

The Core Team: The following people are known as the core team as they are responsible for ensuring that core principles are implemented in the development of the policy and provision.

### **School Drug Co-ordinator (SDC):**

The school has appointed Jane Hobley Deputy Headteacher as the School Drug Co-ordinator.

#### **Role**

It is the role of the SDC to advise on and oversee the management of drug-related incidents. He/she will ensure that correct procedures are followed and that all pupils, parents or professionals involved have fully understood the school's role and what strategies will be implemented. These strategies will take account of age, culture, home or community circumstances and previous history of the pupil. The Drug co-ordinator will pay particular attention to working in partnership with the Healthy Schools Team and SHED to access appropriate support and interventions for pupils identified as vulnerable. These include: pupils excluded or self excluded from school, those at risk of exclusion, pupils in touch with mental health services (CAMHS) or the Criminal Justice System, those with drug misusing parents.

### **Drug Education Co-ordinator:**

The school has appointed Fiona Heath as the Drug Education Co-ordinator.

#### **Role**

He/she is responsible for the co-ordination of drug education across the school. The co-ordinator will also ensure training materials and leaflets used are in line with the ethos of the school. It is the joint role of the drug co-ordinator and the drug education co-ordinator to ensure that the drug policy is disseminated and publicised to all parties affected by it i.e. staff, governors, pupils and parents. This will be carried out regularly at least once every academic year and more often if circumstances indicate a need.

### **Governor With Responsibility For Drugs:**

The school has appointed Denise Ness as the lead governor for drugs.

#### **Role**

She is responsible for familiarising the schools governing body with the drug policy and procedures also ensuring that school staff have followed correct procedures for managing and responding to drug related incidents. They would also be expected to work with the curriculum planning committee to allocate sufficient time and resources to implement the schools drug education programme and staff are released to access necessary training. They will also participate/liaise closely with disciplinary committee hearings (as long as they have not prejudiced themselves through earlier involvement) to oversee the schools decisions regarding drug related incidents.

## **Child Protection Co-ordinator:**

The school has appointed Angela Allsopp as the Child Protection Co-ordinator.

## **Role**

She is responsible for ensuring that pupil's rights to confidentiality are observed and overseeing any case that may have social service involvement. They should be consulted to explore situations that may indicate that the child is at risk of harm significant or otherwise). If there is evidence that a child may be in need or at risk of harm they will lead on referrals case conferencing and guide staff as to the correct procedures if they are unsure.

## **Consultation**

The following people developed this policy Fiona Heath Healthy School Co-ordinator and Jane Hobley Deputy Head teacher, in consultation with pupils, teaching staff, support staff, governors, parents/carers and external support agencies particularly the Healthy Schools Team.

## **Context**

Research clearly demonstrates that all young people are close to a source of drugs: using drugs is one of the choices on a menu of activities available to young people today. Research shows that the majority of young people will have been offered an illegal drug before they are 6 and up & 50% have tried illegal drugs at least once. It is against this background that the school has developed this policy. The school uses its resources to reduce the likelihood of staff, pupils or visitors suffering avoidable related harm. The policy itself demonstrates how the management of drug related incidents and the implementation of drug education will be carried out.

Although aspects covered in this drug policy may duplicate, elaborate or reflect areas within other documents e.g. Child Protection, confidentiality, PSHCE, school Journeys/residential visits and school discipline policies they are contained here to provide easy access at a time they may be needed. Staff will need to familiarise themselves with other policies as this drug policy will synergise other policies and not supersede them.

Whilst every effort is made to avoid conflict it is expected that any person who identifies any conflict for whatever reason bring it to the attention of the school drug co-ordinator identified previously.

## **School Policy Statement**

This school recognises that there will always be young people who choose to take risks. However, at no time will the school knowingly permit or tolerate possession, consumption, supply or offer to supply any unauthorised drugs on the school premises. If any breaches of this policy are committed they will be fully investigated and dealt with ensuring that drugs use or misuse is challenged using a range of sanctions and supportive responses that are

explained elsewhere.

## **Policy Implementation**

It is the responsibility of all teaching and support staff to implement this policy. In order to achieve this all teaching and support staff will be given training through INSET days and or inputs at staff meetings. This training will cover drug identification and problems associated with their use, managing and responding to drug related incidents and drug education.

## **Aim**

It is the aim of this school drug policy to:

- Provide a protective framework within which staff can teach and young people can be taught/learn.
- Ensure that all young people are given opportunities to develop the skills, knowledge and understanding to make healthy informed decisions about drug use and misuse in order to achieve their full potential.
- Outline the roles and responsibilities of staff within the school.
- Outline the responsibilities of pupils.
- Outline the range of sanctions and supportive responses that would be used when responding to drug related issues.

## **Drug Definition**

A drug is a substance that alters the way the mind or body works; this may be physically, mentally or emotionally — e.g. those found in food and drink, caffeine, over the counter and prescription medicines, alcohol, tobacco, Khat, Betel pepper leaf, Areca palm nut, solvents, steroids, magic mushrooms and controlled drugs which are often referred to as illegal drugs.

## **Unauthorised Drugs**

Please refer to the DfES *Drugs: Guidance for Schools* (Which replaces existing DfES guidance to schools, *Circular 4/95: Drug Prevention and Schools* and *Protecting Young People: good practice in drug education in schools and the youth service* (1998)). It provides guidance on all matters relating to drug education, the management of drugs within the school community, supporting the needs of pupils with regard to drugs and drug policy development. The document defines drugs as including alcohol, tobacco and illegal drugs, as well as medicines and volatile substances.

Unless the Headteacher has approved a written request or given expressed permission to any exceptions the school has classed the following substances as unauthorised drugs as they have the potential to change people's behaviour and/or harm human health. This includes over the counter and prescription medicines, khat, paan, bettel nut, tobacco, alcohol, alkyl nitrites (poppers), solvents, steroids, gammahydroxybutyrate (GH B), cannabis, skunk, amphetamines, ecstasy, LSD, magic mushrooms, cocaine/crack and heroin. (This is not an exclusive list)

## **Medicines**

There is no legal requirement for any school staff to administer medicines and the general advice given by unions to schools is not to do so. However, this would not reflect the ethos of this school. The school is committed to being as inclusive as possible to ensure that children and young people in need of specialised educational provision are given access to it. Whenever there is a need for medicines to be taken by a pupil, the school will only use medication that has not expired, it has a pharmacy label that has the same name and date of birth as that on the relevant forms. The school must have sufficient medicine to be able to comply with the request on the pupil's health plan. The school expectation is that parents will replace medicines that are going to expire before they do so and they will ensure that the school has been given sufficient medicines to meet the pupil's health plan needs. The administration will be facilitated in the following ways.

### **Supervised Self-Medication**

Wherever possible the school must be provided with an authorisation to supervise the self-medication of pupils. The authorisation form will be accompanied by a pupil support plan that details the following information:

- Whom the medication is for.
- What the medication is for.
- The dosage to be taken.
- How the medication is to be taken.
- When the medication is to be used.
- What adverse effects may occur.
- What to do if the adverse effects occur.
- How the medication is to be stored.
- The expiry date.

The necessary information will be transferred onto a monitoring sheet so that records can be kept that the pupil has taken the medication. Any member of staff supervising the self-medication will ensure that the pupil is provided with the correct dosage of current medication to take or to apply. (This will also include emollients that need to be regularly applied for eczema sufferers).

Although there may be times when pupils may need extra encouragement to take their medication staff will never force the pupil to do so. If a pupil refuses to take their medication the School Drug Co-ordinator will be asked to deal with the potential problems detailed in the health plan. If the School Drug Co-ordinator in partnership with parents or legal guardians cannot get the pupil to medicate themselves the parents or guardians will be advised that the school may be forced to exclude the pupil until the refusal is resolved or the condition no longer requires medication.

### **Administration Of Medicines**

There may be times when supervised self-medication is not possible for example febrile convulsions, anaphylaxis and hypoglycaemic episodes or when the pupil's judgment would be so affected to render them unable to self-medicate. Requests to treat any conditions that

require medical interventions such as suppositories, injections or enforced oral administration must be accompanied by a form to authorise the administration of medical treatment.

The authorisation form must be accompanied by a Health Plan clearly detailing the following:

- Whom the medication is for (name, DOB, address).
- What the medication is for.
- The dosage to be administered.
- How the medication is to be administered.
- When the medication is to be administered.
- What adverse effects may occur?
- What to do if the adverse effects occur.
- How the medication is to be stored.
- The expiry date.

This form must be completed or endorsed by a member of the Primary Care Trust. An appropriately trained member of staff in the presence of a witness must conduct all administrations unless there are exceptional circumstances that prevent this. If this occurs these circumstances will be recorded and attached to the medical monitoring record as soon as it is practical. Whenever the school is advised of a newly diagnosed medical condition of an existing pupil the school will arrange for the necessary forms to be completed at the earliest opportunity with a GP or Community Nursing Team. If training is needed this may be obtained for key staff to ensure that there is at least one member of staff on site whenever the pupil is at school.

### **Medication on School Journeys or Residential Visits**

Every effort will be made to ensure pupils that require administration of medicines can go on school journeys or residential visits. If a pupil requiring administration of medicine cannot be accompanied by a trained member of staff their needs will be discussed with a Community Specialist Nurse to identify whether there is any other practical way of resolving the problem should it arise while off site. Regrettably if there is not a solution to this the circumstances may prevent the pupil being given the opportunity.

If a pupil is able to self-medicate on school journeys or residential visits consideration will be given to the best way of the transporting and storing of the medicines. This will be dependant on the number of pupils requiring access to medication and how quickly it must be accessed. The expiry date and storage instructions will be noted at this time.

Regardless of the amount of medicine needed it must always be accompanied by a monitoring sheet to be completed by one individual at the time of medicating. At no time will medication take place without this person making clear that it hasn't already been issued. All medicine will be clearly labelled and wherever needed appropriate dispensers will be carried.

### **Safety Of Staff And Pupils**

To protect the health and safety of staff and pupils all staff will receive training on how to identify drug use and follow procedures to deal with drug-related incidents, this will ensure the welfare of young people is maintained.

### **Responsible Behaviour**

School staff should act at all times as responsible role models and set a good example of drug related behaviour. Therefore this policy with reference to unauthorised drugs will apply to any person on the school premises.

### **Boundaries and School Responsibility**

Pupils are expected to adhere to this policy once they have entered the physical boundaries of the school until they get home after leaving the same boundaries at the end of the normal school day. On occasions where pupils leave the school premises during these times they shall not commit any of the breaches of this policy that are outlined. Pupils will also be expected to adhere to this policy whilst they are attending an event or on a residential or school trip whether supervised or not. Any pupil involved in a drug-related incident on such an occasion will be dealt with according to this policy. People concerned in the management of any venue hosting an event etc may impose additional procedures/sanctions.

### **Training for all teaching and support staff**

General drug training on how to manage drug-related incidents and identifying young people's drug use is given to all staff as well as how, when and why drug education should take place. Members of the core team and interested parents will be released or provided access to more specialised training in order to carry out their respective roles confidently and competently. The school drug co-ordinator will be released to training provided by the Healthy Schools Scheme and to maintain an up to date drug knowledge through refresher courses. S/he will cascade information on relevant changes in legislation from the training to the senior management team.

### **Needle Disposal**

Where appropriate, the Building Supervisor is trained to deal with discarded injecting equipment appropriately. Steps should be taken to ensure safe storage and disposal of any injecting equipment. Whenever the sharps bin has been used for an incident it will be disposed of appropriately and steps to replace it will be taken immediately.

### **Records**

Records will be kept using a drug-related incident record form (Appendix A) for all drug related incidents. These will be kept securely by the head teacher and only shared with key people with the consent of the headteacher and school drug co-ordinator.

## **Confidentiality**

School statement on confidentiality- young people wishing to disclose drug use by themselves or their peers to teaching staff will be informed that staff cannot guarantee secrecy and may have to take the issue further for the pupils safety. Any information will be recorded and treated sensitively in line with the school's confidentiality policy. If it becomes necessary to forward information on to others to benefit the pupil every effort must be made to secure the pupils involvement in decisions that affect them.

If a pupil wishes to discuss their own drug use or that of their friends or family confidentially, they will be directed to an appropriate young peoples drugs or advice services e.g. SHED. If there is evidence that the pupil's safety is at risk the person providing support will work in partnership with the pupil to ensure that they are given appropriate support or intervention. This will be carried out in consultation with the designated Child Protection Teacher or the Education Social Work Service.

## **No Disclosure**

The main purpose of drug education is to explore young people's attitudes and values and not their personal drug use. For this reason this point must be addressed within the first lesson so that neither staff nor pupils will discuss their own drug use. Everybody should have the opportunity to share their opinions and have them valued. Disclosure from staff or pupils within the school drug education should be avoided at all times. At the start of any drug education pupils and staff will draw up a contract that will include this as one of the ground rules. If any staff member is asked about their own drug use they will draw pupil's attention back to the contract.

## **Drug-Related Incidents**

There are six situations that would constitute a drug-related incident outlined below.

- Emergencies — where a pupil has lost consciousness or gone into a coma.
- Intoxication — being intoxicated/'high', when it is difficult to communicate with the person (under no circumstances should an interview take place at this stage to inform sanctions).
- Discovery/observation - where a young person is discovered using, holding, supplying or offering to supply a substance not permitted on the school premises.
- Disclosure — where a pupil discloses to a member of staff that s/he has been using drugs, or that they are concerned about someone else's drug use (friend, parent or sibling).
- Suspicion or rumour staff should be wary about acting on the basis of rumour or suspicion.
- Discovery — this may be discovery of an unauthorised drug or associated paraphernalia.

## **Sanctions and Supportive Responses**

There will not be an automatic sanction applied to any drug related incident in school. Any response will be taken after considering all the facts about a young person and their

emotions and circumstances in which any drug-related incidents have come about. Training on procedures, assessments and sanctions will be given to all staff that will implement procedures or decide sanctions.

The School Drug Co-ordinator, at least one member of the SMT (usually the Headteacher) and any other agency that can extend support to the school or young person will be involved in implementing the action applied.

**Any school response will be taken from the range available, these are:**

- Put together an individual teaching plan, personal support programme or other support plan.
- Change things at school, i.e. teaching set, tutor group, subject options.
- Make sure the young person is not a victim of bullying or similar treatment
- Rewards system for appropriate behaviour changes.
- Positive input to school i.e. participation in peer education programme, monitor duty/playground duty.
- Assessment by the Education Psychology department.
- Consultation with support services.
- Referral to SHED
- Sanction system for inappropriate behaviour.
- Supervision for break lunch times.
- The parents/guardians being asked to attend the school.
- A letter home to the parents/guardian
- The school will also consider involving the police for more serious offences or where there is a lack of co-operation from the pupil or parents and may still impose additional sanctions to help the pupil benefit from the experience and use them as a deterrent within the school.

This will be part of a supportive network developed to ensure that the school uses its powers to protect the long-term welfare of the pupils in the school. Fixed term or permanent exclusion may be used when other options have been explored or where it is demonstrated that there is a significant risk to the safety or welfare of staff or pupils.

## **Drug education**

The statutory provision of drug education will be taught in the science orders, which are:

- Key Stage 1; 5-7 year olds. The role of drugs as medicines.
- Key Stage 2; 7-11 year olds. Alcohol, tobacco and other drugs can have harmful effects.

In preparation for what they will be taught in secondary school which is:

- Key Stage 3; 11-14 year olds. How the misuse of solvents, tobacco, alcohol and other drugs affects health.
- Key Stage 4; 14-16 year olds. The effects of solvents, tobacco, alcohol and other drugs on body functions.



To be effective drug education will be taught throughout the curriculum although the main vehicle will be the Personal Social Health Education curriculum. Using the PSHCE curriculum the school seeks to assist young people in their personal and emotional development and allow time for reflection with opportunities for exploration of attitudes and values.

The content of what will be taught is outlined in “The Right Approach; Quality Standards in Drug Education” written by SCODA and produced in partnership with DCSF.

Drug education will use a number of strategies such as:

- Exposition.
- Role-play — discussion and feedback.
- Group work.
- Structured games.
- Visual aids.
- Active learning techniques.
- Appropriate use of outside speakers.

### **Outside speakers.**

If outside speakers are used to complement the drug education work in school they will be properly briefed beforehand and the content of their sessions will be agreed with the teacher co-facilitating the lesson. The speaker will be incorporated into the programme of drug education and not used in isolation from the programme. A member of staff will participate in any deliveries from outside agencies and careful attention paid to follow up work. To ensure that outside speakers are aware of the ethos of the school and how to deal with an incident if it occurs the co-ordinator will use the “Working in Partnership” rationale provided in the Healthy Schools Directory.

### **Monitoring and reviewing**

Whatever strategies are used the lessons will be properly planned and evaluated using formative and summative evaluation ensuring that young people reflect with the teacher what they have learned in terms of knowledge, skills and understanding, this can be carried out in a variety of formal and informal ways. Teachers will record their observations relating to any development in pupils group work skills and changes in attitude. Time will also be made to ensure that teachers can reflect what they have learned from the education programme, which will inform future drug education.

## Drug Related Incident Record Form

Emergency /Intoxication	Suspicion Off premises	Suspicion On premises	Discovery Off premises	Discovery On premises	Pupil disclosure	Parental Disclosure	Parent/Carer Expresses
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**Tick one or more of these tabs to indicate the**

<b>Name:</b>	<b>Record form completed by:</b>
<b>Class:</b>	
<b>Date of Incident:</b>	<b>Time of Incident:</b>

**First aid given?  
(tick box)**

**Ambulance/Doctor called?  
(tick box)**

**YES**

☐
➔

**NO**

☐
☐

**NO**


☐

**YES**

<b>Drug involved (if known)</b> (e.g. Alcohol, prescription drugs, ecstasy, cannabis etc.)	<b>Sample found (yes/no)</b>  <b>Informed Police/Destroyed at time</b> am/pm  <b>Witness name</b>  <b>Where retained</b>
<b>Senior staff involved</b> (insert name)	
<b>Parent/carers informed by:</b>  <b>time:</b> <b>am/pm</b>	
<b>Brief description of symptoms/situation:</b>	
<b>Action Taken:</b> (e.g. other agency involved; Drug Education Advisor/Police/drug agency consulted about the drug; referral to SHED/OR Intervention or alternative to exclusion programme).	