

Redhill Primary Academy



Drugs Policy

Signed

S. Plant

Ms. S Plant

Chair of Governors

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Drug Education Policy

Our children are growing up in a society where drug use and misuse have become increasingly common. Every academy therefore has a responsibility to consider its response to drugs. The Department for Education (DfE) advises all schools and academy's to have an up-to-date drugs policy, consistent with national and local guidance.

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 Science, Personal, Social and Health Education (PSHCE) and Equality Policies.

What are drugs?

The definition of drugs used in this policy is the definition given by the United Nations Office on Drugs and Crime: "A substance people take to change the way they feel, think or behave." This refers to all drugs:

- Illegal Psychoactive Substances/new psychoactive substances (Psychoactive Substances Act, 2016)
- Legal drugs, alcohol, tobacco, e-cigarettes, volatile substances (solvents)poppers,
- Misuse of over the counter and prescription medicines
- Illegal drugs (those controlled by the Misuse of Drugs Act, 1971) including ecstasy, cannabis, crack/cocaine, heroin and LSD, khat
- Other drugs such as anabolic steroids

Throughout this policy, the term 'drugs' is used to refer to all of the above.

Definition of other key words

'Drug use' describes any drug taking. Any drug use can potentially lead to harm, including through intoxication, breach of the law or academy rules, or future health problems.

'Drug misuse' is drug taking which leads to social, psychological, physical or legal problems through intoxication, regular excessive consumption and/or dependence.

Aims

We take a positive and proactive approach to the issue of drugs and this policy aims to:

- Give a clear view on the use of drugs in academy and the responsibilities of the academy and legal requirements.
- Provide information so that everyone is clear about the academy's overall.
- approach to drugs and its procedures should an incident occur.
- Give information about drugs education.
- Give guidance to teachers, support staff and visitors about drugs education.

Approach to tackling drugs

We take a whole academy approach to drugs through:

- A planned drugs education programme through PSHCE.
- Carefully considered responses to drug-related incidents informed and supported by the views of the whole academy community.
- Clear rules and sanctions related to drugs understood by the whole academy community.

- Access to specialist support and advice when required.
- Training and support for staff.
- Completing a Child and Family Help Early Help Assessment as soon as we, the young person or their family, have a worry regarding drug-related issues.

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 practice 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 PSHCE 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. In Key Stage One the children complete a block titled 'Healthy Me' where the children learn about the importance and dangers of medicine. In Key Stage Two, children learn about drugs through various curriculum subjects. Science lessons teach and promote healthy living by allowing the children to learn about the effects drugs can have on your body. It is covered in a unit called 'Animals, including humans', to help pupils recognise the impact of diet, exercise, drugs and lifestyle on the way their bodies function. In Year 6, the children take part in a programme called 'STAR'. This programme is taught by our Community Support Officer and aims to increase the children's awareness of drugs and also peer pressure.

Children will require the following:

Knowledge and understanding

- The Academy's 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.

Relationship skills

Throughout the curriculum activities are planned to promote relationship skills.

We use PSHCE, assembly times, our A Valued Me programme and Friendship week to explore what makes a good friend and to develop better communication skills. The content 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.
- What is bullying.
- Ensuring that you know when to seek support from a trusted adult.

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 1/2 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 curriculum requires academies 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 PSHCE and assembly times by exploring:

- Peer group pressure and way of resisting.
- Ways of expressing and sharing feelings.
- Listening to others and sharing opinions.
- Sharing problems.

Monitoring and Evaluation

The PSHCE 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.

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 PSHCE scheme of work. The Academy uses guidance from the DfE and ACPO drug advice for academies, September 2012.

Links with Outside Agencies

- Police – through Community Police Officer
- Education Service, Drug and Alcohol Education
- Academy Nurse

The Academy's position on legally available substances on site.

Tobacco and Vaping

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

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 bring them into school. Similarly prizes containing alcohol are only handed over to adults.

No licence is needed by the Academy to offer alcohol at events or to store alcohol on the premises. If alcohol is to be sold on the premises, an occasional licence 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 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

There are occasions when some legal drugs (prescribed) are authorised for use in academy and/or on academy trips. The Academy has a policy for the administration of medication. This policy is used in conjunction with [Medication in academys T&W guidance](#). Parents and carers must inform the academy where this is needed and pupils must not be responsible for the safety of their own medication, unless previously agreed, this must be handed in to the academy to be kept securely until needed in line with the above policy.

Responding to drug related incidents in at the Academy

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 academy members and the local community.

The range of responses includes:

- The Headteacher, who is the designated safeguarding lead (DSL), will be informed immediately.
- All situations will be carefully considered before deciding a response.
- Permanent exclusion **will not be** the automatic response and will only be considered in the most serious cases.
- Before any decision to permanently exclude is made, the academy will offer a Child and Family Early Help Assessment to ascertain if any additional support is needed.
- The health and safety needs of the pupil will always come first, whilst also taking account of the health and safety needs of the academy as a whole.
- Parents/carers will be involved at an early stage and throughout any investigation (unless this would not be in the pupil's best interest)
- Decisions about the sanction will depend on whether the offence is one of a series or a first event, previous support has been offered to the pupil and whether the pupil was in possession or supplying. Any extenuating circumstances will also be taken into consideration.
- The Headteacher in consultation with DSL will decide whether a disciplinary and/or counselling response should follow.
- Incidents will be reported to the Chair of Governors.

Procedures for managing incidents

- Reporting a drug-related incident

All drug-related incidents are reported, in the first instance, to the Headteacher who is the DSL. Although there is no legal obligation to report an incident involving drugs to the police, every incident will be assessed individually, and appropriate steps will be taken. The academy will always inform police immediately about any incident involving the sale of drugs. The academy will contact Trading Standards about the sale of tobacco, vapes, alcohol and solvents to under-age pupils, from local shops.

- Recording the drug-related incident

In all drug-related incidents, the Headteacher who is the DSL will decide on the responses, including the use of sanctions and/or counselling and support. However only the Headteacher has the authority to suspend a pupil either for a fixed period or permanently exclude.

- Medical emergencies when a student is unconscious as a result of drugs use
Staff with first aid qualifications should be called immediately but the pupil must not be left alone. The pupil will be placed in the recovery position and an ambulance called. Parents/carers will be informed and called to the academy. An assessment of the incident is started, including finding out whether a substance has been taken, and evidence gathered.

- Intoxication, when a student is under the influence of a drug

The pupil will be removed to a quiet room and not left alone. The first aider and DSL will be called. The pupil will be helped to calm down and medical assistance sought. Parents/carers will be informed and called to the academy. In most cases, the pupil will then be taken home with the absence C coded as a special circumstance if a fixed term suspension is not considered appropriate.

- Discovery/observation

This refers to situations when a pupil is discovered using, supplying or holding a substance that is not permitted on academy premises and which is described in this policy (suspected or confirmed).

If the substance is suspected to be illegal, staff can take temporary possession of it:

- it will be confiscated, **in the presence of a second member of staff as witness**
- the sample will be sealed in a plastic bag with details of the date and time of the seizure/find and witness present and stored in a secure location (e.g. a safe or lockable container) with access limited to the Headteacher
- the pupil(s) will be supervised within a safe space in school and an investigation undertaken, pending advice from the police
- details of the incident will be recorded, including the police incident reference number
- the pupil's parents/carers will be asked to come into the academy, unless it is not in the best interests of the child to inform them
- the pupil(s) involved will be isolated whilst investigations are carried out.

If the substance is legal (but unauthorised in school) it will be disposed of or handed to the parent/carer.

- Searches

Staff are allowed to confiscate pupil's property where reasonable to do so, including substances, whether controlled or not.

If a member of staff has reasonable grounds for suspecting that a pupil is carrying illegal drugs on them or in their personal property, they will ask the pupil to voluntarily produce the substance, in the presence of two members of staff. When a search is required, any staff involved must be authorised by the Headteacher to undertake it and, wherever possible, should be the same sex as the pupil. (Screening, Searching and Confiscation, DfE, 2018) The search will take place in school or where staff have lawful control of pupils.

We will keep a record of the search and inform parent/carers if a substance is found, although there is no legal requirement to do this or to inform parents/carers before or after a search.

- Dealing with drug-taking materials

School site staff make regular checks of the school grounds and know how to deal with drug-taking materials, including needles, in line with health and safety advice.

Pupils are taught what to do if they come across needles on the school premises and know not to touch needles and to inform a member of staff immediately.

- Disclosure

When a pupil discloses to a member of staff that he/she has been using drugs, or is concerned about someone else's drug use.

In these situations, staff will be non-judgmental and caring and will show concern for the pupil's welfare. Pupils know that teachers cannot promise total confidentiality if safeguarding concerns are raised and/or if further support is to be considered such as referral to a drug service or counselling service. Information about the pupil will only be given to key staff and no-one else unless the pupil gives their consent. The DSL will coordinate the most appropriate support including referral to specialist services.

- Suspicion/rumour

Staff should not assume use of drugs on the basis of rumours or behaviour alone. However, if there is a suspicion, evidence will be collected over a period of time before a decision is made to question the pupil(s) involved.

- Intoxicated parents/carers

Our academy's rules for drugs apply to all people who are on the academy premises and we expect that parents/carers will adhere to these rules. If a parent/carer comes to the academy and appears to be under the influence of drugs or alcohol, they will be asked to leave. If they have come to collect their child, we will sensitively offer to phone for someone else to collect. If we are concerned that a pupil is in imminent danger, we will contact emergency services on 999. We will also follow our Child Protection procedures if we are concerned about risk of harm.

- Needs of pupils

We are sensitive to the needs of pupils whose parent/carers or family members have problems with drugs. Where problems are observed or suspected or a pupil discloses problems, we will assess the pupil's welfare and support needs and offer a Child and Family Early Help assessment. The academy will also involve external support for the child if needed.

Child Criminal Exploitation/County Lines

When speaking with pupils and responding to any incidents involving drugs, staff will be vigilant to the pupil's vulnerability to criminal exploitation and particularly County Lines. Any concerns about a young person such as erratic school attendance and/or changes in their attitude and engagement with learning; unexplained or disproportionate access to money/expensive items; pupil being reported as missing; or where staff become aware that a pupil has several mobile phones could indicate the pupil is a victim of exploitation and must be shared with the DSL.

The local governing body of Redhill Academy recognises that pupils who are not accessing school due to low levels of attendance or exclusion are at greater risk of all forms of exploitation. Any attendance issues will be addressed in line with the academy's Attendance Policy. Furthermore, any fixed-term suspension will be for the shortest time necessary and in line with our Relationships and Behaviour Policy. Permanent exclusion will be the last resort and only in the most serious of circumstances where no other option is available.

Confidentiality

Pupils need to be able to talk in confidence to staff without fear of being judged or told off. The welfare of young people will be central to our policy and practice, however, teachers cannot promise total confidentiality and this is made clear to pupils through the PSHCE programme.

If a pupil discloses to a member of staff he/she is taking drugs or is concerned about drugs, they will refer the student to the DSL and appropriate support will be offered e.g. referral to a specialist agency. This information is given only to the DSL who is the Headteacher.

If staff are concerned that a child's safety is at risk they will follow the academy's child protection procedures.

Working with Parents/Carers

We believe that parents/carers have an important role in supporting their child's drug education. We involve parents/carers through a range of activities, such as:

- Giving information about what is taught.
- Giving information about drugs and local sources of help.

A copy of this policy is on the academy website with hard copies available on request.

Parents/carers will be informed immediately if their child has been involved in a drug-related incident. However, there may be some exceptional situations where involving the parents may put the young person at risk of abuse and, in these exceptional cases, the academy will exercise some caution. The decision will be taken by the Headteacher who is the DSL with the child's welfare a priority.

Involving Police

In most cases a drug-related incident will be an academy matter, rather than a police matter. However, we work closely with community police and will contact them immediately if an illegal (or suspected illegal) drug has been found or illegal drug dealing is taking place. We will only call 999 in an emergency.

Reviewing the policy

This policy is reviewed every two years in line with academy protocols. If an exceptional incident should occur, the policy is reviewed in the light of that incident.

Disseminating the policy

The policy is on the academy's website and drawn to the attention of parents/carers and staff on an annual basis. New staff are familiarised with it as part of their induction.

Useful resources

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

<http://www.PSHCE-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	HOW IT IS USED	SHORT TERM EFFECT	RISKS (Long term effects)	LEGAL FACTORS
'E's Ecstasy, White Doves, Dennis the Menace etc. New names energising constantly	Tablets and capsules.	Swallowed and more recently injected.	Stimulation of sympathetic nervous system. Energy, 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.	Little known about long-term effects. Some evidence of liver damage. Warnings of, but disagreements about, brain damage. Incidences of psychotic episodes amongst some uses. Reports of long-term users developing bouts of anxiety, depression and clinical depression after ceasing to use.	CLASS A. As cocaine
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/swallowe d.	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.
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 backwards. A disinhibitor so used to promote social interaction but also tends to release suppressed feelings hence link with anger and aggression.	Damaging to all body tissue especially nervous tissue. Direct effect on heart muscle and liver, 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.	Under 18 not allowed to buy in most circumstances. Drivers over the limit - licence may 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 rhythmias, 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.

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
<p>AMPHETAMINE S Whizz, speed, sulphate, billy.</p>	<p>White/brown powder tablets/ crystals. Usually sold in small paper packets (wraps) @ 2.5cm x 1.5cm.</p>	<p>Swallowed (tablet form); snorted and injected (powder form - sulphate).</p>	<p>Stimulation of central nervous system, energy, excitement, euphoria, indifference to fatigue, feeling of increased strength and mental ability, lack of appetite.</p>	<p>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.</p>	<p>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.</p>
<p>CANNABIS Draw , blow, sputnik, black weed, puff, sensi, Moroccan, Rocky, zero-zero, hash, marijuana, grass, skunk, dope, joint, spliff, ganga.</p>	<p>Grass (looks like dried herbal tobacco). Resin block usually brown or black. Dark brown thick oil.</p>	<p>Smoked (mixed with tobacco). Eaten raw or in food (cakes etc).</p>	<p>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 relaxant.</p>	<p>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 lack of motivation. Financial difficulties due to cost of drug.</p>	<p>Cannot be grown/obtained/ possessed/supplied legally. CLASS B - penalties as amphetamines. Hash oil CLASS A.</p>
<p>FREE BASE COCAINE Cocaine-charlie, Coke, Snow 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>

