



# Policy on Drug Education

**Approved by:**

**Date:**

**Last reviewed on:**

July 2021

**Next review due by:**

September 2022

## Policy on Drug Education

### **Policy Links**

See also *PSHE, Health and Safety, and the administration of medicines and the Archibald Primary School Emergency Plan*

The policy reflects local and national aims and priorities expressed within the Government National Drugs Strategy: 'Drugs - protecting families and communities' (2008) and the Healthy School Standard. It also incorporates the key messages contained in Drugs: Guidance for schools (DFES/0092/2004). The policy also reflects and meets the aims of Every Child Matters: Change for Children (2004).

This policy sets out the school's approach to drug education and how the school will respond to drug related incidents within the responsibilities of the school.

Archibald Primary School is committed to safeguarding and promoting the welfare of children and young people and expects all staff and volunteers to share this commitment.

### **To whom does the policy apply?**

This policy applies to all the following people when they are on the school premises; pupils, staff, parent/carers and visitors. It also applies to pupils and staff when off-site when staff are in loco parentis. This includes all educational visits including those abroad.

Although the school is not responsible for pupils travelling to and from school, we will work with parents and/or other agencies should any problems be identified. The school is responsible for pupils during breaks and lunchtimes (except when it has been agreed by parents/carers that children will travel home for lunch) and this policy applies during these times. It also affects the use of school premises after normal school hours. Organisers of any school events should be made aware of the policy and their responsibilities to implement it.

### **Definition of a drug**

For the purpose of this policy the following definition of a drug applies:

**“a substance people take to change the way they feel, think or behave.”**

This broad definition allows for the inclusion of all medication (see the school's administration on medicines protocol), legal/illegal drugs (including alcohol/tobacco), volatile substances (see also the school's health and safety policy and COSHH policy) and all over the counter and prescription medicines.

### **Intent**

- To provide a framework for effective drug education
- To provide systems for dealing with drug related incidents within the school environment
- To ensure that the school's drug education programme reflects the aims and values of the school and its governing body.
- To deliver high quality Drug, Alcohol and Tobacco Education as part of the statutory Health Education.

## **Roles and Responsibilities**

### **Governors**

As part of their general responsibilities for the management of the school, the governors agreed this policy. They will continue their involvement through regular evaluation of it.

### **Head teacher**

The Head teacher takes overall responsibility for providing a safe place for all staff and pupils and as such takes responsibility for this policy, its implementation, and of liaison with the Governing Body, parents, LEA and the School Drug Education Leader in the event of a drug related incident. Pupils who are suspected of being at risk from drugs, and in particular truanting pupils will be supported and monitored with assistance from relevant agencies such as Educational Social Workers, Child Protection Officers and the Police.

### **PSHE & Citizenship Leader**

The Health and Wellbeing leader, together with the Head teacher, has a general responsibility for supporting other members of staff in the implementation of this policy. The Health and Wellbeing leader will provide a lead in the dissemination of information relating to drug education. They are responsible for identifying and providing good quality resources and in-service training.

### **Parents and carers**

Parents and carers are encouraged to support the school's drug education programme and have access to this policy. They are responsible for ensuring that guidelines relating to medication in school are followed (**see administration of medicines policy**). If a pupil needs to take any form of medication during the school day, a signed letter from the parent (s)/guardian(s) must be present, explaining dosage and length of time the medication is to be administered for.

Pupils' inhalers are kept in a yellow bag and are safely stored in the pupils' class. They should follow the child at playtimes, lunchtimes, during PE, all educational visits and in the event of a fire alarm. If a child requires his or her inhaler, this will be recorded in a book to say when (date and time) the child had his or her inhaler. Inhalers will be sent home during the summer holidays and parents will be encouraged to update medical information with their doctor.

Medical information is updated at the **Triangulation meetings** in the Autumn term.

The school plays its part in ensuring that parents/carers have up-to-date information regarding drugs by regularly scheduling parent's drug awareness sessions that are sensitive to cultural backgrounds. Parents/carers have the right to be informed of any incident that could result in potential harm to their child. This can be a very sensitive issue for parents, and therefore, it will be handled with care and consideration. The Head teacher will consider if there are any special circumstances, which may temper this right. The child protection service may be contacted in the first instance and advice sought.

### **All staff**

Drug prevention is a whole school issue. All staff, both teaching and non-teaching, should be aware of the policy and how it relates to them should they be called upon to deal with a drug related incident. This includes lunchtime supervisors, site manager and cleaning staff. If they have any queries or training requirements these should be made known to the Health and Wellbeing leader or the Headteacher. The site manager regularly checks the school premises – any substance or drug paraphernalia found will be recorded and reported to the Health and Wellbeing leader, Head Teacher or the Deputy Head teacher and dealt with in accordance with this policy.

## **Section One – Drug Education**

### **Intent of drug/health education**

“The aim of drug education is to provide opportunities for pupils to develop their knowledge, skills, attitudes and understanding about drugs and appreciate the benefits of a healthy lifestyle, relating this to their own and others actions” DfES 2004 p.18 Drugs: Guidance for schools.

We will provide all pupils with drug education as an integral part of our Personal, Social and Health Education (PSHE) and Citizenship programme. It is our aim to help all pupils to be able to take their place safely in a world where a wide range of drugs exists. We recognise that some drugs have beneficial effects, but also that every drug has potential harm. For this reason, all drugs need appropriate and responsible care and management. In order to be able to make informed choices, staff and pupils need to understand the nature of drugs, their social status, their uses and effects.

### **Ethos**

Drug education in our school aims to enable pupils to make healthy informed choices by increasing their knowledge, exploring a range of attitudes towards drug use and developing and practising decision-making skills. The programme we follow is based on national and local guidelines for good practice and is appropriate to the age and experience of our pupils.

The main aims of our drug education programme are to:

- Enable each pupil to develop confidence and self esteem.
- Raise pupil’s awareness of the world of drugs so that they can make informed and responsible decisions about their own drug use in order to reach their full potential.
- Encourage a healthy respect for all substances taken into the body.
- Enable pupils to explore their own and other’s feeling, views, attitudes and values towards drugs and drug related issues.

### **Key Stage 1**

Children should be introduced to ideas about how to keep healthy and the role of drugs as medicines.

### **Key Stage 2**

Children should be introduced to the fact that whilst all medicines are drugs, not all drugs are medicines. They should also begin to be aware of the harmful effects on health of abuse of tobacco, alcohol and other drugs.

The drug education programme will provide opportunities for pupils to:

- explore attitudes and values around drug misuse.
- practise decision making skills.
- become aware of peer pressure.
- develop assertiveness skills.
- consider the consequences of risk taking.
- learn how to access sources of help and information.
- emphasise the benefits of a healthy lifestyle.

Where possible, liaison has taken place between this school and its feeder Secondary schools to ensure a spiralling curriculum is in place and consistency in managing drug related incidents. This will take place through consultation with the schools and the Health and Wellbeing who will oversee the spiralling curriculum and progression between Primary and Secondary schools.

At Archibald Primary School we regard PSHE and Citizenship as an important, integral component of the whole curriculum. We provide a broad and balanced curriculum, ensuring that it:

- Promotes the spiritual, moral, cultural, mental and physical development of our children and of society.
- Prepares our children for the opportunities, responsibilities and experiences they already face and for adult life.
- Provides information about keeping healthy and safe, emotionally and physically.
- Encourages our children to understand how all actions have consequences and how they can make informed choices to help themselves, others and the environment.

There are further opportunities available to teach drug education in the statutory citizenship within school.

## **Implementation**

### **Teaching programme, strategies and resources**

Drug Education is delivered through the PSHE programme by the class teacher in whole class or group situations using a broad variety of teaching and learning strategies. (See PSHE Schemes of work) The Health and Wellbeing leader will review the drug education provision on an annual basis through discussion with the teachers involved with the delivery of the programme and the pupils participating in it.

Where the teaching and learning includes issues which may be sensitive, staff and pupils will work within clearly understood and applied ground rules in line with QCA Guidance. (**See also the section relating to confidentiality**)

Drug education will be assessed in a number of ways including:

- Pupil self assessment and the opportunity for reflection
- Discussion and peer group reflection.
- Teacher assessment of pupil attainment by observation and review of student written work.

## **Impact**

### **Monitoring and evaluating of the drug education programme**

The Health and Wellbeing leader and Headteacher is responsible for the overall monitoring of drug education. This may include:

- Learning Walks
- SLT Agenda
- Subject Leader scrutiny of work
- Curriculum Maps
- Reviewing samples of pupil's work
- Teachers making comments on the scheme of work and lesson plans
- Feedback from teachers involved in the delivery of the programme
- Feedback from pupils (school council)
- Curriculum Assessment

The views of pupils and teachers are essential for the evaluation of the drug education programme. Feedback will be gained through discussions and written responses when necessary. Changes, if needed, will be made to the planning and teaching of the programme in light of the evaluation and evidence of best practice.

## **Resources**

All resources for drug education are regularly reviewed and updated in line with the overall aims of this policy and reflecting Drugs: Guidance for schools. (DfES/0092/2004).

Guidance on Drug education resources is available from the Health and Wellbeing Leader who can also assist in supplying Teaching staff with resources.

### **Special Educational Needs**

Children registered as having special educational needs have the same right to good drug education as any other pupil and will be taught alongside all other pupils. However, teachers must be aware of and respond to their needs in drug education lessons just as in any others, taking account of targets set in the pupils' individual education plans. High quality teaching will be differentiated and personalised to ensure that the needs of all children are met and that the subject content is accessible to all children.

### **Children vulnerable to substance misuse**

Those children who may be viewed as vulnerable to substance misuse are provided with targeted drug education through the school's mentoring team. Staff are able to gain additional support and guidance from Platform – Middlesbrough's Young Persons Drug and Alcohol Service. This support can include training around the "Targeted Intervention Pack" – a Middlesbrough specific resource for working with vulnerable young people and parents/carers around drug and alcohol issues.

### **Use of visitors and outside agencies**

We recognise that working with external partners will enhance the delivery of Drug Education and will support Academies to bring in specialist knowledge and implement different ways of engaging with young people. We encourage other valued members of the community to work with us to provide advice and support to the children with regard to health education. Where visitors and outside agencies are involved, their contribution will have been planned as part of the programme of Drug Education. Their contribution should complement the teaching already taking place in the school. (A checklist to support input from external contributors Appendix 6 p112 (DfES/0092/2004, see also QCA guidance on external visitors.)

### **Confidentiality**

Keeping our children safe is at the heart of our PSHE curriculum. There are guidelines for staff on confidentiality and handling sensitive and controversial issues and supporting young people.

Ground rules are essential to provide an agreed structure to answering sensitive or difficult questions. Teachers will endeavour to answer questions as honestly as possible but if faced with a question they do not feel comfortable answering within the classroom, provision would be made to meet the individual child's needs.

Teachers need to be aware that effective Relationship Education, which brings an understanding of what is and is not acceptable in a relationship, may lead to discussing potentially sensitive issues or the disclosure of a child protection issue. The staff member will inform the Designated Child Protection Lead or Deputy Designated Safeguarding Lead in line with the LEA procedures for child protection who will ensure that trusted, high quality local resources are engaged, links to the police and other agencies are utilised and the knowledge of any particular local issues it may be appropriate to address in lessons.

All staff are aware of what to do if a child discloses to them that they are being abused or neglected in line with the document Keeping Children Safe in Education (KCSIE). Staff receive regular safeguarding updates. Staff are also aware of the need to manage the requirement to maintain an appropriate level of confidentiality. This means only involving those that need to be involved, such as the Designated Safeguarding Lead and children's social care. A member of staff will never promise a child confidentiality if concerns exist and that they will not tell anyone about a report of abuse, as this is not in the best interests of the child.

If young person discloses information relating to misuse of drugs by themselves, or by people they know, then confidentiality cannot be guaranteed. Pupils should be reminded of this when appropriate. Ground rules should be established covering both the teacher's and pupil's right to privacy and respect, and pupils should be discouraged from revealing any incriminating information about either themselves or others, or information they may wish to keep confidential.

It should be noted that health care professionals (such as the school nurse) are able, under certain circumstances to maintain confidentiality except in circumstances where they have Child Protection concerns.

## **Section Two – Unauthorised substances**

No substances are to be brought onto the school premises or on educational visits unless authorised by the Head Teacher or through the agreed protocol for the use of medicines on the school premises. This includes: alcohol, volatile substances and medicines (The list is not exhaustive, other substances may be including at the discretion of the Head Teacher). This applies to anybody using the building regardless of age or whether they are staff or pupils of the school.

Pupils found in contravention of this section of the school policy, on school premises, will be dealt with in the following way:

- Parents will be contacted, either by letter or phone, by a Mentor. Parent's support will be sought in stressing to the pupil how the use of unauthorised substances in school is a serious breach of school rules.
- A suitable sanction will be issued by the Headteacher. The severity of the sanction will depend upon various factors such as whether it is a pupil's first offence and whether it has affected other pupils.
- The substance and associated paraphernalia such as matches or lighters found in a pupil's possession in school will be confiscated. They will be placed in a labelled envelope and kept securely until parent agrees to their disposal.

## **Section Three – Dealing with Drug Related Incidents**

This section will provide a framework for dealing with incidents surrounding the use, suspicion of use and finding of drugs and substances. The school does not condone the use of drugs but will endeavour to support any pupil with a drug problem in line with its pastoral responsibilities.

Parents/Carers have the right to be informed of any drug-related incident that affects their child. An exception to this is when the child is deemed "at risk" and the Child Protection Service has been contacted. In this case, it is up to the CPS to decide the course of action.

Staff should be aware they if they a) fail to take action in a drug related incident or b) allow drug use to continue on school premises, they could contravene the Misuse of Drugs Act 1971. It should be noted that if the preservation of a confidence a) enables criminal offences to b) committed, or b) results in serious harm to the pupil's health and welfare, criminal proceedings could ensue.

Following an incident staff should complete a drug incident form (appendix 11 within the DfES Guidance 0092/2004)

### **What to do in the event of finding a drug or suspected illegal substance.**

1. Take possession of the drug/substance and inform the Head Teacher, Deputy Head teacher or if not available, a senior member of staff.
2. In the presence of a witness the articles should be packed securely and labelled with the date, time and place of discovery.

3. The package should be signed by the person who discovered it and stored in a secure place – such as the school safe.
4. Police should be contacted immediately and arrangements should be made to hand the package over to them. Staff should not attempt to analyse or taste any found substances.

In the event of discovering a hypodermic needle the incident should be recorded and the following procedure should be followed in order to protect all persons:

1. Do not attempt to pick up the needle.
2. Cover the needle with a bucket or container kept in the site manager's office.
3. If possible, cordon off the area to make it safe with a member of staff.
4. Inform the Nominated Drug Person/PSHE Coordinator, or senior member of staff.
5. Contact environmental health. Telephone 01642 726001 (24hrs)

If it is considered impractical to leave the needle where it is found, a trained member of staff, using the appropriate personal protective equipment, may remove the needle from the area.

What to do in the event of finding or suspecting a pupil in possession of a drug

1. Request that the pupil hand over the article(s). Staff can ask pupils to turn out pockets or bags, but cannot demand that this happens.
2. Having taken possession of the substance/paraphernalia, the procedure should be followed as above.
3. Pupils should be placed in supervised isolation.
4. Parents should be contacted as quickly as possible.

### **EXTREME CARE SHOULD BE TAKEN IF HYPORDERMIC NEEDLES ARE INVOLVED**

If a pupil refuses to hand over articles a search may be required – it should be noted that:

- Teachers can search school property, i.e., cupboards and trays without permission
- Teachers should request that pupils empty their pockets or bag in the presence of a witness
- Teachers should not search pupil's personal possessions. An enforced search by staff could be interpreted as an assault.

**Procedures for dealing with a child suspected to be under the influence of a drug or substance**  
Stay calm, place the child in a quiet area. Do not leave them unsupervised; seek medical advice. If the child is drowsy or unconscious place them in the recovery position, loosen tight clothing and attempt to establish what the child has taken. Inform the Head teacher, Deputy Head teacher or senior member of staff. Any suspected substances should travel with the child if removed for treatment. Vomit should be safely collected where possible and also taken with the child for analysis.

### **Procedures for dealing with Parents/Carers under the influence of drugs on the school premises**

Staff should attempt to maintain a calm atmosphere. If staff have a concern regarding discharging a pupil in to the care of a parent/carer attempts should be made to discuss alternative arrangements with the parent/carer, for example requesting another family member escort the child home. Staff should seek further advice from the Safeguarding Lead, Deputy Safeguarding Lead, Head teacher or Deputy Headteacher. The focus of the staff must be the maintenance of the pupil's welfare, as opposed to the moderation of the parent's behaviour. Where the behaviour of the parent/carer immediately places the child at risk or the parent/carer becomes abusive or violent, staff should consider whether to invoke child protection procedures and/or the involvement of the police.

## **Police Involvement**

There is no legal obligation for the school to contact the police when a drug incident or offence has been discovered. Contacting the police is at the Head teacher's discretion.

However, the school has established close liaisons with our local police and any information about illegal sales of drugs including alcohol and tobacco will be reported to them. In the event of a drug related incident in the school, the school would cooperate with the police should they wish to search the premises. However, the LEA will be informed. A member of staff will accompany any search and any damage will be noted.

In the event of a serious incident the police may request to interview pupil(s). Parent(s)/Carer(s) must be notified. They may refuse to give consent or prepare the interview to take place in their own home, in which place the police will make arrangements. Parents/cares may give authority to a responsible adult, e.g., a teacher to be present during the interview.

## **Dealing with the media**

Please see **Archibald Primary School Emergency Plan**.

## **Contact numbers**

Schools Drug Education Coordinator – 01642 246241

LEA Press/Publicity Department – 01642 729502

Inclusions Office (Behaviour and attendance) - 01641 201839

Environmental Health – 01642 726002

PLATFORM – 01642 246241

## **Discipline**

In normal circumstances parents will be contacted. If the Head teacher assesses that the situation is child protection issues then the CPS will be contacted in the first instance.

This school does not condone drug misuse. However, in deciding an appropriate sanction the school must consider the interests of the child balanced against the best interests of the whole school community. This means that exclusion is a possible sanction (fixed or permanent) but may not necessarily be used in all cases.

Exclusion would only be used as a last resort. A range of responses may also be considered that may include:

- In school exclusion
- A target pastoral support programme
- Referral to an appropriate agency such as Platform
- Home – school contract
- A managed move
- Fixed term exclusion
- Permanent Exclusion

Consideration should be given to:

- Whether one pupil or a group of pupils is involved.
- Whether there is evidence of particular peer pressure.
- Whether it is the pupil's first offence. (see p67-68 DfES/0092/2004 for further considerations)

## **Referral to an outside agency for a pupil**

An identification and referral tool is currently being used in Middlesbrough to aid schools in deciding the best possible course of action for helping a young person with a Drug or Alcohol issue. Copies of this referral form are available from the PSHE Coordinator.

The Young Persons Drug and Alcohol service in Middlesbrough is called Platform. This Service can provide targeted one on one work with young people up to the age of 19 as well as training and resources for school based brief interventions.

**Referral to an outside agency for an adult**

A free drug counselling service for adults, if deemed appropriate, is available through The Albert Centre. Tel : **01642 221484**

Further help and support is available from the LEA's Inclusion officer.

**Implementation of the policy**

A copy of this policy is provided in the staff policies file on SharePoint and in the governor's policies file. A copy will be made available to any parent should they wish to see one.

Date of implementation: September 2008

**Monitoring and evaluating the policy**

This policy will be reviewed every year by the Health and Wellbeing leader.

Reviewed: July 2021