



# Drugs and Substance Misuse Policy

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Ferndale Primary School

School Policies | JANUARY 2026

Next Review Date: JANUARY 2029

## **1 Aims**

1.1 The aims of this policy are to:

- Clarify the school's approach to drugs, for staff, 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 schools
- Enable staff to manage drug-related incidents properly.
- Ensure that the policy operates within our school ethos, values and Learning 9.

## **2 Terminology**

2.1 The term 'drugs' is used throughout this policy to refer to:

- All illegal drugs (those controlled by the Misuse of Drugs Act, 1971)
- All legal drugs, including alcohol and tobacco, also volatile substances known as VS - Gas, Glue, sniff-able products (those giving off a gas or vapour which can be inhaled)
- All medicines, whether over the counter or on prescription.
- Any prescribed medication used by anyone it is not prescribed to
- Any medication being misused
- Any controlled or scheduled drug
- Amphetamines (Speed)
- Anabolic steroids
- Cannabis (in all forms)
- Cocaine Hydrochloride (Powder)/Crack Cocaine
- DMT
- GHB
- Herbal Highs
- Ketamine
- LSD (Acid)
- MDMA (Ecstasy)
- Nitrates (Poppers)
- Opiates (Heroin)
- Opiate Substitutes (Methadone, Subutex, Naltrexone)
- Phenethylamines (2CB, 2CTI, 2CT7)
- Psilocybin (Magic Mushroom)
- QAT

## **3 Ferndale School Statement**

3.1 Ferndale believes that the presence of unauthorised drugs in our school is not acceptable.

3.2 We want our school to be a safe place for us all to work, and the presence of unauthorised drugs represents a threat to our health and safety.

## **4 Responsibilities**

### **4.1 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.

### **4.2 The governing body will:**

- Designate a governor with specific responsibility for drugs education (usually the safeguarding Governor)
- Inform and consult with parents about drugs education policy
- Liaise with the LA and health organisations, as appropriate and necessary
- Support the head teacher in any case conferences, or in appeals against exclusions.

## **5 Objectives of Drugs Education**

### **5.1 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, for example 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.

## **6 Drugs Education**

### **6.1 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, RSE, RE and PE. There are also opportunities in circle time.**

- 6.2 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.
- 6.3 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/vaping 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.
- 6.4 We acknowledge that by the time pupils are in Year 6, some of them may have had some experience with drugs already, so we must help to equip pupils to handle risky situations, before they encounter them. In the event of a disclosure staff should emphasise that they will act, at-all-times, in the best interests of the child. Staff cannot guarantee or offer absolute confidentiality. In the event of any disclosure school safeguarding procedures will be adhered to.
- 6.5 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 ask the children to discuss choice. 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 others, and we ask them to explore why drugs are such a problem for society.
- 6.6 We aim to educate all pupils about drugs education, 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.
- 6.7 Drugs education takes place during normal lesson time, as part of the PSHE/RSE curriculum. Sometimes a class teacher will seek support from the school nurse or another health professional. In teaching this course we follow the DfE and LA guidelines. The resources and materials that we use are recommended either by the Health Authority or by The DECCA Team that focus on drugs education forming part of a sequence of lessons that are designed to promote a healthy lifestyle.

## **7 Drugs at School – refer to the Administration of Medicines in School policy**

- 7.1 Where children have long-term medical needs, parents must give us details of the child's condition and medication required. Parents will bring the medication to school in a secure, labelled container, signing to give their consent for staff to administer. Records will be

kept of all medication received and given. Emergency medication may be stored securely in the classroom (for anaphylaxis, asthma or epilepsy); other drugs will be stored securely in the school's First Aid office where there is a refrigerator if required.

- 7.2 Solvents and other hazardous chemicals must be stored securely, to prevent inappropriate access or use by pupils. School follows COSHH procedures.
- 7.3 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 prohibited anywhere on site.
- 7.4 Alcohol to be raffled at community or parents' events will be stored securely beforehand. To sell alcohol we must be licensed under the Licensing (Occasional Permissions) Act, 1983. No alcohol is to be consumed on site.

## **8 Drugs Incidents**

- 8.1 An incident involving unauthorised drugs in school is most likely to involve alcohol, tobacco or volatile substances, rather than illegal drugs.
- 8.2 The 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.
- 8.3 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.
  - 8.3.1 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. Any drug suspected of being illegal will be confiscated by two witnesses wherever possible, placed into a white, sealed envelope, where the two witnesses will sign and date the seal. Staff should use all caution when dealing with needles and police should be notified as soon as possible so they can take possession of the substance. Parents should be informed as soon as possible and the matter discussed. Various sanctions will be considered. Everything must be recorded on the Drug Incident Monitoring Sheet and forwarded to a Drug Education Worker from Healthy Sandwell- DECCA.
  - 8.3.2 Where a pupil is suspected of concealing an authorised drug, staff are not permitted to carry out a personal search, but may search pupil's bags, trays etc.
- 8.4 The head teacher or most senior staff member on site will decide if the police need to be called or whether the school will manage the incident internally.
- 8.5 A full record will be made of any incident. The head teacher will conduct an investigation into the nature and seriousness of any incident, to determine an appropriate

response.

## **9 The role of parents**

9.1 The school is 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 will:

- Inform parents about the school's 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 practise known with regards to drugs education, so that the parents can support the key messages being given to children at school.

9.2.1 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.

9.2.2 Where the behaviour of an intoxicated parent places a child at risk, or the parent or carer becomes abusive or violent, staff should invoke safeguarding procedures, and possibly the involvement of the police.

## **10 Monitoring and Review**

10.1.1 The Quality of Education committee governing body will monitor the drugs policy every 3 years. If the policy appears to need modification, then the committee will report its findings and recommendations to the full governing body. The Quality of Education 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 the school.

**This policy operates within the school's safeguarding suite of policies.**

Section 175 of the Education Act 2002 places a duty on local authorities and the governors of maintained schools to make arrangements to ensure that their functions are carried out with a view to safeguarding and promoting the welfare of children.

Section 157 of the same act and the Education (Independent Schools Standards) (England) Regulations 2003 require proprietors of independent schools (including academies) to have arrangements to safeguard and promote the welfare of children who are pupils at the school.

The document 'Keeping Children Safe in Education' was reissued to schools in September 2019 detailing statutory guidance, placing a duty on schools to safeguard and promote the welfare of children. This policy complies with the government guidance stated in the KCSIE 2019 document as well as with subsequent updates including the most recent KCSIE 2025 document.

Safeguarding and promoting the welfare of children is defined in the document "Working Together to Safeguard Children 2015" as:

- Protecting children from maltreatment
- Preventing impairment of children's health or development
- Ensuring that children grow up in circumstances consistent with the provision of safe and effective care
- Taking action to enable all children to have the best outcomes

Safeguarding children is consequently more than contributing to the protection of individual children and the school is committed to the development of policy and practice that supports children and their families to be safe, healthy, enjoy and achieve, contribute positively and achieve economic wellbeing

Ferndale strives to promote the welfare of our pupils by:

1. Creating and maintaining a safe learning environment.
2. Identifying child welfare concerns and taking appropriate action.
3. Using the curriculum to enable our children to develop keep safe strategies
4. Creating a listening culture to hear the child's voice
5. Operating safe recruitment and selection procedures to prevent unsuitable people working with our children.

### **Keeping Children Safe in Education - Links to drugs and substance misuse**

#### **What Ferndale Staff should look out for:**

Early Help - Any child may benefit from Early Help, but all school staff should be particularly alert to the potential need for early help for a child who:

- is in a family circumstance presenting challenges for the child, such as drug and alcohol misuse, adult mental health issues and domestic abuse
- is misusing alcohol and other drugs themselves

- is showing signs of being drawn into anti-social or criminal behaviour, including gang involvement and association with organised crime groups or county lines
- is persistently absent from education, including persistent absences for part of the school day
- suffers from changes in emotional well-being
- associates with other children involved in exploitation
- appears with unexplained gifts, money or new possessions

**Signs of Risk:** Staff should be aware that a child misusing drugs or alcohol themselves is an indicator of vulnerability.

**Contextual Safe-Guarding, Child Criminal Exploitation (CCE) and Child Sexual Exploitation (CSE):**

Drug misuse is frequently linked to Child Criminal Exploitation (CCE) and "county lines," where children may be coerced into transporting or selling drugs.

Some specific forms of CCE can include children being forced or manipulated into transporting drugs or money through county lines or working in cannabis factories.

Children can become trapped by this type of exploitation, as perpetrators can threaten victims (and their families) with violence or entrap and coerce them into debt. They may also be coerced into carrying weapons such as knives or begin to carry a knife for a sense of protection from harm from others. As children involved in criminal exploitation often commit crimes themselves, their vulnerability as victims is not always recognised, despite the harm they have experienced. They may still have been criminally exploited even in the activity appears to be something they have agreed or consented to.

**County Lines** - is a term used to describe gangs and organised criminal networks involved in exporting illegal drugs using dedicated mobile phone lines or other forms of "deal line". This activity can happen locally as well as across the UK - no specified distance of travel is required. Children and vulnerable adults are exploited to move, store and sell drugs and money. Offenders will often use coercion, intimidation, violence (including sexual violence) and weapons to ensure compliance of victims. Children can be targeted and recruited into county lines in numerous locations including any type of schools (including special schools), further and higher educational institutions, pupil referral units, children's homes and care homes. Children are also increasingly being targeted and recruited online using social media. Children can easily become trapped by this type of exploitation as county lines gangs can manufacture drug debts which need to be worked off or threaten serious violence and kidnap towards victims (and their families) if they attempt to leave the county lines network.

Numerous indicators for CSE and CCE as detailed above may be applicable to where children are involved in county lines. Some additional specific indicators that may be present where a child is criminally exploited through involvement in county lines are children who:

- go missing and are subsequently found in areas away from their home
- have been the victim or perpetrator of serious violence (e.g. knife crime)
- are involved in receiving requests for drugs via a phone line, moving drugs, handing over and collecting money for drugs
- are exposed to techniques such as 'plugging', where drugs are concealed internally to avoid detection
- are found in accommodation that they have no connection with, often called a 'trap house or cuckooing' or hotel room where there is drug activity
- owe a 'debt bond' to their exploiters
- have their bank accounts used to facilitate drug dealing.

**Child Sexual Exploitation (CSE)**- Both boys and girls being criminally exploited may be at a higher risk of sexual exploitation. The misuse of drugs and alcohol may also be an indicator of child sexual exploitation.

**Peer-on-Peer Abuse:** Drug-related behaviour, including the misuse of drugs and alcohol may also be an indicator of peer-on-peer abuse.

**Family Circumstances:** Children living in family circumstances involving drug and alcohol misuse are at greater risk.

Linked Policies: *Working together to Safeguard Children 2015*. KCSIE September 2025, Curriculum Policy, PSHE, RSE, Administration of Medicines, First Aid. Available on request or via the school website. Linked websites - [HealthySandwell.co.uk](http://HealthySandwell.co.uk) and [Decca\\_Team@sandwellchildrenstrust.org](mailto:Decca_Team@sandwellchildrenstrust.org)

This policy reflects current legislation, accepted best practice and complies with Government guidance: *Working together to Safeguard Children 2015 and KCSIE 2025*.