CRADLEY C OF E VA PRIMARY SCHOOL

DRUG PROTECTION POLICY

Vision Statement: Enriching Lives

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CRADLEY C of E VA PRIMARY SCHOOL

DRUG PROTECTION POLICY STATEMENT

1, <u>Introduction</u>

- 1.1, Although currently there is no statutory requirement for schools to have a drugs policy, the government is keen that schools should develop such a policy. Part of the Education Reform Act 1988, requires that the curriculum in all maintained schools should promote the spiritual, moral, cultural, mental and physical development of pupils at the school, and should prepare them for the opportunities, responsibilities and experiences of adult life.
- 1.2, The evidence that is currently available suggests that children are coming into contact with drug misuse at an earlier age than previously was the case. It is important then that schools should develop policies to respond to the needs of the children in their charge.

2, <u>Definition</u>

2.1, Drugs, for the purpose of this policy, include those legal drugs such as alcohol, solvents and tobacco, as well as controlled substances.

3, <u>Aim</u>

- 3.1, The aim of drug education is to enable pupils to make healthy informed choices by increasing their knowledge, challenging attitudes and practising skills.
- 3.2, This aim promotes our mission statement of "Enriching Lives"

4, Objectives

- 4.1, Drug education should:
 - give accurate and relevant information about drugs, the reasons people take them, the law and the effects and risks involved in drug use
 - enable children to explore personal and social attitudes to drug use
 - develop an understanding of the role of drugs in society
 - develop skills. These will include skills in assessment, assertiveness, helping others, getting help, decision making and communication relevant to drug use.

5, Drugs Education and the Curriculum

- 5.1, These aims and objectives are fulfilled through aspects of pupils' experiences in both the taught curriculum, and the informal curriculum that arises from the children.
- 5.2, Certain aspects of drug education are a statutory part of the science curriculum which states that pupils should be taught:
 - at Key Stage 1 about the role of drugs as medicines
 - at Key Stage 2 that tobacco, alcohol and other drugs can have harmful effects.
- 5.3, National Curriculum Guidance 5 Health Education expands these and recommends the following:

5.3.1, Substance Use and Misuse KS1

- Know that all medicines are drugs but not all drugs are medicines
- Know that all substances can be harmful if not used properly
- Know about different types of medicine and that some people need them to live a normal life
- Know and understand simple safety rules about medicines, tablets, solvents and household substances.

5.3.2, Substance Use and Misuse KS2

- Know that all medicines are drugs but not all drugs are medicines
- Know that there are over the counter, prescribed, legal and illegal substances and have some understanding of their effects
- Know how to make simple choices and exercise some basic techniques for resisting pressure from friends and others
- Know the important and beneficial part drugs have played in society.

6, Informal Curriculum

- 6.1, As well as the taught curriculum, there are likely to be times when the issues of drugs and medicines arise informally. The responses of the teachers to such situations will take into account the level of maturity and understanding of the children concerned, but will be consistent with the taught curriculum.
- 6.2, All of the above recommendations are incorporated into our PSHCE curriculum which itself is closely linked to the programme of values education implemented at Cradley. The STAR drugs education programme is used in Class 5. Since drugs education forms an integral part of our PSHCE

curriculum, delivered by class teachers, the school would not normally use outside speakers or agencies to deliver substance education to pupils.

7, <u>Dealing with Drug Related Incidents</u>

- 7.1, The primary concerns in dealing with any substance related incident are the health and safety of pupils and staff in school. In any drug related emergency, teachers will call on the trained first aid personnel in school, and then call for professional medical help. Any material involved in substance incidents will be handed to the head teacher for safe and secure disposal. Where pupils make disclosures of substance related incidents, staff will make it clear that they can give no guarantee of confidentiality.
- 7.2, The school will consider each substance incident individually and recognises that a variety of responses are available, and may be necessary to deal with each incident. As a general rule, parents of children involved in any substance incident will be informed as soon as possible by the head teacher, and normally be invited to discuss the appropriate course of action. Also, as a general rule, the police will be informed when any illegal substance is involved.

8, <u>Implementation and Monitoring</u>

8.1, This policy has been drawn up in consultation with all staff and governors and pupil views have been sought and taken into account. All staff are responsible for the implementation of the drug education policy. Copies are available for inspection. Monitoring drugs education in the school will be the responsibility of all concerned, staff, headteacher and governors and the policy will be reviewed regularly. There are of course real difficulties in evaluating the effectiveness of this policy, since it is not just about the current behaviour of pupils, but preparation for their future lives.

APPENDIX 1

Procedures for Class A Drugs: Procedures when appropriate

We have had a child that took Ritalin.

The parents brought the tablets into school at the beginning of the week and the tablets were signed in by two members of staff in a special book.

The tablets were kept in the medical room, double locked in a cupboard.

The child came to the office at the required time and the tablet was taken in the medical room. The administration of the tablet was signed in the book by two members of staff.

In the event of tablets remaining at the end of the week, the parent adjusted the number of tablets brought the following week.