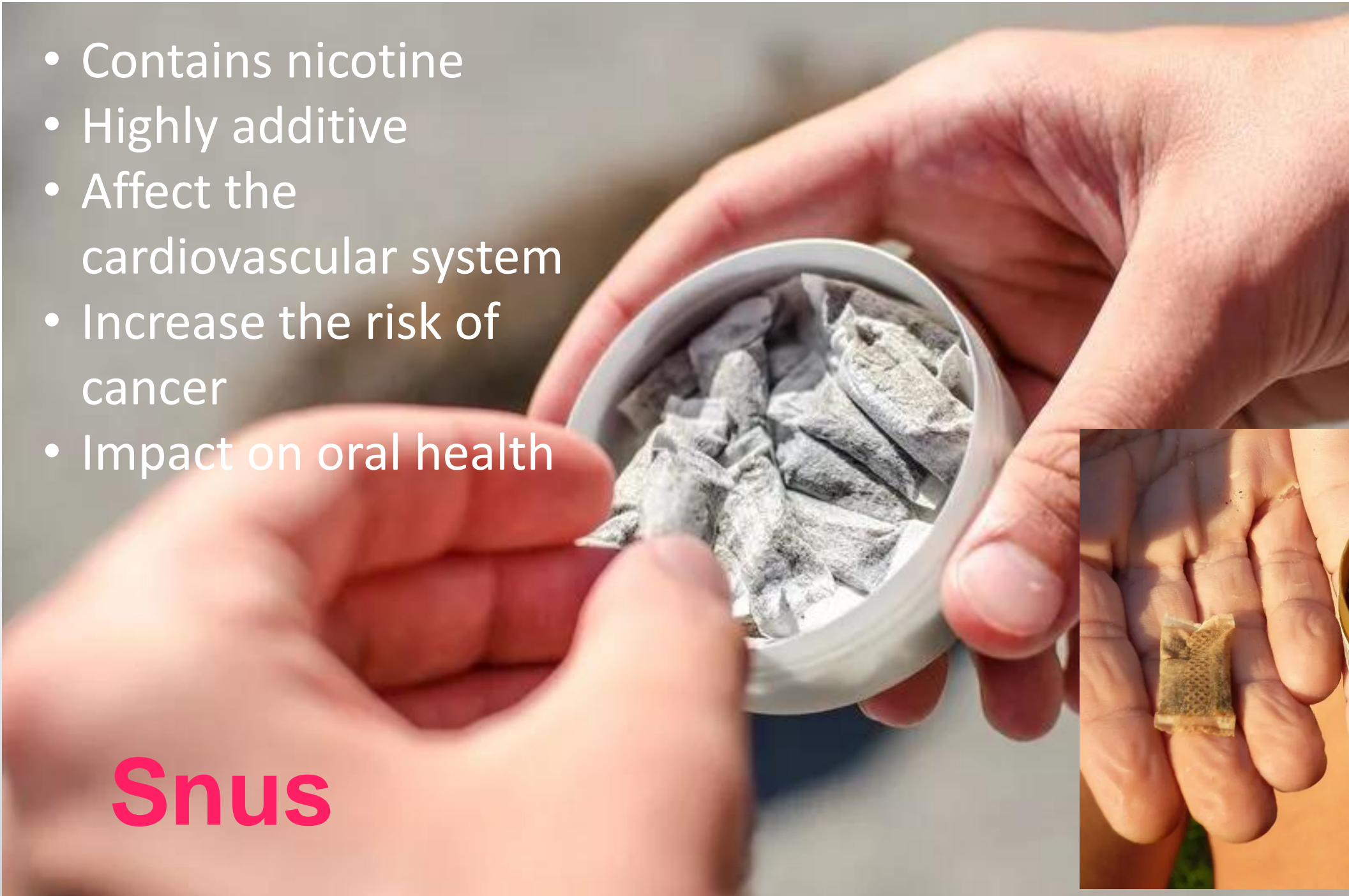
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- Contains nicotine
- Highly addictive
- Affect the cardiovascular system
- Increase the risk of cancer
- Impact on oral health

**Snus**



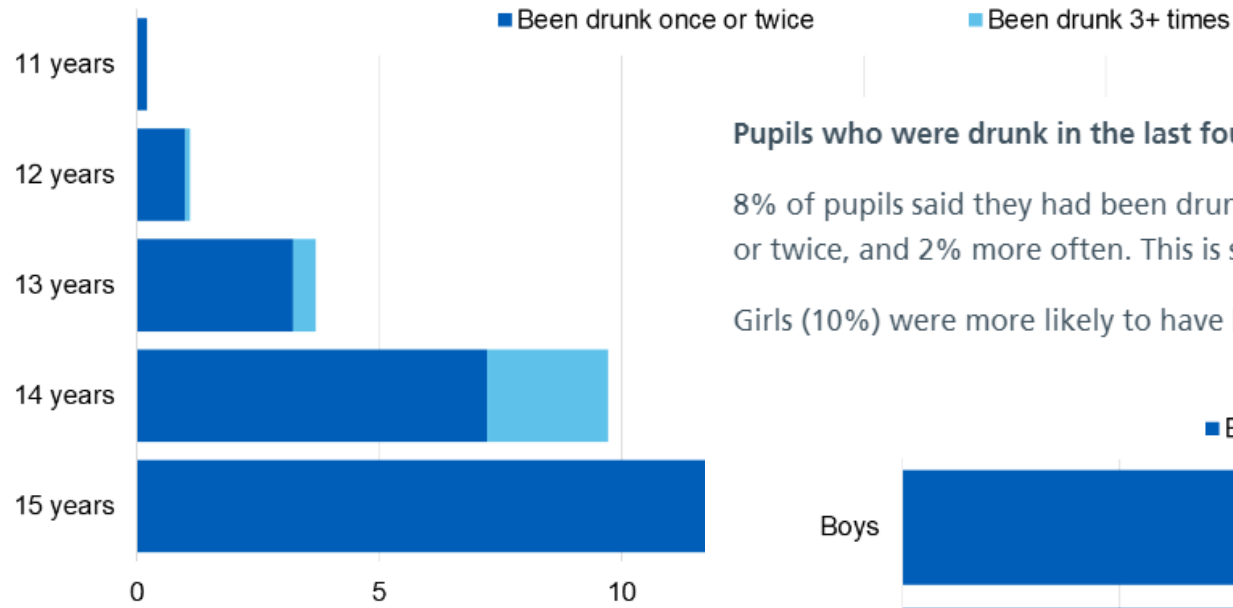
# National Picture - alcohol

- **50% of children in the UK have had a taste of alcohol before they reach the age of 14.**
- **71% of underage drinkers stated that the alcohol was given to them by their parents**
- **9% of young people who were surveyed admitted that they were able to purchase beverages from a local pub**

### Pupils who were drunk in the last four weeks, by age

The proportion of pupils who reported having been drunk in the last four weeks increased with age.

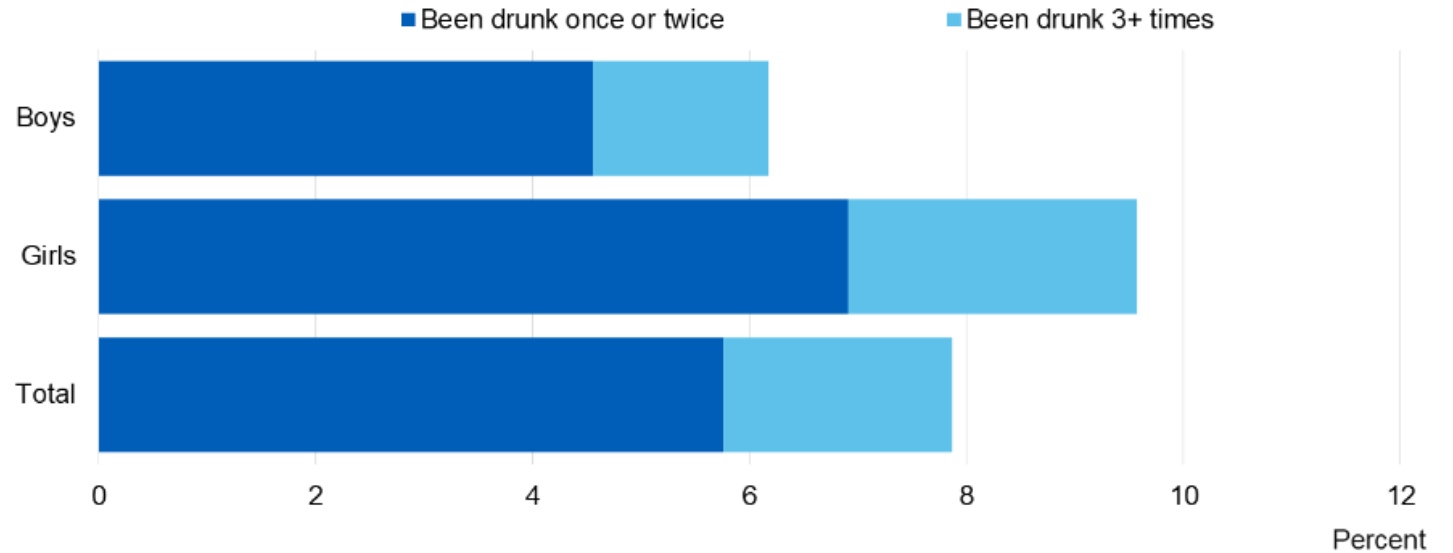
Close to 0% of 11 year olds, and 1% of 12 year olds had been drunk in the last four weeks, compared to 21% of 15 year olds.



### Pupils who were drunk in the last four weeks, by sex

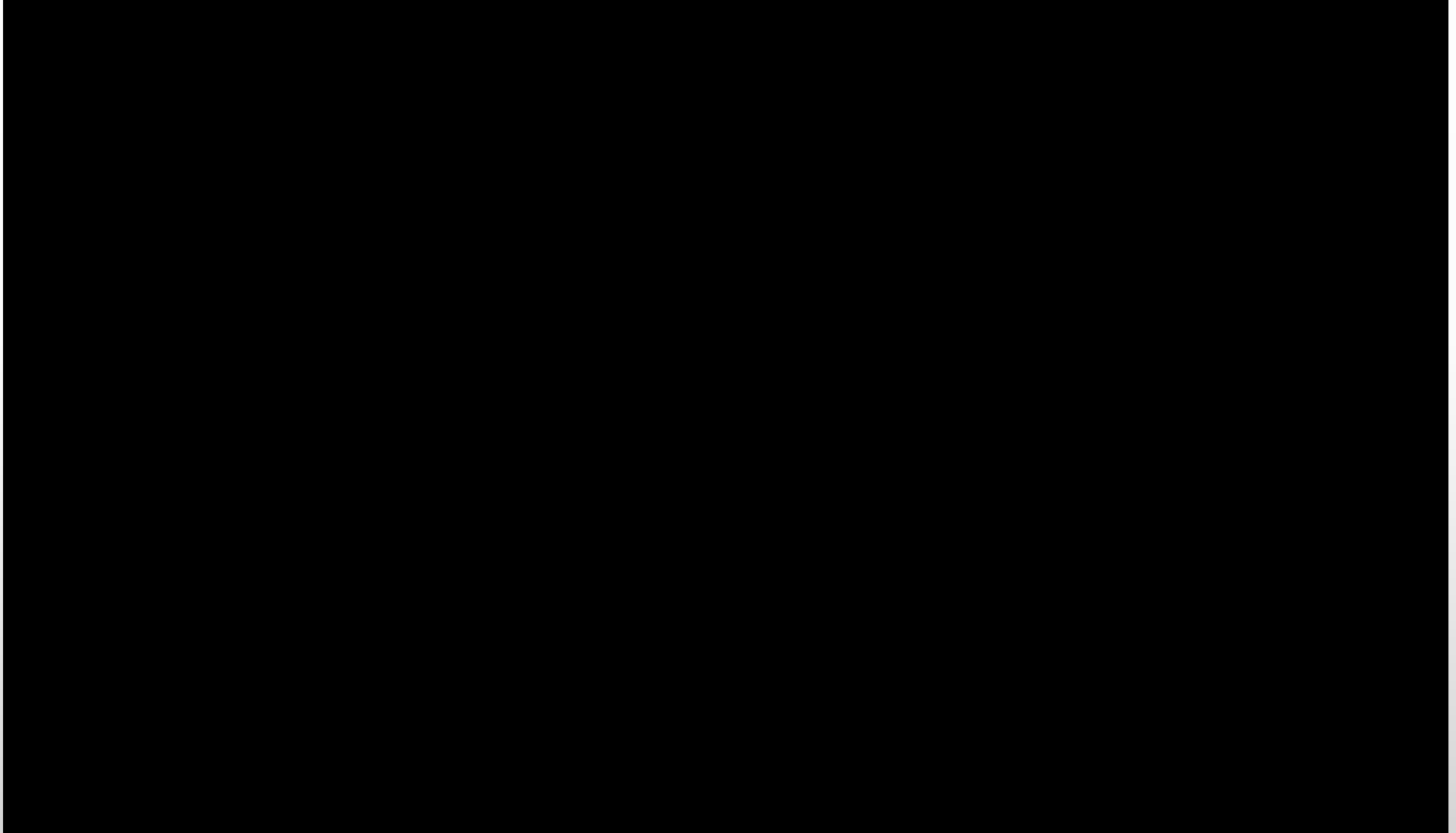
8% of pupils said they had been drunk in the last four weeks, including 6% of pupils who had been drunk once or twice, and 2% more often. This is similar to 2018.

Girls (10%) were more likely to have been drunk in the last four weeks than boys (6%).



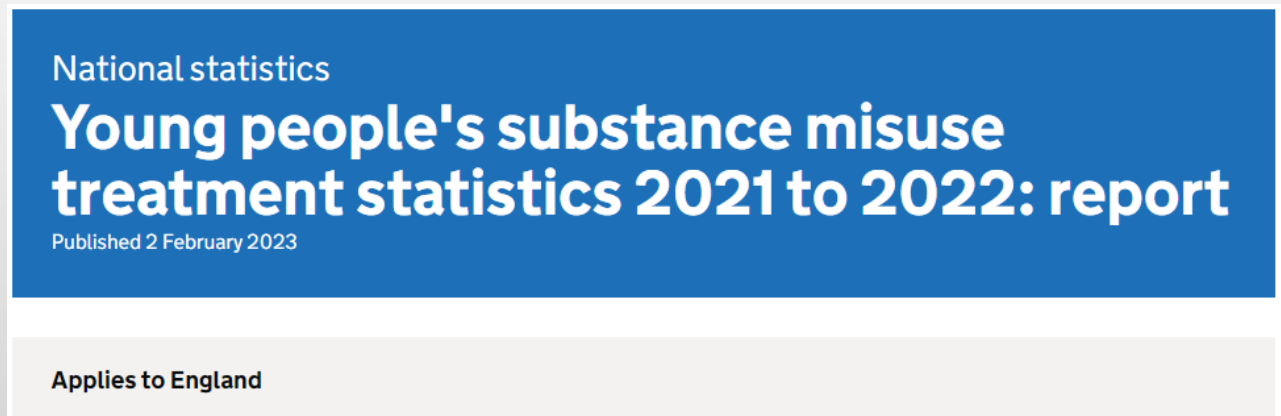


# Drink Aware

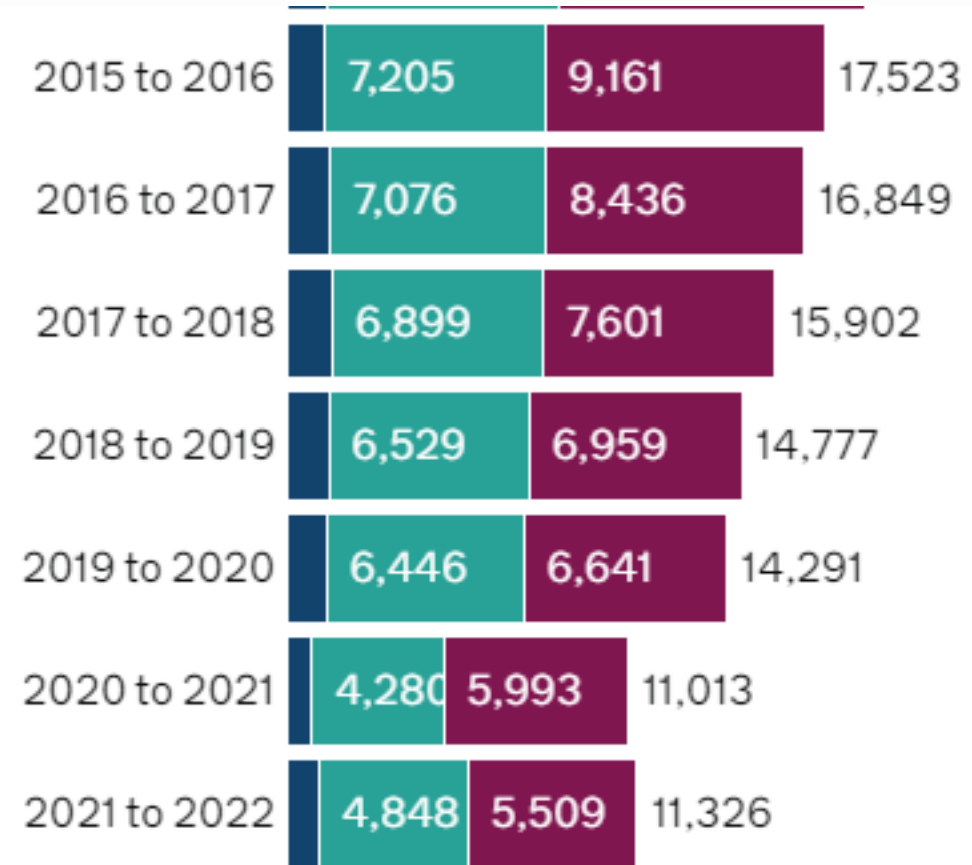
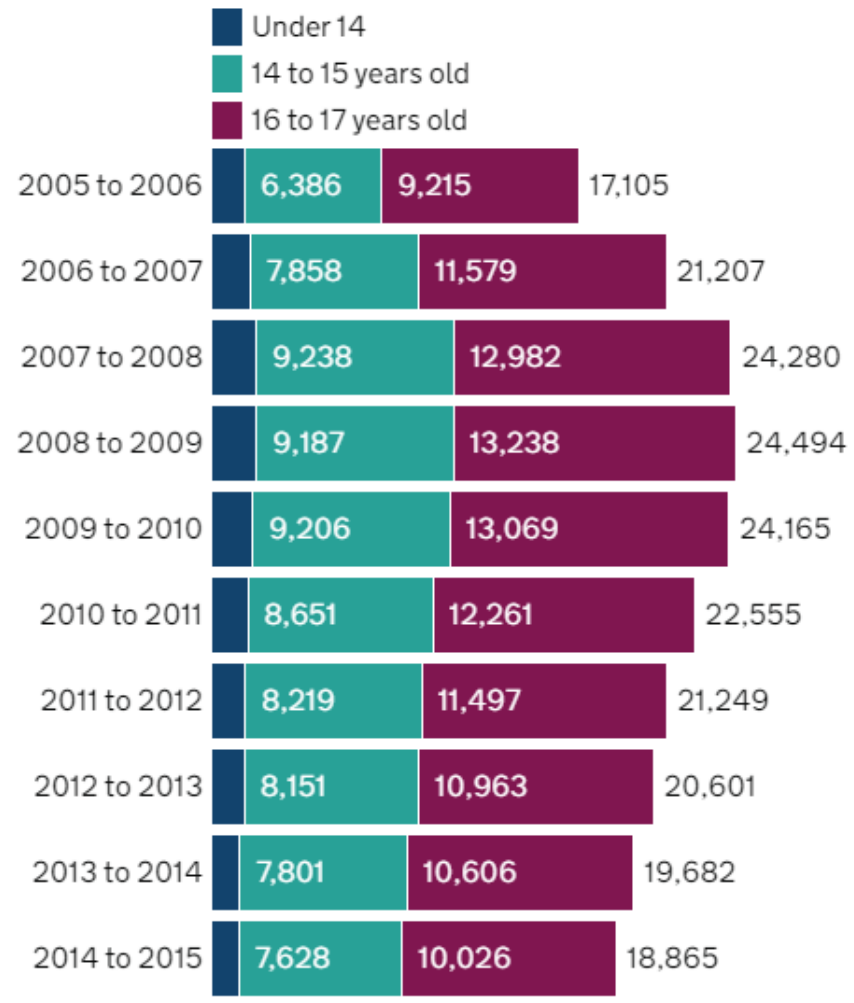


# National Picture: Drugs

- Cannabis remains the most common substance (87%) that young people come to treatment for.
- Around half of young people in treatment (46%) said they had problems with alcohol, 8% had problems with ecstasy and 8% reported powder cocaine problems.



# National Picture - drugs





# Why are drugs especially dangerous for young people?

- Young people's brains are growing and developing until they are their mid-20's
- The earlier young people start using drugs, the greater their chances of continuing to use them and become addicted later in life.
- Can contribute to the development of adult health problems, such as heart disease, high blood pressure and sleep disorders.
- The drugs most commonly used by young people is marijuana – can vape marijuana.

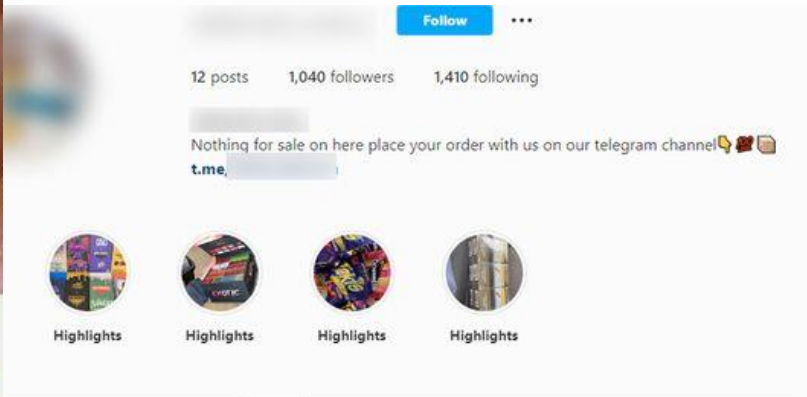


# Why do young people take drugs?

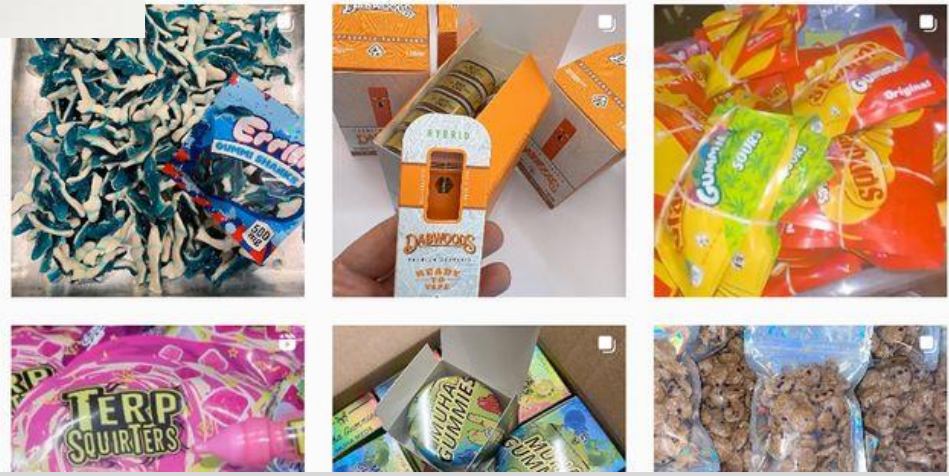
- To fit in
- To feel good
- To feel better
- To do better in academics or sports
- To experiment







# Cannabis Sweets marketed at children







uk gummies

Global search results

uk gummies

HEROIN  
3.5g - £120  
7g - £265  
14g - £480  
28g - £800

3,489 subscribers



WEED (Ask for available strains)  
1g - £10

discount on BULK orders!

one pound - £1000

PURE COCAINE

1G - £90  
2G - £160  
3.5G - £250  
7G - £475  
14G - £900  
28G - £1650

Can do discount on BULK orders!

HEROIN  
3.5g - £120  
7g - £265  
14g - £480  
28g - £800

XTC / 350MG

25 pills - £100  
50 pills - £170  
100 pills - £270  
500 pills - £750  
1k pills - £1300  
Can do discount on BULK orders!

KETAMINE / DUTCH NEEDLE

3.5G - £100  
7G - £170  
14G - £250  
1oz - £400



# Langley Grammar School

## Alcohol and Drugs Policy March 2022



# School Rules

### 10. Management of incidents involving alcohol and/or drugs

In dealing with drug and alcohol-related incidents, Langley Grammar School's primary concern will be with the health and safety of those involved and the wellbeing of the School community as a whole.

Drugs or alcohol-related incidents can generally be placed into one of three categories:

- rumours of possession, use or dealing on or off school premises;
- actual possession, use or dealing on or off school premises, possibly including first aid response;
- disclosures of personal or others' possession, use or dealing from a student or parent and requests for help and support.

Responses will be varied according to the circumstances. Incidents will be considered individually and actions will follow the school's Behaviour for Learning Policy. DfE guidance states that schools have no legal obligation to report an incident to the police. However, police involvement will be considered in the investigation of any incident involving the use or suspected use of controlled drugs or new psychoactive substances, and is highly likely where the incident concerns allegations of dealing or supply to other students. Decisions on whether incidents are reported to the police will be made by the Headteacher.

Fixed-term exclusion is a possible response to a drug or alcohol incident, but would always be considered alongside the provision of support for the student in addressing a possible drug or alcohol problem. **Permanent exclusion will be considered in serious cases and will be the default position in all cases where a student has been involved in the possession of illegal drugs with the intent to supply to others.** All incidents relating to alcohol or drug use will be recorded including details of the incident and actions taken; this information will be logged on the student's file.

Further details of the school's procedures for managing incidents involving illegal drugs or alcohol, are appended to this policy.

# PCS Curriculum

## Year 7

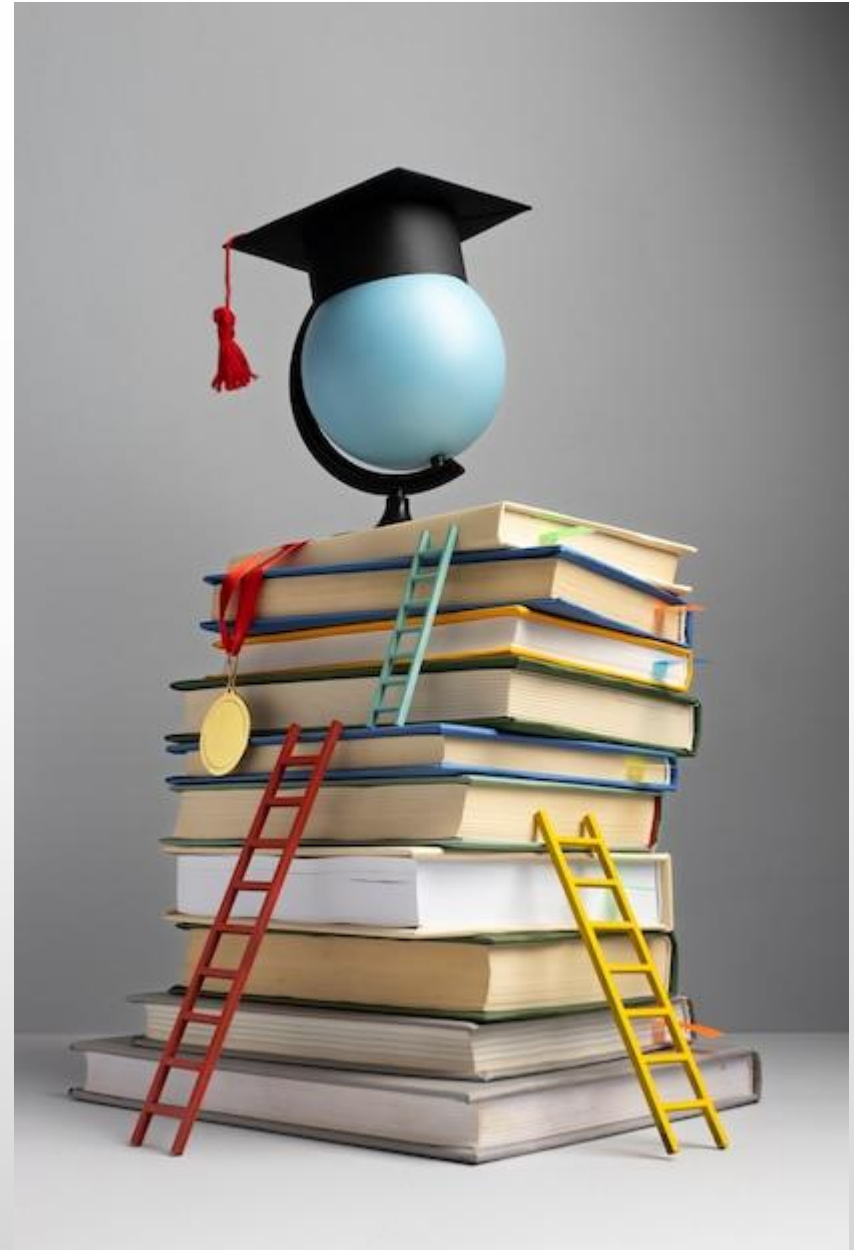
- Alcohol (Autum Term)
- Nicotine Products (Autum Term)

## Year 8

- Vaping (Summer Term)

## Year 11

- Attitudes Towards Drugs (Spring Term)
- Drugs and the Law
- Alcohol
- Cannabis
- Managing Influence
- Substance Use and Assessing Risk
- Help Seeking and Sources of Support





# Strategies



**QUICK GUIDE: 6 STEPS TO PROTECTING YOUR CHILD FROM ALCOHOL, TOBACCO AND OTHER DRUGS**

1.



Build a close relationship

2.



Set boundaries and stick to them

3.



Know what they're doing, encourage hobbies and interests

4.



Don't give alcohol, tobacco and/or other drugs to under 18s

5.



If you drink or smoke, set a good example - take lower-risk approaches

6.



Talk openly & honestly about the risks of alcohol, tobacco and other drugs

**TEEN TALK**

“Tell them stories about you or friends ... tell them the dangers, but [don't] make them feel you're lecturing them.”

**TALKING ABOUT ALCOHOL, TOBACCO AND OTHER DRUGS**



Start a discussion ... be sure to take in their perspective. Be open and don't get angry. Come from a place of care.



# HOW TO SET A GOOD EXAMPLE

TEEN TALK

“My Dad drinks 10 pints on a Saturday night - so, he can hardly lecture me.”

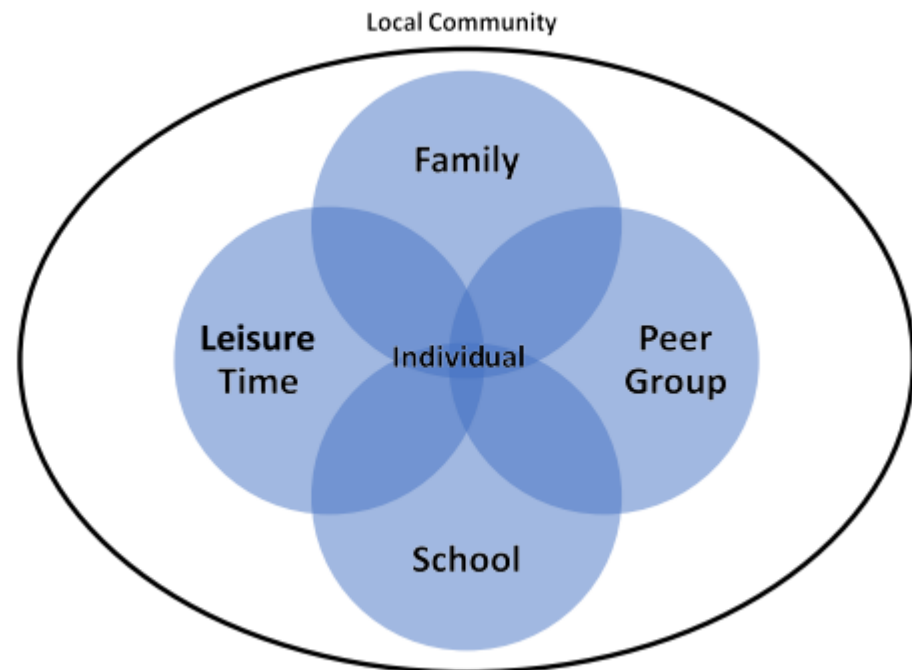
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## RISK AND PROTECTIVE FACTORS



Hangovers, getting sick ... falling and hurting yourself ... arguing with friends ... embarrassing yourself ... saying things you would never say sober, making terrible decisions.





## TEEN TALK

“Just really be there for them.”

- Accept that things have changed
- Start with small talk
- Take an interest in what they're interested in, even if you find it boring
- If you can predict when they're most chatty, try hard to be around at that time
- Learn to really listen If your child talks to you

**"Mother Nature is providential. She gives us twelve years to develop a love for our children before turning them into teenagers."**

**- William Galvin**

## TEEN TALK

“Try to put yourself in the situation of the child.”

## TEEN TALK

“My parents ... gave me space to speak.”

## YOUR GUIDE TO ACTIVE LISTENING

Active listening can encourage your child to talk and express their feelings. It can also help them to feel respected and valued, to know that you want to hear what they have to say. It may feel a bit weird at first, but keep practicing and it should get easier. Some of the main tips are:

### ASK OPEN QUESTIONS

- This means questions that start with 'how', 'when', 'what', 'who' or 'why'. Questions that don't have a 'yes' or 'no' answer.
- Sometimes 'why?' can make a teen feel they are being judged, which can shut down a conversation - so use it wisely!
- Don't interrupt to ask questions.
- Listen until you're sure they have finished what they were saying.

### SUMMARISE

Gather the important parts of the conversation and share: "You feel like an outsider when everyone else but you are drinking", "You feel like there are no risks to using cannabis".

### REFLECT

Just repeating a word or phrase can encourage them to carry on talking: "Yes, it is difficult.", "You were really worried."

### CLARIFY

Ask for more details: "Tell me more about that", "How exactly did that happen?".

### GIVE WORDS OF ENCOURAGEMENT

"Go on", "Ah, I see", "Yes, I know what you mean".

### LEAVE QUIET MOMENTS

Don't feel you have to fill the silence. Staying quiet while keeping your attention on them can encourage them to say something else.

### REACT

Show that you've understood how they are feeling: "That's really hard", "You must have felt terrible", "It must be very difficult to cope with that". Listening out for the emotion and feeling behind what they say is as important as the facts they state.

# Setting Boundaries

TEEN TALK

“I stuck by [the rules]  
because I thought they were fair.”

- START EARLY
- BE CLEAR WHAT IS RIGHT FOR YOUR FAMILY
- TALK ABOUT WHAT YOU EXPECT
- EXPLAIN WHY YOU NEED THE RULES
- TRY TO INVOLVE YOUR CHILD IN SETTING THE RULES
- AGREE WHAT WILL HAPPEN IF THE RULES ARE BROKEN
- MAKE SURE CONSEQUENCES HAPPEN IF THE RULES ARE BROKEN
- ACKNOWLEDGE GOOD BEHAVIOUR

# Signs of concern

## GENERAL TIPS

- Stay calm and try not to panic.
- Gently reassure them and try and keep their surroundings quiet.
- Try to find out what they have taken - remember that they may have taken drink and drugs, so don't assume it's one or the other.
- Stay with them. Don't leave a very drunk person to 'sleep it off'. Blood alcohol can carry on rising for a time after a person stops drinking, so things may get worse.
- Keep checking on them when they feel better.
- Call the doctor or NHS24 on 111 if you are concerned, if you're worried about their immediate health dial 999 for an ambulance.
- Don't try and discuss their drink or drug use while they are under the influence. Wait until they have recovered and you feel calm and ready to talk about things.

## SIGNS OF ALCOHOL POISONING

- Irregular breathing.
- Unresponsiveness.
- Pale, clammy and bluish-tinged skin.
- Low body temperature.
- Vomiting.
- Seizures.
- Confusion or incoherency.
- Comatose.

## SIGNS OF SOLVENT USE

- **Behaviour**
  - Not paying attention.
  - Being clumsy or irritable.
  - Appearing drunk.
  - Slurred speech.
- **Physical**
  - Smell of chemicals.
  - Spots or rash around the mouth.
- **Other signs**
  - Empty containers like aerosol cans or bottles of glue or gas.
  - Rags or plastic bags stained or smelling of chemicals.
  - Paint stains on face, hands, or clothing.

## SIGNS OF STIMULANT USE (COCAINE, ECSTASY, SPEED)

- **Behaviour**
  - Hyperactive.
  - Talking non-stop.
  - Acting very confident or arrogant.
  - Being hyperactive or full of energy.
  - Excessive tiredness or very low mood (day after suspected use).
  - Not eating much.
  - Sucking lollipops or chewing gum (to ease the urge to grind teeth or drinking a lot of water).
- **Physical**
  - Runny or itchy nose.
  - White powder around the nose.
  - Large, dilated pupils.
  - Pulling faces, grinding jaws.
  - Sweating.
  - Dry mouth or white spit.
- **Other signs**
  - Small (3cm) plastic 'jiffy bags' that powders or pills may be sold in.



# Signs of concern

## SPECIFIC DRUG EFFECTS

- **If they are tense, 'freaked out' or anxious (speed, cannabis, LSD or magic mushrooms)**
  - Make sure they are somewhere quiet and calm, away from other people, noise and bright lights.
  - Try to calm them. Tell them to breathe slowly and deeply.
- **If they are very hot or dehydrated (ecstasy and speed)**
  - Keep them cool. Open a window and take off excess clothing.
  - Encourage them to sip water, no more than one pint per hour.
- **If they're drowsy (alcohol, heroin, solvents, benzodiazepines - e.g. diazepam)**
  - Keep them calm and encourage them to stay relaxed, sitting, lying down on their side or in the recovery position.
  - Try to keep them awake, but don't slap them, scare them or shout at them and don't give them coffee.

## SIGNS OF CANNABIS USE

- **Behaviour**
  - Laughing, giggling.
  - Being hungry and eating a lot of snacks after suspected use (known as the munchies).
  - Being forgetful, distracted or finding it hard to concentrate.
- **Physical**
  - Bloodshot eyes.
  - Smell of smoke.
- **Other signs**
  - Cigarette rolling papers ('skins').
  - Torn bits of cardboard from cigarette packets, rolled up to make a filter.
  - Clean cigarette filters left over from removing the tobacco for a 'joint'.
  - Bits of loose tobacco.
  - Small pipes.

## SIGNS OF HEROIN AND OTHER OPIATE USE

- **Physical**
  - Very small pupils, like dots.
  - Glassy eyed look.
  - Being very drowsy or falling asleep unexpectedly.
  - Slurred or slow speech.
  - Shallow breathing.
  - Itching and scratching.
  - Lines on the arms (injection sites) or other parts of the body.
- **Other signs**
  - Burnt tinfoil, spoons or needles (heroin).
  - Empty pill packets or bottles (prescription drugs).
  - Prescription drugs going missing.
  - Blood stains on clothes or bloody tissues (injecting).

**Remember that if a child is drunk, it may be hard to tell if they've taken other substances.**



Keywords

Location



Home / Turning Point, START

## Turning Point, START

Turning Point - Slough Treatment, Advice and Recovery Team (START) is a free, confidential service for adults and young people who are struggling with drugs or alcohol and their friends and families.

The service offers support with:

- drugs & alcohol
- mental health
- learning disability
- sexual health.

[Check START for advice and resources on:](#)

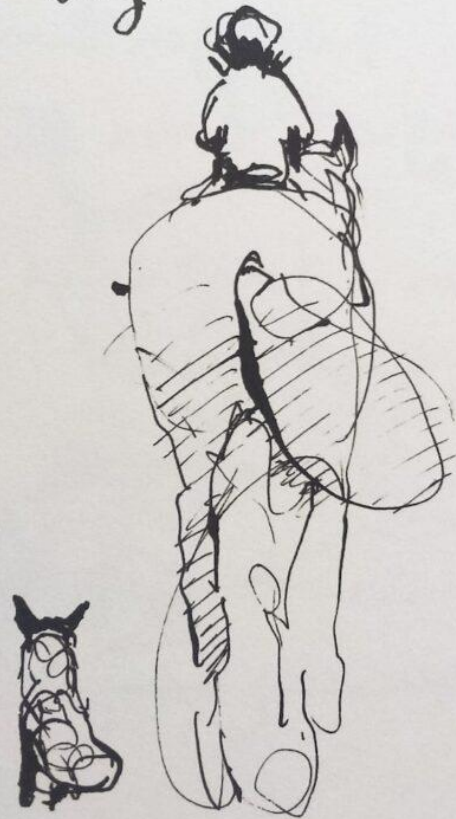
- wellbeing
- healthy eating
- low mood
- managing worries
- gambling
- stress



# CONTACT US

[Safeguarding@lgs.slough.sch.uk](mailto:Safeguarding@lgs.slough.sch.uk)

"What is the bravest thing  
you've ever said?" asked  
the boy.



"Help," said the horse.