



# Brompton Community Primary School

## Drug and Substance Misuse Policy



The policy applies to the whole school community, staff, pupils, parent/carers, governors, partner agencies, contractors and visitors and should be applied at all times when on the school premises, on school visits, including residential visits. We acknowledge the importance of the welfare of its members and will therefore seek to create a climate of understanding whereby anyone in need of support may feel comfortable in coming forward. We believe that responsibility for the children's education is jointly shared between the school and parents. We will therefore communicate with parents on drug issues as and when the need arises.

(The policy is applicable to the setting as well as the people, therefore the policy needs to be adhered to even when the children are absent.)

### Definitions

By drugs we mean any substance, which, when admitted to the body may alter how the body functions, affect the working of the brain, change moods, feelings or perceptions or alter behaviour.

Drugs can thus include medicines, tobacco, alcohol, solvents used as drugs, "poppers" and illegal substances including, for example, cannabis, amphetamines, ecstasy, heroin and cocaine. This broad definition recognises that whilst some drugs may be regarded as helpful, (e.g. medicines) and some perceived as "socially acceptable", all of them have the potential to be harmful.

(We also recognise that our society has an ambivalent attitude to drug use and drug users, and that young people frequently receive very mixed, and often contradictory, messages. As such it is important that we are clear and consistent in our use of language.)

Drugs include:

Over the counter and prescription medicines	Legal drugs	Illegal drugs
e.g. Aspirin; asthma inhalers; Antibiotics	e.g. Alcohol; tobacco; volatile substances (those giving off a gas or vapour which can be inhaled eg glue, aerosols); ketamine, khat, poppers (alkyl nitrites)	Also known as controlled drugs (Misuse of Drugs Act 1971) e.g. cocaine, ecstasy (Class A); amphetamines (Class B); cannabis (Class C)

It is important that our pupils recognise that some drugs (generally over the counter and prescription) can be beneficial when used following medical advice. They should understand that these substances must be used following instructions and that they may be harmful if not used correctly. (See medicines policy)

*'All medicines are drugs, but not all drugs are medicines!'*

### The school's stance towards drugs

The school does not condone the abuse or misuse of drugs, nor the supplying of illegal drugs or any substances not authorised to be on school premises or in possession of anyone under the jurisdiction of the school. We are committed to the health, safety and welfare of our staff, visitors and pupils/students and will act to promote these interests at all times. We will do this by a programme of drug education and by dealing sensitively and effectively with any drug-related incidents that may arise.

### Rationale for drugs Education

We live in a *world/society* where drugs of all descriptions are available and accessible from medicines, tobacco and alcohol to substances which are illegal. We recognise that the choices and decisions that individuals make about the role of any drugs in their lives result in consequences not only for themselves but also for families, friends and the wider community. Through our drug education at Brompton Community Primary School we aim to enable children and young people to: to promote individual's self esteem and to value themselves as unique, creative, caring people irrespective of academic abilities.

- explore attitudes and values about drugs, drug use and drug users,
- acquire skills
- develop their knowledge and understanding to be able to make responsible, informed and healthier choices about the role of drugs in their lives and to;
- understand how decisions about drugs can have legal, social, economic and health consequences
- know where and how to access support

### **Values**

At Brompton Community Primary School we seek to ensure a whole school approach to drugs that is embedded in our ethos of providing a safe environment for the physical, mental and emotional health of the whole school community. Together with our PSHE&C, Sex and Relationships, Behaviour and Anti-Bullying policies, our Drugs Education Policy aims to provide our children with the skills, knowledge and understanding to develop into healthy, well-adjusted and productive citizens.

### **Roles and Responsibilities**

#### **The PSHE&C Subject Leader**

The school has subject leaders for PSHE&C who are responsible for all aspects of the subject including Drug Education. In respect of this, responsibilities are to:

- ensure that all staff are confident in the skills to teach and discuss Drug Education issues and make training available for those staff who require it.
- monitor and advise on organisation, planning and resource issues across the school.
- review/update the policy on a two year cycle in conjunction with the school community, or sooner if necessary. (For example; if there is a drug related incident.)

#### **The Headteacher**

The Headteacher has responsibility for the day-to-day management of all aspects of the school's work, including teaching and learning.

The Headteacher's responsibilities in respect of Drug Education are to:

- liaise with the PSHE&C Subject Leader
- keep the governing body fully informed of issues and progress in Drug Education
- act upon any concerns which may arise from pupil disclosure during Drug Education sessions.

#### **The Governing Body**

The Governing body, in co-operation with the Head Teacher, determines / agrees the school's general policy and approach to Drug Education provision for all pupils.

#### **The Teacher**

Teaching children about drugs is a whole-school process and all teachers are sensitive to each individual pupil's needs. Teachers promote positive, healthy choices on a daily basis. It is the responsibility of all staff to teach Drug Education in line with the principles and statements set out in this policy, and in particular to:

- approach the teaching of drug education with an awareness of the children's needs in this area
- establish with pupils a set of ground rules which set the parameters for discussion
- recognise when there is a concern and to follow concerns under Child Protection procedures (see Child Protection and Confidentiality section, below)
- promote the spiritual, moral, cultural, mental and physical development of pupils at the school
- prepare pupils for the choices, pressures and responsibilities of adult life
- inform children about drugs and their effects as part of the Science and PSHE&C curriculum.

When teaching any work in Drug Education, sensitive questions may arise. Teachers should:

- deflect questions that are of a personal nature by reference to agreed ground rules. (This can also apply to pupils)
- acknowledge the validity of the question but delay answers to some questions to allow clarification, always ensure you refer back to an individual with an appropriate answer/ comment.

## **Content and Learning Outcomes**

The content of Drug education in school will be in line with the statutory provision made through National Curriculum Science and the non-statutory provision

Delivery of the Drug Education curriculum will principally be taught by the teachers of the school. However, where appropriate, external contributors may enhance what is being taught. Such visitors should be used in a planned way and their contributions evaluated. To ensure consistency in this regard, we ask all visitors to explain in detail the content of their visit and where necessary a plan of their intent.

## **Parents**

Parents do not have a legal right to withdraw children from work in schools on drugs. Parents are entitled by law to see this policy and to be informed of the school's drug education provision. In this, as in all aspects of school life, we aim to encourage the development of a parent/school partnership. Parents will be notified if their child is going to be receiving some form of drugs education, to prepare them for the questions that may arise at home following any such input, either through our weekly newsletter or specific events such as a Parents Information Evening prior to work being started.

## **Child Protection and Confidentiality**

It is the responsibility of Brompton Community Primary School to support its pupils but no individual should guarantee a child absolute confidentiality. If there are any disclosures made which raise concerns, the teacher must refer to Child Protection protocol by consulting with the Headteacher who will advise or act upon the concern. Under the Children Act 1989, adults "may do what is reasonable in all the circumstances of the case for the purpose of safeguarding or promoting the child's welfare". Staff should ensure when making notes that they are factual and based on evidence in line with the Freedom of Information Act (2000), not supposition. (See Child Protection & Confidentiality Policies)

## **Training and support**

Teachers will have on-going advice, support and training as part of their own professional development. Teachers, teaching assistants and governors will be given the opportunity to discuss their roles and responsibilities with the PSHE&C Subject Leader whereby any training needs can be highlighted and dealt with, either on an individual basis or if more appropriate as a group training session.

Training of staff and resources will need to be reviewed annually and any actions that need to be taken will be written into an action plan in consultation with the Head teacher, to ensure that targets set have been achieved and any resource requirements have been budgeted for.

## **Assessment**

The children will be assessed in terms of their knowledge and understanding, acquisition and demonstration of skills and changes in attitudes. This may be done through observation in circle times; work tasks set, through small group sessions and draw and write activities. This assessment will take place at the beginning of a unit of work to ensure the drugs education meets the needs of the pupils and at the end to assess their learning and progress. (See Assessment policy.)

## **Monitoring**

To ensure consistency and continuity throughout school, drugs education will be monitored by the PSHE&C Subject Leader. There will be opportunities for discussion with the staff who are delivering the curriculum, lesson observations if appropriate under National Guidelines for observations for Performance management and samples of pupil's work through our subject monitoring cycle. (See Monitoring and Evaluating policy/ School Development Plan.)

## **Management of drug related incidents.**

A drug related incident is one which involves suspected or confirmed unauthorised substances either in the possession of, being used by, or shared, supplied or dealt by anyone whilst on school premises, under the jurisdiction of the school or on school business or school-related activity on or off the premises.

Every drug related incident will be dealt with on its merits taking into account the needs of the individual pupil and those of the wider school community.

Any decisions made or actions taken regarding medicines in school or on school trips will be dealt with in accordance with the school's medicine policy.

In the event of having to deal with a drug related incident, either on school premises or on a school related activity e.g. school trip/residential visit, the following strategies have been put in place to ensure that we respond competently and fairly to any situation involving unauthorised drugs.

If a pupil is suspected of, or is found in possession of an unauthorised substance:

- Aim to involve the child to try and determine or confirm your concerns
- Pupils cannot be searched by anyone other than a police officer although teachers can ask pupils to empty their pockets/bags. It is good practice to seek their consent and have them in attendance from the time the search commences. If pupils do not agree to empty pockets or bags then at the discretion of the Headteacher the police may be called to affect a search.
- If pupils are to be searched the police will have to be contacted and arrangements made for them to attend. When police are requested to attend a pupil's parents will normally be contacted and asked to attend also, although this is not a legal requirement and will be left to the discretion of the Head teacher, and will depend upon the perceived vulnerability of the pupil.
- This provides the school with the opportunity to consider how best to support a child whose drug related behaviour may be in response to a crisis at home which may give rise to concerns about child protection issues. In any case a member of the school staff should always be in attendance as a responsible adult.
- A drugs-related incident management record (see Appendix 2) should be completed by the adult involved, with support from the Head teacher.

If an unauthorised drug is found on the premises:

- Any substance suspected of being an illegal drug should be placed in a bag, sealed and the bag secured in a locked place until it can be disposed of.
- Teachers should not hand the substance to anyone else other than a police officer with authority to take it.
- Where possible, have a colleague witness all actions, record and date actions using the drugs-related incident management record. Describe substance in factual terms e.g. "A small amount of white powder in a folded piece of paper."

If a pupil finds a suspected 'drug' on the school premises:

- Do not touch or pick it up
- Inform a member of staff
- Follow steps as detailed above

If suspected supply of a drug on or near school premises:

- Report to police.

For vulnerable pupils it may be necessary to get help from outside agencies. Likewise, if the decision was made to inform parents and involve them in the incident then they may need to be made aware of external contributors who can support them for example, drug/alcohol agencies, pupil support services, health professionals and the National Drugs helpline.

The governors of the school will be informed and involved in the drug related incidents and any steps taken thereafter. Following any drug related incident it will be necessary to record any actions taken and details of any external agencies involved so that the school can make an informed decision on how to deal with each individual child fairly. It is important to note that no teacher can provide total confidentiality to any pupil. This said, sensitive information should only be shared with the consent and knowledge of the provider of the information and only on a need to know basis. The exception to using information on a non-consenting basis is where not to do so would likely result in harm to the pupil, e.g. in a child protection matter.

### **Record keeping**

Accurate record keeping is important and so too is confidentiality. Keep on a need-to-know basis.

### **Statutory Requirements for Drugs Education**

Drug Education in Schools suggests that effective teaching of drug education not only increases children's knowledge about drugs but also enables children to:

- improve their self esteem
- make informed choices and decisions
- develop personal initiative and responsibility
- recognise personal skills and their qualities in others
- maintain and develop relationships
- develop self-confidence
- develop assertiveness in appropriate situations
- develop the motivation to succeed.

There is a legal requirement to teach about drugs. The National Curriculum for Science specifies aspects of Drug Education that must be taught and the non-statutory guidelines for PSHE&C incorporate Drug Education. Furthermore, every school is expected to have an up to date Drug Education policy and it is an integral part of the Healthy Schools Standard initiative.

The 1988 Education Act requires schools to:

- promote the spiritual, moral, social, cultural and physical development of pupils
- prepare pupils for the opportunities, responsibilities and experiences of adult life.

The Head teacher will take responsibility for liaison with the media, if required. Additional support and advice is available from the LA Advisory Service.

Our policy has been developed in consultation with staff, governors and various external bodies, including a North Yorkshire Healthy Schools representative.

In drawing up our policy we have referred to the following national and local guidance; DfE Drugs Guidance for Schools, Every Child Matters, QCA documents, Healthy Schools Programme, The National Curriculum and Early Years Foundation Stage. It has also been drawn up in consultation with other school policies to ensure there are no conflicts between them. Links and consultation have been made with the following policies; Personal, Social, Health Education and Citizenship (PSHE&C), Behaviour, Medicines, Child Protection, Educational Visits and Science.

The policy has been created to ensure there is clarity and consistency in the provision of drug education and prevention and in dealing with drug-related incidents.

Reviewed Sept 2024

To be reviewed Sept 2026

Mrs Byrne

## OUR SCHOOL DRUG EDUCATION PROGRAMME

The following outline teaching programme illustrates the topics that might be covered in a drug education at each key stage. The plan is not definitive or prescriptive and there is a degree of overlap in content between key stages. Key stage teachers in their planning need to discuss the specific areas which are to be covered. Curriculum leader is available for support.

### KEY STAGE 1:

By the end of KS1 children should know and understand:

- about the role of drugs as medicines.
- rules for, and ways of, keeping safe, and about people who can help them to stay safe.
- that all household products, including medicines, can be harmful if not used properly.

They should have the skills:

- to share their opinions on things that matter to them and explain their views.
- to make simple choices that improve their health and well being.

They should have considered:

- attitudes to medicines and other substances.
- social and moral dilemmas that they come across in every day life e.g. attitudes towards smoking and alcohol.

### Knowledge and understanding :

- \* School rules relating to medicines
- \* 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.

## SOME KEY MESSAGES FOR CHILDREN

### Ages 4-5 learn:

- \* what goes onto and into our bodies
- \* when to say "no" and "stop"
- \* when to ask for help
- \* about medicines, pills and injections
- \* about places where we might find things that are not safe to touch, taste or sniff
- \* about everyday things which can be harmful, eg tobacco, smoke, sprays and liquids
- \* about our feelings. Which of our feelings can we trust?
- \* people who we can confide in and trust

### Ages 6-7 learn:

- \* what goes onto and into our bodies
- \* what happens to things when they enter our body
- \* when and how to say "No, I won't", "I'll ask", "It's OK".
- \* about places where medicines, drugs, dangerous and strange things might be found
- \* where and how medicines can be obtained
- \* to describe and talk about feelings
- \* which people can be trusted

### Ages 6-7 understand:

- \* that cigarettes and alcohol have drugs in them
- \* when people or friends try to persuade you to touch, taste or sniff strange substances
- \* that some people need medicinal drugs to live a normal life or to get well
- \* that some drugs prevent us from getting illness

## KEY STAGE 2

By the end of Key stage 2 pupils should know and understand:

- about the effects on the human body of tobacco, alcohol and other drugs, and how these relate to their personal health.
- which commonly available substances and drugs are legal and illegal, their effects and risks.
- that pressure to behave in an unacceptable or risky way can come from a variety of sources.
- where individuals, families and groups can get help and support.

They should have the skills:

- to talk and write about their opinions, and explain their views, on issues that affect themselves and society
- to recognise the different risks in different situations and then decide how to behave responsibly.
- to know how to ask for help when pressure to behave in an unacceptable or risky way is imposed on you.
- to find information and advice e.g. through helplines and by understanding about welfare systems in society.

They should have considered:

- what it means to take individual responsibility
- social and moral dilemmas that they come across in life e.g. attitudes towards smoking and alcohol.

### Knowledge and Understanding

- \* School rules relating to medicines, alcohol, tobacco, solvents and illegal drugs.
- \* More detailed information about the body, how it works and how to take care of it.
- \* Different types of medicines (both prescribed and over-the-counter), legal and illegal drugs including their effects and their associated risks.
- \* Introduction to the law relating to the use of legal and illegal drugs.
- \* People who can help children when they have questions or concerns.
- \* Dangers from handling discarded syringes and needles.

### Skills

- \* Identifying risks.
- \* Coping with peer influences.
- \* Communicating with adults.
- \* Decision-making and assertiveness in situations relating to drug use.
- \* Giving and getting help.
- \* Safety procedures when using medicines.

### Attitudes

- \* Valuing oneself and other people.
- \* Attitudes and beliefs about different drugs and people who may use or misuse them.
- \* Responses to media and advertising presentations of alcohol, tobacco and other legal drugs.
- Taking responsibility for one's own safety and behaviour.

### Ages 8-9 learn:

- \* what can and does go into our bodies
- \* how medicinal drugs work to maintain or improve our health
- \* How the body deals with harmful things which may enter it
- \* about everyday drugs like tea, coffee, alcohol, tobacco and over-the-counter drugs such as aspirin
- \* where medicinal drugs are made, tested, prescribed, bought, sold and used
- \* about keeping medicines safely at home and at school
- \* how to recognise "persuaders" by what they say and do
- \* to be wary of those who use drugs carelessly or abuse them
- \* who can be trusted and confided in
- \* to know and talk about our feelings. What makes us feel better?

#### **practice:**

- \* saying "No", "I won't take that risk", "I'll ask"
- understand:** \* that all medicines are drugs but not all drugs are medicines
- \* that some people need drugs to have a normal life or to recover from an illness
- \* that some people might persuade you to take drugs
- \* that some people take drugs, especially tobacco and alcohol, to feel grownup

### Age 10 & 11 learn:

- \* what can and does go into the body and how the body copes with it
- \* how our brain and other systems work together to affect how we feel and behave
- \* to group what goes into our body as "essential", "non-essential" etc
- \* about the risks of using everyday drugs socially, such as alcohol and cigarettes

- \* about the people who need and use drugs for their health
- \* who controls drugs and how new ones are invented
- \* to talk about personal feelings about the world of drugs

**practice:**

- \* saying "No, it's not for me", "I won't take that risk", "I'll ask"

**understand:**

- \* the effect non-medical drugs can have on friends and on relationships
- \* what addiction can mean
- \* that some people use drugs to appear grown up or confident
- \* that you are a role model to younger children
- \* that you have your own role models. Who are they? Do they keep to the drug rules?
- \* what makes you feel good, feel better, give you a "kick" or makes you feel confident
- \* when to say "That's OK" and when to say "No". Be aware of how difficult this can be

To ensure that the above objectives are met we propose to use a broad and varied approach to the teaching and learning of drugs education. There will be a strong emphasis on interactive work and the processes that engage children in critical thinking, discussion, researching, reflecting and the application of learning. This will enable our pupils to become active learners and develop skills and attitudes, which will help them, make informed choices and judgements.

## A QUICK GUIDE TO DEALING WITH DRUG-RELATED INCIDENTS

### **Rumour**

Is source reliable? Could it be malicious? Investigate sensitively. Keep information on a need-to-know basis. DFES suggests all cases should be reported to head and to parents - but remember this is guidance not statutory. Where possible child should be encouraged to speak to parents first. (see later re contacting parents).

### **Searching**

If possession of an illegal substance is suspected it is possible to search a pupil's desk or locker. They can be asked to turn out their pockets. Teachers should not carry out any kind of intimate body search. If pupil refuses to turn out pockets suggest that parents/police be contacted and wait for response. Option to do either. May be useful to designate a member of staff as Substance Co-ordinator.

### **Finding drugs**

Avoid unnecessary handling of suspected drugs. Try to place in a plastic bag and seal it. Have it witnessed. Record date, place and time of finding. Lock it in a secure place and contact police. Alternatively dispose of it - but there are not many environmentally friendly ways of doing this! You do not have to give the name of any person known or suspected to have had it in their possession.

### **Interviewing pupils**

Pupils have a right to natural justice. Avoid any interview techniques which could be construed to involve intimidation, assault, harassment or bullying. Any suggestion of these could invalidate court proceedings should these follow. Avoid making any bargains such as "If you tell me x I will promise you y." If the interview centres around personal use/possession and not supply remember that the alleged offence is primarily against themselves and not necessarily other people. Is the style of interviewing potentially harsher than say when interviewing someone for alleged theft or assault, both of which involve damage to property or people.

### **Contacting police**

There is no legal obligation to contact police but DfES Circular 5/95 recommends informing the police. For possession/personal use this could be optional but for cases of alleged supply, which includes drugs being given away not just sold, the police should be contacted. Better to use the School Liaison Officer not 999. Recognise that in contacting police press publicity could follow. If police interview a pupil the parents or a responsible adult has to be present

### **Contacting parents**

There is no legal obligation to inform parents.

Think about the situation first - what is known about the parents and parent/child relationship; will parents over-react? Try to negotiate contact with parents through and with the consent of the child/young person. Avoid telephone or letter contact with parents; where possible arrange for face-to-face contact.

If contact not made, record fact and reason why and indicate that future contact may be made.

### **Rehabilitation or rejection?**

DFES Circular 4/95 makes it clear that schools should seek to support and help pupils with drug problems and that whilst exclusion may result it should not be the first and only form of action. The intention should be to rehabilitate the pupil and to that end treatment, advice, support or counselling services should be investigated. Exclusions, if appropriate, should be fixed term rather than permanent. Work with parents to devise an agreed programme to support the pupil.