



Crockham Hill C E Primary School

Giving our children the best possible start to the rest of their lives.

Drug Education and Drug Incident Policy

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| Review Body: | Curriculum and Learning Committee |
| Leadership Group Responsibility: | Headteacher |
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This policy supports our values of Respect, Empathy and Resilience. It has been adopted so that all members of our community know how we expect each other to behave towards each other. These expectations in turn will make our school a safe and happy place for our children.

RESPECT EMPATHY RESILIENCE ASPIRATION

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Where this document refers to drugs, this includes tobacco, illegal drugs, medicines, new psychoactive substances (legal highs) and volatile substances (such, unless otherwise specified.

A teacher of drug education does not need to be an authority on drugs, as it is the life skills approach that is crucial to this area of learning.

Successful drug education should start early; the key to which is developing pupils' emotional intelligence, resilience and life skills. These same skills are crucial to successful Sex and Relationships Education and anti-bullying approaches.

This policy applies to all pupils, parents/carers, volunteers and staff members attending the school or whilst on school business including off-site visits and trips.

1.1 Our school is a smoke free environment, which includes all buildings and school grounds/playing fields etc. Parent/carers, visitors and staff members are asked not to smoke on school premises or in the presence of pupils. This applies to off-site visits. In the interest of hygiene/cleanliness, we also ask that people refrain from smoking outside the school gates.

2.0 Principles

2.1 Crockham Hill School is committed to the Health and Safety of all its members and believe that we have a duty to support and safeguard the well-being of all its pupils and staff.

2.2 The school values the importance of its pastoral role in the welfare of its pupils, and through the general ethos of the school, we seek to encourage and develop young people's learning and ensure support appropriate to their needs is accessible.

2.3 Education about drugs is not concerned merely with substance, but with people in their social and community settings. Therefore, drugs education should involve the development of attitudes, values and the development of skills, as much as the acquisition of appropriate knowledge.

2.4 Effective drug education is an essential contributor to ensuring that all children and young people are able to reach their full potential.

2.5 The Role of the School as part of its statutory duty to promote pupils' well-being

- To provide accurate information on drugs and alcohol through education and targeted information
- To tackle any problem behaviour in school, with wider powers of search and confiscation
- To work with local voluntary organisations, health partners, the police and others to prevent drug or alcohol misuse.

3.0 Aims of Drug Education

- To provide a safe, healthy environment in which pupils and staff can learn and develop.
- To ensure all members of the school community know and understand the rules of the school, the expectations about their behaviour, and the policy regarding drug incidents and concerns about individuals.
- To promote clarity about the management of drug related incidents in the school.
- To encourage and enable pupils to appreciate the benefits of a healthy lifestyle now, and in the future.
- To enable pupils to make reasoned, informed choices.
- To minimise pupils' experimentation with illegal or harm causing substances.

- To address and take account of local community needs, including the differences and diversity within the school community.
- To support and engage parents/carers and pupils in their own personal learning and responsibilities.
- To enable young people and staff to access support structures (including the voluntary sector), e.g., Counselling and treatment.
- To monitor, evaluate and review learning outcomes for pupils/students.
- To work with KCC and outside agencies, including the voluntary sector, to secure and support a balanced delivery of a drugs education programme, e.g., School Drug Education Advisers, Advisery Service Kent, other schools, the Healthy Schools Programme, Health Promotion, Health Care professionals, Kent Police, Youth Service and Kent Safe Schools.

4.0 Objectives for Drug Education

- To provide opportunities for pupils to acquire knowledge and identify the distinction between authorised and unauthorised drugs.
- To develop and equip pupils with the knowledge, attitudes and skills necessary to build their resilience and avoid peer group pressure or unwanted drug offers from others.
- To build pupils' decision-making skills and increased self-esteem.
- To engage parents/carers in the school community and learning process.
- To enable pupils and staff to access support if they have concerns about their own or others' drug use.

5.0 Principles of Teaching and Learning

5.1 In addition to Science, Personal, Social and Health Education (PSHE) provide opportunities for drug education. Curriculum 2014 states all schools should make provision for personal, social, health and economic education (PSHE), drawing on good practice.

6.0 Knowledge and Understanding

6.1 Pupils are taught within the statutory framework and guidance of the National Curriculum. From September 2014 the statutory element is shown below:

| <i>Year group</i> | <i>Subject</i> | <i>Programme of Study</i> | <i>Non-statutory notes and guidance</i> |
|-------------------|----------------|--|--|
| Year 6 | Science | Pupils should be taught to recognise the impact of diet, exercise, drugs and lifestyle on the way their body's function. | Pupils should learn how to keep their bodies healthy and how their bodies might be damaged – including how some drugs and other substances can be harmful to the human body. |

7.0 Attitudes, Values and Skills

7.1 Pupils are taught:

- To value and trust in their own learning through positive reflections and development of assertiveness and coping skills.
- Confidence building and communication skills.
- About themselves and their achievements, seeing their mistakes, making positive changes and setting personal goals.
- To recognise risky behaviour and risk taking within different situations and be able to respond appropriately.
- That pressure to behave inappropriately or to take risks can come from a variety of sources, including people they know, TV and the media.
- How to seek/ask for help and use basic techniques for resisting peer or unwanted pressure in order to minimise harm to themselves or others. (Resilience)

- That their actions affect themselves and others, to respect and care about other people's feelings, trying to see things from their point of view. (Empathy)
- That communication and problem solving skills are central to bringing about a positive change in attitudes and actions.

7.2 In teaching drug education, teachers use a range of teaching strategies, including role-play, discussion group work, draw and write, debate and circle time. The use of circle time is a key strategy for developing life skills.

8.0 Resources

8.1 To ensure effective drug education it is essential that:

- Teaching resources are up to date, differentiated and culturally and age appropriate.
- The school allocates adequate funding to drug education provision.
- Adequate staff resources, development and training are provided to address identified needs.
- There is a protocol for use of visitors contributing to the school programme (See Appendix A).
- The teacher responsible for leading this is Mrs Ghislaine Lakin-Hall and she will monitor resources and ensure they are fit for purpose and up to date.

9.0 Cross-Curricular Links

9.1 Drug education has many cross-curricular links, with science making a particular contribution. However, the development of life skills and Emotional Intelligence are themes throughout the curriculum, within the programme for Personal, Social and Health Education (PSHE), and enshrined in the values, which are embodied in the schools' ethos. There are links to other subjects, such as geography and physical education, and aspects of school life.

10.0 Differentiation and Special Educational Needs and Disability (SEND)

10.1 The needs of pupils with SEND will be taken into account by the teacher who may need to provide different resources, different activities or specific support to some pupils. Where pupils' Personalised Provision Plan (PPP) identify targets relating to their personal development, the teacher will ensure that opportunities are planned to support pupils in achieving these.

11.0 Staff Development

11.1 This school has an ongoing programme for professional development. Support and Continuing Professional Development (CPD) opportunities, for all appropriate school staff will be made available through training strategies.

12.0 Links to Related School Policies

12.1 This policy is linked to other school policies including:

- RSHE and Citizenship
- Behaviour
- Inclusion
- Equalities Scheme
- Child Protection
- Health and Safety
- Medicines and pupils/students with medical needs.
- Use of visitors in the classroom (see appendix A)

- Confidentiality

13.0 Monitoring, Evaluating and Reviewing

13.1 There is a named co-ordinator and a linked Governor committee for drug education and policy development. Mrs Jayne Ingman and Mrs Jo Naismith respectively.

13.2 Staff are involved in monitoring and evaluation.

13.3 Pupils, staff, parents/carers and governors are consulted and the programme and policy are modified where appropriate.

13.4 There is ongoing monitoring and evaluation of the programme, teaching methodologies and learning outcomes to ensure that needs are met.

13.5 Drug education is reviewed in line with current KCC and Government guidelines.

Management of Drug Related Incidents

1 Remit of the Drug Incident Management Policy

The school boundaries are defined as any area where a pupil is whilst he or she is in the charge of the school. Normally this means any area within the perimeter fence of the school. During any outside activities or trips it means anywhere where the pupil is in the charge of the school and its staff, whether this is within or outside school hours.

2 Responding to Concerns about Pupil Drug Misuse

2.1 The school will follow the guidance of the KCC and Kent Drug Alcohol Action Team 'School incident management procedures'.

2.2 If a pupil is suspected of being involved in substance misuse, is causing concern about his/her substance use, or makes a disclosure about their own or their family's substance misuse, the School Drugs Co-ordinator will make an assessment of the extent of the drug misuse. Following this assessment action must be taken to safeguard the pupil and, if appropriate, refer the pupil to local Young Person's Substance Misuse Services for further support. The Drug Use Screening Tool (DUST) will be used to help support this process. Referral to the local Drug Intervention and Support Programme may also be an option.

2.3 Communication between staff and early involvement of parents/carers and police should set the scene for early, supportive pastoral intervention. An appraisal should take place to determine the nature of the pupil's needs and the additional support a pupil might need if, for example:

- their knowledge about drugs is low
- they rely upon frequent use of drugs
- their drug use is affecting performance at school
- their drug use is causing problems such as conflict at home
- they feel under pressure to use, perhaps due to other problems
- their (or someone else's) drug use is impacting on their behaviour and/or emotional health.

In addition to the drug education they receive through the curriculum, extra support may include any or all of the following:

- providing information and advice in relation to specific drugs
- developing self-esteem and skills such as strategies for seeking support
- increasing their motivation to address their drug use
- facilitating access to activities of interest to them (such as Youth Clubs, extra-curricular events and activities, and external provision as part of Youth Service or Kent Drug & Alcohol Action Team (DAAT) activity)

3 Procedures for Managing Pupils Suspected or Found in Possession of Unauthorised Drugs (See also Appendix B)

3.1 All teachers have a duty of care and the pupils' safety and care is of paramount importance.

3.2 If a pupil/student appears intoxicated by drugs or drink whilst at school, first aid or medical supervision must be the first consideration. If necessary the young person go to the local Accident & Emergency Unit. The School Drugs Co-ordinator will contact his/her parents or carers and request

they collect him or her from school. If they are unavailable the pupil will be supervised in a suitable room until the parents/carers are able to collect him or her or other action appropriate to the individual and circumstances has been taken.

3.3 If a pupil brings drink or drugs to school or the school has good reason to believe they have done so, or if a pupil is found with a substance or a drug thought to be unauthorised, the following procedures should be followed:

- 3.3.1 All unknown tablets, powders and substances should be regarded as unauthorised.
- 3.3.2 There are Health and Safety considerations associated with handling unidentified substances. Gloves should always be worn if available, or a bag can be turned inside out and used to pick up the suspected drug. Advice is available through KCC's Children, Families and Education Health and Safety Unit. (01622) 694144 in conjunction with "The Safe Retrieval and Disposal of Used Hypodermic Needles and Syringes" attached at Appendix C.
- 3.3.3 The Police Youth Crime Reduction Officer (YCRO) should be the first point of contact with regard to confiscation of suspected illegal drugs in schools.
- 3.3.4 The police recognise that these issues will impact on the young person, their families, friends and the wider school community.
- 3.3.5 In the first instance, the school will attempt to contact the Youth Crime Reduction Officer. (Contact numbers in Appendix C). In "emergency" situations where the YCRO is unlikely to be able to attend immediately, the safety of all concerned is paramount, police assistance should be summoned in the most appropriate way (999 or local police station).
- 3.3.6 Substances should **NOT** be destroyed or flushed down the toilets.
- 3.3.7 If a pupil/student has taken a drug, or there is reasonable evidence to assume so, a trained first-aider will be called immediately, and professional medical help sought where appropriate. If not, then another member of staff will be called for help and as a witness.
- 3.3.8 Staff will inform the head teacher/School Drugs Co-ordinator as soon as possible after they have ensured the safety of the pupil and any other pupils involved.
- 3.3.9 The school will encourage co-operation from pupils when asked to empty their pockets/bags and hand over the suspected drugs. The school recognises that it is not legal for school staff to conduct a personal search of a pupil/student. Police help will be obtained when a personal search is deemed necessary.
- 3.3.10 If the Police YCRO is called he or she can carry out a search of the pupil/student and his/her belongings if he or she considers such a search is justified and within the law. The search **must** be done in the presence of an appropriate adult.
- 3.3.11 If a further search is necessary, a search of desks, drawers and lockers and other school property where pupils have access can be undertaken, but their consent should be sought before any search is undertaken. Where consent is refused the school will need to balance the likelihood that an offence has been committed against the risk that the pupil's/student's right to privacy may be infringed without just cause before deciding to proceed with the search without consent. This school will not search pupil's private

property, including bags and school lockers rented from the school, unless we have good reason to believe there is a likelihood of harm to pupils or others.

- 3.3.12 The Police YCRO can retain, secure and have the substance analysed and offer advice and guidance regarding the alternative options. Kent Police work closely with the Local Authority and Kent Drug and Alcohol Action Team. There are agreed protocols about dealing with 'experimental' drug use which seek to reduce harm to the pupil/student and minimise school exclusions. (For a full range of responses see DfES: Drug Guidance for Schools sections 3.13.1 – 9)
- 3.3.13 It is legal for a staff member to confiscate substances thought to be illegal. Confiscated drugs should be sealed in a clear plastic bag, with the completed incident form attached, and locked away until the police arrive. (See Appendix C for sample Incident Reporting Form).
- 3.3.14 Where it is considered that the pupil has been at risk, or it is thought that the drug or substance is unauthorised, the pupil's parent or carer should immediately be contacted and asked to attend the school, unless this is not considered to be in the best interests of the pupil in which case Kent Safe Guarding - Child Protection Guidelines should be followed.
- 3.3.15 If it is established that the incident is drugs related, the head teacher will contact the chairman of governors to inform him/her of the situation.

Contact will be made with the Area Education Officer (AEO) who will inform the KCC press office if there is a possibility that the media may become involved.

- 3.3.16 Teachers cannot guarantee confidentiality, and where a pupil discloses information that indicates he or she is at risk, the information will be passed immediately to the school's child protection co-ordinator. A teacher should sensitively indicate to a pupil that confidentiality cannot be maintained, preferably before any disclosure takes place.
- 3.3.17 Staff should record what has happened and all actions taken as soon as possible and the witness should countersign your statement.
- 3.3.18 If the head teacher or drugs co-ordinator is unavailable or the incident happens off site alternative arrangements should be in place. (See section 7 below)

4 Further Response, Support and Sanctions

4.1 The PSCO can, on request, if they consider this to be appropriate, use the **Drug Use Screening Tool** to assess the most appropriate intervention and will take legal action, including arrest, if considered necessary and requested by the School Drugs Co-ordinator or head teacher. A decision will be made in partnership with the school and with due consideration of all available information. It is strongly recommended that School Drug Co-ordinators become familiar with the use of the Drug Use Screening Tool (DUST). For more information and advice, contact the SDEA.

4.2 Pupils of primary school age will require an individual approach. A consultation with the local Area Children's Officer is recommended. The school Designated Child Protection Officer (DCPC) has contact numbers and any referrals should be made to her.

Fixed term or permanent exclusion will only be considered as a last resort when the incident is extremely serious or part of a pattern of persistent behaviour.

5 Alcohol and Tobacco

5.1 Alcohol and Tobacco (AT) misuse by pupils/students is a serious issue for schools. Research shows that the younger pupils/students enter into experimental AT use, the more likely they are to develop an unhealthy lifestyle and problematic drug use. The school will take action to safeguard the pupil/s and inform parents/carers as soon as possible.

6 Residential and Off-Site Visits

6.1 Residential and off-site visits must comply with KCC “Regulations and Guidance for Offsite Activities” full risk assessment practice. Drug issues, including tobacco, alcohol and other substances including volatile substances, should be discussed. Pupils and parents/carers must be clearly informed of the school’s expectations and repatriation policy and sign the code of conduct/consent form. Expectations of staff must also be considered and agreed. In these circumstances, the member of staff will contact the Headteacher.

7 Confidentiality and Child Protection

7.1 Both the school’s Confidentiality and Child Protection policies must be followed in relation to the policy.

8 Staff

8.1 Any staff bringing unauthorised drugs to work or their presence at work in an intoxicated state (including while staff are ‘on duty’ on school trips and activities off site) could be subject to disciplinary procedures and possible police prosecution. All staff have a duty of care to the pupils, therefore the head teacher must be informed immediately. All staff are expected to report any other member of staff suspected of bringing drugs to school or being intoxicated at work.

8.2 This school is a smoke free school, in line with national legislation effective from 1 July 2007. Staff smoking on school premises or who bring illegal drugs on to school premises will be deemed to be in breach of their contract. All staff are expected to adhere to the KCC Smoking Policy.

8.3 The school will make every effort to support any member of staff in these circumstances and encourage them to seek appropriate professional help.

9 Parents/Carers and Drug Incidents

9.1 This school informs parents about all aspects of its policies via a newsletter and via the school prospectus. A proactive approach is used. In the event of a school drugs incident, the school will take any appropriate actions. Confidentiality and pupils safety issues are paramount. The school is not able to divulge any information about individual pupils. However, the whole school community can be reassured that every effort and precaution is being taken to ensure the safe running of the school and pupils. The school informs parents/carers of any local concerns/issues.

Parents/carers are encouraged to approach the school if they are concerned about any issue related to drugs and their child. Schools can refer parents/carers to other sources of help, for example, drug or alcohol specialist agencies or family support groups.

9.2 This school aims to be aware of the impact parent/carer drug misuse can have on a child and his/her education. Children of drug misusing parents/carers may be at greater risk of emotional and/or physical harm, but this is not always the case. A parent/carer with a drug problem does not

necessarily neglect their child or put them at risk. The school aims to be alert to behaviour which might indicate that the child is experiencing difficult home circumstances.

9.3 Where the help of external services might be needed, and the child's safety is not considered at risk, we will liaise with the Connexions Service (where child is aged over 14) about possible referral to other agencies. The school policy on confidentiality will be carefully followed and the pupil informed at every step.

9.4 When dealing with intoxicated parents/carers on school premises, staff should attempt to maintain a calm atmosphere. On occasions, a teacher may have concerns about discharging a pupil into the care of a parent/carer. The focus for staff will always be the maintenance of the pupil's welfare, as opposed to the moderation of the parent's/carer's behaviour.

9.5 Where the behaviour of an intoxicated parent/carer repeatedly places a pupil at risk or the parent/carer becomes abusive or violent, staff should consider whether the circumstances of the case are so serious as to invoke child protection procedures, and the involvement of the police, if necessary.

Appendix A

Checklist for Use of Visitors in Delivery of Drug Education

Drugs Education is a shared responsibility and schools need not be alone in providing effective and relevant drugs education for young people.

Visitors and staff from a range of statutory and voluntary agencies can support and enhance drug education programmes in schools when part of a PSHE programme. However, they should not be used to abdicate the responsibility of the school, and be relied upon solely to deliver drugs education. The use of visitors needs to be part of a planned, coherent and integrated approach. The checklist below will assist the school in developing a partnership approach to drugs education delivery and support for young people.

Before involving a visitor it is useful to consider the following:

- Consistency with school's ethos, values, drug policy and approach to drugs education.
- The most appropriate source of information/support – why do you want the agency's involvement?
- What is the visitor expected to do ?
- What will the teacher's contribution to the session be ?
- Is it clear to the visitor that the teacher will remain in the classroom ?
- What preparation will be necessary, i.e. classroom layout, size of groups, content of session, A/V equipment etc. ?
- Has the visitor been checked with the Criminal Records Bureau (CRB)? Child protection implications.
- Have confidentiality issues been clarified, avoiding inappropriate disclosures?
- How will the session be followed up?
- How will the input be evaluated?
- Is parental consent required?

Record of Incident Involving Unauthorised Substances

- 1 For help and advice, telephone the School Drugs Education Adviser.
- 2 Complete this form WITHOUT identifying the pupil involved.
- 3 Copy the form (two copies if substance found)
- 4 Attach copy to bag containing any substances discovered
- 5 Send the copy within 24 hours of the incident to the relevant School Drugs Education Adviser.
- 6 KEEP the original, adding the pupil's name and form – store securely.

(please tick to indicate the category)

| | | | | | |
|---|------------------------|--|------------------|------------------|-----------------------------------|
| Concern established after following up a suspicion or allegation | Discovery OFF premises | Discovery ON premises | Pupil disclosure | Parent/carer use | A parent/ carer expresses concern |
| Name of pupil*: Pupil's form*: (*For school records only) Age of pupil: Male/Female Ethnicity of pupil: (For DAT records**) | | Name of school: Time of incident am/pm Date of incident: Report form completed by: | | | |
| Tick box if second or subsequent incident involving same pupil <input type="checkbox"/> | | | | | |
| First Aid given? Yes/No Ambulance/Doctor called?(Delete as necessary) Called by: Time: | | First Aid given by: Yes/No | | | |
| Drug involved (if known): (e.g. Alcohol, Paracetamol, Ecstasy) | | Sample found? (Yes/No) Where retained: Witness name: Disposal arranged with: (Police, Environmental Health) At time: | | | |
| Senior staff involved: | | | | | |
| Name of parent/carer informed: Informed by: At time: | | | | | |
| Brief description of symptoms/situation: | | | | | |
| Other action taken: (e.g. Connexions or other agency involved: Educational Psychologist report requested: case conference called: pupils/staff informed: sanction imposed: LEA/GP/Police consulted) | | | | | |
| (continue on blank sheet if necessary) | | | | | |

** Categories: British, Irish, other white, white and black Caribbean, white and black African, white and Asian, other mixed, Indian, Pakistani, Bangladeshi, other Asian, Caribbean, African, other black, Chinese, any other, not stated.

Resources

For more information on drugs, why not access the SDEAs webpage

A ONE STOP RESOURCE AND INFORMATION SYSTEM www.clusterweb.org.uk?drugs

National Healthy Schools Standard – Drug Education (including alcohol and tobacco)

http://www.wiredforhealth.gov.uk/PDF/nhss_drug_education_2004.pdf

DfES guidance: “Drugs – Guidance for Schools”

<http://publications.teachernet.gov.uk/eOrderingDownload/DfES%20092%20200MIG373.pdf>

There are a range of additional resources available on the Drugs Education pages of Clusterweb

www.clusterweb.org.uk and on the Kent Healthy Schools website www.kenthealthyschools.org.uk