





DRUG AND ALCOHOL EDUCATION POLICY

**Document Control**

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## 

## **1.0 INTRODUCTION**

1.1This policy is based on guidance in the following documents:

* DfE and ACPO drug advice for schools 2012
* DFE Searching, Screening and Confiscation Advice for schools July 2022

1.2The definition of a drug (given by the United Nations Office on Drugs and Crime)

‘A substance people take to change the way they feel, think or behave.’

1.3 The term drugs, unless otherwise stated, is used throughout this document to refer to all drugs:

* All illegal drugs (those controlled by the Misuse of Drugs Act 1971)
* All legal drugs, including alcohol, tobacco, volatile substances (those giving off a gas
* or vapor which can be inhaled), ketamine, khat and alkyl nitrates (poppers)
* All over the counter and prescription medicines
* New Psychoactive Substances (aka Legal Highs)
  1. This policy is linked to information found in other policies including PSHE policy, Behaviour policy and managing medicines policy.

## **2.0 AIMS AND OBJECTIVES**

2.1Our aims for drug and alcohol education are:

* To ensure that all our pupils can experience high quality drug education that is appropriate to their age, maturity, cultural heritage, ability, experience and other relevant criteria.
* To improve pupils’ knowledge of drugs and their effect on the body.
* To enable pupils to make informed and sensible decisions about drugs and drug use.
* To enable pupils to develop a range of skills to deal appropriately with situation about and/ or involving drugs or drug use.
* To help pupils to develop their own attitudes to drugs and drug use within the current legislative framework.
* To help pupils identify sources of information, advice or support and be able to access these resources if required.

## **3.0 PURPOSE**

3.1 Clarify the legal requirements and responsibilities of the school.

3.2 Reinforce and safeguard the health and safety of students and others who may use the school.

3.3 To outline the approach to developing, implementing, and monitoring the drug education programme.

3.4 To clarify the procedures for responding to and managing any drug-related incidents that may occur so that they are managed with confidence and consistency and in the best interests of those involved.

## **4.0 SCOPE**

4.1 This policy applies to all staff, students, parents/carers, governors, and partner agencies working in school. It includes journeys to and from school, work experience, residential trips, and college courses. Students must not bring controlled drugs, cigarettes, or alcohol onto the school site at any time.

4.2 Any visitors should make themselves familiar with procedures for drugs and storage of staff medication as detailed in the staff handbook

## **5.0 CONTEXT**

5.1 As part of their statutory duty to promote students’ wellbeing, schools have a clear role to play in preventing drug misuse. The Drugs Education Policy has been developed with reference to Department for Education advice and guidance: DfE and ACPO drug advice for schools which is non-statutory and was produced to help answer some of the most frequent questions raised by school staff in this area.

5.2 We teach Drug and Alcohol Education in the context of the schools PSHE and science curriculum.

## **6.0 ORGANISATION**

6.1 We teach Drug and Alcohol Education through various aspects of the curriculum. While we carry out the main Drug and Alcohol Education teaching in our PSHE curriculum, we may also teach some Drug and Alcohol Education through other subject areas e.g., Sport where we feel that they contribute significantly to a child’s knowledge and understanding. This is detailed in the relevant Schemes of Work.

6.2 In PSHE we teach pupils about Drug and Alcohol and encourage them to discuss and explore moral issues. Teachers delivering these lessons will receive training and support to ensure that they are able to answer questions with sensitivity and care.

6.3 There will be opportunity for parents and carers to discuss the programme of lessons to explain what the issues are, how they are taught and to see the materials the school uses in its teaching.

## **7.0 THE ROLE OF PARENTS**

7.1The school understands the primary role in children’s education lies with parents and carers. We wish to build a positive and supporting relationship with the parents of children at our school through mutual understanding, trust, and cooperation. In promoting this objective, we:

* Inform parents about the schools Drug and Alcohol Education Policy and Practice.
* Answer any questions that parents may have about the Drug and Alcohol Education of their child.
* Take seriously any issue that parents raise with teachers or governors about this policy or the arrangements for Drug and Alcohol Education in the school.
* Encourage parents to be involved in reviewing the school Policy and making modifications to it as necessary.
* Inform parents about best practise about Drug and Alcohol Education so that the teaching in school supports the key messages that parents, and carers give to children at home. We believe that through this mutual exchange of knowledge and information children will benefit from being given consistent messages about drugs and alcohol, attitudes to risk and making informed choices.

## **8.0 THE ROLE OF MEMBERS OF THE COMMUNITY**

8.1We encourage other valued members of the community to work with us to provide advice and support the children with regard to health education. Members of the Local Health Authority such as members of the Children and Young Peoples Team and other health professional give us valuable support with our Drug and Alcohol Education Programme. Other people that we call on include CRI, social workers and youth workers.

## **9.0 DRUG AND ALCOHOL EDUCATION AND PREVENTION**

9.1Our teaching activities should focus on preventing drug misuse and its unwanted consequences for individuals and the school community. Our Drug and Alcohol Education will be an integral part of the schools aim to provide a healthy, safe, and supportive environment within which its members are encouraged and supported to achieve their potential.

* 1. Our aims are:
* To ensure that the school is a health promoting environment and that students have access to and knowledge of up-to-date information as sources of help.
* To increase students’ knowledge and understanding and clarify misconceptions about:
* the short and long-term effects and risks of drugs
* the rules and laws relating to drugs
* the impact of drugs on individuals, families, and communities
* local and national use
* the complex moral, social, emotional and political issues surrounding drugs
* the risk associated with ‘county lines’ and gang-related drugs issues
* To develop students’ personal and social skills to make informed decisions and keep themselves safe and healthy, including:
* promoting positive attitudes to healthy lifestyles
* assessing, avoiding, and managing risk - communicating effectively
* resisting pressures - finding information, help and advice
* devising problem-solving and coping strategies
* developing and maintaining self-awareness and self-esteem in order to motivate them to value their welfare and conscientious care of themselves
* To ensure that the school premises is a safe environment
* To be prepared to talk to members of our school about any drug related issue, concern or problem and offer them appropriate advice within the limits of the law, DfE guidance and Local Authority Guidance
* To help and enable our pupils to develop and maintain positive self esteem
  1. **Prevention in Practice**

These aims will be achieved by:

* Ensuring that DfE and other guidance on managing medicines are met.
* Ensuring that if there is alcohol on the premises for any agreed event that it is stored safely and securely, and an inventory is kept. This is the responsibility of the Head Teacher.
* Ensuring that information about local and national drug information, advice and support resources are available to members of the school community and they are accessible in such a way that confidentiality can be maintained.
* Ensuring that there is a support system in place for any member of the school community experiencing a drug related problem.
* Ensuring that the development of self-esteem remains central to the ethos of the school.

## **10.0 CONFIDENTIALITY**

10.1Teachers conduct Drug and Alcohol Education lessons in a sensitive manner and in confidence. However, if a child makes a reference to being involved or likely to be involved in a drug related situation that puts them at risk then the teacher will take the matter seriously and deal with it in the appropriate manner. If the teacher has any concerns, they will draw their concerns to the attention of the Designated Safeguarding Lead (DSL). The DSL will then deal with the matter in line with the safeguarding policy and consultation with healthcare professionals where required. (See also Safeguarding/Child Protection Policy)

## **11.0 THE ROLE OF PSHE COORDINATOR**

11.1It is the role of the PSHE Coordinator to ensure that both staff and parents are informed about our Drug and Alcohol curriculum and that this is implemented effectively. It is also the coordinators responsibility to ensure that members of staff are given access to sufficient training, so that they can teach effectively and manage any situation with sensitivity.

11.2The coordinator consults with external agencies regarding the school Drug and Alcohol Education programme and ensures that all adults who work with children on these issues are aware of the school policy and work within this framework.

11.3 The coordinator monitors this policy on a regular basis and reports to governors when requested on the effectiveness of the policy.

## **12.0 MANAGING DRUG RELATED INCIDENTS/SITUATIONS**

12.1For the purposes of this policy, a “drug related incident” will mean evidence or suspicion of a specific incident which involves one or more drugs (including off site activities, sporting events or any other event at which the school is being represented during school hours).

12.2 A “drug related situation” is an event or series of events involving one or more drugs which requires further observation, investigation, monitoring, managing, or referring by staff.

12.3The aims for the management of drug related incidents are:

* to have a clear and consistent set of procedures to be prepared for any drug related incident.
* to ensure that any drug related incident is dealt with efficiently and sensitively.
* to define clear roles and responsibilities about managing a drug related incident.
* to ensure that outside agencies are involved where necessary.
* to minimise the potential for negative publicity for the school or any member of its community.

12.4 In order to meet these aims regular training will be provided for staff to support the management of drug related incidents and situations.

## **13.0 KEY RESPONSIBILITIES**

13.1 Drug related incidents will be managed and coordinated by the Safeguarding Team (DSL / Deputy DSLs / HoY / LPSOs). Any and all information about a known or suspected drug related incident or situation will channelled through the school’s safeguarding procedures and referred to the DSL, who will then initiate and/or co-ordinate action and where necessary involve outside agencies. In the event of their absence the responsibility will be delegated to the Headteacher.

## **14.0 DISCOVERED AND DISCLOSED SCENARIOS**

14.1 Discovered incidentsare those where there is evidence or suspicion that an individual or group are in possession of unauthorised drugs during school time, using drugs during school time, intoxicated during school time and/or within the vicinity of the school, supplying drugs during school time, cultivating unauthorised drugs on the school premises, or have an involvement in any of these outside of school time.

14.2 In these situations the following process should be followed:

**Discovered Incident**

1. Immediate referral to the DSL (Headteacher if not available).
2. Does person(s) involved need to be isolated for safety/further investigation?

**Secure the safety of those involved**

1. Is there a medical emergency? If YES implement emergency procedures immediately.

**DSL to initiate and Co-ordinate plan of action**

Including, but not limited to:  
- consider whether the police must be contacted

- early intervention  
- in school counselling  
- pastoral support programme - referral  
- parental involvement  
- school sanction  
- exclusion  
- disciplinary proceedings  
- child protection proceedings

**Response**

* **Disclosed Incidents** are those where an individual or group discloses a concern, problem or issue associated with drugs. Any such disclosure may be about themselves or others. In these situations, the following process would be followed: -
* **Disclosed Incident**

Can be made by a pupil, parent, carer, staff member or other significant party

* **Disclosure made to a member of staff**

Inform the DSL as soon as possible

* **DSL to determine a response**

Including, but not limited to:

- consider whether the police must be contacted

- early intervention  
- in school counselling  
- pastoral support programme - referral to outside agencies - parental involvement  
- school sanction  
- exclusion  
- disciplinary proceedings  
- child protection proceedings

14.3 **Drugs and the law**

**Searching** – School staff can search a pupil for any item if the pupil agrees. Headteachers and staff authorised by them have a statutory power to search pupils or their possessions, without consent, where they have reasonable grounds for suspecting that the pupil may have a prohibited item. (See behaviour policy for details on searching and Screening for prohibited items).

14.4 **Confiscation/possession** – school staff can seize any prohibited item found as a result of a search. They can also seize any item, however found, which they consider harmful or detrimental to school discipline.

Following the identification and confiscation of any item, a staff member will seal the sample in a plastic bag and include details of the date and time of the confiscation alongside the name of any witness(es) present. The staff member will store the sample in a secure location.

Where an item is found on an educational visit away from the school premises, the parents of the pupil, as well as local police will be notified.

14.5 **Disposal** – If the substance is suspected to be an illegal drug, the police will be notified immediately, in order that they may collect it for identification and then store or dispose of it in line with locally agreed protocols. The school will not hesitate in giving the police the name of the pupil from whom the item was taken.

14.6 **SLT response**

The response to any drug related incident or situation will be determined by and be justifiable in terms of:

* the appropriateness of the response to the needs of the pupil.
* the appropriateness of the response to the needs of all persons involved, the school and the wider community.
* consistency with existing school rules, codes and expectations. As such there is no specific sanction or prescription of support for individual incidents. The response is determined by the head teacher and after a prompt and thorough assessment and consideration of needs.
  1. **SLT action**

With the exception of medical emergency, all subsequent actions will be decided by the DSL and Headteacher. These may include:

* notification of parents/carers
* notification of police
* notification of involved members of staff or key governors
* completion of incident records. A detailed record of the incident will be made on CPOMS, as per the school procedures.
* making referrals to involve outside agency support
* recommendations regarding sanctions and/or support
* aftercare arrangements
* management of media contact