

# *Stepney Primary School*



*A Small School With Great Expectations*

## **Drug Education Policy**

At Stepney raising the achievement and basic skills of pupils and ensuring that they reach their full potential is the responsibility of all staff

## **1. INTRODUCTION**

At Stepney Primary School Drug education is regarded as an important area of the PHSCE curriculum.

All drugs have the potential to harm; but some drugs are more harmful than others. For a small number of people, drugs lead to serious and far reaching consequences not only for themselves, but their families, their communities and society in general. For young people in particular, drugs can impact on their education, their relationships with family and friends and prevent them from reaching their full potential.

All young people need to be able to make safe, healthy and responsible decisions about drugs, both legal and illegal. Stepney Primary School plays a central role in helping them make such decisions by providing education about the risk and effects of drugs; by developing their confidence and skills to manage situations involving drugs; by creating a safe and supportive learning environment; and ensuring that those for whom drugs are a concern receive appropriate support.

## **2. AIMS AND VALUES**

The aim of this policy is to acknowledge and clarify Stepney Primary Schools' role in drug prevention and education and ensure it is appropriate to pupils needs. The policy provides information and guidance about drug education, as well as procedures to respond to any drug related incident, for pupils, teachers, support staff and outside agencies or individuals.

'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 take account of pupils' views, so that it is both appropriate to their age and ability, and relevant to their particular circumstances.' (DFES)

Stepney Primary School aims to educate pupils to grow up safely in a society where drugs are available. This will be achieved by providing appropriate drug education within the curriculum, which should help to minimise drug related incidents. Drug related incidents may be symptomatic of other problems and difficulties in the pupil's life and that such incidents will be handled sensitively and based on securing on going support for the pupil as necessary. At Stepney we will seek to work in partnership with parents, outside agencies and appropriate authorities for the long term benefit of the pupil.

The policy aims to ensure that the approach taken on the issue of drugs is a whole school one and is part of our commitment to and concern for the health and well-being of the whole school community. Teachers will need to be confident and skilled to teach drug education and pupils need to receive up to date, relevant and accurate information as well as support.

This policy aims to make clear procedures for responding to and managing drug-related incidents. Sanctions for incidents will be consistent with the school's behaviour policy. This policy should also be read in conjunction with the PSHCE policy, smoking policy, health and safety policy, child protection policy, behaviour &

discipline policy and SEN policy. This policy applies at all times to the school premises, school transport as well as school visits/trips/fieldwork/ residential etc.

### **3. LOCAL AND NATIONAL GUIDANCE**

This policy has been written, taking into account national and local guidance, in particular, guidance from the 'DfE & ACPO Drug Advice for Schools' January 2012 (DFE-00001-2012) and DfE 'Drugs: Guidance for Schools, Feb 2004 DfES/0092/2004

### **4. DEVELOPMENT PROCESS**

- this policy has been approved and adopted by the governing body and the date set for the next major review. These details are given at the end of the main section of this policy (i.e. before the appendices);
- it will be reviewed and renewed every two years;
- this policy was updated in line with the 'DfE & ACPO Drug Advice for Schools' January 2012 (DFE-00001-2012) and DfE 'Drugs: Guidance for Schools, Feb 2004 DfES/0092/2004
- governors (including parent representatives) and the local authority;
- signatures and printed names:

**Headteacher**

**Chair of Governors**

**Coordinator in School**

### **5. LOCATION AND DISSEMINATION**

This policy will be available from the school office and published on the school website: [www.stepney.hull.sch.uk](http://www.stepney.hull.sch.uk)

#### **5.1 The context of the policy and its relationship to other policies**

- clear links will be made to this policy in other school policies where relevant, such as the health and safety; PSHCE; Science as well as to the school ethos;
- parts of the policy may be replicated or referred to in other school publications.

#### **5.2 Local and national references**

- this policy has been drawn up following the suggested format and content contained in the 'DfE & ACPO Drug Advice for Schools' January 2012 (DFE-00001-2012) as well as referring to previous advice in DFES ref: 0112/2004. DFES Drugs: 'Guidance for Schools';
- other relevant documentation are referred to in the above documents and in the appendices on these documents and the end of this policy;
- consultation was also sought through the 'Health in Schools Programme Manager for the Local Authority.

### **5.3 The purpose of the policy**

- as part of the statutory duty of schools to promote pupils' wellbeing, this
- school has a clear role to play in preventing drug misuse as part of its pastoral responsibility;
- the function of this policy is to state how we will ensure that school staff have the information, advice and power to provide accurate information on drugs and alcohol through education and targeted information; tackle problem behaviour in schools and work with local organisations to prevent drug and alcohol misuse;
- this policy reflects the whole school ethos (please refer to the introductory paragraphs at the beginning of this policy).

### **5.4 State where and to whom the policy applies**

- this policy applies to staff, pupils, parents/carers, governors, partner agencies, visitors and contractors working in or with our school;
- this policy applies to all school business conducted on our school premises; outside of these premises but still on work connected with the school such as school visits and to issues connected with the welfare of pupils outside of school.

### **5.5 Definitions and terminology**

- the definition of a drug is given by the United Nations Office on Drugs and Crime is: 'A substance people take to change the way they feel, think or behave.'
- the term 'drugs' and 'drug education', 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 vapour which can be inhaled), ketamine, khat and alkyl nitrites (known as poppers);
  - all over-the-counter and prescription medicines.
- drug taking is the consumption of any drug. All drug taking, including medicinal use, carries the potential for harm;
- drug use is drug taking through which harm may occur, whether through intoxication, breach of school rules or the law, or the possibility of future health problems, although such harm may not be immediately perceptible;
- drug misuse is drug taking which harms health or functioning. It may take the form of physical or psychological dependence or be part of a wider spectrum of problematic or harmful behaviour.

## **6. MANAGING DRUG RELATED INCIDENTS**

### **6.1 Definition of a drug related incident**

- incidents are likely to involve suspicions, observations, disclosures or discoveries of situations involving illegal and other unauthorised drugs. They could fit into the following categories:
- drugs or associated paraphernalia are found on school premises;

- a staff member or pupil is found on possession of drugs or associated paraphernalia;
- a staff member or pupil is found to be supplying drugs on school premises'
- a staff member, pupil or parent/carer is thought to be under the influence of drugs;
- a staff member or pupil has information that the illegitimate sale or supply of drugs is taking place in the local area
- a staff member or pupil discloses that they or a family member/friend are misusing drugs.

(taken from page 66 of Drugs in Schools:

<https://www.education.gov.uk/publications/eOrderingDownload/DfES%200092%20200MIG621.doc>

## 6.2 The school's stance towards drugs, health and the needs of pupils

- Illegal and other unauthorised drugs are not acceptable within the boundaries identified within this policy.

## 6.3 Managing medicines in school

- \*teachers' conditions of employment do not include giving or supervising a pupil taking medicines. We will ensure that we will have sufficient members of support staff who are employed and appropriately trained to manage medicines as part of their duties;
- \*any member of staff who agrees to accept responsibility for administering prescribed medicines to a child should have appropriate training and guidance. They should also be aware of possible side affects of the medicines and what to do if they occur. The type of training will depend on the individual case ;  
*(NB These paragraphs are taken from 'Managing medicines in schools and early-years settings (DfES/Department of Health, 2005). Section 89 / 90.)*
- *According to sections 6 and 7 in the appendices of this document:*
- "there is no legal or contractual duty on staff to administer medicine or supervise a child taking it. The only exceptions are set out in the paragraph below. Support staff may have specific duties to provide medical assistance as part of their contract. Of course, swift action needs to be taken by any member of staff to assist any child in an emergency. Employers should ensure that their insurance policies provide appropriate cover"
- "anyone caring for children including teachers, other school staff and day care staff in charge of children have a common law duty of care to act like any reasonably prudent parent. Staff need to make sure that children are healthy and safe. In exceptional circumstances the duty of care could extend to administering medicine and/or taking action in an emergency. This duty also extends to staff leading activities taking place off site, such as visits, outings or field trips."
- for pupils with long term conditions staff will receive training/ guidance from appropriate health professionals/agencies and follow specific LA/ NHS guidance: for instance the LA Asthma Policy, which the school has adopted;
- the first concern in managing drugs is the health and safety of the school's community and meeting the pastoral needs of pupils. Any cases will be dealt with on an individual basis in terms of the particular child's needs will be addressed through a range of groups/meeting/activities. These may range from one-to-one meetings with the child, with support provided internally or

by outside agencies (such as counselling) but may also necessitate work from the child protection coordinator in collaboration with external agencies.

#### **6.4 Staff with key responsibility for drugs**

- the staff who will oversee and coordinate drugs issues will be:
- Ms Lucy Saint, PSHCE coordinator who will be responsible for the overseeing of this policy;
- Mr Paul Browning, headteacher and Miss Joanne Atkinson, deputy headteacher/child protection coordinator, who will have ultimate responsibility for ensuring that procedures and practices relating to drugs issues are undertaken by other staff in line with specified guidance and regulations;
- Our PSHCE governor, Alison Rodgers, with responsibility for drugs education to oversee and ensure school staff are fulfilling their legal obligations in this matter;
- The headteacher and deputy headteacher will have the authority to search pupils, should the need arise. Any searches conducted by staff will be undertaken with another member of staff present and details recorded. Parents/carers and/or appropriate agencies will be notified.

#### **6.5 Monitoring**

The designated member of staff for co-ordinating drug issues should be responsible for the overall monitoring of drug education, which might include:

- monitoring planning;
- lesson observations with feedback to teachers;
- looking at a sample of pupils' work;
- teachers making regular comments on the scheme of work and assessment sheets;
- feedback from curriculum co-ordinators, teaching staff and pupils about what has been covered;
- involvement with governors as appropriate.

#### **6.6 Staff support and training**

- new staff will be provided with training as part of the 'New Staff' Induction Programme. Advice is also provided within the staff handbook and PSHCE training takes place as and when needed;
- specific drug awareness training will take place as part of the school's training schedule;
- additional training will be provided for specific issues when needed e.g. this may relate to the needs of a pupil with specific issues involving prescribed or other drugs. This will be cascaded to staff in training meetings/briefing meetings by school staff, the school nurse or other health experts.

#### **6.7 Resources**

- Stepney Primary school now uses the Christopher Winter resources to plan a progressive and continuous Drugs Education curriculum. It is taught as part of the PSHCE curriculum throughout the school.
- In addition, the school owns a variety of PSHCE resources and related drug education resources, stored in the resource cupboard. Resources will be
- 
- made available for parents to view on request.

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

(NB advice and information taken from 'Drugs: Guidance for schools')

- dealing with drug paraphernalia and suspected illegal and unauthorised drugs. Needles or syringes found on school premises should be placed in a sturdy, secure container (for example, a tin with lid), using gloves. Soft-drink cans or plastic bottles should not be used. Used needles and syringes should not be disposed of in domestic waste. If incidents of finding needles are high then the staff will use a properly constructed sharps container, which should be kept out of reach of pupils and members of the public who may not appreciate the associated risks. We will then arrange for disposal of the contents of the sharps container;
- if staff have to take possession of a drug: "The law permits school staff to take temporary possession of a substance suspected of being an illegal drug for the purposes of preventing an offence from being committed or continued in relation to that drug providing that all reasonable steps are taken to destroy the drug or deliver it to a person lawfully entitled to take custody of it. In taking temporary possession and disposing of suspected illegal drugs schools are advised to: ensure that a second adult witness is present throughout: seal the sample in a plastic bag and include details of the date and time of the seizure/find and witness present. Store it in a secure location, such as the school safe or other lockable container with access limited to two senior members of staff without delay notify the police, who will collect it and then store or dispose of it in line with locally agreed protocols. The law does not require a school to divulge to the police the name of the pupil from whom the drugs were taken. Where a pupil is identified the police will be required to follow set internal procedures record full details of the incident, including the police incident reference number inform parents/carers, unless this would jeopardise the safety of the pupil. School staff should not attempt to analyse or taste unknown substances. Police can advise on analysis and formal identification, although this is normally carried out only if it will be required as evidence within a prosecution";
- establishing the nature of incidents: We will conduct a careful investigation to judge the nature and seriousness of each incident. The emphasis should be on listening to what people have to say and asking open-ended, rather than closed or leading questions. Staff should separate any pupils involved in the incident and ensure that a second adult witness is present. The head teacher, deputy head teacher or designated staff member leading on drug issues should inform, consult and involve others as necessary. Careful attention should be given to respecting the confidentiality of those involved. A range of factors may be relevant and need exploring to determine the seriousness of the incident, the needs of those involved and the most appropriate response. For example: what does the pupil have to say? is this a one-off incident or longer-term situation? is the drug legal or illegal? what quantity of the drug was involved? what was the pupil's motivation? is the pupil knowledgeable and careful or reckless as to their own or others' safety and how was the drug being used? does the pupil know and understand the school policy and school rules? where does the incident appear on a scale from 'possession of a small quantity' to 'persistent supply for profit'? if supply of illegal drugs is suspected, how much was supplied, and was the pupil coerced into the supply role?, were they 'the one whose turn it was' to buy for others, or is there evidence of organised or habitual supply? If during the course of its investigation the staff decide that the police should be involved they are advised to cease detailed questioning and leave this to the latter;

- searches, including personal searches and searches of schools and pupil's property:

**Detection:** Staff should always seek consent and ensure that a second adult witness is present. If this is refused they will need to consider whether to call the police. Searches should be conducted in such a way as to minimise potential embarrassment or distress;

**Personal searches:** When a person is suspected of concealing illegal or other unauthorised drugs it is not appropriate for a member of staff to carry out a personal search; this includes the searching of outer clothing and inside pockets. Every effort should be made to persuade the person to hand over voluntarily any drugs, in the presence of a second adult witness. Where the individual refuses and the drug is believed to be illegal, and if we wish to proceed along formal lines, then the police must be called. The police can conduct a personal search if they believe a crime has taken place, or to prevent harm to themselves or others following an arrest. Staff are not permitted to detain a person without their consent unless a citizen's arrest is made;

**Searches of personal property:** Staff must not search personal property without consent. If the staff wish to search personal property, including pupils' property stored within school property, for example a bag or pencil case within a cupboard, they should ask for consent. Where consent is refused they will need to consider, in the case of pupils, notifying parents/carers, who may persuade their child to give consent or if they wish to proceed along formal lines calling the police. After any search involving pupils, parents/carers should normally be contacted by the school, regardless of whether the result of the search is positive or negative.
- in relation to alcohol, parents/carers will normally be informed and given the opportunity to collect the alcohol or tobacco, unless this would jeopardise the safety of the child.
- for instances involving volatile substances: given the level of danger posed by volatile substances staff would arrange for their safe disposal. Small amounts may be placed in a bin to which pupils do not have access, for example a bin within a locked cupboard;
- procedures for managing parents/carers under the influence of drugs on school premises: When dealing with parents/carers under the influence of drugs on school premises, staff should attempt to maintain a calm atmosphere. On occasion, a teacher may have concerns about discharging a pupil into the care of a parent/carer. In such instances, staff might wish to discuss with the parent/carer if alternative arrangements could be made, for example asking another parent/carer to accompany the child home. The focus for staff will always be the maintenance of the child's welfare, as opposed to the moderation of the parent's/carer's behaviour. Where the behaviour of a parent/carer under the influence of drugs repeatedly places a child at risk or the parent/carer becomes abusive or violent, staff should consider whether to invoke child protection procedures and/or the involvement of the police;
- on school trips. If pupils are found in possession of drugs while on school trips then the pupil breaches will be returned home, parents/carers will need to meet the cost of these arrangements. While on centre-based residential trips in this country, the school will follow the procedures outlined above or those of the centre being visited. We are aware, however, that laws on drugs and policing arrangements vary widely in other countries. Staff will ensure that they (and all participants on the trip) are fully aware of these differences before departure, and should have considered in advance how they will

respond to any drug incident. For in-country advice staff should contact British embassy or consulate staff

- for more information, guidance should be sought from <https://www.education.gov.uk/publications/eOrderingDownload/DfES%200092%20200MIG621.doc>
- no users of the school or site out of hours eg clubs, agencies etc hiring our premises can use or bring any drugs on to the site, including alcohol (unless there is a licence);
- smoking is not permitted at any time.

## **7. POLICE INVOLVEMENT**

- the police should be involved in the disposal of suspected illegal drugs;
- legal drugs; The police will not normally need to be involved in incidents involving legal drugs, but the school may inform trading standards or police about the inappropriate sale or supply of tobacco, alcohol or volatile substances to pupils in the local area;
- it is noted by the school that we have no legal obligation to report an incident involving drugs to the police. Nevertheless, not informing the police may prove to be counter-productive for the school and wider community;
- our school will work closely with and liaise with the local police. After following the procedures outlined above for dealing with cases of illegal drugs we will consult with the police at the earliest possible time to establish the next steps to be taken.

## **8. THE NEEDS OF PUPILS**

- the wider support needs of the pupils and their awareness of various internal and external support structures will be largely addressed through the drugs education delivered in school and listed below;
- we acknowledge that there may be reason for more individualised support for children in certain instances, which may require support from outside agencies, such as health, social services and police as well as the local authority.
- The school nurse, Mrs Jackie Metcalf, is available to support families as necessary.

## **9. DRUG EDUCATION IMPLEMENTATION**

Drug education has three main elements:

- accurate, credible and up-to-date information to develop and extend their knowledge and understanding;
- to develop and practice a range of relevant personal and social skills;
- to explore their own and each other's feelings, views, experiences, attitudes and values.

### **9.1 The school provides a planned drug education curriculum taught through PSHCE and Science through the following:**

- the National Curriculum Science order outlines the content of the statutory drugs education;
- key Stage 1: 5-7 year olds should be taught about the role of drugs as medicines;
- key Stage 2: 7-11 year olds should be taught that tobacco, alcohol and other drugs can have harmful effects;
- the National Curriculum PSHE & Citizenship framework has the following elements relating to drug education;
- key Stage 1: 5-7 year olds – Section 1 ‘Developing confidence and responsibility and making the most of their abilities (a,b,c,d)’, Section 2 ‘Preparing to play an active role as citizens (c,e,f)’, Section 3 ‘Developing a healthy, safer lifestyle (a,f)’ and Section 4 ‘Developing good relationships and respecting the differences between people (a)’;
- key Stage 2 : 7-11 year olds - Section 1 ‘Developing confidence and responsibility and making the most of their abilities (a,b,c,d)’, Section 2 ‘Preparing to play an active role as citizens (d,e,f)’, Section 3 ‘Developing a healthy, safer lifestyle (a,d,e,f,g)’ and Section 4 ‘Developing good relationships and respecting and respecting the differences between people (a,g)’.

## **9.2 PSHE reflects other discretionary topics that reflect knowledge, understanding attitudes and social skills: this will:**

- enable pupils to make healthy, informed choices;
- promote positive attitudes to healthy lifestyles;
- provide accurate information about substances;
- increase understanding about the implications and possible consequences of use and misuse;
- widen understanding about related health and social issues;
- enable young people to identify sources of appropriate advice and personal support.

## **9.3 Teaching and Learning**

- PSHCE is time tabled for one session, each class per week;
- the class teachers will implement the PSHCE policy and the agreed scheme of work;
- Drugs Education is part of each phases’ long term plan,
- organisation of the teaching and learning is the responsibility of the class teacher and will depend on the nature of the activity, the resources available and consideration of Health and Safety issues;
- learning and teaching will be varied where appropriate, encompassing visual, auditory and kinaesthetic experiences to maximise pupil learning;
- drug education is delivered within a safe, secure and supportive learning environment;
- ground rules are set out, and teachers and pupils right to privacy is respected. Boundaries of discussions are made clear;
- group agreements are made to help to foster mutual respect and an environment in which pupils feel comfortable and ready to listen to and discuss each other’s opinions;
- distancing techniques can be adopted through role play/anonymous question boxes;
- staff are advised to sometimes answer difficult questions on an individual basis;

- on the whole, it will be teaching staff or teaching assistants who will teach drug education but, where appropriate, outside visitors (e.g. School Nurse) may make a contribution. Such visitors should be used in a planned way and their contributions evaluated;
- teachers will have access to on-going advice, support and training as part of their own professional development. The school actively cooperates with agencies such as the LA, police, health and drug agencies.

#### **9.4 Assessment and Record Keeping**

- Assessment is seen as an on going process in order to carefully monitor the progress of each pupil. The teaching of drug education will be monitored and reviewed via the subjects within which it is taught. This will be completed through the school monitoring policy;
- short Term – PSHCE assessments are completed at the end of each termly unit;
- reporting to parents – Parents will be informed of their child's progress in PSHCE during parents evening and on the annual report to parents;
- the elements of drug education that form part of the science curriculum at Key Stages 1-4 must be assessed in accordance with the requirements of the National Curriculum. The learning from the other elements of drug education should also be assessed as part of overall PSHCE provision. Schools should plan how they will conduct regular assessments when the programme is devised;
- assessment should identify: What 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 during the programme.

#### **9.5 Equal Opportunities and Inclusion**

- At Stepney we believe in equal opportunities for all pupils, whatever their age, gender, ethnicity, attainment and background. Within drug education and PSHCE each teacher will ensure that all pupils are included in drug education and PSHCE lessons. Teachers will pay attention to the achievement and attainment of:
  - boys/girls;
  - minority and ethnic faith groups, travellers, refugees and asylum seekers;
  - pupils who have EAL;
  - pupils with SEN;
  - gifted & Talented pupils;
  - children 'looked after' by the local authority;
  - other children, such as sick children and those from families under stress;
  - pupils at risk of disaffection and exclusion; ensure that these pupils are effectively included in drug education and PSHCE.

### **10. CONFIDENTIALITY**

- If a pupil discloses any information about illegal activities associated with drug taking staff cannot and should not promise total confidentiality. The boundaries of confidentiality should be made clear to pupils. If a pupil discloses information which is sensitive, not generally known, and which the

pupil asks not to be passed on, it should be discussed with a member of Senior Leadership Team. The request will be honoured unless this is unavoidable in order for teachers to fulfil their professional responsibilities in relation to:

- child protection;
- co-operating with a police investigation;
- referral to external services;
- every effort will be made to secure the pupil's agreement to the way in which the school intends to use any sensitive information;
- it may be necessary to invoke local child protection procedures if a pupils safety is under threat. It will be only in exceptional circumstances that sensitive information is passed on against a pupil's wishes, and even then the school will inform the pupil first and endeavour to explain why this needs to happen. These exceptions are defined by a moral or professional duty to act:
  - where there is a child protection issue;
  - where a life is in danger.

## **11. WORKING WITH EXTERNAL AGENCIES**

- The school maintains a close working relationship with the local authority, health, social services and police plus other relevant agencies when supporting pupils and their families;
- we follow protocols agreed locally between us and these agencies;
- an updated list of contacts for these agencies is kept in the school office and by the child protection officer and is available for all staff for referral purposes;
- for example: referrals to social services are made by the child protection coordinator following agreed and specified procedures and arrangements;
- staff are instructed to refer to the school office; child protection coordinator; PSHCE coordinator; head teacher; SENCO where appropriate.

## **12. INFORMATION SHARING**

- When dealing with any pupil disclosures relating to drugs, staff will clearly but sensitively state to pupils that they may have to pass information on to other designated agencies;
- parents/carers will be informed at the earliest possible instance, unless it is deemed that this will compromise the safety of the child. i.e. if the parent/carer is involved in drug misuse;
- the safety of the pupil will be paramount in all considerations;
- the school's approach to ensuring that sensitive information is only disclosed internally or externally with care attention to pupils' rights and needs;
- if a pupil's safety is considered under threat, including incidences of parental drug or alcohol misuse, then locally agreed safeguarding procedures will be followed.

## **13. INVOLVEMENT OF PARENTS/CARERS/VISITORS**

- Parents play a key role in the drug education of their children and we work in partnership with them in this important but sensitive area of the curriculum;
- we will inform and involve parents/carers/visitors about incidents involving illegal and other unauthorised drugs by phone/meeting at the earliest possible opportunity, unless there it is believed that they may be involved, in which case, advice will be sought from the relevant agencies e.g. health, social services and/or the police;
- we will seek the views of parents when revising this policy through the parent governors, meetings with parents and by publishing the policy on the school website;
- in any situation where a pupil may need protection from the possibility of abuse, the school's child protection co-ordinator should be consulted and local child protection procedures followed;
- parents/carers are encouraged to approach the school if they are concerned about any issue related to drugs and their child and the school will refer parents/carers to other sources of help, for example, specialist drug agencies or family support groups, as required;
- If parents/carers are suspected of being under the influence of drugs or alcohol on school premises, staff should attempt to maintain a calm atmosphere and call for a second adult, if necessary. On occasion, a teacher may have concerns about discharging a pupil into the care of a parent/carer. In such instances, the school will discuss with the parent/carer if alternative arrangements could be made, for example asking another parent/carer to accompany the child home.

#### **14. THE ROLE OF GOVERNORS**

- The governor responsible for drugs education and drugs related incidents within school will be notified by staff at the earliest possible moment, where necessary;
- Governors are also responsible for the policy and for ensuring its implementation.

#### **15. LIAISON WITH OTHER SCHOOLS**

- we work closely with other schools and will continue to do so where:
- joint work and training may be undertaken in terms of policy/curriculum development and implementation within schools;
- according to authorised guidance/procedures on sharing information we will communicate and share information with appropriate staff in other schools. This may be necessary when pupils are transferring to or from other schools and/or where different members of a family attend different schools.

#### **16. LIAISON WITH OTHER AGENCIES**

- as stated above

#### **17. STAFF CONDUCT AND DRUGS**

- This will be dealt with under your Staff Code of Conduct or Disciplinary Policy following the Local Authority guidelines.

## 18. PUBLIC SECTOR EQUALITY DUTY

Please note: When we have updated policies from April 2012 onwards, we have referred to the requirements of the PSED, which state that as part of their statutory duties, schools need to comply with this by 6<sup>th</sup> April 2012.

The Equality Act 2010 replaced and unified all existing equality legislation such as the Race Relations Act, Disability Discrimination Act and Sex Discrimination Act. It aims to ensure that people have equality of opportunity in accessing and experiencing public services. Schools when carrying out their day to day work should have regard to the following:

- eliminating discrimination
- advancing equality of opportunity and
- foster good relations across all characteristics

Schools cannot unlawfully discriminate against pupils because of their disability, gender, race, religion or belief, sex and sexual orientation. Protection is now extended to pupils who are pregnant or undergoing gender reassignment. This means it is now unlawful to discriminate against a transgender pupil or a pupil who is pregnant or recently had a baby.

This policy was reviewed and updated with reference to this duty. The author/s of this document and the Policy Committee of the Governing Body, which checks all policies before publication, considered this policy in the light of these requirements to ensure that Stepney Primary School adheres to these statutory regulations.

PBrowning  
Head Teacher (April 2014)

## 19. PERSON RESPONSIBLE

**Reviewed:** Summer 2014

**Updated by:** Mr P Browning

**To be reviewed and renewed: Summer 2016**

## Opiates (Heroin)

- (1) Changes associated with a recent 'fix'**
  - Pin-point pupils
  - Dreamy and detached response and manner
  - Slow and slurred speech
  - Poor concentration
  - Rubbing of eyes, chin and nose, and scratching of arms and legs
  - Resentment at being disturbed and of noise and bright lights
  - Wakefulness interrupted by drowsing
  - Relaxed posture
  - Frequent visits to the toilet
  - Eyes wide open but glazed
  - Fresh injection marks and constant examining of arms
- (2) Changes associated with 'come-down'**
  - Irritability
  - Restlessness and fidgeting
  - Rhinorrhoea
  - Perspiration
  - Yawning
  - Heavy smoking
- (3) Changes in lifestyle associated with chronic use**
  - Loss of interest in personal appearance
  - Loss of weight and anorexia
  - Sleeping out and frequent unexpected absences from home
  - Increased number of phone calls and new visitors at home, with evasive explanations of these
  - Loss of efficiency
  - Blood spots on clothing
  - Fully burnt matches, blackened pieces of tinfoil and litter in rooms and pockets

## Cocaine

- (1) Changes associated with recent use**
  - Alert, energetic
  - Confident
  - Indifferent to pain and fatigue
  - Aggression
  - Quickly repeated sessions can lead to**
  - Agitation
  - Anxiety
  - Persecution
  - Hallucinations
- (2) Changes associated with 'come-down'**
  - Panic
  - Anxiety
  - Fatigue
  - Depression
  - Sleeplessness
  - Nausea
- (3) Changes associated with heavy use**
  - Damage to nose tissue
  - Paranoia
  - Chest pains, heart problems
  - Lung damage
  - Shortness of breath
  - Convulsions
  - Restless
  - Confused

## **Ecstasy**

### **(1) Changes associated with recent use**

Increased heart rate  
Alert  
In tune with their surroundings and other people  
Tightening of jaw  
Nausea  
Sweating  
Tingling sensation  
Invulnerability  
Relaxed, mellow and calm  
Headrush

### **(2) Changes associated with 'come-down'**

Tired ) Often for  
Depressed ) days

### **(3) Changes associated with chronic use**

Liver, kidney problems  
Depression  
Mental illness  
Bouts of anxiety  
Sleep problems  
Problems associated with malnutrition

## **Amphetamines**

### **(1) Changes associated with recent use**

Euphoria  
Restlessness and over activity  
Inexplicable laughter  
Dilated pupils  
Lips and tongue dry and crushed with dried saliva  
Tremor  
Picking of skin around the fingernails and on the face (especially iv users)  
User has a bright-eyed look coupled with a lack of tact

### **(2) Changes associated with 'come-down'**

Lethargy  
Irritability  
Depression  
Photophobia  
Paranoid mood  
A tendency to sleep late and over-react to disturbance

## **Cannabis**

### **(1) Changes associated with recent use**

Euphoria  
Dreamy expression  
Glazed eyes  
Slow, slurred speech  
Episodes of excitability (user may over-react to auditory  
Visual stimuli, esp. to music and bright colour  
Relaxed but unsteady gait  
Inane laughter

### **(2) Changes associated with habitual heavy use**

Poor memory and concentration  
Passivity  
Reddened eyes  
Odour of 'burnt grass' from clothing and breath  
Dry cough  
Preference for sweet foods and drinks

## **Hallucinogens**

### **(1) Changes associated with recent use**

Dreamy, glazed expression  
Over-react to auditory and visual stimuli  
Preoccupation with examination of every day objects  
Inappropriate laughter or comments  
Sudden mood changes

### **(2) After-effects**

Emotional flatness  
Risk of 'acid flashes'  
Sometimes a feeling of anxiety or depersonalisation

## **Solvents**

### **(1) Indications of recent use**

Redness and watering of the eyes  
A hacking cough  
Excessive nasal discharge  
Spots, rash or ring around the mouth  
Stomach pains and nausea  
Smell of solvents on clothing or breath  
Signs of glue on clothing  
Episodes or erratic, uncharacteristic or disturbed  
behaviour  
Complaints of numbness or tingling feelings in  
the hands or feet  
Hangover behaviour with lethargy and irritability,  
often with headache

## **Tranquillisers**

### **(1) Indications of recent use**

Gross intoxication  
Staggering gait  
Slurred speech  
High risk of episodes of disturbed or violent  
behaviour  
Drowsiness/stupor  
Possible incontinence

### **(2) After-effects**

Risk of delirium, coma or fits