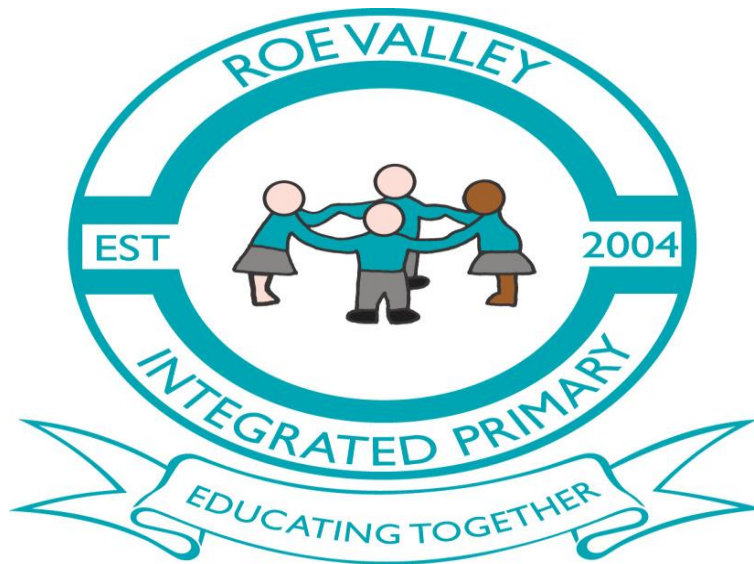




# Roe Valley Integrated Primary School

## DRUGS POLICY

**Article 3** -All organisations concerned with children should work towards what is best for each child.



Signature of Chair of Board of Governors: \_\_\_\_\_

Ratified: \_\_\_\_\_

Signature of Principal: \_\_\_\_\_

Reviewed and updated: November 2017

Review due: November 2020

**Ethos**

Our school believes that the misuse of drugs endangers not only our pupils but also affects the wider community in which we live. It is the school's responsibility to ensure each child's health and safety while in our care and we strive to promote personal and social wellbeing. The misuse of drugs undermines this and hinders the development of the young person.

This policy provides a focus for the school to consider how drugs education should be implemented and developed within the curriculum, and outlines the roles, responsibilities and legal duties of key staff. The policy forms an integral part of our existing Health Education Programme and the Drug Education Programme complements this.

## **1 Aims**

### **1.1** 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;
- ensure a consistent approach from staff to drug education and in the unlikely event of handling any drug-related incidents ensure procedure is followed in line with pastoral care, child protection and safeguarding policies;
- safeguard the health and safety of pupils and staff in our school;
- enable staff to manage drug-related incidents properly;
- foster skills that empower children to manage pressures of the culture they live in and take responsibility for their own health.

## **2 Definition & Terminology**

### **2.1** 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 /solvents (those giving off a gas or vapour which can be inhaled);
- illicit drugs (including cannabis, LSD, magic mushrooms etc.);
- all medicines, whether over-the-counter or on prescription deliberately used wrongly.

### **2.2** Roe Valley Integrated Primary School believes that the presence of unauthorised drugs in our school is not acceptable.

### **2.3** 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.

## **3 Responsibilities**

### **3.1** The Principal will:

- ensure that staff understand their legal responsibilities and the limits of confidentiality;
- ensure that staff and parents are informed about this drugs policy;
- ensure that the policy is implemented effectively;
- co-ordinate the school's response to and management of any drug-related incidents;
- prioritise the welfare of the pupils involved, other pupils in the school and the handling, storage and safe disposal of any drugs/drug related paraphernalia;
- 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.

**3.2** The Board of Governors will:

- designate a governor with specific responsibility for drugs education;
- establish general guidelines on drugs education;
- support the Principal in following these guidelines;
- inform and consult with parents about the drugs education policy;
- liaise with the EA and health organisations, so that the school's policy is in line with the best advice available; support the Principal in any case conferences, or in appeals against exclusions.

**3.3** The Designated Teacher for Child Protection will:

- coordinate the training and induction of procedures with new and existing staff;
- liaise with outside agencies and other bodies in relation to drugs training for staff and learning experiences for staff;
- liaise with the principal;
- ensure all staff are aware of procedures.

**3.4** Individual staff members will:

- provide an appropriate range of learning activities to enhance children's understanding of the dangers and consequences of all drugs;
- immediately report any suspected drug-related incident or conversation;
- not attempt to determine the circumstances of an incident but deal with any emergency procedures if necessary.

## **4 Objectives of drugs education**

**4.1** 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.

## **5 Drugs education**

- 5.1** 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 PDMU and TWAU. There are also opportunities in circle time.
- 5.2** Teaching about drugs will begin in Key Stage 1 as part of the PDMU curriculum when pupils are taught about seeing the doctor, visiting the chemist, and the importance of medicines and their safe handling.
- 5.3** In Key Stage 2 as part of the PDMU curriculum 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 about the dangers of smoking, 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.
- 5.4** 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.
- 5.5** 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.
- 5.6** 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.
- 5.7** Drugs education takes place during normal lesson time. Sometimes a class teacher will seek support from the school nurse, outside agencies or external bodies. In teaching this course we follow EA guidance in the involvement of outside agencies or individuals in the wider community. Visitors from the wider community can bring their specialist knowledge, expertise and experience into the classroom setting and offer a new approach, which pupils often welcome. This also increases the pupils' knowledge of the services available in the local community and how to access these. Sessions delivered by outside agencies also help teachers to up-date their knowledge, however only using outside agencies as part of a planned programme with adequate preparation and follow up. Local Drug and Alcohol Co-ordination Teams (DACTs) are

used to provide advice and guidance, as well as links to local community and voluntary groups.

## **6 Drugs at school**

- 6.1** Pupils should not bring prescribed medication into school. Parents may follow guidance set out in our Medicines Policy.
- 6.2** Where children have medical needs, parents must give us details of the child's condition and medication, in line with our Medicine's Policy. Parents will bring the medication to school in a secure, labelled container. Records will be kept of all medication received and given. Emergency medication may be stored securely in the classroom (for anaphylaxis or asthma); other drugs will be stored securely in the School office.
- 6.3** Solvents and other hazardous chemicals must be stored securely, to prevent inappropriate access, or use by pupils. Teachers are cautious with older, solvent-based Tippex, with aerosols, with glues and with board-cleaning fluids.
- 6.4** Legal drugs are legitimately in school only when authorised by the Principal. Members of staff who smoke must keep their tobacco and matches or lighters secure. Smoking is not permitted anywhere in the school.

## **7 Drugs incidents**

- 7.1** An incident involving unauthorised drugs in school is most likely to involve alcohol, tobacco or volatile substances, rather than illegal drugs.
- 7.2** 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.
- 7.3** 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.
- 7.4** 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.
- 7.5** 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.
- 7.6** 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.
- 7.7** The Principal will decide if the police need to be called or whether the school will manage the incident internally.
- 7.8** A full record will be made of any incident.

- 7.9** The Principal will conduct an investigation into the nature and seriousness of any incident, in order to determine an appropriate response such as the need for counselling or support from social services.

## **8 The role of parents**

- 8.1** 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;
- invite parents to view the materials used to teach drugs education in our school;
- answer any questions parents may have about the drugs education 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;
- encourage parents to be 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.

- 8.2** 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.

- 8.3** Staff will be cautious about discharging 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 in line with the Safeguarding and Child Protection Policy, and possibly the involvement of the PSNI.

## **9 Monitoring and review**

- 9.1** The curriculum committee of the Board of Governors will monitor the drugs policy on an annual basis. If the policy appears to need modification, then the committee will report its findings and recommendations to the full Board of Governors. The curriculum committee takes into serious consideration any representation from parents about the drugs education programme, and comments will be recorded. Governors require the Principal to keep a written record detailing the content and delivery of the drugs education programme taught in school.