



# Policy on Drugs

## **1. Introduction**

In January 2012 the DfE and the Association of Chief Police Officers (ACPO) updated their drug advice for schools, this policy has been updated in line with this advice (reference number: DFE-00001-2012). It also accords with advice in the Healthy Schools network meetings, guidance from the Local Authority (LA), and guidance from the local Drug Action team Early Break.

Lowerplace Primary School believes that the misuse of drugs endangers not only our pupils but also affects the wider community in which we live. It is the school's responsibility to ensure children's health and safety whilst in our care and also strive to promote their personal and social well-being. Drug misuse undermines this and hinders the development of the young person.

This policy focuses on how drugs education will be implemented and developed within the school curriculum, and outlines roles, responsibilities and legal duties of staff.

Lowerplace recognises that young people in today's society are exposed to the risks associated with the drug culture, which exists. Young children are exposed to messages about drug use from an early age (e.g. media messages often glamorising drug use). It is possible they have seen family members smoking, drinking and taking pills or medicines. Some children within our school may have already tried alcohol or cigarettes and taken prescribed medicines or drugs.

Our school promotes the development of the 'whole person', which encompasses physical, mental, emotional, social and environmental health; by equipping pupils with the knowledge and values to handle lives effectively in the present and prepare them for adulthood. As such, drug education should form an integral part of the school curriculum.

## **2. Aims and objectives**

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 school;
- enable staff to manage drug-related incidents properly.

## **3. Terminology**

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

- all illegal drugs (those controlled by the Misuse of Drugs Act 1971);
- all legal drugs, including alcohol and tobacco, and also volatile substances (those giving off a gas or vapour which can be inhaled);
- new psychoactive substances and other unauthorised substances;
- all medicines, whether over-the-counter or on prescription.

## **4. Lowerplace Primary School**

Lowerplace Primary School believes that the presence of unauthorised drugs in our school is not acceptable. This school does not condone the use of illegal drugs, alcohol or tobacco by its pupils and will take every opportunity to ensure that the school remains a drug, alcohol and tobacco free learning environment.

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.

## **5. Responsibilities**

### **The headteacher will:**

- ensure that staff and parents/carers 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.

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

- designate a governor with specific responsibility for drugs education;
- establish general guidelines on drugs education;
- support the headteacher in following these guidelines;
- inform and consult with parents and carers about the drugs education policy;
- liaise with the LA and health organisations, so that the school's policy is in line with the best advice available;
- support the headteacher in any case conferences, or in appeals against exclusions.

## **6. Objectives of drugs education**

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. Drug education will be delivered as part of the wider PHSCE programme of study with well-defined links to National Curriculum Science. We will provide a range of opportunities for pupils to develop attitudes, values, skills and knowledge to help them to:

- build on prior 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

- make informed choices and decisions
- develop personal initiative and be able to take responsibility
- ensure that all children are taught about drugs in a consistent manner, following guidelines that have been agreed by parents/carers, governors and staff.

## 7. Drugs education

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, Personal, Social, Health, Emotional and Economic education (PSHEE) and PE.

Teaching about drugs will begin in Key Stage 1, where pupils are taught about seeing the doctor, visiting the chemist, and the importance of medicines and their safe handling.

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. This now includes the use of electronic cigarettes and Sheisha pens. 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.

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. We aim to ensure our curriculum and coordinator are kept up to date with changes in society, new drugs which become available and local issues surrounding drugs.

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.

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 or carers.

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 programme of study, we follow the DCSF, LA and ACPO guidelines. The resources and materials that we use are recommended either by the Health Authority or by the LA. 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**

Parents and carers may bring prescribed medication into school for their children. Parents and carers must sign a consent form for the prescribed medication to be administered by a first aider or office staff.

Where children have medical needs, parents and carers must give us details of the child's condition and medication. Parents and carers 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 cabinet in the office or staffroom fridge if it needs to be refrigerated. When on school trips all prescribe medicine should be kept securely with the visit leader or the child's group leader.

Solvents and other hazardous chemicals must be stored securely, to prevent inappropriate access, or use by pupils. Teachers are cautious with aerosols, glues and board-cleaning fluids.

Legal drugs are legitimately in school only when authorised by the headteacher. Members of staff who smoke must keep their tobacco and matches or lighters secure. Smoking is not permitted anywhere in the school or anywhere on the school grounds. E Cigarettes will be treated in the same manner as cigarettes.

In the event of a social function being arranged alcohol may be permitted with prior consent of the Senior Management Team and Governing Body. 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.

Staff conduct: All staff are well aware of their responsibilities in relation to drinking alcohol and other drug use in school hours and on school trips.

## **9. Drugs incidents**

An incident involving unauthorised drugs in school is most likely to involve alcohol, tobacco or volatile substances, rather than illegal drugs. New psychoactive substances (NPS) are labelled legal but are designed to mimic the effect of illegal drugs and should be treated as unauthorised substances. If there is uncertainty about what the substance is, it should be treated as a controlled drug.

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.

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.

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. (See page 6 ACPO 2012 for further guidance.)

Legal but unauthorised drugs or medicines will also be confiscated, and will be returned to parents or carers; the school may arrange for the safe disposal of volatile substances.

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.

The headteacher will decide whether the police need to be called or whether the school will manage the incident internally.

A full record will be made of any incident. (using Rochdale LA recommended form).

The headteacher will conduct an investigation into the nature and seriousness of any incident, in order to determine an appropriate response and identify any safeguarding concerns.

## **10. The role of parents and carers**

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

- inform parents or carers about the school drugs policy;
- invite parents and carers to view the materials used to teach drugs education in our school;
- answer any questions that parents and carers may have about the drugs education that their child receives in school;
- take seriously any issue which parents and carers raise with teachers or governors about this policy, or about arrangements for drugs education in the school;
- encourage parents and carers to be involved in reviewing the school policy, and making modifications to it as necessary;
- inform parents and carers about the best practice known with regard to drugs education, so that the parents/carers can support the key messages being given to children at school.

When an incident concerning unauthorised drugs has occurred in school, and a pupil is involved, the school, after a full assessment has taken place, will make a decision with regard to support and possible sanctions. We will inform the parents or carers, and explain how we intend to respond to the incident.

In cases where a pupil has been identified as having an involvement with drugs, a referral will be made to Early Break, the drug and alcohol service for young people.

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 inform the Head teacher and together 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.

Where it is found that there is parental involvement in drug or alcohol misuse the school will work with other agencies to support pupils and parents and the Head teacher is designated to deal with any problems that may arise with the children of problem drug or alcohol users.

## **11. Confidentiality**

Staff and pupils are made aware of the confidentiality policy in relation to drug incidents, being reminded that confidentiality in these situations cannot be guaranteed as disclosures may be required.

## **12. Monitoring and review**

The governing body will monitor the drugs policy on a two yearly basis. The Governors takes into serious consideration any representation from parents and carers about the drugs education programme, and comments will be recorded.