



# Drug Education & Managing Drug Related Incidents Policy

*Harehills Primary School actively promotes equality of opportunity for all staff, governors, pupils and parents, creating a harmonious learning community where all can succeed*

## Introduction

This policy is intended to state the school's approach to Drug Education specifically and should be read in conjunction with the following policies: PSHE; Relationships policy; Child protection policy; health and safety policy; Medicine and Asthma Policy; Alcohol and drug misuse policy and visitors in school policy.

This policy has been developed through a variety of consultation methods involving children, parents/carers, staff and governors. All views were taken into account when developing this policy.

A reference copy is stored in the school office and is available on the school website. A full copy or summary will be made available to parents/carers, staff, governors and representatives of partner agencies upon request.

- **Staff (with governor support) with key responsibilities for drugs**

Member of staff	Specific responsibilities
. Catherine McMullen & Hollie Melling . Members of the Healthy Schools Team . *Designated CP staff . Joanne Summerfield	<input type="checkbox"/> Co-ordinating the drug education programme, ensuring a spiral curriculum <input type="checkbox"/> Establishing and maintaining links with external agencies <input type="checkbox"/> Accessing and co-ordinating training and support for staff <input type="checkbox"/> Liaising with link schools to ensure a smooth transition <input type="checkbox"/> Policy development and review, including consultation with staff, pupils, parents & carers and local agencies <input type="checkbox"/> Implementing the policy; monitoring and assessing its effectiveness in practice <input type="checkbox"/> Managing drug-related incidents <input type="checkbox"/> Managing Child Protection issues <input type="checkbox"/> Liaising with local media <input type="checkbox"/> Head Teachers may also wish to record those members of staff with the authority to search pupils, although there is no legal requirement to keep such a record.

Harehills is a larger than average Primary School, with over 700 children on roll from Nursery to Year 6. We aim to make school an experience that is stimulating and challenging for our children. We promote high standards and enable children to reach their potential. We provide equality of opportunity for all in school. We understand equality to mean treating everyone with equal dignity and worth valuing their particular characteristics such as their age, disability, ability, gender, ethnicity, religion or belief, sexual orientation and socio-economic circumstances.

## Definition of drugs

The definition of drugs used in this policy is the definition given by the United Nations Office on Drugs and Crime: "A substance people take to change the way they feel, think or behave". Current educational thinking agrees that a drug is 'any substance which when taken changes the way the body works or how a person behaves, thinks and feels.' (Drugscope)

This refers to all drugs whether:

- Illegal drugs (those controlled by the Misuse of drugs Act 1971) such as ecstasy, cannabis, crack/cocaine, heroin and LSD, ketamine, GHB, anabolic steroids and khat
- Drugs that are legal to use but are covered by some legislation such as selling to under 18 year olds including alcohol, tobacco, shisha and volatile substances (solvents)
- Drugs that are legal to use and buy such as poppers
- Over the counter and prescription medicines
- And other drugs such legal highs/Novel Psychoactive Substances that are illegal to sell for human consumption and e-cigarettes that currently have no restrictions (although laws about selling to under 18s and use in public places are to be put in place)

## Definitions of other key words

*Drug use* describes any drug taking. Any drug use can potentially lead to harm, including through intoxication, breach of the law or school rules, or future health problems.

*Drug misuse* is drug taking which leads to social, psychological, physical or legal problems through intoxication, regular excessive consumption and/or dependence.

## Why a policy is needed

We have an up to date policy which is part of being a healthy school. Although it is highly unlikely that illegal drugs will be in our primary school, we believe that drugs play a part in the lives of every one of us and recognise that drug use and misuse can have a serious effect on health, well being and academic achievement. We therefore have a crucial role to play in drug prevention and education.

Primary aged children need to be protected from the harm that drugs can cause and it is our responsibility to give them the knowledge and skills to be able to be healthy and keep safe.

We take a positive and proactive approach to the issue of drugs and this policy aims to:

- Give a clear view on the use of drugs in school.
- Provide information so that everyone is clear about the procedures should an incident occur and the approach taken by the school.
- Give information about what is taught, how it is taught
- Give guidance to teachers, support staff and visitors about drug education

## Approach to tackling drugs

As part of being a healthy school we take a whole school approach to drugs through:

- A planned drug education programme through PSHE and citizenship informed by pupils, staff and parent's views, as well as elements which are required within the science curriculum.
- Carefully considered responses to drug-related incidents informed and supported by the views of the whole school community
- Clear rules and sanctions related to drugs
- Access to specialist support and advice, if needed
- Providing training and support for staff

## What is Drug Education?

'Drugs' refers to all drugs, legal and illegal, including medicines, volatile substances, alcohol and tobacco.

Drug Education should enable 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.

Drug education should take account of pupils' views, so that it is both appropriate to their age and ability, and relevant to their particular circumstances.

(Drugs: Guidance for Schools, DfES 2004)

Drug, alcohol and tobacco education is an explicit, planned component of PSHE. Drug, alcohol and tobacco education provides a context for enabling pupils to increase their knowledge and understanding of drugs, alcohol and tobacco and to explore attitudes and develop skills for making healthy, informed choices. It should be supported by:

- School values and an ethos that have been developed by all members of the school and the wider community
- Positive relationships within the school and between the school and wider community
- Whole-school policy and practice that is consistent with the aims of a drug, alcohol and tobacco Education programme. The development of this whole-school approach is supported by Healthy Schools.

Drug Education is also in the Science National Curriculum.

Drug education is a major component of drug prevention. Drug prevention aims to:

- Minimise the number of young people engaging in drug use
- Delay the age of onset of first use
- Reduce the harm caused by drugs
- Enable those who have concerns about drugs to seek help.

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.

Drug education is an important aspect of the curriculum for all schools. It should:

- increase pupils' knowledge and understanding and clarify misconceptions about:
  - the short- and long-term effects and risks of drugs
  - the rules and laws relating to drugs
  - the impact of drugs on individuals, families and communities
  - the prevalence and acceptability of drug use among peers
  - the complex moral, social, emotional and political issues surrounding drugs

It should also develop pupils' personal and social skills to enable them to make informed decisions and keep themselves safe and healthy, including:

- assessing, avoiding and managing risk
- communicating effectively
- resisting pressures
- finding information, help and advice
- devising problem-solving and coping strategies - developing self-awareness and self-esteem
- enable pupils to explore their own and other peoples' attitudes towards drugs, drug use and drug users, including challenging stereotypes, and exploring media and social influences.

All schools need to set realistic aims for their drug education which include the above and which are consistent with the values and ethos of the school and the laws of society, as well as appropriate to the age and maturity of pupils.

(Drugs: Guidance for School DfES 2004)

## **Moral and Values Framework**

The Drug Education programme at our school reflects the school ethos and demonstrates and encourages the following values:

- Respect for self
- Respect for others
- Responsibility for one's own actions
- Responsibility for family, friends, school and wider community

## **What is taught in Drug Education programme and when?**

We reflect the requirements and guidance in the science national curriculum, the non-statutory framework for PSHE and citizenship. Drug Education is taught as part of our curriculum for Personal Social Health Education (PSHE) and detailed planning, guidance and resources are available as part of the scheme of work for PSHE. Each lesson plan outlines appropriate and teaching and learning activities to support specific learning outcomes and provides clear guidance to teachers about content and teaching methods and resources. Our PSHE curriculum map (see Appendix 1) clearly outlines the objectives and progression within our Drug Education aspects of the PSHE curriculum from Foundation stage to year 6. There is no provision for withdrawal of pupils from lessons.

**Key Stage1** focuses on what are safe and unsafe substances, what medicines are, why people take them and how to take them safely, being ill and getting better and what to do if someone persuades you to take something dangerous

**Key Stage 2** focuses on what a drug is, the relationship between diet, exercise, drugs, lifestyle and health, the effects and risks of drugs including tobacco and alcohol, managing peer influences and resisting pressure to take risks and be able to make safe decisions.

## **Skills, knowledge & understanding**

The scheme of work encourages teaching and learning tasks that promote discussion, reflection and application of new knowledge, skills and exploration of attitudes and values in relation to issues surrounding Drug Education.

## **Ground Rules**

Before beginning any PSHE lessons, teachers establish **Ground Rules** with their class to ensure a safe and comfortable teaching environment. Ground rules offer safety and security for children and teachers. A safe climate is ensured through the school rules and Circle Time rules which should be revised regularly. In addition to these rules it would be appropriate for the class teacher to develop a set of negotiated/agreed rules for lessons and discussions related to Sex and Relationship and Drug Education. For example:

- We will not gossip about the lesson but we will talk to someone we trust if we feel there's a need to get help. (Confidentiality)
- It's not OK to ask personal questions of each other or the teacher but we can put questions in the box for later
- To use science vocabulary and not language which might cause offence
- It's ok to say pass / not join in
- Not to use judging questions - respect opinions, situations & background

## **Equal opportunities and inclusion**

Harehills primary School is committed to providing a curriculum that is underpinned with equal opportunities to educate the 'whole' child regardless of their ability, ethnicity, gender and social circumstances. We endeavour to ensure that all information disseminated through PSHE is accessible to all children. We aim to ensure that we abide by the following principles for inclusion when planning, delivering and assessing our PSHE curriculum and provision;

- **Setting suitable learning challenges**

High standards are expected for all children. This will be done by delivering a comprehensive scheme of work which provides continuity and progression for all.

- **Responding to children's diverse learning needs**

Teaching and learning should be planned so that all lessons are inclusive and all children are enabled to participate fully and effectively.

- **Overcoming potential barriers to learning and assessment for individuals and groups of children**

Short term planning should seek to lower as much as is possible barriers to learning, participation and assessment through flexible approaches to teaching/learning both in the classroom and in the wider school environment.

In relation to Drug Education;

- **Responding to children's diverse learning needs**

There is a need for increased access to information and services for vulnerable groups including children who have been excluded, non-attendees, looked-after children and children of parents with problematic drug use. Drug Education should take into account children's assessed needs, as well as their age and emotional maturity.

- **Overcoming potential barriers to learning and assessment for individuals and groups of children**

Drug Education needs to be sensitive to the fact that pupils may have varying attitudes towards drugs which are influenced by their cultural and religious backgrounds and their life experiences, values and beliefs. (Drugs: Guidance for Schools DfES 2004)

Please also refer to the Equal Opportunities and Inclusion/SEND policy.

### **Safeguarding Information Sharing and child protection**

We aim to respect and support a child's confidence, however if a member of staff contributing PSHE is concerned for the safety and welfare of a child, then they should follow the school's Child Protection Procedures.

Please refer to Safeguarding/Child Protection policy. For further information on safeguarding, please see in 'Working together to safeguard children' (February 2017) and 'Keeping Children Safe in Education: for schools and Colleges (September 2016).

Teachers are aware of their responsibility to minimise the chance of pupils making disclosures in the class by using ground rules, distancing techniques and other recognised methods. When working on sensitive issues, distancing techniques can be used to protect pupils' privacy and avoid any possible embarrassment.

Depersonalising discussion, puppets, using role play to 'act out' scenarios, appropriate videos/dvds and TV extracts, case studies with invented characters and visits to/from outside agencies can all help pupils discuss sensitive issues that develop their decision-making skills in a safe environment.

When children make disclosures, they are placing their trust in the member of staff's judgment and acknowledging that they need help. If a child makes a disclosure, it is not appropriate for a member of staff to offer complete confidentiality.

Before allowing a child to make a full disclosure, therefore, it is essential that the member of staff should explain to the child that the information might need to be passed on to the Headteacher or designated teacher for Child Protection who may make a record and pursue Child Protection procedures if necessary.

The pupil's right to privacy should be respected, regardless of the gravity of the incident, so sensitive information should only be shared with relevant staff/agencies.

### **Working with Parents, Carers, Governors and Members of the Community**

It is important that;



- Parents and carers are informed about the areas of learning relating to drug education
- Parents and carers are invited to discuss any aspect of the drug education programme
- The school recognises the importance of raising awareness of drug-related issues among parents, carers and the local community

### **Working with Visitors and Outside Agencies**

Before involving visitors in any aspect of Personal, Social and Health Education including Sex & Relationships Education and Drug Education, teachers should ensure that;

- The visitor understands the school's values and approach to the educational programme
- There is appropriate planning, preparatory and follow up work for the sessions
- The visitor understands the emotional, intellectual, cultural, social and ability level of the children involved
- The teacher needs to be part of the experience in order for the pupils to value the lessons and to build on the pupils' learning
- The checklists (**Appendix 2a and 2b**) should be used with the visitor to ensure success.

How this work will be monitored and evaluated and influence future planning:

All visits and workshops conducted by outside agencies will be monitored and evaluated by the relevant staff in school. Views from staff and children will be taken into account when monitoring and evaluating any work undertaken.

### **Assessment**

There is no statutory requirement for end of key stage assessment in PSHE. However, assessment is required for effective PSHE teaching and to measure pupils' progress. Use will be made of various guidance, including the QCA end of key stage statements, across the year groups as a guide to expectations of progress in learning.

#### **Assessment in PSHE**

- Is planned from the beginning and identified as part of the teaching and learning
- Involves discussions with pupils about learning objectives and outcomes
- Reflects the learning and achievements of all pupils, taking into account their range of learning styles and intelligences
- Measures what we value about PSHE and not just those aspects that are easy to measure
- Supports the way PSHE is delivered in the school
- Actively involves pupils as partners in the assessment process, giving opportunities for pupils to give and receive feedback on their progress and achievements, helping them to identify what they should do next
- Gives opportunities for pupils to collect evidence of their achievements that are linked to learning objectives and outcomes of the relevant activities.
- Is ongoing, diagnostic and informs future learning and teaching

Our assessment processes promote children's self-esteem by valuing children's contributions and enabling children's voices to be heard. Pupils are actively involved in effective assessments of their own learning. They will be involved in discussions about how their work is assessed, so that they know and can recognise their achievements. However, it is important to note that not all aspects of PSHE should be assessed e.g. in discussions, pupils may reflect on how issues reflect on their own family or relationships

### **Monitoring and Evaluation**

Relevant staff members will monitor the delivery and provision for Drug Education through;

- Learning conversations
- Planning scrutinies
- Regular consultation with pupils, staff, parents/carers and Governors.

Relevant adaptations will be made in the light of monitoring and evaluation and in relation to new guidance as and when it becomes available.

### **CPD & Drug Education**

All staff will be offered regular Drug Awareness Training to encourage confidence in dealing with drug education and issues relating to drugs in the school community. This may include training/ work with:

- In-house (led by relevant, trained staff members)
- Leeds Healthy Schools and Wellbeing Service
- Local young people's drugs services - Platform (Leeds)
- from West Yorkshire Police Schools Liaison Officer

### **Management of Drug related incidents**

In managing drug-related incidents, the term 'school' refers to:

- the buildings and grounds within the school perimeter at times when pupils are authorised to be on the premises
- any location visited by pupils as part of an organised school visit

The school will deal with the impact on the health and wellbeing of pupils of anything that happens in the immediate vicinity of the school.

### **Drug using carers and their children**

If a member of staff suspects that a parent or carer is misusing drugs and that there is a risk to the child, this should be reported to the designated teacher for Child Protection and the Headteacher. For guidelines on assessing risk, see Safeguarding and Child Protection Policy.

For guidance on dealing with a parent or carer affected by substances on school premises, see Action Chart 1.

### **Prescribed and non-prescribed medicines:**

Please see Medicine and Asthma Policy

### **Smoking:**

This school is a smokefree school. We request that everyone observe this, both in the grounds and in the building. The school is in the process of applying to hold the Platinum Award for Smoke free Schools from NHS Leeds.

School staff and visitors who smoke should make their own arrangements off the school premises, out of sight of all pupils, within the terms of their contract of employment. Support and signposting is available for staff who wish to stop smoking.

It is an offence under Smokefree England legislation July 2007 for the school knowingly to allow smoking in the school buildings or any sheltered area attached to the buildings. Any adult found smoking could be subject to an on the spot fine of £50 by the Environmental Health Department. The school could be fined £2500.

Our school grounds are smokefree in line with Healthy Schools. Parents and visitors who smoke are asked not to do this in sight of the school, in order to support the non-smoking message we hope to instil in our pupils.

Pupils who are found with cigarettes, tobacco and associated products or who are found to be smoking will be dealt with according to the procedures outlined in Action Chart 2. Child Protection procedures

### **Alcohol**

No member of staff may bring alcohol to school for consumption or consume alcohol during the school day. Any teacher who does so may be subject to disciplinary procedures.

Alcohol is permitted for staff and parent social events held out of school time. It is the responsibility of each individual to ensure they use alcohol sensibly.

Alcohol may not be sold at social events unless the headteacher and governing body have agreed and obtained the necessary license.

Pupils who bring alcohol to school or are affected by alcohol will be dealt with according to the procedures outlined in Action Chart 3. The Safeguarding and Child Protection procedures must be followed.

### **Volatile Substances**

- Volatile substances includes gases, aerosols, glues and other products which might be inhaled for their effect.
- The storage of authorised volatile substances is covered in the Health & Safety policy
- Staff are responsible for ensuring the safe use of essential volatile substances in the school
- Pupils should not need to bring volatile substances to school, including aerosol deodorants, spray hair products, glues or correction fluid.
- Unauthorised products will be confiscated. Refer to Behaviour & Discipline policy

Staff should be made aware of the physical effects of VSA, particularly the possible effect on heart rhythm. It is essential that a calm atmosphere is maintained if a pupil is found to be intoxicated, in order to avoid shock and / or heart failure.

For guidance on how to deal with a situation related to Volatile Substance Abuse, please refer to Action Chart 4. Child Protection procedures must be followed.

### **Illegal drugs**

Pupils' involvement with illegal drugs may include the following:

- Disclosure of own or others' drug use
- Carrying drugs for another person eg. to deliver, sell or to pass to another pupil
- Bringing in illegal substances for effect rather than use or sale
- Unknowingly having an illegal substance on their person

In most cases, the pupil may not appreciate the gravity of the situation. In all cases, the Child Protection policy must be followed. The school's priority is the pupil's safety and wellbeing and disciplinary procedures will only be pursued once support has been offered. Parents/carers will always be informed as soon as possible, unless there are clear indications that this is not in the pupil's best interests.

Excluding a pupil may make them more vulnerable so every alternative will be explored before resorting to Fixed Term or Permanent Exclusion for drug-related incidents.

The headteacher may choose to consult local police for guidance or provide local police with information without criminalising the pupil (see West Yorkshire Police Protocol). It is the headteacher's decision as to whether there will be any direct police involvement in a drug-related incident which may lead to investigation and/or prosecution.

### **Guidelines for the safe handling, collection and disposal of hypodermic needles and syringes**

Staff should remind children regularly of what to do if they find any substance or drug-related equipment to ensure their safety.



The procedure is:

1. Stay calm
2. **Do not touch anything**
3. Send someone to get the nearest member of staff to deal with it
4. Only members of staff should (safely) pick up the object
5. Place in Needle Safe (contact Leeds City Council Discarded Needles Helpline 0800 1386227)
6. Please refer to guidelines for safe handling in Health and Safety Policy.

Do **not** dispose of potentially dangerous objects in school bins

### **Handling suspected illegal drugs**

Staff will follow school procedures carefully. The first person to handle a suspected substance should be the only person to do so. The substance will be packaged and stored safely in the presence of a witness and the action will be recorded in the Drug Incident Book. The headteacher or designated teacher will then decide what further action will be taken regarding the suspected substance. [See Action Chart ?](#)

### **Links to other policies**

Related policies include;

- PSHE policy
- Relationships Policy
- Safeguarding and Child Protection policy
- Medicine and Asthma Policy
- health and safety policy
- Visitors in school guidance

The school has due regard to the following documents and guidance in the development of this policy;

- Creating a PSHE Education Policy for your School (2014)
- Working Together to safeguard children: A guide to inter-agency working to safeguard and promote the welfare of children, (February 2017)
- Keeping Children Safe in Education (September 2016)
- Equality Act 2010: Advice for school leaders, school staff, governing bodies and local authorities (revised February 2013, updates June 2015)

### **Drug Education and drug-related issues**

- Drug and Alcohol Education (DfE and ACPO drug advice for schools: Advice for local authorities, headteachers, school staff and governing bodies, September 2012)
- National Drugs Strategy Annual Review May 2012
- Screening, searching and confiscation. Advice for head teachers, staff and governing bodies. 2012
- Guidance on Medications in Schools - Section 5: General School safety (PG505) 2010
- National Healthy Schools Standard Guidance, DfES 2005
- Managing medicines in schools and early years settings March 2005:-
- Drug Education In Schools, an Update, Ofsted 2005
- Drugs : Guidance for Schools, DfES 2004

**This policy has been approved and adopted by the Governing Body.**

**Headteacher: Joanne Summerfield**

**Chair of Governors: Julia Shemilt**

**Staff representative: Catherine McMullen**

**Pupil representative: Aisha Hussian**

**Parent representative: Hena Begum**

**Date: July 2017**