

# **Smithy Street Primary School**

## **Drugs Policy**



*Reviewed by staff and governors November 2014*

**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 Edith Philipsen HT/ Charlotte Barrington(AHT) as the School Drug Co-ordinators.

**Role.**

- advising on and overseeing the management of drug-related incidents.
- ensuring 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.
- working in partnership with the LBTH Drug Education Advisor 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 or the Criminal Justice System, those with drug misusing parents.

**Drug Education Co-ordinator:**

The school has appointed Christine Hopes as the **Drug Education Co-ordinator**.

**Role:**

- co-ordinating of drug education across the school.
- ensuring training materials and leaflets used are in line with the ethos of the school.
- Ensuring, jointly with the school drug co-ordinator, 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.
- Organising, when appropriate, parent's meetings relating to parenting strategies around drugs misuse

**Governor with responsibility for drugs:**

The school has appointed the Chair of Governors as the lead governor for drugs.

**Role:**

- familiarising the schools governing body with the drug policy and procedures
- ensuring that school staff have followed correct procedures for managing and responding to drug related incidents.
- working with the curriculum planning committee to allocate sufficient time and resources to implement the schools drug education programme and to ensure that staff are released to access necessary training.
- Participating / liaising 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 **Edith Philipsen** as the Child Protection Co-ordinator.

**Role:**

- ensuring that pupils' rights to confidentiality are observed
- overseeing any case that may have social services 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.

## **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 16 and up to 50% have tried illegal drugs at least once. It is against this background that the school has developed this policy. One of the purposes of this policy is to provide a safe framework for people to work or learn in ensuring that the school uses its resources to reduce the likelihood of staff, pupils or visitors suffering avoidable drug-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. I.e. 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. Controlled drugs which are often referred to as illegal drugs.

## **Unauthorised Drugs.**

The accompanying document "Managing Drug Related Incidents in Tower Hamlets Schools; A Guide to Best Practice" outlines legal classifications of drugs and the law relating to the Misuse of Drugs Act 1971.

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, tobacco, alcohol, alkyl nitrites (poppers), solvents, steroids, gammahydroxybutyrate (GHB), cannabis, skunk, amphetamines, ecstasy, LSD, magic mushrooms, cocaine/crack and heroin.

Bottle nut may be used in the staff room but is not to be used with tobacco

### **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.

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

General drug training on how to manage drug-related incidents and identifying young people's drug use will be 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.**

The school premises manager, two members of the senior management team and the Drug Co-ordinator will be trained to deal with **discarded injecting equipment appropriately**. The equipment for disposal will be kept in the **cleaning cupboard** where it may only be used by the trained staff. 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 in the school office by and only shared with key people with the consent of the head teacher and school drug co-ordinator.

### **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 pupil's 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 effect them. Procedures for dealing with disclosure are included in the document "Managing Drug Related Incidents in Tower Hamlets Schools: A Guide to Best Practice".

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. If there is any 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.

Child Protection procedures supersede any confidentiality agreement.

### **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. Procedures to deal with these are given in the accompanying document "Tackling Drug Related Incidents: A Guide to Best Practice".

- 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 head teacher) 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.
- ◆ Make sure the young person is not a victim of bullying or similar treatment.
- ◆ Rewards system for appropriate behaviour changes.
- ◆ Assessment by the educational psychology department.
- ◆ Referral to the Drug Prevention Team formerly based within Healthy Schools.
- ◆ Consultation with support services.
- ◆ Sanction system for inappropriate behaviour.
- ◆ Supervision of 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.

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 DfEE.

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 Quality Standards Contracts provided by Healthy Schools.

### **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.

**Further guidance and easy reference diagrams can be found in the accompanying document "Managing Drug-Related Incidents in Tower Hamlets Schools: A guide to best practice".**

## Drug Related Incident Record Form

Emergency/ Intoxication	Suspicion off premises	Suspicion on premises	Discovery off premises	Discovery on premises	Pupil disclosure	Parental disclosure	Parent expresses concern

Tick one or more of these tabs to indicate the category

<b>Name:</b>	<b>Record form completed by:</b>
<b>Class:</b>	
<b>Date of incident:</b>	<b>Time of incident:</b> am /pm

<b>First aid given ?</b>  Yes <input style="width: 40px; height: 20px;" type="checkbox"/>  No <input style="width: 40px; height: 20px;" type="checkbox"/>	<b>Ambulance/Doctor called? (circle)</b>  Called by: <input style="width: 150px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="checkbox"/> <b>No</b>  At time:                                      AM /PM <input style="width: 40px; height: 20px;" type="checkbox"/> <b>Yes</b>	
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<b>Drug involved (if known):</b> (E.g. alcohol, prescription drug, ecstasy, cannabis etc)	<b>Sample found? (yes / no)</b> <b>Informed police / destroyed</b>  <b>At time:</b> am / pm <b>Witness name:</b>  <b>Where retained</b>
<b>Senior staff involved:</b> (insert name)	
<b>Parent/carer informed by:</b>  <b>at time:</b> am /pm	

**Brief description of symptoms/situation:**

(Continue on back if necessary)

**Action taken:** (e.g. other agency involved; Drug Education Advisor/ Police/ drug agency consulted about the drug; referral to Healthy Schools Drug Prevention Team for assessment and or intervention or alternative to exclusion programme).