



# Drugs Education Policy

Date of Review	1 April 2022
Date of Next Review	1 April 2025
Signature of Chair	Lee Houghton



# Lyppard Grange Primary School

## Policy on Drugs Education

### **1 Introduction**

- 1.1 Our school's policy on drugs education is based on the DfES document 'Drugs Guidance for Schools'. It outlines the content of the curriculum and the document defines drugs as including alcohol, tobacco and illegal drugs (including psychoactive substances), as well as medicines and volatile substances.
- 1.2 The guidance outlines the important role schools play in tackling drug misuse in England, by providing drug education and pastoral support to all pupils and identifying those vulnerable to drug misuse so that pupils who need extra help either receive it in school or through referral to other services.
- 1.3 Drug education will be delivered as part of Personal, Social and Health Education and Citizenship (PSHCE) lessons at an age appropriate level. Drug education is taught by skilled and confident teachers. When we inform our pupils through Drugs Education about drug related issues, we do this with regard to morality and individual responsibility, and in a way that allows children to ask and explore moral questions. We do not use Drugs Education as a means of promoting any form of drug use.
- 1.4 The term 'drugs' is used throughout this policy to refer to all drugs:
  - all illegal drugs (those controlled by the Misuse of Drugs Act 1971) including psychoactive substances;
  - all legal drugs, including alcohol and tobacco, and also volatile substances (those giving off a gas or vapour which can be inhaled);
  - all medicines, whether over-the-counter or on prescription.

### **2 Aims and objectives**

- 2.1 We teach children the following at an age appropriate level;
  - There are a range of substances which go into the body, including medicines, alcohol and tobacco.
  - To understand that medicines and household products can be dangerous if they are not used properly.
  - To understand that medicines should be stored carefully.
  - To understand about different types of medicines.
  - To understand that there are positive and negative reasons why people use tobacco and alcohol and relate this to their own experiences of members of the family or friends of the family.
  - To understand the risks involved in solvent abuse.
  - To be able to describe some stereotypes of drugs users and explain some reasons that these might be misleading.
  - To understand the law relating to alcohol and tobacco.

### **3 Context**

3.1 We teach about drugs in the context of the school's aims – to empower all children to secure, engaged and equipped for life. While Drugs Education in our school means that we give children information about drugs, we do this with an awareness of the moral code, and of the values which underpin all our work. We teach Drugs Education on the understanding that:

- it is part of a wider process of social, personal, spiritual and moral education;
- children should be taught to have respect for their own bodies;
- children should learn about their responsibilities to others, and be aware of the consequences drugs misuse.
- children need to learn the importance of self-control and abstinence .

### **4. Organisation**

4.1 We regard drugs education as a whole-school issue, and we believe that opportunities to teach about the importance of a healthy lifestyle occur naturally throughout the curriculum, but especially in science, PSHE and citizenship and PE. There are also opportunities in circle time.

4.2 Teaching about drugs will begin in Year 2 , when pupils are taught about seeing the doctor, visiting the chemist, and the importance of medicines and their safe handling.

4.3 In Key Stage 2, pupils will learn that alcohol is the most widely used drug, and that its dangers can be overlooked. We will ensure that our pupils are aware of the risks associated with drinking. We teach pupils that smoking is a minority habit, and encourage them to consider its effects and risks. We also teach pupils about the dangers of volatile-substance abuse.

4.4 We acknowledge that by the time pupils are in Year 6, we must help to equip pupils to handle risky situations, before they actually meet them.

4.5 We recognise that learning is most effective when it addresses the development of knowledge, attitudes and skills together, and when teaching and learning are participative and active. We use a variety of teaching styles that are characterised by active learning. We find out what the children know already, we pose dilemmas, and we get the children to discuss choices. Wherever possible, the information we give is visually reinforced. We use drama, role-play or ICT to demonstrate various strategies and scenarios. In short, we seek to engage our pupils. We give them the opportunity to talk to groups or to the whole class. We encourage them to listen to the views of others, and we ask them to explore why drugs are such a problem for society.

4.6 We aim to teach all pupils about drugs, however different their attainment levels, and however diverse their requirements. We recognise that pupils with special educational needs may be more vulnerable and that different communities have different attitudes towards drug abuse.

4.7 Drugs education takes place during normal lesson time. Sometimes, a class teacher will seek support from the school nurse or another health professional. In teaching this course, we follow the DfE and LA guidelines. The resources and materials that we use are

recommended either by the Health Authority or by the LA. Lessons that focus on drugs education form part of a sequence of lessons that are designed to promote a healthy lifestyle.

## **5. Drugs at school**

- 5.1 Most pupils will at some time have a condition requiring medication. For many, the condition will be short-term – perhaps the duration of a short absence from school. However, although a child may soon be well enough to be back at school, medication may perhaps still be required during the school day for a short period. Parents are given guidance on the administration of medicines in school.
- 5.2 Where children have long term medical needs, parents and carers must give us details of the child's condition and medication. Parents and carers will bring the medication to school in a secure, labelled container. Records will be kept of all medication received and given. Emergency medication may be stored securely in the classroom or office (for anaphylaxis or asthma).
- 5.3 Solvents and other hazardous chemicals must be stored securely, to prevent inappropriate access, or use by pupils. Teachers are cautious with older, solvent-based Tippex, with aerosols, with glues and with board-cleaning fluids.
- 5.4 Legal drugs are legitimately in school only when authorised by the headteacher. Members of staff who smoke must keep their tobacco and matches or lighters secure. Smoking is not permitted anywhere in the school.
- 5.5 In the event that inappropriate legal drugs or illegal drugs, including psychoactive substances are found on the school site appropriate steps will be taken to ensure they cannot harm any user of the school premises. In the event that legal drugs (medicines) intended for an adult have been brought into school by a child, these will be returned to the appropriate parent (if this is not possible, drugs will be taken to a local pharmacy for disposal). There will be an investigatory discussion with the parent. This may or may not lead to further action. If illegal drugs are discovered on the school premises, the police will be notified and school will act under the direction of the police. Children's Social Care will be contacted as and when necessary.

## **6. The role of parents and carers**

- 6.1 The school is well aware that the primary role in children's drugs education lies with parents and carers. We wish to build a positive and supporting relationship with the parents/carers of our pupils, through mutual understanding, trust and cooperation. To promote this objective, we will:
  - inform parents or carers about the school drugs policy;
  - answer any questions that parents and carers may have about the drugs education that their child receives in school;
  - take seriously any issue which parents and carers raise with teachers or governors about this policy, or about arrangements for drugs education in the school;

## **7 The role of other members of the community**

- 7.1 We encourage other valued members of the community to work with us to provide advice and support to the children with regard to health education. In particular, members of the Local Health Authority, such as the school nurse and other health professionals, give us valuable support with our drugs education programme.

## **8 The role of the headteacher**

- 8.1 It is the responsibility of the headteacher to ensure that both staff and parents/carers are informed about our drugs education policy, and that the policy is implemented effectively. It is also the headteacher's responsibility to ensure that members of staff are given sufficient training, so that they can teach about drugs effectively, and handle any difficult issues with sensitivity.
- 8.2 The headteacher liaises with external agencies regarding the school drug education programme, and ensures that all adults who work with our children on these issues are aware of the school policy, and work within its framework.
- 8.3 The headteacher monitors this policy on a regular basis, and reports to governors, when requested, on the effectiveness of the policy.

## **9 Monitoring and review**

- 9.1 The Quality of Provision Committee of the governing body monitors the impact of our Drugs education policy on an annual basis. This committee reports its findings and recommendations to the full governing body, as necessary, if the policy needs modification. The Quality of Provision Committee gives serious consideration to any comments from parents and carers about the drug education programme, and makes a record of all such comments. Governors require the headteacher to keep a written record, giving details of the content and delivery of our drugs education programme.
- 9.2 This policy will be reviewed every two years, or earlier if necessary.

**Signed:** G L Roebury