



**GOODYERS END PRIMARY SCHOOL**

## **DRUG EDUCATION POLICY**

This document is to enable the Governing Body of the school to fulfil its statutory responsibilities under Section 175 and that the school complies with legal requirements regarding the safeguarding of children of the Education Act 2002.

Adopted by the Governing Body:

Signed: .....

Chair of Governors

.....

Headteacher

Date: Spring 2016

Date of next review: Spring 2019

The review of this policy will be as and when required in response to national requirements and in light of continuous school-based monitoring and evaluation data.

Based on Warwickshire Healthy School's model policy

Adopted by Governing Body	Spring 2016
Review date	Spring 2019

## **INTRODUCTION – WHY WE NEED A DRUG EDUCATION POLICY**

This purpose of this policy is to:

- clarify the legal requirements and responsibilities of the school
- reinforce and safeguard the health and safety of pupils and others who use the school
- clarify the school's approach to drugs for all staff, pupils, governors, parents/carers, external agencies and the wider community
- 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
- provide a basis for evaluating the effectiveness of the school drug education programme and the management of incidents involving illegal and other unauthorised drugs
- reinforce the role of the school in contributing to local and national strategies of drug misuse prevention.

## **DEVELOPMENTAL AND DISSEMINATION PROCESS**

This policy was formulated by a working party consisting of the Headteacher, PSHE Education co-ordinator, school nurse and parents.

The policy was amended in response to the comments and recommendations that arose through the consultation period and finally approved by the governing body.

The policy will be communicated to all relevant partner agencies and visitors and included within the staff handbook. A summary of the policy has been disseminated to parents through the newsletter and a copy of the policy will be held in the school office and is available for viewing.

## **LOCAL AND NATIONAL GUIDANCE**

This policy has been developed from a draft local authority policy based on the following documents:

- Drugs: Guidance for Schools DfES 0092/2004
- Drug, Alcohol and Tobacco Education - Curriculum guidance for schools at Key Stage 1 (QCA 2002)
- Drug Education - Including Alcohol and Tobacco (NHSS, 2003)
- Quality Standards for Drugs, Alcohol and Tobacco (Warwickshire LA, 2004).
- DfE and ACPO drug advice for Schools (DfE, 2012)

## **RELATIONSHIP TO OTHER SCHOOL POLICIES**

This policy should be read in conjunction with:

- Anti-bullying Policy
- Child Protection and Safeguarding Policy
- Confidentiality Policy
- Behaviour Management Policy
- Equal Opportunities Policy
- Health and Safety Policy
- Science policy
- Smoke free policy
- SMSC Policy
- School Visitors Policy

Adopted by Governing Body	Spring 2016
Review date	Spring 2019

## WHERE AND TO WHOM THE POLICY APPLIES

This policy applies to all school staff, pupils, parents/carers, governors and other partner agencies working with the school. This policy applies to day and residential trips, and when schools are deemed in loco-parentis.

## DEFINITIONS AND TERMINOLOGY

The term "drugs" refers to:

- All illegal drugs (those controlled by the Misuse of Drugs Act 1971).
- All legal drugs, including alcohol, tobacco, volatile substances (those giving off a gas or vapour which can be inhaled), ketamine, khat, alkyl nitrites (known as poppers) and new psychoactive substances ("legal highs").
- All over the counter and prescription medicines.

## THE SCHOOL'S STANCE TOWARDS DRUGS, HEALTH AND THE NEEDS OF PUPILS

- Illegal and other unauthorised drugs are not acceptable in our school. The first concern in managing drugs is the health and safety of the school community and meeting the pastoral needs of pupils.
- Authorised drugs/medicines are only allowed in school as outlined on the school's Health and Safety Policy and Warwickshire Schools' Health Directory.

## OUR AIMS

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

- minimise the number of young people engaging in drug use
- delay the onset of first use
- reduce the harm caused by drugs
- enable those who have concerns about drugs to seek help.

## OUR OBJECTIVES

In order to achieve the aims of drug prevention, our drug education programme will:

- increase pupils' knowledge and understanding of the risks and consequences of legal and illegal drugs
- provide opportunities for pupils to explore their own and others' attitudes and values towards drugs and drug users
- support pupils to develop their personal and social skills so they feel able to communicate effectively, recognise choices, make decisions and access help when needed
- promote the benefits of a healthy lifestyle.

## STAFF WITH KEY RESPONSIBILITY FOR DRUGS

### Headteacher

The Headteacher will ensure that staff and parents are informed about this drug policy, and that the policy is implemented effectively. The Head teacher will also ensure that staff receive training, so that they can teach confidently and handle any difficult issues with sensitivity.

Adopted by Governing Body	Spring 2016
Review date	Spring 2019

## PSHE Coordinator

The PSHE Coordinator will liaise with external agencies regarding the school drug education programme, and ensure that all adults who work with pupils are aware of the school policy and work within this framework. The PSHE Education Coordinator will monitor the policy on a day-to-day basis and report to governors, when requested, on the effectiveness of the policy.

## School staff

Drug prevention is seen as a whole school issue. Every member of staff and all school staff have a part to play in the implementation of the policy.

## Site Manager

The site manager will support the member of staff responsible for health and safety; with internal and external risk assessments, as and when necessary. They will also ensure the site is free of drugs and drugs paraphernalia through routine checks, carried out on a regular basis.

## Governors

As part of their general responsibilities for the strategic direction of the school, governors have a key role to play in the development and regular review of our school's policy on drugs. Governors will be kept informed as to the efficacy of present drug education provision and involved in any changes to existing provision/policy that may need to be made.

## INVOLVEMENT OF PARENTS/CARERS

The school encourages the involvement of parents/carers by:

- informing parents about the school drugs education policy and practice
- inviting parents to view the materials used to teach drugs education in our school
- answering any questions parents may have about the drugs education their children receive in school
- taking seriously any issue which parents raise with teachers or governors about this policy or the arrangements for drugs education in the school
- involving parents in reviewing the school policy and making modifications to it as necessary
- informing parents about the best practice known with regard to drugs education so that the parents can support the key messages being given to children at school.

## DRUG EDUCATION CURRICULUM

The drug education elements of the National Curriculum Science Order are mandatory for all pupils of primary and secondary school age. These cover the role of medicines; the effects on the human body of tobacco, alcohol and other drugs; the abuse of alcohol; solvents and other drugs; the role of lung structure in gas exchange, including the effects of smoking.

Other elements of Personal, Social and Health Education (PSHE), including drug education, are non-statutory. **However, following a review the Government announced in October 2008 that comprehensive drug education will be made compulsory as a part of a statutory PSHE curriculum in the future.**

## STAFF SUPPORT AND TRAINING

Teachers are provided with training as required to support their delivery of drugs education and extend their confidence in doing so. The training available is kept in the CPD file and training needs are identified for individual staff through the appraisal system. Staff who attend training are given time at a staff meeting or INSET to disseminate learning.

Adopted by Governing Body	Spring 2016
Review date	Spring 2019

## **PUPILS VULNERABLE TO DRUG MISUSE**

*(including those at risk of exclusion and those excluded from school)*

Drug education will be a priority for these pupils. It will be developed to address their specific needs, as many are more likely to be using drugs, many are at higher risk of developing problematic drug use and some may have been excluded as a result of a drug incident.

Teachers will:

- focus on ways to reduce the harm drugs can cause
- involve a range of external contributors, as part of the planned programme, to add value by providing additional perspectives and approaches
- link with tier-2 and 3 services such as young people's drugs services, to provide targeted education, advice and support
- provide a range of highly engaging activities including: media, film, music and ICT which focus on life skills
- help pupils to access further information and support.

## **CONFIDENTIALITY AND HANDLING DISCLOSURES**

Teachers, pupils and parents should be aware of the boundaries regarding confidentiality within the curriculum. Pupils must be made aware that confidentiality cannot be guaranteed and that they will be informed of all actions relating to their disclosure.

Health professionals are bound by their own codes of conduct to maintain confidentiality. When working within a classroom they are also bound by the school's policies. Outside the classroom situation, they can exercise their own professional judgement maintaining the pupil's best interests at all times.

Teachers cannot offer or guarantee absolute confidentiality, but should ensure pupils are informed of sources of confidential help, eg school nurse, counsellor, GP, advice services. If a pupil discloses information which is sensitive, not generally known, and which the pupil asks not to be passed on, the request will be honoured unless this is unavoidable in order for the teacher to fulfil their professional responsibilities. Only in the most exceptional circumstances will information be handled without parental knowledge. Where younger pupils are involved this will be grounds for serious concern and child protection issues should be addressed.

See the school's Confidentiality Policy and Child Protection and Safeguarding Policy for further details.

## **USING OUTSIDE VISITORS IN SCHOOL**

Outside visitors contribute to a planned drug education programme, eg school nurse. For more details, refer to our school's School Visitors Policy.

## **THE NEEDS OF PUPILS WITH SPECIAL EDUCATIONAL NEEDS**

Care will be taken to ensure that the drug education curriculum meets the needs of individual pupils and takes into account their age, maturity, stage of development and personal and social influences. Appropriately differentiated materials and approaches will ensure that vulnerable pupils, including those with SEN, receive their entitlement to drug education.

Pupils with SEN may be more vulnerable to situations involving risk. Teachers will focus more on developing pupils' confidence and skills to manage situations that require making decisions about drugs. Teachers will pay particular attention to enabling pupils to seek help and support when they need it.

Adopted by Governing Body	Spring 2016
Review date	Spring 2019

## MANAGEMENT AND CO-ORDINATION OF THE POLICY

Our school's drug education programme is co-ordinated as part of Personal, Social, Health and Economic Education by the PSHE Leader and as part of Science by the Science Leader.

The senior member of staff responsible for dealing with drug related incidents is the Headteacher who is clear on all procedures and progressive steps in dealing with incidents should they arise.

This policy will be reviewed every three years as part of the school's rolling programme of policy reviews. The review will be led by the PSHE Leader and supported by governors and the senior management team. The effectiveness of the policy will be judged according to quality of the written, oral and observed evidence available to demonstrate that the objectives stated above have been achieved.

Adopted by Governing Body	Spring 2016
Review date	Spring 2019