

# Drugs Education Policy



<b>Drugs Policy - Document Status</b>			
<b>Date of Policy Creation</b>	May 2017	<b>Named Responsibility for PSHE</b>	Linzi Garner
<b>Date of Policy Adoption by Governing Body</b>	July 2017	<b>Review Date</b>	April 2019

## **'Love, Laugh, Learn'**

*Responsibility, Respect, Resourcefulness, Reciprocity (teamwork), Resilience*

Our children are growing up in a society where drug use and misuse have become increasingly common. We believe it is important to equip our children with the knowledge and skills to use drugs safely and to make healthy decisions. This policy should be read in conjunction with our Teaching and Learning, Special Educational Needs (SEN), Science, Personal, Social and Health Education (PSHE) and Equality Policies.

### **What are drugs?**

The term refers to:

- substances used for medication, e.g. paracetamol, antibiotics
- substances intended for medical use but misused
- substances which are legal but whose possession is not acceptable in school, e.g. cigarettes, alcohol
- substances which are legal but may be misused, e.g. glue
- substances for which possession is illegal, e.g. amphetamines, cocaine.

### **Aims**

We aim to enable children to:

- understand the role of drugs in our society
- make responsible and informed choices about drugs
- have strategies to resist peer and media pressure.

### **Principles of drug education**

It is important for children to:

- know that all medicines are drugs but not all drugs are medicines
- know that all substances can be harmful if not used properly
- know about different types of medicine and that some people need them to lead a normal life
- know and understand simple safety rules about medicines, tablets, solvents and household substances

- know that there are over-the-counter, prescribed, legal and illegal substances and have some understanding of their effects
- know how to make appropriate choices and practise strategies for resisting pressure from friends and others
- know the important and beneficial part that drugs play in our society
- have opportunities to examine attitudes and values relating to drugs
- identify sources of appropriate personal support.

### **Strategies for teaching about drugs**

Drugs education is part of our PSHE scheme of work and it is taught in a progressive way appropriate to the age and needs of the children. Children are taught about drugs through a variety of teaching styles and approaches which encourage them to take responsibility for themselves, their actions and their learning, e.g. discussion, role-play, brainstorming. They are given opportunities to succeed, to reflect and evaluate their understanding and response to drugs. Children are encouraged to be positive about themselves and their achievements are valued.

Our long term plan clearly indicates when drug education should be taught. It is part of our Personal Social Health Education curriculum and is often delivered through Science and the school's PSHE programme Jigsaw *Healthy Me*. The school also uses supplementary resources such as *Jed and Ted Explore* which is a printable and whiteboard resource for Foundation Stage, KS1 and KS2 (a CD Rom produced by Nottingham City Council). This covers Drug awareness, Medicines, Alcohol, Tobacco and other drugs.

### **Knowledge and understanding**

- School rules and policies relating to medicines (see *Health & Safety, Medication in Schools* and *Asthma Policies*)
- Basic information about how the body works and ways of looking after the body.
- The role of medicines (both prescribed and over-the-counter) in promoting health and the reasons people use them.
- Understanding that all drugs can be harmful if not used properly.
- Simple safety rules about medicines and other substances used in the home, including solvents.
- Consideration of alcohol and tobacco, their general effects on the body and on behaviour.
- People who are involved with medicines (such as health professionals, pharmacists, shopkeepers).
- People who can help children when they have questions or concerns.

### **Skills**

- Communicating feelings such as concerns about illness and taking medicines.
- Following simple safety instructions.
- When and how to get help from adults.

### **Attitudes**

- Valuing one's body and recognising its uniqueness.
- Attitudes towards medicines, health professionals and hospitals.
- Attitudes towards the use of alcohol and cigarettes.
- Responses to media and advertising presentations of medicines, alcohol and smoking.

### **Relationship skills**

Throughout the curriculum PSHE/Jigsaw activities are planned to promote relationship skills.

We use review time and circle time to explore what makes a good friend and to develop better communication skills. The content of circle time may include the following:

- to value our friends
- coping with the loss of a friend
- making new friends
- being friendly towards each other
- helping friends in difficult situations
- listening skills
- developing assertive behaviour skills
- saying 'no', resisting persuasion.

### **Decision making skills**

In order to make informed decisions we need to increase children's knowledge and understanding of drugs and explore the skills of decision making. Within the Foundation Stage and the Key Stage 1 curriculum we will include guidance on:

- using drugs positively, ie. antibiotics, etc.
- the risks and consequences of drug taking
- the influences of media persuasion techniques, e.g. advertising by tobacco and alcohol companies linked to sport/clothing
- looking at consequences and alternatives
- taking responsibility for yourself.

### **Developing health skills**

We have agreed we have a responsibility to increase children's awareness of safety and promote a healthy lifestyle. Within the curriculum we will explore:

- the benefits of exercise.
- the benefits of a healthy diet.
- the challenge and excitement available through recreation and leisure.

### **Values and attitudes**

The school curriculum requires schools to promote positive attitudes through drug education. These will include consideration for other people's values and opinions on drugs as well as opportunities to reflect upon our own. We agree we also need to challenge stereotypes of drug users and raise awareness of community issues concerning drugs. We will address these through circle time by exploring:

- peer group pressure and way of resisting.
- ways of expressing and sharing feelings.
- listening to others and sharing opinions.
- sharing problems.

### **Gifted & Talented children or those with Special Needs**

All children, whatever their ability, are included in the drugs education programme. The programme is tailored so that all have access to the content and activities appropriate to their ability.

### **Monitoring and Evaluation**

The PSHE Leader is responsible for monitoring the impact of the teaching of drug education and for ensuring, along with the Headteacher, that drugs issues are handled in the spirit embodied in this document.

This policy is considered by staff, taking advice from relevant authorities, and in the light of any incident which may occur related to drugs or any new findings from educational or health research. It is reviewed formally by the Governing Body as part of its policy review timetable.

### **Staff Training**

When reviewing the policy, the Headteacher may be aware of issues where staff would benefit from training, either for individuals or for the whole staff. These will be included in the staff training programme. Staff new to the school are made aware of this policy as part of their induction process.

### **Resources**

Outside speakers/specialists or organisations may be invited to deliver aspects of drugs education as part of our PSHE scheme of work. Resources for PSHE are

kept in the GP room or in classrooms relevant to the age of the children. The school uses guidance from the Dfe. The Drugs Education Policy is kept electronically on the T drive as are other PSHE and Health related policies.

### **Links with Outside Agencies**

- Police – through Community Police Officer  
<https://www.westmercia.police.uk/article/2535/Donnington-and-Trench-Team-Information>
- School Nurse 01952 621340
- Drug and Alcohol education <https://www.pshe-association.org.uk/curriculum-and-resources/resources/teaching-drug-and-alcohol-education-confidence>
- Drug and Alcohol Recovery Service  
[https://telford.mylifeportal.co.uk/drugs\\_and\\_alcohol.aspx](https://telford.mylifeportal.co.uk/drugs_and_alcohol.aspx)

### **The school's position on legally available substances on site**

#### **Tobacco**

The school operates a no smoking policy at all times throughout the building and grounds. This policy applies to children, staff, parents and visitors. Smoking is not permitted on the premises when the building is hired by outside persons or organisations.

#### **E-Cigarettes**

Children's behaviours are driven by the world they grow up in. Younger children watch and copy adults and if vaping takes place in front of them, there is a chance they will want to mimic an adult by playing with an e-cigarette or trying to blow clouds of vapour. To remove these risks, e-cigarettes should be kept out of the reach of children and vaping is not allowed on school premises.

#### **Alcohol**

The Headteacher must be consulted and permission obtained before arranging any functions at which alcohol may be consumed. Alcohol may not be consumed at any function where pupils are present, unless parents are also present.

If parents are contributing items containing alcohol to fundraising events then we ask that an adult brings them into school. Similarly prizes containing alcohol are only handed over to adults.

No license is needed by the school to offer alcohol at school events or to store alcohol on the premises. If alcohol is to be sold on the premises, an occasional license or special permission will be obtained in accordance with the law.

## **Solvents**

We recognise that many ordinary substances lend themselves to misuse and therefore need to be carefully stored and managed. Low odour/safe versions of school equipment such as whiteboard markers and glues are purchased where possible. Unsuitable substances brought to school by children will be confiscated and parents contacted.

## **Medication in school**

There are occasions when children require medication during the school day. The school has a policy for the [administration of medication in school](#). This policy is used in conjunction with [Medication in schools T&W guidance](#). The Asthma Policy also gives guidance on the administration of inhalers.

## **Responding to drug related incidents in school**

At WWI School we acknowledge pastoral responsibility and seek to work closely with families and support agencies. We consider each drug incident individually and recognise that a variety of responses are necessary to deal with incidents appropriately. We consider very carefully the implications of any action we may take and seek to balance the interests of the pupils involved, their parents, other school members and the local community.

### **The range of responses includes:**

- parental involvement
- confidential counselling sessions
- referral to outside agencies- local police, Family Connect professionals,
- in-school education programmes
- sanctions which might include discussion with child and parents, fixed-term exclusion

The response to drug related incident is coordinated by the Headteacher who has regard to media protocol. Incidents may take the form of **emergencies, intoxication, observation, discovery or hearsay.**

### **Emergencies**

If a pupil is in danger as a result of drug misuse and is unconscious:

- a member of staff (or use of the emergency card) alerts the office
- an ambulance is called
- the Headteacher is informed
- parents are contacted
- appropriate first aid is administered
- any substance or equipment is removed in the presence of an adult witness, bagged,

- sealed and labelled and given to the ambulance crew
- the incident is recorded in the Accident Book
- the staff concerned write a report for the Headteacher
- the police are informed at the Headteacher's discretion
- The Headteacher reports to the governors.

### **Intoxication**

If a child is suspected of intoxication:

- the office is alerted by the emergency card or a member of staff
- the child is taken to the school office with an adult present at all times
- the parents are informed
- the child is taken home if appropriate and advised to see their GP or go to A&E
- the incident is recorded in the Accident Book
- the staff concerned write a report for the Headteacher
- governors are informed.

### **Discovery**

If a child is discovered in possession of substances not permitted in school:

- the Headteacher is informed
- the parents are informed
- all substances are removed in the presence of an adult, sealed, labelled, dated and timed
- the Headteacher investigates the incident
- the police or social services may be notified
- staff involved write a report for the Headteacher
- governors are informed.

Items which the pupil should not have had in their possession - particularly of an unlawful or hazardous nature - may be given by the school to an external agency for disposal or further action as necessary. This should always be followed by a letter to the parents confirming that this has taken place and the reasons for such an action.

Any action will, of course depend on the age of the child and the substance brought into school, as well as the family situation.

### **Disclosure**

If a pupil discloses to a member of staff that he/she, or a third party, is taking drugs the incident is investigated by the Headteacher. The Headteacher may seek advice from Social Services, the Local Authority (LA) or the police.

- The pupil's welfare is paramount.



- Confidentiality may not be possible.
- The parents are informed unless the Headteacher is advised otherwise e.g. informing parents may put the child at risk (significant harm).

### Suspicion or hearsay

The alleged incident is investigated by the Headteacher who decides on the action to be taken. The situation will be monitored and the notes made are specific, objective, factual, non- judgmental, signed and dated.

### The school’s position in relation to drug abusing parents

We recognise that some of our parents or families may have a drug or alcohol problem. In dealing with this issue the child’s welfare is paramount and we would support the child in any way possible. The Headteacher would take advice about any further action especially if there was a child protection issue.

### Useful resources

<https://www.gov.uk/government/publications/drugs-advice-for-schools>

<http://www.mentoruk.org.uk>- information and teaching resources

<http://www.pshe-association.org.uk>- information and teaching resources

<http://www.telford.gov.uk>- Family Connect-information for parents

[Family Connect Safeguarding Advisor](#) 01952 385385- Child Protection

<http://www.chec-telford.co.uk> 01952 583779 -health information and advice

<http://www.telford.gov.uk> –advice, information, support networks (drug and alcohol misuse)

### APPENDIX 1

DRUG (Street names change frequently)	WHAT IT LOOKS LIKE colours of powder vary depending on what drug is cut with	HOW IT IS USED	SHORT TERM EFFECT	RISKS (Long term effects)	LEGAL FACTORS
'E's Ecstasy, White Doves, Dennis the Menace etc.	Tablets and capsules.	Swallowed and more recently injected.	Stimulation of sympathetic nervous system. Energy,	Little known about long-term effects. Some evidence of liver damage.	CLASS A. As cocaine

New names energising constantly			excitement, euphoria, indifference to fatigue, lack of appetite, intensified feelings, enhancement of sensual experience, mystical experience, possibility of overheating from exertion and dehydration leading to 'heat stroke'. A small percentage of the population appear to be extremely sensitive.	Warnings of, but disagreements about, brain damage. Incidences of psychotic episodes amongst some users. Reports of long-term users developing bouts of anxiety, depression and clinical depression after ceasing to use.	
HEROIN Smack, Gear, H	Whitish brown powder	Swallowed, smoked, sniffed, injected.	Emotional detachment, pain relief, comfort, euphoria. Possibility overdose when mixed with other depressants, ie alcohol, benzopiazepines.	When injected all dangers related to injecting caustic/contaminated material. Chaotic/fluctuating doses risk to foetus in pregnancy. Social, family, work, economic, legal problems. Physical addic. Psychological dependency.	CLASS A. As cocaine. Legal to prescribe under special licence, ie A & E departments and drug clinics.
LSD Acid, Dots, Tabs, Trips, known as certain characters - Pink Panthers	Small stamps/transfers on blotting paper. Microdots, Tablets.	Dissolved on tongue/swallowed.	Change in perceptions. Visual and auditory distortions and hallucinations, intensified feelings, mystical experiences, depersonalisation.	may trigger underlying mental problems - psychoses. Sometimes produce panic attacks, anxiety states. Possibility of flashbacks.	CLASS A. As cocaine.
NICOTINE Cigarettes	Sold in pack 10 or 20.	Smoked.	'Coping/relaxation'. nevertheless nicotine is a short acting stimulant. Growing social unacceptability.	Tobacco - heart/lung disease, emphysema, thrombosis, poor circulation etc. Risks associated with pregnancy and contraceptive pill. Physical and psychological dependency.	Illegal to sell to under 16's - illegal to sell single cigarettes.
<b>DRUG (Street names change frequently)</b>	<b>WHAT IT LOOKS LIKE colours of powder vary depending on what drug is cut with</b>	<b>HOW IT IS USED</b>	<b>SHORT TERM EFFECT</b>	<b>RISKS (Long term effects)</b>	<b>LEGAL FACTORS</b>
ALCOHOL	Ethyl alcohol - clear liquid. Usually produced as fermentation of grains or fruits. Various.	Swallowed.	Depression on central nervous system. Acts on front part of brain (judgement centre) first spreading	Damaging to all body tissue especially nervous tissue. Direct effect on heart muscle and liver,	Under 18 not allowed to buy in most circumstances. Drivers over the limit - licence may

			backwards. A disinhibitor so used to promote social interaction but also tends to release suppressed feelings hence link with anger and aggression.	pancreas, etc. Risk to foetus at high and prolonged dosages. Possibility of long-term social, family, economic problems. Physical addiction, ie withdrawal syndrome. Psychological dependency.	be lost 1-3 years fine/prison sentence.
SOLVENTS INHALANTS	Is the substance that maintains viscosity of glue/Tippex to prevent drying out; the propellant in aerosols and fire extinguishers; compressed as lighter fuel (butane); as engine fuel (petrol) etc.	Sniffed via rag or direct from source. Inhaled from plastic bag or directly into throat (butane) etc.	Depression of central nervous system. As with alcohol a disinhibitor. Also has hallucinogenic and dreamlike experiences associated - disorientation, confusion, euphoria. Possible fatalities - sudden death syndrome due to cardiac toxicity; asphyxia; anoxia. Also accidental injury or inhalation stomach contents.	Inflammation of mucus membrane, reduced lung function, chest infections, liver and kidney damage, cardiac rrythmias, Eec abnormalities, anaemia/blood abnormalities. Social, family, work, economic problems. Psychological dependency.	Illegal to sell to under 18's if there is a believed they are likely to be used for intoxication. Illegal to drive whilst under influence.
AMPHETAMINES Whizz, speed, sulphate, billy.	White/brown powder tablets/ crystals. Usually sold in small paper packets (wraps) @ 2.5cm x 1.5cm.	Swallowed (tablet form); snorted and injected (powder form - sulphate).	Stimulation of central nervous system, energy, excitement, euphoria, indifference to fatigue, feeling of increased strength and mental ability, lack of appetite.	Headaches, weight loss, anxiety, tension, aches and pains (due to over exertion), irritability, panic, agitation, confusion and paranoia sometimes leading to amphetamine psychosis. Psychological dependence.	CLASS B. (Class A if prepared for injection). Can be legal if prescribed but otherwise possession and supply illegal. Possession - 5 years class B; 7 years Class A, unlimited fine. Supply 14 years.
<b>DRUG (Street names change frequently)</b>	<b>WHAT IT LOOKS LIKE colours of powder vary depending on what drug is cut with</b>	<b>HOW IT IS USED</b>	<b>SHORT TERM EFFECT</b>	<b>RISKS (Long term effects)</b>	<b>LEGAL FACTORS</b>
CANNABIS Draw , blow, sputnik, black weed, puff, sensi, Moroccan, Rocky, zero-zero, hash, marijuana, grass, skunk, dope, joint, spliff, ganga.	Grass (looks like dried herbal tobacco). Resin block usually brown or black. Dark brown thick oil.	Smoked (mixed with tobacco). Eaten raw or in food (cakes etc).	Classified as an hallucinogenic in misuse of drug act. Can have hallucinogenic properties in high doses (especially when eaten) but more accurately described as mild	All the risks associated with tobacco use when smoked. Does not however appear toxic even when used regularly. Problems arising tend to be associated with lethargy and	Cannot be grown/obtained/ possessed/supplied legally. CLASS B - penalties as amphetamines. Hash oil CLASS A.

			relaxant.	lack of motivation. Financial difficulties due to cost of drug.	
<p>FREE BASE COCAINE Cocaine-charlie, Coke, Snow</p> <p>Crack - Rock</p>	<p>Fine white crystals/powder. small whitish crystals the size of a raisin.</p>	<p>Usually snorted sometimes injected. Smoked on foil, in a pipe or glass tube. Rocks are heated until they evaporated and smoke inhaled.</p>	<p>Stimulation of central nervous system. Energy, excitement, euphoria, indifference to fatigue, feelings increased, strength and mental ability, lack of appetite. Effect is short acting - may lead to 'chasing the rush'. Rapid tolerance means users must take more to achieve same effect. Possibility of overdose.</p>	<p>Cocaine and crack use may become compulsive. Headaches, weight loss, anxiety, tension, short temper, twisted logic, paranoia sometimes leading to hallucinations and psychosis (loss of contact with reality). Psychological dependence. Damage to nasal passages (snorting).</p>	<p>CLASS A. Illegal to possess or supply. Possession 7 years supply up to life.</p>