

Italic text is information and guidance

Normal text is suggested wording

Black text is generic to Drug Education and Drug Related Incident Policies.

Purple text is applicable to Drug Education Policies

Blue Text is applicable to Drug Related Incidents Policies

Save version of this document to work on and keep this version.

Whole School Drugs Policy

Development History		Date	Comment (method used/approved?)
School Consultation	Staff		
	Pupils		
	Parents		
	Governors		
Agency Liaison	LEA (School Drug Adviser)		
	Health Promoting Schools		
	Other		
Review Date	Reviewed by?	Comments	

Click inside this box and type in the ***name of your school***

Click inside this box and type in your ***school's mission statement***

DRUG POLICY

Click inside this box
and type in the ***date***

1. INTRODUCTION

Drugs can have a devastating impact on young people's lives. Even relatively small amounts can affect a young person's education and prevent them from reaching their full potential. Drugs can also lead to major disruption within schools themselves. No school can afford to be complacent or think that its young people are not at risk. Having an effective prevention strategy is not only important for schools but is a central part of tackling drugs use and misuse more generally in society. The government's 10 year Drug Education Strategy "Tackling Drugs to Build a Better Britain" (1998) recognises this and the vital role that school's have to play, alongside parents and a host of agencies, in helping young people protect themselves from the risks and harm of all drugs. If we are to prevent the young people of today becoming tomorrow's problematic drug users, we need to ensure that every young person receives good quality drug education and that those with problems are identified and supported before problems escalate.

This Policy makes reference to DfES 0092/2004 Drugs: Guidance for Schools and Wirral LEA Guidance Documents: Drug Education 2003; The Management of Drug Related Incidents 2004

2. SCHOOL DESCRIPTION

Click inside this box and type in a description of your school (the box will expand to accommodate all you type)

3. VALUES AND ETHOS

Click inside this box and type in a description of your school's values and ethos and how these relate to the delivery of drug education and the management of drug related incidents.

Our school believes . . .

4. DEFINITIONS AND TERMINOLOGY

Drugs are defined broadly and include any substance that has the potential to affect how a person thinks, feels or behaves (**DfES 92/2004**)

This includes:

- All illegal drugs (those controlled by the Misuse of Drugs Act 1971) e.g.

- cannabis, heroin, cocaine, LSD, ecstasy, amphetamines, magic mushrooms.
- All legal drugs including alcohol tobacco, volatile substances, ketamine, khat and alkyl nitrites.
- All over the counter and prescription medicines.

5. POLICY PRODUCTION & APPLICABILITY

Type a brief outline of the people involved in and with responsibility for the process of producing a DRUG EDUCATION and DRI policy, these may be two different people but if two separate policies are to be produced should be mutually supportive in their aims.

Be explicit about the sources from which the policy was derived and about linkages to other important policies such as Child Protection, SRE, Health and Safety, Smoking Policy, School Visits etc:

State where and when and to whom the policy will apply. For instance, will a DRI policy only apply on the school premises or extend to and from journeys to school. How will the policy apply on work experience or school trips at home and abroad? Will the policy be applied to the whole school community including parents?

6. LINKS TO NATIONAL & LOCAL OBJECTIVES

This policy takes into account the following:

The 10 Year National Drug Strategy

Launched in 1998 by the Government, this strategy has young people as one of its key priorities and in recognition of drug education as a “central plank” of this strategy made it part of the National Curriculum and introduced a requirement for all schools to have an updated drug policy in place. **(Updated Drug Strategy 2002)**

The aim of the strategy is to “prevent today’s young people from becoming tomorrow’s drug misusers” It’s key target in relation to young people is the “reduction of the use of Class A drugs and the frequent use of any illicit drug among all young people under the age of 25, especially by the most vulnerable young people.”

Wirral Drug and Alcohol Action Team (DAAT) Young Persons Substance Misuse Plan

Wirral DAAT is the multi-agency team (incorporating the LEA) responsible for the strategic delivery of the 10 Year Strategy at the local level. This has as one of its key performance indicators a reduction in the number of drug related exclusions.

National Healthy School Standard

While there is already a statutory requirement for schools to have a drug policy, by 2009 all schools will be required to be working toward achieving National Healthy School Status and have a whole school, updated drug policy covering education and the management of incidents while covering minimum quality criteria as can be found in **National Healthy School Standard, Drug Education 2003**.

Every Child Matters

Under OFSTED's inspection framework all schools will be required to evidence the ways in which their teaching and operations contribute to the achievement of the 5 outcomes of Every Child Matters which are:

Be Healthy
Stay Safe
Enjoy & Achieve
Make a positive contribution
Achieve economic well being

Choosing not to take drugs is a key aim of the Be Healthy outcome (Every Child Matters: Young People and Drugs) but *school* recognises that drug use can compromise the achievement of the other outcomes in the short and long term and will gear its approach to drugs education and the management of drug related incidents in such away that it promotes the achievement of the 5 outcomes for all children and the most vulnerable in particular.

DRUG EDUCATION

7. DIVERSITY ISSUES

Race

School recognises its responsibilities under The Race Relations Amendment Act 2000 to promote racial equality and to improve the educational experience of all children and in particular those from ethnic minority backgrounds.

Drug education in school will be sensitive to the cultural, religious and ethnic backgrounds of pupils while maintaining that the purpose of education is to prepare them for drug related incidents they may encounter throughout their lives.

SEN

Appropriate differentiation of tasks, materials and resources will take place to ensure that the diverse needs arising from children's differing abilities and needs

8. DRUG EDUCATION AIMS

Drug education should enable pupils to develop their knowledge, skills, attitudes and understanding about drugs and appreciate the benefits of a healthy lifestyle, relating this to their own and others' actions.

Drug education should:
Provide accurate information
Correct misunderstandings
Build on knowledge and understanding
Explore attitudes and values towards drugs, drug use and drug users
Develop pupils' understanding of rules and laws
Develop pupils' interpersonal skills
Develop pupils' self-awareness and self-esteem
Explore the risks and consequences of their own and others' actions relating to drugs; and
Be relevant to the needs of pupils and the school community

Schemes of work may be referred to at this point (**see LEA Drug Education Guidance page 11, also DfES 0092/2004 page 95**)

9. DRUG EDUCATION CURRICULUM DELIVERY

Type an overview of the DRUG EDUCATION CURRICULUM delivery in your school. You may want to state that Drug Education is mandatory in accordance with the National Curriculum Science Order for key stages 1-4 but that your school will also deliver drug education through PSHE and Citizenship Curricula. (PSHE is a requirement of the National Healthy Schools Standard)

Refer to Wirral Drug Education Guidance pages 21-66, DfES 92/2004 page 34

10. STAFF TRAINING

Outline induction and drug awareness training arrangements for all staff including site managers, lunch-time supervisors, teaching assistants, relevant governors and new members of staff.

Outline specific continuing professional development opportunities for teachers delivering drug education and how their learning will be cascaded.

Refer to DfES 92/2004 page 41

11. TEACHING

Type in the teaching strategies used in DRUG EDUCATION, along with how DRUG EDUCATION is planned, monitored and evaluated.

Refer to Wirral Drug Ed Guidance page 77; DfES 92/2004 pages 34-36

If outside speakers are to be used are they required to have achieved or be working towards achieving the LEA's NCFE Level 2 Qualification in Basic Drug

Awareness and its Applications?

Refer to Wirral DEG pages 9&91; DfES 92/2004 pages 38-40

12. RESOURCES

Resources support the school's agreed aims, the aims of lessons and the objectives and values framework for DRUG EDUCATION

Resources conform to the legal requirements of DRUG EDUCATION

Resources are appropriate to the needs of the pupils

Resources avoid racism, sexism, gender and homophobic stereotyping

Resources portray positive images of a range of young people

Resources can be used as discussion materials

Resources are adaptable for use with all pupils

Resources are factual and up to date

Clear instructions on use of the resources are included – pupil and teacher information is separated and where appropriate handouts can be photocopied

Resources are well designed, durable and easy both to understand, use and store

Resources contribute to a broad, balanced PSHE & C curriculum

Resources encourage active and participatory learning methods

Resources identify sources of support such as help-lines and services, explain how they work and develop pupil confidence in using them (age appropriate).

Refer to Wirral DEG 2003 page 93 DfES 92/2004 page 38,

13. EVALUATION

If this has not been dealt with in 9 above, type a description of how the DRUG EDUCATION programme is evaluated in this box. Type in a review date. How will progress in children's understanding, attitudes and behaviour be evaluated and how will this inform teaching practice?

Refer to DfES 92/2004 pages 42-44

DRUG RELATED INCIDENTS

14. MANAGING DRUGS IN SCHOOL

School will not tolerate the unauthorised use or possession), of illegal and legal controlled drugs by pupils, staff or other members of the school community including parents, in school time, on school premises or off-site during school organised activities such as trips and work experience. This also extends to alcohol (tobacco?), volatile substances, amyl nitrates, khat and states of intoxication. This is not an exhaustive list and it will be reviewed in accordance with circumstances as they develop.

*The senior member of staff with responsibility for drug related incidents (the DRI Manager) will be..... All drug related incidents will be reported to this person who will be responsible for co-ordinating the most appropriate response **(other suggested, important responsibilities of this person can be found at page 50 in the Wirral Management of Drug Related Guidance Document 2004)***

Drug Incidents will be dealt with fairly and competently and with due regard for the

facts as they present themselves as well as the health, pastoral, educational and welfare needs of any person involved. In the first instance the possibility of a **medical emergency** will be considered (*Outline strategies for responding in this manner.*)

Outline how confiscated substances should be dealt with. (e.g. alcohol or tobacco might be disposed of or collected by parents; volatile substances may be disposed of in a safety conscious fashion; illegal or controlled substances should be placed in a secure place and arrangements made for collection by the police.

*Drug paraphernalia might be passed to police, parents or be destroyed. Syringes require special attention. The Caretaker should wear appropriate protective clothing to pick them up and they should be stored in a Sharps Box. The Sharps Box should then be disposed of as soon as is practicable at **The Lodge , St Catherine's Hospital, Tel: 653 3871***

Be explicit about the schools policy on searches of pupils and property. Schools should not conduct personal searches including of outer clothing or inner pockets Senior staff, in the company of an adult witness should attempt to persuade the person involved to hand over substances or turn out their pockets. Parents might be contacted to persuade a child to do this. The police can be called to conduct a search if they believe there are reasonable grounds to suspect a crime has been committed.

Personal Property must not be searched without consent (i.e. pencil cases)

Responding to pupils involved in Drug Related Incidents

What support from within the school structure and sanctions will be employed to deal with children whom it has been established have been involved in a DRI? You might state that such responses will depend on the circumstances of the particular incident but is such support and are such sanctions, in practice, consistent with the school's ethos and DFES guidance on exclusions?

*Such guidance is quite clear in accepting that while there will always be instances in which exclusions will be necessary that such a step should ideally be that last in a graduated approach to a pupils drug use and behaviour which is used when other options have failed. Exclusion compounds the risks pupils are exposed to because it means that they are removed from the protective and normative environment of school, have more time on their hands to lapse into criminality, and may identify with the label of drug user which has been identified as "**the strongest predictor of an escalation of drug use**" Kaplan & Johnson 1992.*

*Other, constructive methods of dealing with DRI's which may reduce rather than increase the risk factors a pupil is exposed to are listed in **DfES 92/2004 pages 68-73.***

These are:

Early intervention and targeted prevention

Counselling

Behaviour Support Plans

Inter-agency programmes

Pastoral support Programmes

Managed Moves
Referral to BEST's and external agencies

Outline how these strategies might be employed with the support of staff such as learning mentors.

Outline procedure for dealing with parents/carers who are intoxicated on the school grounds.

Involving the Police

Outline the agreed criteria for when police should be informed, consulted or actively involved in an incident. Please note that on the Wirral the police are happy for schools to contact the School Drug Adviser in the first instance when an incident occurs. This allows schools to maintain maximum discretion in dealing with an incident whether or not they later decide to involve the police. If the police are called it should be on the following numbers:

DC Paul Johnson 0151 777 5857
Mob: 07801 741781

Det Sgt Berni Jones 0151 777 5856
Mob 07801 740545

Inspector Bill Stupples 0151 777 5855

These officers are experienced in the policing of drugs and in dealing sensitively and discretely with DRI's in school. 999 should not be dialled in anything other than an emergency. Ringing Merseyside police control room will mean the attendance of a uniformed officer with no necessary experience in this field.

Please refer to Wirral DRIG 2004 page 17

Merseyside police have an agreed protocol with Wirral LEA that sniffer dogs will not be used in school for the purposes of demonstration. They will only be used on basis of intelligence led policing.

15. THE NEEDS OF PUPILS/REFERRAL AND EXTERNAL SUPPORT

*Outline relationships with partner agencies and the roles negotiated with them for supporting pupils and agreed protocols for referral. The list below can be included as an example of agencies school might contact to support pupils. A more comprehensive list of drug services **in Wirral DRIG 2004 pages 56-63.***

Parents Against Substance Misuse

12 – 14 Church Parade, Ellesmere Port, Cheshire, CH65 2ER Tel: 08457 023867
(24-hour helpline) or
0151 356 1996 (admin) Email: admin@pada.org Website: www.pada.org
Information, referral and support group for drug users' parents, carers and families.

Response

The Callister Centre, 19 Argyle Street, Birkenhead, CH41 1AD Tel: 0151 666 4123

(answerphone service outside office hours)

A counselling, support and advice service for young people aged 13 to 25 years. Offers a range of advice and support including housing, benefits, health, drugs and information. Also provides specialist substance misuse workers who offer a range of services to meet the needs of young people aged 13 to 18 years who have problems with their drug or alcohol use.

Connexions

Conway Building, Conway Street, Birkenhead, CH41 6JD Tel: 0151 666 4385

Connexions Bebington

41-43 Bebington Road, New Ferry, CH62 5BE Tel: 0151 472 4600

Connexions Wallasey

Liscard Municipal Buildings, 52 Seaview Road, Wallasey, CH44 8ED Tel: 0151 638 5625

Connexions West Kirby

56-60 Grange Road, West Kirby, CH48 4EG Tel: 0151 471 6020

Connexions offers information, advice, guidance and support for 13 to 19 year olds (and 20 to 24 year olds with special needs) to enable them to access jobs, training, education, voluntary or personal and social opportunities. A network of personal advisers provide a single source of confidential help and support with the full range of issues affecting young people and can signpost to specialist advisers.

Churches Action on Substance Misuse(CASM)

224 Liscard Road, Wallasey CH44 5TN Tel: 630 1879

(answerphone outside office hours)

A voluntary organisation that offers drug education and counselling for schools, and help and advice to drug users, their families, partners and friends.

Youth Offending Service

Youth Justice Centre, 4 Cavendish Road, Birkenhead, CH41 8AX Tel: 0151 670 5900

Information, advice and support for young people who use drugs or alcohol and are involved with the Youth Offending Service.

Wirral Sport and Art Initiative

The Caretaker's House, Grange Road West Sports\Centre, Grange Road West, Birkenhead, CH43 4XE

Tel: 0151 653 3251 Fax: 0151 653 2946 Email: sportartinitiative@wirral.gov.uk

Provides activities for young people between the ages of seven and 17, with the aim of reducing crime and drug and alcohol use. Also offers education and advice to young people on drugs and alcohol.

16. CONFIDENTIALITY

As an important source of support for pupils experiencing problems with drugs, *school* will respect the right to confidentiality of its pupils but will make it clear that "teachers cannot and should not promise total confidentiality." (DFES Drugs: Guidance for schools 2004). There are important reasons why personal and sensitive information needs to be shared including a teacher's professional responsibilities in relation to Child Protection (Refer to Wirral LEA Guidance Child Protection and Children in Need), co-operating with a police investigation and referral to external services.

The Data Protection Act and Crime and Disorder Act also allow personal information to be shared if there is an over-riding public interest in the first instance or to prevent crime and disorder in the second. However in assessing the suitability of sharing information all efforts will be made to encourage the pupil to give their informed consent.

The following questions should also be considered:

- a. How serious is the situation?
- b. What immediate and significant risks does the young person face?
- c. What implications-both positive and negative-could keeping a confidence have?
- d. What significant harm could result from keeping the pupil's disclosure?

Pupils will be made aware of the limits of confidentiality **before** they disclose a confidence whenever possible. If a confidence needs to be broken the school will explain to the pupil (and parents/carers as appropriate):

- Why the confidence has been broken.
- Who will be informed.
- What will be disclosed
- How the information will be used.
- That their privacy will still be respected and information is shared on a need to know basis.

School will ensure that all staff, teaching and non-teaching, understand the limits of confidentiality.

Refer to Wirral DEG 2003 page 18, Wirral DRI 2004 pages 10-11, DfES 92/2004 page 54

17. MEDICINES IN SCHOOL

*Medicines in school need to be managed both as authorised and unauthorised substances depending on who brings them in and what they are used for. For instance Ritalin, which is used to help control ADHD, is a prescribed medicine and a class B drug with an amphetamine base. A pupil using this drug on prescription but also passing it to classmates demonstrates the duality of the issue as possession and supply without prescription are criminal acts. Drug policies need to be specific in saying that unauthorised supply of medicines in school is an issue as serious as supplying illicit drugs while the proper use of medicines needs to make reference to the new DfES guidance, **Managing Medicines in Schools and Early Years Settings**. A good, clear approach to medicines in school is likely to reduce the possibility that they will be linked with DRI's*

Other issues to consider are:

Will pupils carry essential items such as inhalers for asthma?

Will the school nurse have a role to play?

Where will medicines be stored e.g.: (fridge/safe)?

If medicines are sent to school with a child on school transport are the transport staff willing to collect them at pick up and deliver them to the school?

How will non-prescription, over the counter medicines be managed?

Working with parents on this issue can be invaluable as the amount of such medicines entering school can be reduced if parents administer them before school

and only allow pupils to bring in required amounts. Paracetamol for period pains is a good example of how a potentially dangerous but perfectly legal and uncontrolled drug needs careful management in order to protect children.

Refer to Wirral DRI Guidance pages 44&45; DfES 92/2004 pages 32&100 &Wirral Guidance HS/ECS/043 (available on Wirral Learning Grid)

Your School may have an existing Medicines Policy which you might just make reference to here.

18. TOBACCO IN SCHOOL

Schools need a policy on smoking policy which recognises the impact on health of the school community and addresses this by making appropriate links with the curriculum and by offering support to staff and children who want to give up. Tobacco is responsible for 120,000 deaths per year while all controlled drugs cause 2500-3000 deaths per year.

See Wirral DRI Guidance pages 42&43 and DfES 92/2004 page 24

By 2007 it will be a requirement that all schools are smoke free. Support in developing a Smoking Policy for this and for achieving the National Clean Air Award for your school are available locally from Mike Donnelly at St Catherine's Hospital on 650 0011.

Your School may have an existing Smoking Policy which you might just make reference to here.

19. ALCOHOL IN SCHOOL

Alcohol related deaths total 50,000 a year and a large proportion of violent crime and anti-social behaviour is alcohol related. Furthermore 25% of 11-15 year olds admit to drinking once a week while the figure for 15 year olds alone is 47%. It is clear, therefore why, along with tobacco, this should feature strongly in the curriculum.

The Drug Policy should also be explicit about the inappropriateness of drinking or being under the influence of alcohol for staff and pupils both on and off the premises.

Arrangements for school trips will need particular attention both in terms of what action will be taken if pupils are found to be in possession of alcohol and what latitude will be given to staff when not "on duty"

What will be the attitude to drinking at school social events be? How will sensible drinking be promoted? Will non-alcoholic options be available?

Please refer to Wirral DRI 2004, DfES 92/2004 pages 46&47, Wirral Guidance H004/02 Educational Visits, overnight stays and hazardous activities.

Your School may have an existing Alcohol Policy which you might just make reference to here.

20. INVOLVING PARENTS

Confidentiality issues and informing parents

While there is no general legal duty for teachers at *school* to inform parents if they know their children are using drugs, in nearly all cases of definite drug use by pupils aged under 16, teachers will normally wish to inform parents. There may be exceptional situations where parents would not be informed. An example is where it is clear a parent's reaction would result in physical violence towards their child, or where the parents are believed to be directly involved in the situation causing concern. In any situation where the pupil may need protection from the possibility of abuse, the Head Teacher and school's child protection coordinator will be consulted. (See Wirral LEA Child Protection and Children in Need Spring 2003 on informing parents)

Outline the schools approach to encouraging parental involvement in reviewing and developing the drug policy (for both education and DRI's). Wirral Health Promoting Schools Team can support schools in encouraging parental participation.

**Wirral Health Promoting Schools Team is contactable on 647 1702
Refer to DfES 92/2004 page 45, Wirral DRIG 2004 page 19**

21. THE ROLE OF GOVERNORS

State the arrangements for ensuring governors are well informed on drug issues as they affect the school

Outline the role of governors (or designated governor if applicable) in policy development and overseeing the drug education programme. How will governors contribute to case conferences or appeals against exclusion?

Refer to DfES 92/2004 page 47

Particular Issues

Click in the box to include any other sensitive issues that are relevant to the school