

**DRUGS POLICY**

**Policy review: October 2021**

**Next Review: October 2022**

**DRUGS POLICY**

1. THE PURPOSE OF THE POLICY

The purpose of the school drug policy is:

* To clarify the legal requirements and responsibilities of the school.
* To reinforce and safeguard the health and safety of pupils and others who use the school.
* To clarify the school’s approach to drugs for all the staff, pupils, governors, parents/carers, external agencies and the wider community.
* To give guidance on developing, implementing and monitoring the drug education programme.
* To enable staff to manage drugs on school premises, and any incidents that occur, with confidence and consistency, and in the best interests of those involved.
* To ensure that the response to incidents involving drugs complements the overall approach to drug education and the values and ethos of the school.

 2. DEFINITION OF DRUGS

 The definition of a drug given by the United Nations Office on Drugs and Crime is:

 ‘A substance people take to change the way they feel, think or behave.’

 This includes:-

* All illegal drugs.
* All legal drugs, including alcohol, tobacco, volatile substances (those giving off gas or vapour which can be inhaled), and alkyl nitrates (known as poppers).
* All over-the-counter and prescription medicines.
1. ROLE AND RESPONSIBILITIES

HEADTEACHER

The Headteacher takes overall responsibility for providing a safe place of work for all staff and pupils and as such takes responsibility for this policy, its implementation and for liaison with the Governing Body, parents/carers, LA and appropriate outside agencies 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 Child Protection Officers and the Police. The Headteacher, or in his absence, a member of the Senior Leadership Team is the first point of contact for advice/support in dealing with a drug related incident.

PSHEE AND RELATIONSHIPS EDUCATION LEADER

The leader, together with the Headteacher has a general responsibility for supporting other members of staff in the implementation of this policy. The PSHEE and Relationships Education leader will provide a lead in the dissemination of information relating to drug education.

 PARENTS AND CARERS

Parents and carers are encouraged to support the school’s drug education programme. They are responsible for ensuring that guidelines relating to medication in school are followed. 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 will be handled with care and consideration. The Headteacher will consider if there are any special circumstances, which may temper this right. The Children and Young Peoples Services (CYPS-Children’s Social Care or another agency) may be contacted in the first instance and advice sought.

 SCHOOL 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, the site manager and the cleaning staff. If they have any queries or training requirements these should be made known to the PSHEE and Relationships Education leader or the Headteacher. The caretaker regularly checks the school premises- any substances of drug paraphernalia found will be recorded and reported to the Headteacher and dealt with in accordance with this policy.

1. CONFIDENTIALITY

If a child discloses information relating to misuse of drugs then absolute confidentiality cannot be guaranteed. Disclosure by pupils of information relating to misuse of drugs will be reported to the Headteacher, or in his absence, a member of the Senior Leadership Team. Pupils should be reminded of this with the establishment of clear ground rules that cover issues such as the teachers’ and pupils’ right to privacy and respect. Similarly, teachers should be aware that they are unable to offer confidentiality in discussions. If a pupil discloses information which is not generally known and which the pupil requests is not passed on, the request should be honoured unless this is unavoidable in order for teachers to fulfil their professional responsibilities in relation to:

* Child protection
* Co-operating with police investigation
* Referral to external services

 However, 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. If rumours of a drug misuse are disclosed, the Headteacher should be informed-the Headteacher should assess the information and decide whether further action is to be taken.

1. AIMS OF DRUG EDUCATION

The main aims of our drug education are:

* To enhance children’s decision making skills to enable children to make positive healthy choices.
* To raise pupils awareness of the world of drugs so they can make informed decisions about their own drug use.
* To enable pupils to explore their own and other’s feelings, views, attitude and values towards drugs and drug issues.
* To help the children distinguish between different drug substances and consider their use, misuse, benefit and harm.
* To recognise medicines are drugs and can help people but that misuse can be harmful to health.
* To correct any misconceptions about the effect of drugs.
* To enable each pupil to develop confidence and self-esteem.

 PSHEE AND RELATIONSHIPS EDUCATION

Children will cover the following objectives throughout Primary school:

* That medicines (including vaccinations and immunisations and those that support allergic reactions) can help people to stay healthy.
* How medicines, when used responsibly, contribute to health; that some diseases can be prevented by vaccinations and immunisations; how allergies can be managed.
* About the risks and effects of legal drugs common to everyday life (e.g. cigarettes, e-cigarettes/vaping, alcohol and medicines) and their impact on health; recognise that drug use can become a habit which can be difficult to break.
* To recognise that there are laws surrounding the use of legal drugs and that some drugs are illegal to own, use and give to others.
* About why people choose to use or not use drugs (including nicotine, alcohol

and medicines)

* About the mixed messages in the media about drugs, including alcohol and

smoking/vaping.

* About the organisations that can support people concerning alcohol, tobacco and nicotine or other drug use; people they can talk to if they have concerns.
1. TEACHING STRATEGIES

 Drug education is delivered by the class teacher in whole class or group situations using a variety of teaching and learning strategies to encompass the broad aims of the curriculum.

 We aim to create a classroom atmosphere in which the children feel comfortable, trusted and are able to contribute; where they can feel supported and support each other as they express their feelings. Discussion time is also used to support drug education, especially in the developing of self-esteem and equipping children with skills for life.

1. RESOURCES

Resources can be found in the resource cupboard located in the KS2 boy’s toilets. Any additional resources can be obtained from the PSHEE and Relationships Education leader.

1. MONITORING AND EVALUATION

The PSHEE/Relationships Education leader and Headteacher are responsible for the overall monitoring of drug education. This will include:-

* Carrying out scrutinies of planning and children’s work.
* Obtaining feedback from teachers and pupils (pupil voice questionnaires).
* Using the SIMS assessment tool to identify progression.
1. CHILDREN VULNERABALE TO SUBSTANCE MISUSE

Staff can gain additional support and guidance from the LA for appropriate resources and educational approaches.

1. USE OF VISITORS AND OUTSIDE AGENCIES.

 Visiting facilitators can enhance the delivery of drug education and some pupils do respond better if they perceive the deliverer to be an ‘expert’ rather than their ‘normal’ teacher. However, visitors will only be used if they can offer an expert approach or elicit a pupil response which cannot be achieved by the teachers. Where visitors and outside agencies are involved, their contribution must have been planned and should complement the teaching already taking place in the school. The PSHEE/SMSCD leader will seek outside agencies and visitors to deliver appropriate drug education and CPD if needed.

1. DEALING WITH SUBSTANCE RELATED INCIDENTS

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 Child Protection Services have been contacted. In this case, it is up to the CPS to decide the course of action.

Staff should be aware that if they fail to take action in a drug-related incident or 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 enables criminal offences to be committed, or results in serious harm to the pupil’s health and welfare, criminal proceedings could ensue. No substances are to be brought onto school premises unless authorised by the Headteacher or through the agreed protocol for the use of medicines on the school premises.

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

* Parents will be contacted by the Headteacher. Parental support will be sought in stressing to the pupil how the use of unauthorised substances in school is a serious breach of the school rules.
* A suitable sanction will be considered. The severity of the sanction will depend upon various factors such as the age of the pupil, the circumstances of the incident, whether it is a pupil’s first offence and whether it 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 parents are able to collect them.
1. FINDING A DRUG OR SUSPECTED ILLEGAL SUBSTANCE

The following procedure must be followed:

* Take possession of the drug/substance (ensuring personal safety) and inform the Headteacher, or, if not available, a member of the Senior Leadership Team. Inform Parents/Carers and other agencies (if this is appropriate).
* The drug/substance should then be packaged should and signed by the person who discovered it and stored in a secure place in the school office.
* Arrangements should be made to hand the package over to police. Staff should not attempt to analyse or taste any found substance.

 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:

* Do NOT attempt to pick up the needle.
* Cover the needle with a bucket or another container.
* If possible, cordon off the area to make it safe.
* Inform the Headteacher or a member of the Senior Leadership team.
* Contact Environmental Health. Telephone: 01429 266522.
1. CHILDREN SUSPECTED TO BE UNDER THE INFLUENCE OF A DRUG OR SUBSTANCE

The following procedure must be followed:

* **Always seek medical advice.**
* Refer to first aid protocol.
* Stay calm, place child in a quiet area.
* **Do not** leave the child unsupervised whilst seeking medical advice from a First Aider.
* If the child is drowsy or unconscious place them in the recovery position, loosen tight clothing and attempt to establish what the child had taken.
* 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).
1. DEALING WITH PARENTS/CARERS UNDER THE INFLUENCE OF DRUGS ON THE SCHOOL PREMISES

Staff should attempt to maintain a calm atmosphere. If any staff have concerns regarding discharging a pupil into the care of a Parent/Carer, attempts should be made to discuss alternative arrangements with the Parent/Carer, for example requesting another family member to escort the child home. 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 of significant harm or repeated behaviour 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 relevant involvement of the police.

1. WHEN TO CONTACT THE POLICE

Whilst there is no legal obligation for the school to contact the police when a drug incident or offence has been discovered, and contacting the police is at the Headteacher’s discretion, the school however, 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 school, the school would cooperate with the police should they wish to search premises and the LA 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. If they refuse to give consent or prefer the interview to take place in their home the police will make arrangements. Parents/Carers may give authority to a responsible adult, e.g. a teacher to be present during the interview.

 **Monitoring and Reviewing**

The policy will be reviewed annually by the SLT Designated Safeguarding Leader in consultation with the Headteacher, the Governors and the Chair of Governors.

It will be updated, modified or amended as necessary.

**Signed………………………………………………………..**

**Date…………………**

**(Designated Safeguarding Lead)**

**Signed………………………………………………………..**

**Date…………………..**

**(Headteacher)**

**Signed………………………………………………………..**

 **Date…………………..**

**(Chair of Governors)**