



# Red Hall Primary School

## Drugs Education Policy

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## **Drugs Education Policy**

Young people are influenced by their parents, youth culture, the media, their peers and others; but education can play a key role in ensuring that young people know the risks of drug taking and have the knowledge and skills to resist.

(DfEE: Drug Prevention and Schools)

This policy covers two key elements in responding to drug related issues; educational entitlement and the management of drug related incidents.

Other relevant documentation: PSHE Policy, Expectations and Choices Policy, Administration of medication Policy

### **Rationale**

Red Hall Primary recognises the key role of the education service in the prevention of problematic drug use and the part that staff, in partnership with other agencies, have to play in attempting to minimise the harm consequent upon such use.

We believe that all young people are entitled to a curriculum which explores drug related issues at a stage appropriate to their development and takes account of the particular circumstances and culture of the groups and communities to which they belong. This includes children with special educational needs.

### **Aims**

- To raise the awareness of all young people to the risks involved in using drugs in a society which tolerates a wide range of legitimate though damaging drug use.
- To enable children to make responsible, healthy, informed choices by increasing knowledge and understanding, exploring attitudes and values and by developing and practising personal skills including those of communication and assertiveness.
- To provide accurate, sound information about substances using methods which promote understanding.
- To assist young people to respond to drug related situations with the knowledge, skills and confidence necessary to make decisions that will benefit their physical, social and emotional well-being and that of others.

### **Educational Entitlement**

Certain aspects of drug education are a statutory requirement as part of the National Curriculum Science Order. This states that that pupils should be taught:

- At Key Stage 1 (5-7 year olds) about the role of drugs as medicines
- At Key Stage 2 (7-11 year olds) that tobacco, alcohol and other drugs have harmful effects.

These requirements represent the statutory minimum for schools. At Red Hall Primary they are covered as part of a PSHE topic "Healthy Lifestyles" which is revisited and extended by all year groups throughout Key Stages 1 and 2.

PSHE is taught both discreetly and with a cross-curricular approach. The school's long-term curriculum plan identifies opportunities for PSHE such as during science, English, drama, humanities, religious education and physical education lessons. Discreet PSHE, including drugs education, is timetabled for weekly Circle Time in all classes and additional curriculum time is set aside for a half term every year when school designed units are implemented.

School designed units and Circle Time aim to provide a coherent and continuous PSHE programme for all pupils, which includes drug education as well as themes such as bullying, assertiveness and self-esteem. The implementation of the programme is supported and overseen by the PSHE coordinator.

Two general approaches are recommended:

1. Start by finding out what the pupils know, reinforce their accurate knowledge and correct their misinformation.
2. Answer their questions honestly and straightforwardly, ensuring that your information is accurate and unbiased.

### **Circle Time**

Time is set aside each week for teachers and pupils to sit in a circle and take part in enjoyable activities, games and discussion. The positive atmosphere generated in the well managed circle usually spreads into other areas of class activity. Circle Time:

- creates a safe space to explore issues of concern
- explores relationships with adults and peers
- enhances effective communication
- affirms the strengths and enhances the self-esteem of each member

Circles last for 20-30 minutes. Participants listen carefully, making eye contact with one another and address particular problems – for example, relationships, anger, fighting and bullying.

The teacher and pupils agree on simple, positive rules that encourage the group to:

- focus on their own feelings and those of others
- listen to one another and tolerate others' views
- learn to take turns
- discuss difficult issues using a problem-solving approach.

### **School Designed Units**

As with Circle Time, the aim of the units is to give pupils relevant and accurate information on which to base their understanding of the issues surrounding drug use and misuse. It is important that the same positive atmosphere is generated to enable children to talk confidently about their understanding of the issues.

Even young children have already begun to build up a store of knowledge, attitudes and experiences related to the world of drugs. Extensive research amongst children aged 4-11 has shown that they have their own perceptions of drugs, which are frequently erroneous and focused on their misuse. (Health for Life 2: Wetton and Moon, Nelson)

Research findings of age related perceptions of drugs:

Early Years (4 and 5 year olds)

Tend to think of drugs as medicines used by grown-ups, especially doctors and nurses.

Key Stage 1 (6 and 7 year olds)

Still think of drugs as medicines but are beginning to view the world of drugs as a bad and frightening place. Some are aware of heroine and cocaine and know that people sell drugs. They see drugs as dangerous and illegal and associate them with “baddies, teenagers and criminals”, but do not consider their legitimate use. Think of cigarettes as being part of the “drug scene”.

Lower Key Stage 2 (8 and 9 year olds)

Know some of the “street names” of drugs and terms such as “addict” and “hooked”. They know that drugs are sniffed and injected and that people buy them from “pushers” and “dealers”. They know about drug-taking equipment such as needles and syringes. They are beginning to be aware of addiction, addicts and the financial gain that can be made from drug dealing. They have stereotyped ideas of the people involved with drugs.

Upper Key Stage 2 (10 and 11 year olds)

Usually think of the world of drugs as a bad thing and illegal. They find it difficult to accept that drugs can be helpful. They are becoming aware of the long-term effects of drug taking, and that coffee and tranquillisers are addictive drugs, but are not happy to label cigarettes and alcohol in the same way. Some of them fear that their friends will tempt them to try drugs, but most cling to the stereotyped view that drug users are older, male and criminal, rather than people who are ill and need medical attention.

This research evidence dates from 1994; if anything children’s knowledge of drugs will have increased since that time. However, teachers should not simply assume the level of children’s knowledge but assess prior to any planned programme of activity.

The overall philosophy at Red Hall Primary is one of informed choice, which is reflected in the approaches used. Visitors such as community police, school nurse, Christian Youth Worker etc, are occasionally used within school to support the programme. Where visitors are used they are made aware of the school policy and their contribution to the overall aims of the programme is discussed. Although they provide valuable expertise, there is no question of the school abdicating its responsibility as the primary provider for drug education.

**Managing Incidents**

**Rationale**

A range of responses may be required in the management of drug related incidents. The school recognizes the need to balance the welfare of individual children and the needs of the school.

**Aims**

- To provide clear and consistent management of drug related issues.
- To support staff and children whose drug use has become problematic.
- To support children who, though not directly involved, may be affected by drug use in the community.
- To involve the school pastoral team, parents, governors and external agencies in supporting young people.

**Signs of Drug Misuse**

All staff should be alert to the signs of possible drug misuse. Early detection is extremely important

and makes it easier for action to be taken to prevent further misuse. Some of the main signs may be summarized as:

- Changes in attendance
- Changes in attitude, being unwilling to take part in school
- Decline in performance
- Temper tantrums, marked mood swings, restlessness, irritability
- Excessive spending, borrowing, stealing
- Excessive tiredness
- Lack of appetite
- Lack of interest in physical appearance
- Breath and clothes smelling, stained fingers (smoking)

### **Dealing with Drug Related Incidents**

These might include:

- Rumours of children or parents using drugs
- Reports of children or parents using drugs
- Use of drugs by children on the premises
- Children talking about their use of drugs
- Children bringing drugs into school
- Finding drugs or related equipment in school or the locality

### **Talking to Children**

Staff may find the following tips useful when talking to children about drug related incidents.

#### **DON'T**

- Promise confidentiality
- Overreact, shout, threaten or grill them
- Assume you have to do anything drastic
- Make blanket generalisations
- Moralise or undermine
- Exaggerate the dangers

#### **DO**

- Allow them to talk and listen carefully
- Focus on the child rather than the drug
- Keep matters in perspective
- Check your facts
- Keep a record
- Inform the Head

If instances of inappropriate use of any lawful drug or possession or supply of controlled drugs on the premises are discovered, they should be reported to the Headteacher as soon as possible. If there is a reasonable belief that a drug related incident has occurred, although there is no legal obligation to do so, the Headteacher will decide how and when parents are to be contacted with a view to the school and parents working together to support the individual concerned.

Following consultation with parents, other agencies (police, social services) may be informed, if an illegal substance has been involved. There is no legal obligation on a school to inform the police, however the school reserves the right to do so and **will** do so where there is any reasonable cause to believe that the

supply of a controlled drug may have occurred. In serious cases it may be necessary to contact the police prior to contacting parents, although this is likely to be the exception rather than the rule.

Any drug-related incident will be considered on an individual basis. A variety of responses will be necessary depending on the circumstances of the case, the degree of seriousness and the level of involvement of the individual concerned. Responses could include any combination or all of the following:

- Offering support and advice
- Application of sanctions (see Expectations and Choices Policy)
- Informing parents, police, social services, LEA
- Accessing additional support from other agencies
- Initiating close monitoring
- Fixed term or permanent exclusion

Permanent exclusion is regarded as a last resort. It will only be used to protect the wider school community where the circumstances demand i.e. to remove a drug supplier, or safeguard children, staff and school property from the attacks of a drug abuser.

### **Health and Safety of Pupils**

The caretaker checks the school site daily for used syringes, discarded needles and other drug taking equipment. If found they are safely and securely disposed of. The local authority's environmental health department may be contacted to assist with disposal.

Pupils are regularly reminded to report but not touch any needles they may find. This is especially true for litter-picking monitors, who are also provided with specialist equipment to avoid any physical contact with litter.

The school is a smoke free (including vaping) environment. No smoking is permitted anywhere on the school premises.

### **Health Care Plans and Forms**

A 'request to administer medication' form must be completed where a course of medication is needed to be administered for up to two weeks to enable a child to return to school.

Long Health Care Plan – Where a child needs medication for a long-term medical need – e.g. asthma. Each care plan will be reviewed termly or when necessary.

### **Prescription Medication**

The school will only accept prescription medication for a pupil when:

- The medication has been brought into school by an adult with parental responsibility for the child.
- The medication is in an appropriate prescription pack that is clearly and correctly labelled.
- The pharmacist's name and details are clearly indicated.
- The pupil's name and address are clearly indicated.
- The container has not been tampered or interfered with in any way.
- The exact dosage regime is specified.

### **Staff medication**

Any medication that staff may need is to be signed in to the medicine book and kept in a named container in the locked first aid cupboard in the office. No medication is to be kept in handbags or bags throughout the school.

## **Handling the Media**

If approached by the media about an incident the following procedure should be followed to minimize sensationalism:

- Do not respond straight away. Tell them you will get back to them.
- Inform the Headteacher.
- Headteacher informs the Communications Team of the LEA and seeks advice and support.
- Check the facts and discuss with colleagues as necessary.
- Either the Head or Communications Team prepare a brief statement about the situation, putting the matter in context and emphasizing the positive steps that the school are taking.

## **Acknowledgements:**

The following documents were used in devising this policy:

Drug Prevention and Schools (Circular 4/95)	DfEE
Drug Education in Schools	Ofsted
Drug Misuse and the Young	DfEE
Health for Life 2	Nelson
The Good Health Guide to Drugs(Brown/Bennett)	Channel 4
The Primary School Drugs Pack	Health Wise