

# MICKLEOVER PRIMARY SCHOOL

Name of Policy: Drugs

Date of Policy: January 2020

Member of Staff responsible: Mrs Anna Jones

Review date: January 2022

Signature: Chair of Governors

Date Approved: \_\_\_\_\_

At Mickleover Primary School

We are:

Motivated to learn

Proud of our achievements

Successful and skilled for life



# **Drugs Policy**

#### Member of staff responsible for the management of drug-related incidents: Headteacher

#### **RATIONALE AND CONTEXT**

Research has shown that by the age of 11 many primary school children have extensive knowledge of the world of drugs. For some, this knowledge may be inaccurate and incomplete, for others it will develop through personal experience.

Together research shows that up to 50% of children have tried an illegal drug by the age of 16. The figures also suggest that the first age of experimentation is decreasing and that children of primary age are exposed to opportunities to try both illegal and illegal drugs.

The 1995 white paper 'Tackling Drugs Together' stated that schools had an important role both in reducing the misuse of drugs and minimising their health risks.

Mickleover Primary School values Drug Education as part of our holistic view towards Health Education and it is therefore a vital part of our approach and commitment to being a healthy school. We provide a planned Drug Education Programme as part of our Science, PSHE and Citizenship curriculum to inform and educate pupils about the consequences of drug use and misuse.

Drugs education should contribute to:

- Increasing the safety of communities from drug related crime
- · Reducing the acceptability and availability of drugs to young people
- · Reducing the health risks and other damage related to drug misuse

From September 2020 all primary schools have a statutory duty to teach about drugs awareness in the Relationships, Sex Education (RSE) and Health Education statutory framework.

https://www.gov.uk/government/publications/relationships-education-relationships-and-sexeducation-rse-and-health-education

This states that with regards to Drugs, alcohol and tobacco (page 34)

Primary school pupils should know

# • The facts about legal and illegal harmful substances and associated risks, including smoking, alcohol use and drug-taking.

From September 2019 at Mickleover Primary School we now use the Derbyshire PSHE scheme of work 'PSHE Matters,' which has a structured framework for teaching about drugs, alcohol and tobacco.



Units specifically related to Drugs Education are covered in Years 2, 4 and 6. The objectives are linked to the PSHE Association Scheme of Work: Health and Wellbeing.

Key Stage 1	H1 - Exploring the importance of physical, mental and emotional health.
	H2 - Exploring how to make informed choices.
Year 2	H11 - Understanding the role of drugs as medicines.
	H11 - Identifying alternatives to taking medicines.
	H11 - Identifying that household products, including medicines, can be
	harmful if not used properly.
	H12 - Identifying rules for and ways of keeping safe.
	H15 - Recognising they have a shared responsibility for keeping
	themselves and others safe.
Lower KS2	H2 - Recognising how to make informed choices.
	H9 - Understanding that people have different attitudes to risk.
Year 4	H10, H11 - Recognising, predicting and assessing risks in different
	situations.
	H14 - Where to get help and how to ask for help.
	H17 - Distinguishing between safe and harmful and to know some
	substances can be harmful if misused.
	H21, H23 - Learning rules about staying safe.
Upper KS2	H2 - Knowing how to make informed choices.
	H10, H17 - Identifying a range of drugs/substances and assessing some of
Year 6	the risks/effects.
	<b>H13</b> - Identifying influences and when an influence becomes a pressure.
	H14 - Developing skills of how to ask for help.
	H15 - Identify basic emergency procedures.
	H16 - Understanding the term 'habit' and why habits can be hard to
	change.

We acknowledge the National Drugs Strategy and Derby City Scheme of Work (which incorporates the Cambridgeshire Primary Personal Development Programme) and its aim to reduce the harm that drugs cause to society and to prevent today's young people from becoming tomorrow's problematic drug users. These resources will be used to support our main scheme of work for PSHE.

We state clearly here that unauthorised drugs are not acceptable in Mickleover School and that our first concern in managing drugs is to safeguard health.

At Mickleover Primary School we believe that drugs education should provide:-

- · Accurate information presented simply and clearly
- Informative and accessible reading materials
- · Access to other adults besides teachers, providing they are expert and credible
- · Stimulating and enjoyable classroom tasks
- · Opportunities to develop their knowledge and understanding in a challenging and safe

atmosphere where they feel secure enough to play a full and active part



# THE CONTEXT OF THE POLICY AND ITS RELATIONSHIP TO OTHER POLICIES

This policy encompasses all the principals and views for Mickleover Primary School providing guidance to teachers, support staff, parents, governors and pupils. This policy links to and is informed by our school policies for PSHE, Citizenship, Science, Behaviour, and Child Protection. It is our clear aim to ensure there is consistency and clear cross referencing on the subject of drugs in our school.

The term 'school' in this policy incorporates the Breakfast Club and After School Club.

The term 'staff' therefore includes staff employed in Breakfast Club and After School Club.

## LOCAL AND NATIONAL GUIDANCE AND SUPPORT

The teaching staff follow the Derbyshire PSHE Matters scheme of work, Derby City Scheme, supported by the Cambridgeshire PSHE Service and the relevant units from the non-statutory frameworks for PHSE and Citizenship. Mickleover also has the support of the Local Authority advisor and the local police. Resources used from this source are listed as an appendix to the teaching programme. Our aims and approaches also follow advice from the Department for Education (DfE).

## **DEFINITION OF DRUGS**

For the purpose of this policy, drugs are defined as; all legal drugs, alcohol, tobacco, volatile substances, illegal drugs and over the counter and prescription medicines. We accept that drugs and substances usually alter our body chemistry, feelings and perceptions.

(For further information and comment about drugs of particular significance please refer to the guidelines at the end of this policy.)

# **DESCRIPTION OF THE POLICY FORMATION AND CONSULTATION PROCESS**

This Policy was prepared by the PSHE Coordinator and through discussion with the school staff, school council representatives, parent representatives and governors.

## AIMS AND OBJECTIVES OF THE SCHOOL DRUG POLICY AND DRUG EDUCATION PROGRAMME

This Policy acknowledges and clarifies Mickleover School's role in Drug Education and Prevention and helps ensure a whole school programme appropriate to our pupils' needs.

We believe our Drug Education will:

- Provide accurate knowledge about drugs and their effects.
- · Develop children's personal and social skills including refusal and decision making skills



- · Help children take increased responsibility for themselves and their actions.
- · Encourage children to value themselves and others.
- Encourage children to help and support others.
- Encourage children to work cooperatively in active learning and group work.

 $\cdot$  Clarify what children already know, give information to clarify facts and correct false knowledge and beliefs.

 $\cdot$  Help children deal with the effect of media coverage of issues and from advertising relating to drugs.

· Support staff in dealing with issues and incidents relating to drugs and drugs use.

• Ensure all staff are aware of procedures relating to drugs and drug use at Mickleover Primary School.

• Provide opportunities for pupils to acquire knowledge and identify the distinction between authorised and unauthorised drugs.

• 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.

- · Build pupils' decision-making skills and increased self-esteem.
- Promote positive attitudes towards healthy lifestyles.
- · Develop pupils' understanding of rules and laws

#### In promoting these objectives we will:

- inform parents about the school drugs education policy and practice;
- invite parents to view any 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 the 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.

#### **EQUAL OPPORTUNITIES**

We are committed in this school to teaching and learning which ensures equality of access for all pupils and this is the case for the Drug Education Programme. We recognise that issues relating to drug use/misuse cut across all areas and boundaries and it is therefore important that children develop a holistic/overall awareness.



## PUPILS WITH SPECIAL EDUCATIONAL NEEDS

Care should be taken by all staff to ensure that vulnerable pupils, including those with SEN, receive their entitlement to Drug Education. Pupils with SEN may be more vulnerable to situations involving risk. In this instance teachers may need to focus more on developing pupils' confidence and skills to manage situations which require making decisions about drugs. Teachers should pay particular attention to enabling pupils to seek help and support when they need it. Where teaching assistants are involved they need to understand the school Drugs Policy and the aims of the Derby City Drug Scheme

# CULTURE, ETHNICITY AND DIVERSITY

The Drug Education Programme has relevance for all pupils at Mickleover Primary School

Teachers ensure that the programme includes a variety of teaching methods and strategies that cater for the range of attainment levels of their pupils and their diverse needs. They are sensitive to the fact that pupils may have varying attitudes towards drugs, which are influenced by their cultural and religious backgrounds and their life experiences, values and beliefs. For example the stigma around drug misuse is different in different communities. Alcohol is forbidden in some communities.

However, we confirm that it is still important for all pupils to be prepared for drug-related situations and the decisions they may face.

# PUPILS WITH DRUG MISUSING PARENTS/CARERS

Teachers are sensitive to the possibility that some pupils may have drug misusing parents or carers. Teachers should therefore, try to portray issues and use language, which takes this into account. Where such pupils have been identified care should be taken that they do not feel stigmatised. Furthermore school will maintain sensitive observation over these vulnerable pupils.

Young children who are deemed to be at risk will be treated in relation to the school's policy on Child Protection.

# THE ROLES OF THE HEADTEACHER AND GOVERNING BODY

The Headteacher of Mickleover Primary School takes overall responsibility for this policy and its implementation, for liaison with the Governing Body, LEA and appropriate outside agencies. The PSHE coordinator will be responsible for monitoring the delivery and implementation of this policy. It is the responsibility of the Headteacher and PSHE coordinator to ensure that all staff dealing with substance issues are adequately trained and supported.



# ROLE OF THE PSHE CO-ORDINATOR

The responsibilities of the PSHE Coordinator are as follows:

- Development and review of the Drug Policy
- Implementation of the policy, and monitoring and assessing its effectiveness in practice.
- Co-ordinating the Derby City Scheme
- Ensuring the overall health, welfare and well-being of all pupils is taken into account.
- Establishing links with external agencies.
- Cross phase liaison with local primary and secondary schools to promote smooth transition.
- Accessing support and training for staff.
- Managing any drug related incidents with the Headteacher.

#### **DISSEMINATION OF THE POLICY**

The Drug Policy has been distributed to all staff and Governors and is available to parents and carers and relevant outside agencies. A copy is kept in the Staff Policy Folder and the policy is part of our induction process for new staff. The policy is also available to parents through our website. In order to monitor our Drug Education Programme, this policy will be part of a regular assess/review process for staff, SMT and the Governing Body.

## MONITORING, EVALUATION AND REVIEW OF THE POLICY

The Derby City Programme will be closely monitored and evaluated, and this will then feed into any reviews of this Drug Policy. The teaching staff and SMT will monitor and evaluate in the following ways :

#### Monitor

- Record delivered drug education content for each class.
- Record drug related incidents and responses.
- Record discussions from staff meetings
- Record discussions from SMT meetings
- Gather feedback from pupils, parents and staff.
- Consult with key staff within the LEA and in the outside agencies.

#### Evaluate

- Effectiveness of the policy and content as a working document initially within a staff meeting each term.
- Identify ways of measuring outcomes or evaluating success. Criteria might include: levels of knowledge, areas and issues covered in drug education, number of drug related incidents.

#### Review

- The policy via the Derby City Scheme
- Consider changes and amendments with staff/ Governors



#### Amend

- Make necessary changes
- Re-publish and distribute the policy
- Begin the re-monitoring of the use of the policy

#### **PROGRAMME OUTLINE :**

Staff are to follow the Derby City Scheme relevant for their Year Group and support materials from the Science curriculum.

An overview of Teaching and Learning styles/approaches and handling of sensitive issues. Classroom arrangements /single sex etc.

Drug Education shares the features of well-taught lessons in any subject. Teachers act as facilitators/guides and ensure that pupils are fully involved in the lesson by using a variety of interactive and participatory teaching methods that engage pupils in their own learning.

#### Resources

Drugs education is part of the planned PSHE curriculum and is also delivered through the teaching of Science and through circle time.

The PSHE framework outlines the areas to be covered each year.

The NC guidelines for science require that children are taught:-

- At KS1 about the role or drugs and medicines
- · At KS2 that tobacco, alcohol and other drugs can have harmful effects

Cross-curricular links

Drug education has many cross-curricular links, with science making a particular contribution. However, the development of life skills is a theme throughout the curriculum, within the programme for Personal, Social, Health and Citizenship Education (PSHE and C), and enshrined in the values, which are embodied in the schools' ethos. There are links to other subjects, such as physical education, and aspects of school life, notably the spiritual, moral, social and cultural aspects of the curriculum. Resources for drug education are stored with the PSHE resources in the PSHE Co-ordinator's classroom and in individual year group areas.

#### Teaching

Our approach to drugs education is one which children are given information in the belief that increased knowledge about drugs and the risks will empower children to make informed and safe decisions.

We approach this in a sensitive manner appropriate to the age and experiences of the children concerned.

Teaching is:-

· Well- resourced



- · Reflects the needs and experiences of pupils
- $\cdot$  Uses a range of teaching methods including group work, discussions, videos and outside speakers
- · Reinforces messages about healthy lifestyles
- · Flexible and relevant
- · In the context of a wider PSHE, Relationships, Sex and Health Education programme
- · Interesting and stimulating
- Informed.

#### **Outside visitors**

If outside speakers are used in any aspect of the drugs education programme, their contribution will be properly planned. They will support the work of the teacher who will meet with the speaker beforehand to plan the work and explain the school's policy on drug education. Teachers will be present and involved in all sessions and will evaluate the work afterwards. The teacher has overall responsibility for the session and the work planned.

#### **WORKING WITH PARENTS**

Mickleover Primary School believes parents have an important role in supporting the provision of drug education, especially in helping a young person examine their attitude to drugs. Our approach and rationale is explained to parents/carers to gain their understanding and support. This is particularly important for parents/carers of primary age pupils as they may not understand the necessity of starting drug education from an early age.

#### Assessing, Monitoring, Evaluating And Reviewing Drug Education.

Elements of Drug Education that form part of the Science Curriculum at KS 1 and 2 must be assessed in accordance with the requirements of National Curriculum Science. The learning from other elements of Drug Education should also be assessed in order to establish :

- the knowledge and understanding pupils have gained and its relevance to them
- what skills they have developed and put into practice
- how their feelings and attitudes have been influenced by the programme

N.B. Ofsted encourages schools to avoid judging achievement on Drug Education only in terms of gains in factual knowledge.

Staff are encouraged to conduct regular assessments and could use the following methods:

- Seeking feedback from pupils at the end of lessons on their progress, achievements, both individually and as a group.
- More formal assessment of their learning and its value to them
- Teacher assessment of activities undertaken and work completed
- Class discussion aimed at helping pupils identify what they should do next
- Inviting pupils and teachers to reflect on the programme



## **MONITORING TEACHING**

PSHE/ Drug Education is monitored by the Coordinator as part of the whole school monitoring programme. This also involves talking to pupils about their understanding of the curriculum area and their feelings about the way they are taught/ activities etc.

#### Managing drug related incidents

Incidents are managed in the context of the school's commitment to:-

- · The safety and welfare of all pupils and staff
- · The welfare of individuals deemed to be at risk
- · The law concerning drugs

The Headteacher retains the responsibility for deciding how to respond to particular incidents in conjunction with the Drug coordinator.

This will take account of the individual concerned and whether they are a pupil, parent or member of staff.

The school's policy is that 'no individuals should be under the influence of drugs (as detailed in this policy) while on the school premises (within the boundary of the external playground wall) unless a doctor's note indicates that this does not affect the individuals capacity to perform their duties, take care of children in their charge, or in the case of pupils, take part in lessons.

Appendices 1, 2 and 3 outline the procedures to be followed in individual circumstances.

All incidents are recorded in the incident monitoring log.

All members of the school community are aware of these procedures and the implications for individuals. Each incident will be dealt with on an individual basis.

The school follows Derby City LA's policy for the Handling and Disposal of drug related paraphernalia.

Young children who are deemed to be at risk will be treated in relation to the school's policy on Child Protection.

#### **REVIEWING THE DRUG EDUCATION PROGRAMME**

The school's monitoring cycle will inform a review of the programme and possibly the Drugs Policy itself. Changes and amendments will be considered by staff, the SMT and the Curriculum Sub-Committee of the Governors.



# ILLEGAL DRUGS FOUND ON PREMISES

ADVISE Headteacher/DESIGNATED TEACHER

KEEP IN A SECURE PLACE

PHONE LOCAL POLICE TO COLLECT

Drugs Awareness Do not touch, sniff, handle

The LA will be notified of all reported incidents



PUPILS UNDER THE INFLUENCE OF DRUGS/ALCOHOL

ADVISE HEADTEACHER/DESIGNATED TEACHER

EMERGENCY MEDICAL TREATMENT

INVESTIGATE POSSESSION

CHILD IS IN A SAFE PLACE

INFORM PARENTS

INFORM OTHER AGENCIES AS NECESSARY

Inform LA Advisor of any incident



#### PARENTS/CARERS UNDER THE INFLUENCE OF DRUGS/ALCOHOL ON SCHOOL PREMISES

ADVISE Headteacher/DESIGNATED TEACHER

Decides on one of the three options dependent of the particular circumstances of each incident

LOCAL POLICE

ASKED TO LEAVE PREMISES CONTACT SOCIAL SERVICES

Inform LA Advisor of any incident

No alcohol will be permitted to be drunk by a member of staff on school premises without the prior written permission of the Headteacher



# **DRUGS OF PARTICULAR SIGNIFICANCE**

Drug Education includes teaching about all drugs, including illegal drugs, alcohol, tobacco, volatile substances and over-the-counter and prescription medicines. It is important that issues related to specific drugs are not considered in isolation but integrated within an overall programme. On occasions, there may be a need for teachers to focus on the issues relating to specific drugs of particular relevance to their pupils. Information on recent incidents may help here. Other drugs that pupils themselves highlight, that are receiving extra media attention, or that local intelligence suggests are of particular concern, for example, crack cocaine, may also warrant particular attention.

# ALCOHOL

Educating pupils about the effects of alcohol and how to reduce alcohol related harm is an important priority for schools. Alcohol is the most widely used drug in our society and more young people are likely to use alcohol than illegal drugs. Schools' programmes should reflect this. The popularity and accessibility of alcohol can mask the risks for young people, as they may consider alcohol to be less harmful than illegal drugs. Older pupils are particularly vulnerable to the harm associated with binge drinking, which is a growing pattern of behaviour.

Education about alcohol should recognise the established role it has in our society. The aim of alcohol education should be to reduce the risks associated with pupils' own and others drinking. A harm-reduction approach accepts that people drink and seeks to enhance pupils' abilities to identify and deal with risky situations. It should not suggest that alcohol misuse is acceptable. Rather, it should allow children and young people to make safe and healthy choices. The links between drinking and personal responsibility and sexual behaviour should also be highlighted.

Schools may wish to explore the culture around alcohol by considering society's views, family values, the media and commercial interests. Education can explore and compare different cultures' use of alcohol. Education about the media can give pupils the insight necessary to resist advertising and other cultural pressures.

Alcohol needs to be addressed from primary age and should be revisited as pupils understanding and experience increase.

# Товассо

Schools have an important role to play in raising pupils' awareness of the issues surrounding smoking.

Discussions should make clear that smoking is a minority habit – roughly three quarters of the population do **not** smoke. The health risks associated with smoking must be clearly stated and opportunities to develop refusal skills are important. The impact of smoking on immediate physical functioning and physical appearance is especially relevant. A number of other topics can be usefully explored, for example, how a pupil may be affected by influences such as the smoking habits and attitudes of friends and family and the approval or disapproval of



parents/carers. The perception of smoking as a method of weight control or simply to appear more grown up should also be explored.

While the emphasis should be on providing information and developing attitudes and skills which will help pupils not to take up smoking, the question of smoking cessation should be addressed. Some schools have set up smoking cessation support groups to help those pupils wishing to give up and some groups have extended their scope to deal with other factors causing difficulties in pupils' lives.

Adult example is important and all adults should be referred to the Mickleover Primary School's smoking policy.

#### E-cigarettes

The smoke free regulations in the Health Act do not include the use of electronic cigarettes or devices. However their sale is prohibited to those under the age of 18 years, as are conventional tobacco products. It is not an offence however for minors to use them. According to experts electronic cigarettes are 95% safer than conventional tobacco products (Public Health England, 2016). There is no current evidence that they pose any significant risk of secondhand harm to others, and there is no evidence that electronic cigarettes and devices are a gateway to smoking among young people. They can be a useful aid for those trying to quit smoking. <u>However, e-cigarettes are not allowed on the premises as part of our no-smoking policy at Mickleover Primary School.</u>

Smoking, including the use of electronic cigarettes and vaporisers is not permitted anywhere on the extended school site (buildings and grounds) by any person at any time (including staff, pupils, visitors, parents, contractors and other agencies sharing the site) on the school site.

Schools may wish to add to the above statement that 'smoking is not permitted at the school gates or on land immediately outside the school perimeter fence'

□ Smoking including the use of electronic cigarettes and vaporisers is not permitted by anyone accompanying pupils on school visits.

□ Smoking or vaping is not permitted in school vehicles or any vehicles being used on school business.

□ Smoking and vaping is addressed in the PSHE/Health Education curriculum to reinforce the smoke free site policy (this is now part of the tobacco education lessons in our PSHE Drugs education scheme of work).

□ This policy applies at all times across the whole school site; including during school events, evening classes, before and after school activities.

#### CANNABIS

Cannabis is the most common illegal drug used by pupils. It is classified as a Class B drug. Cannabis is unquestionably harmful but is substantially less harmful than other Class B drugs, such as amphetamines. It is important for schools to reinforce to pupils that cannabis is



harmful to health and is still an illegal drug and possession will remain a criminal offence leading to a possible fine or imprisonment.

#### **VOLATILE SUBSTANCES**

Volatile substance abuse (VSA), for example, of lighter fuel, glue or aerosols, needs to be addressed at an early point in the drug education curriculum because of the early onset of experimentation and the particular dangers posed by VSA. These include the high risk of accidental death, even for first-time and occasional users. When focusing on VSA, teachers need to give pupils an accurate picture of this risk and help pupils explore the issues raised by VSA. Particular attention and greater detail may be needed for pupils who are known to be abusing volatile substances. As in all drug use, persistent and compulsive use is likely to be associated with other problems. Teachers are encouraged to ensure that they have a sound understanding of VSA, see Appendix 3 (Useful organisations and websites).

# CLASS A DRUGS

It is important that young people understand which drugs are most harmful and why. In areas where the use of particular drugs is associated with other major social problems, such as crime, it is especially important for teachers to focus on these issues. For example, schools in areas where the use of crack is a specific problem may wish to highlight the particular risk this drug causes and the effect it has on the community.