

# RISE PARK PRIMARY AND NURSERY SCHOOL



## DRUGS POLICY

Signed  <sup>MATT WILSON</sup> Chair of Governors

Date 6/11/17



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## School Drug Policy 2017

*Based on the DfE / ACPO guidance document Advice for Schools and the 2017 Drugs Strategy -Responding to Strategic directions on:*

- *Reducing Demand*
- *Prevention and education*
- *Building Confidence, Resilience and Skills*
- *Using effective resources,*
- *Applying targeted approaches and support where appropriate.*
- *Promoting A universal approach across the life-course of young people in school*

### School: Rise Park Primary and Nursery School

#### The purpose of the policy

In response to the 2017 Drugs Strategy, the school is committed to a healthy, preventative environment in which neither the misuse of drugs (including legal substances ie medicines: tobacco and alcohol) - by pupils, staff or visitors, nor the illegal or unauthorised supply of these substances is condoned.

The first concern in managing drugs and drugs incidents, is the health and safety of the school community and meeting the pastoral needs of pupils

We wish to continuously work towards being a DrugAware School in all aspects of school life, meeting our responsibilities toward delivering the 2017 Drugs Strategy, providing an environment, ethos and curriculum that supports and prepares pupils for the choices they may be required to make in a drug-using world.

#### What we mean by 'Drugs'

Drugs means all prescribed and over the counter medication, tobacco and nicotine products including e-cigarettes, alcohol and novel psychoactive substances (NPSs or legal highs), solvents glues or gasses or other intoxicants misused to get high and illegal drugs as covered by the misuse of drugs act

#### Development process

We involve parents, staff, pupils and governors in policy development, including this policy. It is available from the office and on the school website and will be updated every 2 years.

#### Local and national references

This policy was written using the Drugs Strategy 2017, DfE/ACPO Drug Advice for School 2012, ADEPIS and Mentor guidance and with additional advice and Local Authority information from the PSHE Advisory Service DrugAware Consultant.

#### Where and to whom the policy applies

This policy encompasses all legal drugs (including alcohol and tobacco), all illegal drugs, volatile substances (solvents and gasses) and over-the-counter and prescription medicines.





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The policy, in line with all other school rules and expectations of behaviour, applies to staff, pupils and visitors to the school, not only within the school boundaries defined by the boundary fence and gates at the front of the building and the boundary fence along the sides and back of the building and on all school visits but also on trips and residential activities, including those made outside of normal school hours.

It will also be upheld on all school buses and may be applied to the immediate vicinity of the school if appropriate.

Other policies that relate to the implementation of this policy are:

- Equal opportunities policy
- Behaviour policy
- Health and Safety Policy
- Medicine policy
- PSHE and Citizenship policy

## **Management of drugs at school and on school trips**

### **Storage And Administration Of Medicines**

The school acknowledges that, parents and carers have prime responsibility for their child's health and should provide us with information about their child's medical condition when appropriate, this will be recorded on an admissions form stored in the main office or on a medicines information slip provided by the office.

There is no legal duty, which requires teachers to administer medication; this is a voluntary role and will only be called upon in exceptional circumstances. Where exceptional circumstances exist, a contract will be agreed between the school and the parent or carer and records kept appropriately. Where necessary, school staff will receive training on specific medical conditions.

In this school the Head teacher and office colleagues under the direct of the head are responsible for administering medication, its safe storage and keeping of appropriate records.

Other than an inhaler, no pupil should be in possession of medication at any time. All named medication is stored in a secure cupboard or fridge in the office. Further details can be found in the school's medicines policy based on 'managing medicines in schools and early years settings 2007'

**Additional** information will be provided by parents/ carers if pupils are going on trips or residential and a designated staff member will carry the medication and be responsible for its safe storage and administration in line with the policy.

## **Illicit Drugs and Support for Children and Families**

We acknowledge that in today's society it may be likely that young people may encounter drugs such as alcohol or cannabis. We will offer a curriculum that reflects children's experiences and does not seek to scare, judge, sensationalise or stereotype in relation to substances, opting instead for a pro-health choice approach through PSHE.

In addition we will provide discrete support for children affected by substance use in their family, in partnership with specialist agencies.

School Pupil Counsellors,  
**School Nurse**



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## CGL 'Journey' Education Link Worker Service

Explore Family (for those affected by parental or family use)

Referral forms and information on these services are at:

<http://www.nottinghamdrugaware.co.uk/supportyp.php#agencies>

We will do our best to ensure that the school premises are safe and have identified safety procedures in the rare event that a syringe or needle or other drug-using equipment are found discarded in the school premises. A sharps bin is available to clear up found sharps. Similarly if illicit substances are found or confiscated these will be safely stored and arrangements made with the police for their safe disposal.

The Headteacher is permitted by law to authorise personal and property searches for drugs if there are reasonable suspicions that they are being concealed.

The police will be involved in an advisory capacity where serious incidents occur but the school will deal with minor incidents internally as advised by the ACPO guidance.

As a school, we can have a role in early help with young people affected by drug use.  
**Parents will be informed of incidents unless there is a reason not to (such as an ongoing investigation or a safeguarding concern).**

### Smoking:

A no-smoking policy has been developed and accepted by staff and governors. This policy will be in line with the required workplace smoke free policy (available from the NCC website) The policy states that smoking is prohibited on any part of the school premises.

### Alcohol:

The use of alcohol by all members of the school community, including visitors, is also prohibited except for occasional adult functions out of school hours. This is with the prior permission of the school's management.

### Transitions

*Advisory note: Evidence shows that both Transition and Permanent Exclusion significantly raise the probability of involvement in substances for already vulnerable students. If drugs are already involved in this scenario then the concern is particularly high.*

If a pupil is excluded or involved in a manage move, or if they have known issues around substances (either their own or family) this will be addressed in their transition plans and assisted by the CGL Journey Education Link Worker

### Information sharing

Although it is important to maintain confidentiality throughout the handling of any incident or disclosure, pupils and parent/carers will be made aware that complete confidentiality cannot be guaranteed and will be necessary for the safeguarding of the young person. The sharing of the information will be done sensitively and on a need to know basis. This will help in retaining the trust of pupils and parents/carers and will ensure that the sharing of inappropriate information is kept to a minimum.

### Drug Education

Drug Education forms a part of the statutory order for National Curriculum Science and will also be provided in the broader context or in planned relationship to PSHE. We will ensure





that opportunities are secured across the curriculum for drugs education and a broad range of up to date resources are available to support this. [We use the Jed and Ted drug and alcohol resource, which is accredited by the PSHE Association as recommended in the drug strategy.

We base our programme on the needs of young people, gathering information through surveys, discussion and research of local data [through use of the DataVibe Survey]

We endeavour to deliver a minimum entitlement of:

**5 hours at KS1**  
**12 Hours at KS2**

Ideally this drug education will occur more than once in each key stage to take in the rapidly changing developmental and social and cultural experiences of the children. Concentrating on the drugs most relevant to the age and experiences of the young people, such as medicines, tobacco and alcohol, we will embed our learning within a wider framework of resilience-building and social/emotional skills development. It will take account of religious and cultural practices around drugs and alcohol.

[Specific approaches and lessons have been developed from the Islamic perspective by Ibrahim Vorajee, an Islamic scholar and Health Promotion Professional].

See the details of our drug education programme in appendix 1

The DrugAware Jed and Ted materials ensure the programme is developmental and appropriate to the needs of the child in each year.

## **Support from visitors**

The 2017 Drugs Strategy recognises that visiting providers, specifically police, ex-users or those who use shocking stories, facts or accounts of drugs use are the **least** effective form of education. Whilst the school appreciates the valuable contribution of some outside agencies, it recognises that these visitors should bring 'education-savvy' contributions that support an in-school taught programme from trained teachers. External visits or one off experiences, not in any wider context, alone does not constitute a complete drug education programme. We believe it is the responsibility of the school to ensure that the contributions made **by visitors** to the classroom reflect our own philosophy and approach to the subject. We use a verified audit to enable us to judge the appropriateness of external providers in line with guidance.

See [appendix 1](#) for learning outcomes and content of Drug Education Programme  
External visitor audit is available on request

## **Staff support and training**

We will audit our staff's needs and confidence in relation to delivering effective and up to date drug education and access training as necessary through the DrugAware Programme and Local Authority to meet these needs.

Governors will be informed of the drug programme and can access training as required, through the authorities governor services programme or the PSHE Advisory Team NCC

## **Governance**

This policy is current from November 2017 and will be reviewed in 3 years



The whole school community was involved in developing the policy through the school council and parent consultation activities.



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	Print Name	Signatures
Head teacher	<del>NAME</del>	
Governor	MATT WILSON	MW 6/11/17





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## Appendix: Learning outcomes for drug education

KS1: Children will:
Know some of the risks and effects on body of medicines and household substances
Know the names of commonly used medicines (with focus on most relevant)
Be able to identify helpful and harmful substances in the home
Be able to identify sources of information and help and access them confidently
Be able to recognise when something is not safe or information may be untrue
Demonstrate relevant understanding of risk prevention strategies in familiar contexts including safe storage and handling of household substances and solvents
Know things around the home and beyond that contain drugs
Know the benefits of healthy choices
Develop peer relationship skills – helping each other stay safe and healthy
Demonstrate strategies to resist or avoid peer influence in age-relevant settings
Recognise when influences may be good or bad, why people get influenced to do things that are risky and the possible 'payoff'
KS2: Children will:
Know the names of drugs (with focus on most relevant), things that contain drugs
Know the effects and risks of smoking / alcohol including addiction
Know the most common physical and <b>social/emotional</b> risks and costs of drug / alcohol use (including sexual behaviours, accidents, assault, criminal involvement)
Have access to local data / facts and realities about the drugs they discuss
The law on supply, purchase and use of drugs , alcohol and tobacco
Understand how advertising / peers / culture seek(s) to influence choices
Sources of information, support and help
Recognise when something is not safe or information may be untrue
Demonstrate strategies to resist or avoid peer influence in age-relevant settings and understand risk prevention strategies in familiar contexts
Communicate with confidence around substances and be able to <b>transfer those skills</b> to a range of situations
Demonstrate the ability to recognise some risks and consequences of unhealthy choices
Demonstrate peer relationship skills – helping each other stay safe Know what is acceptable/unacceptable in friendships and when influences may be good or bad
Understand the positive and negative aspects of risk taking
Be able to personalise learning: what do I want for my life / body, who is the boss of my life?
Able to develop positive health awareness / peer beliefs about health
Aspire to a drug free life, understanding the positive future benefits





## Appendix: Incident Flowchart

# Intervention Flowchart: Drug and Alcohol Concerns

### Immediate actions

1. Ensure medical / emergency actions are taken re young person and others.
2. Contact the person responsible for taking forward drug and alcohol concerns – Achievement Manager (Behaviour)
3. If no immediate medical intervention required, isolate young person, conduct initial search to remove substance.
4. Bag, tag and secure evidence with a witness present.
5. Contact parent or appropriate adult (unless it is not safe or might compromise a police investigation).
6. Conduct further search, including personal search (Deputy Head Teacher).

### Next actions

7. Complete an Ngage / CAF assessment to identify additional needs / get a fuller picture.
8. Address safeguarding concerns.
9. **Complete a referral form and send to Journey School Drug Worker (CSDW)**
10. Consider if you will deal with the incident internally as an investigating agency, or externally (involve police)

### Deal with incident internally

- Arrange for disposal of drugs if any seized.
- Is sanction greater than/proportional to the sanction imposed by police if they were involved?
- Will they be a greater risk of substance use if sent home?
- Would early intervention, alongside or as an alternative to exclusion, improve their outcomes?
- Who, in school, could run some target sessions using identified materials?
- What will your whole-school response be?
- How widely will you share information?

### Involve Police

- Ensure all evidence is written up in line with police procedure, and passed to police.
- Are you sure the incident is suitable serious to warrant police involvement (repeat offence/dealing/supply)
- Ask police to follow ACPO guidance (don't assume they'll know – especially if not linked officer attending)
- Ask for police to attend at home, not arrest in school (gives pupils kudos)
- Will you be guaranteed that they will prosecute (failure to do so will erode your authority with young person)
- Discuss case for advice, withholding name initially, so see if involvement the best thing.

### Follow Up and Closure

- Ensure CSDW is involved in transition for any managed moves or permanent exclusions.
- Ensure planned exit from Journey referral includes pastoral and health staff (school nurse).
- Consider review of drug policy, processes or curriculum development if incident is indicative of any gaps in provision.
- All incidents to be recorded on a central log at the school and reported (without names) monthly to Anna Power.