



## Drugs Policy

### 1 Introduction

- 1.1 In 2004, the DfES updated its guidance to schools about drugs. This policy reflects that guidance. It also accords with advice in the Healthy Schools Programme and guidance from the LA.

### 2 Aims and objectives

- 2.1 The aims of this policy are to:

- Clarify the school's approach to drugs, for staff, pupils, governors, parents or carers, and to clarify the legal requirements and responsibilities;
- Give guidance to staff on the school's drugs education programme;
- Safeguard the health and safety of pupils and staff in our school;
- Enable staff to manage drug-related incidents properly.

### 3 Terminology

- 3.1 The term 'drugs' is used throughout this policy to refer to all drugs:

- All illegal drugs (those controlled by the Misuse of Drugs Act 1971);
- All legal drugs, including alcohol and tobacco, and also volatile substances (those giving off a gas or vapour which can be inhaled);
- All medicines, whether over-the-counter or on prescription.

### 4 Margaret McMillan School statement

- 4.1 Margaret McMillan School believes that the presence of unauthorised drugs in our school is not acceptable.
- 4.2 We want our school to be a safe place for us all to work, and the presence of unauthorised drugs represents a threat to our health and safety.

### 5 Responsibilities

- 5.1 The head teacher will:

- Ensure that staff and parents are informed about this drugs policy;
- Ensure that the policy is implemented effectively;
- Manage any drug-related incidents;
- Ensure that staff are given sufficient training, so that they can teach effectively about drugs, and handle any difficult issues with sensitivity;
- Liaise with external agencies regarding the school drugs education programme;
- Monitor the policy on a day-to-day basis, and report to governors, when requested, on the effectiveness of the policy.

## 5.2 The governing body will:

- Designate a governor with specific responsibility for drugs education;
- Establish general guidelines on drugs education;
- Support the head teacher in following these guidelines;
- Inform and consult with parents about the drugs education policy;
- Liaise with the LA and health organisations, so that the school's policy is in line with the best advice available;
- Support the head teacher in any case conferences, or in appeals against exclusions.

## 6 Objectives of drugs education

6.1 Drugs education should enable pupils to develop their knowledge, attitudes and understanding about drugs, and to appreciate the benefits of a healthy lifestyle, relating this to their own and others' actions. It should:

- Build on knowledge and understanding;
- Provide accurate information, and clear up misunderstandings;
- Explore attitudes and values, and examine the risks and consequences of actions relating to drugs;
- Develop pupils' interpersonal skills, their understanding of rules and laws, and their self-awareness and self-esteem;
- Ensure that all children are taught about drugs in a consistent manner, following guidelines that have been agreed by parents, governors and staff.

## 7 Drugs education

- 7.1 We regard drugs education as a whole-school issue, and we believe that opportunities to teach about the importance of a healthy lifestyle occur naturally throughout the curriculum, but especially in science, PSHE and citizenship, RE and PE. There are also opportunities in circle time.
- 7.2 Teaching about drugs is supported by the use of outside agencies, such as the 'Life Caravan' programme which is run by the Local Education Authority.
- 7.3 Teaching about drugs will begin in EYFS and Key Stage 1, when pupils are taught about seeing the doctor, visiting the chemist, and the importance of medicines and their safe handling.
- 7.4 In Key Stage 2, pupils will learn that alcohol is the most widely used drug, and that its dangers can be overlooked. We will ensure that our pupils are aware of the risks associated with drinking. We teach pupils that smoking (including Shisha and electronic cigarettes) is a minority habit, and encourage them to consider its effects and risks. We also teach pupils about the dangers of volatile-substance abuse, because of the high risk of accidental death, especially for first-time and occasional abusers.
- 7.5 We acknowledge that by the time pupils are in Year 6, some of them may have had some experiences with drugs already, so we must help to equip pupils to handle risky situations, before they actually meet them.

- 7.6 We recognise that learning is most effective when it addresses the development of knowledge, attitudes and skills together and when teaching and learning are participative and active. We use a variety of teaching styles that are characterised by active learning. We find out what the children know already, we pose dilemmas, and we get the children to discuss choices. Wherever possible, the information we give is visually reinforced. We use drama, role-play or ICT to demonstrate various strategies and scenarios. In short, we seek to engage our pupils. We give them the opportunity to talk to groups or to the whole class. We encourage them to listen to the views of others, and we ask them to explore why drugs are such a problem for society.
- 7.7 We aim to teach all pupils about drugs, however different their attainment levels, and however diverse their requirements. We recognise that pupils with special educational needs may be more vulnerable, that different communities have different attitudes towards drug abuse, and that some pupils may have drug-abusing parents.
- 7.8 Drugs education takes place during normal lesson time. Sometimes, a class teacher will seek support from the school nurse or another health professional. In teaching this course, we follow the DfES and LA guidelines. The resources and materials that we use are recommended either by the Health Authority or by the LA. Lessons that focus on drugs education form part of a sequence of lessons that are designed to promote a healthy lifestyle.

## **8 Drugs at school**

- 8.1 Pupils may not bring prescribed medication into school. In exceptional circumstances school may agree to administer prescription medication. This will be at that digression of the Head teacher. Parents must sign a medication administration form. Parents may visit the school in the lunch break to bring and administer prescribed medication themselves, by prior arrangement.
- 8.2 Where children have long term medical needs, parents must give us details of the child's condition and medication. Parents will bring the medication to school in a secure, labelled container. Parents must sign a medication administration form. Records will be kept of all medication received and given. Asthma medication is stored securely in the classroom. EpiPen and the emergency inhaler are stored in the main office. Other drugs will be stored securely in the fridge in meeting room 1 or the TAC team office.
- 8.3 Medication administration forms must be completed whenever medication is brought into school. Parents will complete the form with the TAC team; if the medication is to be administered this will be done by the TAC team unless specified on the form. (See additional guidelines for staff.)
- 8.4 Solvents and other hazardous chemicals must be stored securely, to prevent inappropriate access, or use by pupils. Teachers are cautious with older, solvent-based Tipp-ex, with aerosols, with glues and with board-cleaning fluids.
- 8.5 Legal drugs are legitimately in school only when authorised by the head teacher. Members of staff who smoke must keep their tobacco and matches or lighters secure. Smoking is not permitted anywhere in the school.
- 8.6 Alcohol may not be consumed on the premises.

## **9 Drugs incidents**

- 9.1 An incident involving unauthorised drugs in school is most likely to involve alcohol, tobacco or volatile substances, rather than illegal drugs. The first priority is safety and first aid, i.e. calling the emergency services and placing unconscious people in the recovery position. An intoxicated pupil does not represent a medical emergency, unless unconscious.
- 9.2 Pupils suspected of being intoxicated from inhaling a volatile substance will be kept calm; chasing can place intolerable strain on the heart, thus precipitating sudden death.
- 9.3 Any drug suspected of being illegal will be confiscated and stored securely, awaiting disposal; these precautions must be witnessed and recorded. Staff should not taste unknown or confiscated substances.
- 9.4 Legal but unauthorised drugs or medicines will also be confiscated, and will be returned to parents; the school may arrange for the safe disposal of volatile substances.
- 9.5 Where a pupil is suspected of concealing an unauthorised drug, staff are not permitted to carry out a personal search, but may search pupils' bags, trays, etc.
- 9.6 The head teacher will decide whether the police need to be called or whether the school will manage the incident internally.
- 9.7 A full record will be made of any incident.
- 9.8 The head teacher will conduct an investigation into the nature and seriousness of any incident, in order to determine an appropriate response.

## **10 The role of parents**

- 10.1 The school is well aware that the primary role in children's drugs education lies with parents. We wish to build a positive and supporting relationship with the parents of our pupils, through mutual understanding, trust and cooperation. To promote this objective, we will:
  - Inform parents about the school drugs policy;
  - Answer any questions that parents may have about the drugs education that their child receives in school;
  - Take seriously any issue which parents raise with teachers or governors about this policy, or about arrangements for drugs education in the school;
  - Governors, including parent governors are involved in reviewing the school policy, and making modifications to it as necessary;
  - Inform 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.
- 10.2 When an incident concerning unauthorised drugs has occurred in school, and a pupil is involved, we will inform the parents, and explain how we intend to respond to the incident.

- 10.3 Staff would never discharge a pupil to the care of an intoxicated parent, particularly when the parent intends driving the pupil home. Staff will suggest an alternative arrangement. The focus will be the pupil's welfare and safety. Where the behaviour of an intoxicated parent repeatedly places a child at risk, or the parent or carer becomes abusive or violent, staff should consider whether the circumstances of the case are serious enough to invoke child protection procedures, and possibly the involvement of the police.

## **11 Monitoring and review**

- 11.1 The governing body will monitor the drugs policy every three years and modify if necessary. The governing body takes into serious consideration any representation from parents about the drugs education programme, and comments will be recorded.