

## **Policy for Drugs and Substance Misuse**

(School policy on drugs education and dealing with drug-related incidents)

### 1. Introduction

1.1 ***\*This policy is based upon the Department for Education and Skills 'Drugs: Guidance for Schools (2004) and is supported by the Local Education Authority'***

### 2. Aims

#### 2.1 The aim of this policy is to:

- Clarify the school's approach to drugs, for staff and pupils, governors, parents or carers, and to clarify the legal requirements and responsibilities:
- give guidance to staff on the school's drugs education programme:
- safeguard the health and safety of pupils and staff in our school;
- enable staff to manage drug-related incidents properly

### 3. Definition – What is a Drug?

#### 3.1.

- This policy uses the definition that a drug is '*a substance which people take to change the way they feel, think or behave*' (United Nations Office on Drugs and Crime 2014)
- This policy covers a range of drugs including medicines (all over-the-counter and prescription medicines), all legal drugs (including tobacco, alcohol, solvents/volatile substances which can be inhaled) and illegal drugs.
- In line with both national advice and local guidelines, it covers the education at Yenton Primary School about drugs through PSHE curriculum and the misuse of drugs by children and adults.

### 4. Yenton School Statement

- 4.1 Yenton Primary School is committed to the health and safety of everyone here and we will work together with parents and the local community to enable pupils to make healthy informed choices and to discourage the misuse of drugs.
- 4.2 As part of Yenton Primary School's care and welfare of its pupils, we believe we have a duty to inform children about drug education.
- 4.3 We believe that the misuse of any drugs by members of the school community cannot be condoned and will be dealt with fairly, consistently and clearly with regards to the needs of the school and the individuals concerned.

4.4 Fundamental to the school's values and practice is the principle of sharing the responsibility for the education of children with parents, keeping them informed and involved at all times. Effective communication and co-operation is essential to the successful implementation of this policy.

## **Purposes**

Our policy aims to:

- Clarify the legal requirements and responsibility of the school
- Reinforce and safeguard the health & safety of pupils and others who use the school
- Clarify the school's approach to drugs for staff, pupils, governors, parents/carers and the wider community
- Give guidance on developing, implementing and monitoring the drug education programme
- Enable staff to manage drugs on school premises and any incident that occurs with confidence and consistency, and in the best interests of those involved
- Ensure that the response to incidents involving drugs complements the overall approach to drug education and values and ethos of the school
- Provide a basis for evaluating the effectiveness of the school drug education programme and management of incidents involving illegal and other authorised drugs
- Reinforce the role of the school in contributing to local and national strategies

## **5 Responsibilities**

### **5.1 The Head Teacher will:**

- ensure that staff and parents are informed about this drugs policy;
- ensure that the policy is implemented effectively;
- manage any drug-related incidents;
- ensure that staff are given sufficient training, so that they can teach effectively about drugs, and handle any difficult issues with sensitivity;
- liaise with external agencies regarding the school drugs education programme;
- monitor the policy on a day-to-day basis, and report to governors, when requested, on the effectiveness of the policy.

### **5.2 The governing body will:**

- establish general guidelines on drugs education;
- support the head teacher in following these guidelines;
- inform and consult with parents about the drugs education policy;
- liaise with the LEA and health organisations, so that the school's policy is in line with the best advice available;
- support the head teacher in any case conferences, or in appeals against exclusions.

## **6 Objectives of drugs education**

6.1 Drugs education should enable pupils to develop their knowledge, attitudes and understanding about drugs, and to appreciate the benefits of a healthy lifestyle, relating this to their own and others' actions. It should:

- build on knowledge and understanding;
- provide accurate information, and clear up misunderstandings;
- explore attitudes and values, and examine the risks and consequences of actions relating to drugs;
- develop pupils' interpersonal skills, their understanding of rules and laws, and their self-awareness and self-esteem;
- ensure that all children are taught about drugs in a consistent manner, following guidelines that have been agreed by parents, governors and staff.

## **7 Drugs education**

- 7.1** We regard drugs education as a whole-school issue, and we believe that opportunities to teach about the importance of a healthy lifestyle occur naturally throughout the curriculum, but especially in Science, PSHE and citizenship, RE and PE. There are also opportunities in circle time.
- 7.2** Teaching about drugs will begin in Key Stage 1, when pupils are taught about seeing the doctor, visiting the chemist, and the importance of medicines and their safe handling.
- 7.3** In Key Stage 2 pupils will learn that alcohol is the most widely used drug, and that its dangers can be overlooked. We will ensure that our pupils are aware of the risks associated with drinking. We teach pupils that smoking is a minority habit, and encourage them to consider its effects and risks. We also teach pupils about the dangers of volatile-substance abuse, because of the high risk of accidental death, especially for first-time and occasional abusers.
- 7.4** We acknowledge that by the time pupils are in Year 6, some of them may have had some experiences with drugs already, so we must help to equip pupils to handle risky situations, before they actually meet them.
- 7.5** We recognise that learning is most effective when it addresses the development of knowledge, attitudes and skills together and when teaching and learning are participative and active. We use a variety of teaching styles that are characterised by active learning. We find out what the children know already, we pose dilemmas, and we get the children to discuss choices. Wherever possible the information we give is visually reinforced. We use drama, role-play or ICT to demonstrate various strategies and scenarios. In short, we seek to engage our pupils. We give them the opportunity to talk to groups or to the whole class. We encourage them to listen to the views of others, and we ask them to explore why drugs are such a problem for society.
- 7.6** We aim to teach all pupils about drugs, however different their attainment levels, and however diverse their requirements. We recognise that pupils with special educational needs may be more vulnerable, that different communities have different attitudes towards drug abuse, and that some pupils may have drug-abusing parents.
- 7.7** Drugs education takes place during normal lesson time. Sometimes a class teacher will seek support from the school nurse or another health professional. In teaching this course we follow the DfES and LEA guidelines. The resources and materials that we use are recommended either by the Health Authority or by the LEA. Lessons that focus on drugs education form part of a sequence of lessons that are designed to promote a healthy lifestyle.

## **8 Drugs at school**

- 8.1** Pupils are only allowed to bring prescribed medication into school that has been authorised by their doctor/hospital.
- 8.2** Where children have medical needs, parents must give us details of the child's condition and medication. Parents will bring the medication to school in a secure, labelled container. Records will be kept of all medication received and given. Emergency medication may be stored securely in the classroom (for anaphylaxis or asthma); other drugs will be stored securely in the medical room.
- 8.3** Solvents and other hazardous chemicals must be stored securely, to prevent inappropriate access, or use by pupils. Teachers are cautious with aerosols, with glues and with board-cleaning fluids. Tippex is not allowed in the classroom.
- 8.4** Legal drugs are legitimately in school only when authorised by the Head Teacher. Members of staff who smoke must keep their tobacco and matches or lighters secure. Smoking is not permitted anywhere in the school or on the school site, including anyone leasing the buildings.
- 8.5** Alcohol to be consumed at community or parents' events will be stored securely beforehand. To sell alcohol we must be licensed under the Licensing (Occasional Permissions) Act, 1983. Occasionally, members of staff may consume limited amounts of alcoholic drinks in the staff room (e.g. a leaving party for staff after school). No alcohol will be consumed during the course of a normal school day.
- 8.6** Our school nurse makes frequent visits to the school and, in addition to supporting individual cases and families, helps to deliver aspects of our drugs education programme by providing some medical information about the effect and uses of medicines within our society.

## **9 Drugs incidents**

- 9.1** An incident involving unauthorised drugs in school is most likely to involve alcohol, tobacco or volatile substances, rather than illegal drugs.
- 9.2** The first priority is safety and first aid, i.e. calling the emergency services and placing unconscious people in the recovery position. An intoxicated pupil does not represent a medical emergency, unless unconscious.
- 9.3** Pupils suspected of being intoxicated from inhaling a volatile substance will be kept calm; chasing can place intolerable strain on the heart, thus precipitating sudden death.
- 9.4** Any drug suspected of being illegal will be confiscated and stored securely, awaiting disposal; these precautions must be witnessed and recorded. Staff should not taste unknown or confiscated substances.
- 9.5** Legal but unauthorised drugs or medicines will also be confiscated, and will be returned to parents; the school may arrange for the safe disposal of volatile substances.
- 9.6** Where a pupil is suspected of concealing an unauthorised drug, staff are not permitted to carry out a personal search, but may search pupils' bags, trays etc.

- 9.7 The Head Teacher will decide if the police need to be called or whether the school will manage the incident internally.
- 9.8 A full record will be made of any incident.
- 9.9 The Head Teacher will conduct an investigation into the nature and seriousness of any incident, in order to determine an appropriate response.

#### **In the event of a disclosure:**

There may be times during discussions about drugs when children make disclosures. Where this is the case, the member of staff should sensitively listen to what the child has to say whilst also avoiding further disclosures in front of the class. In order to follow child protection procedures as soon as is reasonable, the class teacher should pass on their own concerns to the designated person for child protection. That member of staff will follow the agreed procedures for disclosure handling.

### **10 The role of parents**

10.1 The school is well aware that the primary role in children's drugs education lies with parents. We wish to build a positive and supporting relationship with the parents of our pupils, through mutual understanding, trust and cooperation. To promote this objective we will:

- inform parents about the school drugs policy;
- invite parents to view the materials used to teach drugs education in our school;
- answer any questions parents may have about the drugs education their child receives in school;
- take seriously any issue which parents raise with teachers or governors about this policy, or about arrangements for drugs education in the school;
- encourage parents to be involved in reviewing the school policy, and making modifications to it as necessary;
- inform parents about the best practice known with regard to drugs education, so that the parents can support the key messages being given to children at school;
- it might also be appropriate for the school nurse to be invited into school to discuss issues relating to drugs with parents and staff as and when the need arises

10.2 When an incident concerning unauthorised drugs has occurred in school, and a pupil is involved, we will inform the parents, and explain how we intend to respond to the incident.

10.3 Staff will be cautious about discharging a pupil to the care of an intoxicated parent, particularly when the parent intends driving the pupil home. Staff will suggest an alternative arrangement. The focus will be the pupil's welfare and safety. Where the behaviour of an intoxicated parent repeatedly places a child at risk, or the parent or carer becomes abusive or violent, staff should consider whether the circumstances of the case are serious enough to invoke child protection procedures, and possibly the involvement of the police.

**If the parent appears incapable of being responsible or safe or beyond a safe measure of intoxication (using professional opinion), children will not be released to the care of the parent.**

## **11 Monitoring and review**

11.1 The curriculum committee of the governing body will monitor the drugs policy on an annual basis. If the policy appears to need modification, then the committee will report its findings and recommendations to the full governing body. The curriculum committee takes into serious consideration any representation from parents about the drugs education programme, and comments will be recorded. Governors require the Head Teacher to keep a written record detailing the content and delivery of the drugs education programme taught in this school.

\* **This policy will be reviewed annually, or following any episode which suggest an appropriate improvement.**

Designated Drugs Action Co-ordinator Mr. Mark Cadwallader (Head Teacher)

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Written By Sandie Worthington – March 2014  
To be reviewed – March 2015

Signed:

Date: