



## Policy on Drugs

### 1 Introduction

1.1 In 2004, the DCSF updated its guidance to schools about drugs. This policy reflects that guidance, as well as the content of the QCA schemes of work. It also accords with advice in the Healthy Schools Programme, guidance from the LA, and guidance from the local Drug Action team.

### 2 Aims and objectives

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

### 3 Terminology

3.1 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);
- all medicines, whether over-the-counter or on prescription.

### 4 Ashby Fields Primary School statement

4.1 Ashby Fields Primary School believes that the presence of unauthorised drugs in our school is not acceptable.

4.2 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.

### 5 Responsibilities

5.1 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.

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- 5.2 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**

- 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/carers, 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 or carers.

- 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 DCSF and LA 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**

- 8.1 Pupils may not bring prescribed medication into school except in exceptional circumstances. Parents and carers may visit the school in the lunch break to bring and administer prescribed medication themselves, by prior arrangement.
- 8.2 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 room.
- 8.3 Solvents and other hazardous chemicals must be stored securely, to prevent inappropriate access, or use by pupils. Teachers are cautious with older, solvent-based Tippex, with aerosols, with glues and with board-cleaning fluids.
- 8.4 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.
- 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.

## **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 or carers; 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 headteacher will decide whether 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 headteacher will conduct an investigation into the nature and seriousness of any incident, in order to determine an appropriate response.

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

10.1 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.

10.2 When an incident concerning unauthorised drugs has occurred in school, and a pupil is involved, we will inform the parents or carers, 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.

## **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 and carers about the drugs education programme, and comments will be recorded.