



DRUG EDUCATION POLICY

May Reid

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Signed – Governor

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Print Name

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Review: November 2018

A Policy for dealing, through education, with Drug & Substance abuse

1. PRINCIPLES

- 1.1** Falconer School does not condone either the misuse of drugs, alcohol, tobacco or other substances by members of the school, nor the illegal supply of these substances. This will apply to the school premises and beyond, whenever students are within the care of school staff. This includes travel to and from school, trips and educational visits. For the purposes of this policy, 'drug use' refers to all drugs mentioned above. A drug is any substance people take to change the way they feel, think or behave. It includes legal substances, such as alcohol, tobacco, and solvents, volatile substances, over the counter and prescribed drugs and illegal drugs such as cannabis, ecstasy, heroin, crack/cocaine, LSD, GHB, Ketamine and alkyl nitrites (poppers).
- 1.2** Falconer School is committed to the health and safety of its members and will take action to safeguard their well-being.
- 1.3** Falconer School acknowledges the importance of its pastoral role in the welfare of young people, and through the general ethos of the school, will seek to persuade students in need of support to come forward. This will be promoted through the PSHE curriculum, assemblies and tutor time.

2. STAFF RESPONSIBILITIES

The Headteacher takes overall responsibility for the policy, its implementation and for the appointment within the school of a Drugs co-ordinator, who will have general responsibility for handling the daily implementation of this policy. The Drugs co-ordinator is Fraser Cunningham (Deputy Headteacher).

3. AIMS

- 3.1** At Falconer School we believe that a drug education programme is an educational entitlement of all students. We believe that by carefully considering our programme and its delivery we can play an important part in each of our student's development into adulthood. We believe and support the following educational aims:

3.2 We aim to:

- Enable young people to make healthy, informed choices through helping them to increase their knowledge, challenging and exploring attitudes and developing and practising skills.
- To help young people to develop further a sense of self-worth and self-esteem.
- To increase understanding about the implications and possible consequences of drug use and misuse.
- To help young people to distinguish between different substances, consider their use, misuse, benefit and harm.
- To listen to young people's thoughts, feelings and concerns and to ensure that drug education responds to their needs by using student focus groups to evaluate the quality of the PSHE curriculum.
- To counter any inaccurate messages and myths which young people may receive about drugs with accurate information.
- To encourage an understanding for those experiencing or likely to experience drug use (including those dependant on medicinal drugs).
- To widen understanding about related health, social and legal issues.
- To enable students to identify where help and support can be found.
- Use the Health Related Behaviour Questionnaire to reform our curriculum.

4. PRACTICE

We **will implement** our aims through a **range of activities including**:

- 4.1 Planned aspects of **our curriculum** which responds to students needs **including** Science, PSHE and Religious Studies curriculum. We recognise that drug education is about far more than the physiological effects of drugs and is most successfully delivered as part of PSHE.
- 4.2 Content and teaching approaches, which match the needs and maturities of all students, including those with special educational needs and English as an additional language.
- 4.3 Involvement of the whole community, including staff, governors, parents/carers, students and visitors. We subscribe to the code of practice laid down by the Hertfordshire Drug Action Team as stated in 'Preventing Drug Misuse through Education – A Policy & Strategy for Hertfordshire'. Visitors can make a valuable contribution to drug education provision but do not constitute a comprehensive programme. The rationale for bringing in a visitor must be clear. It must enhance the overall educational experience and must educate rather than rationalise. It must fit with the stated aims and objectives of our PSHE, Science and drug education policy. School staff must always be present and the educational outcomes evaluated. Further details of visitor involvement can be obtained from www.hertsdef.org
- 4.4 **Counselling and support available to all young people at Falconer School through the services of the School Counsellor. The school also works with numerous outside agencies including the Police, Connexions Service, Social Services, Education Welfare, The LA and Health and Drugs Agencies. We also liaise with The Links Educational Support Centre.**
- 4.5 **Adults acting as good role-models for young people.**
- 4.6 **Working closely with parents/carers by:**
 - recognising the important role each other has regarding the students;
 - regular communication regarding any problems which may arise;
 - sharing joint strategies and approaches towards the students;
 - clear, consistent shared measures;
 - being positive role models;
 - supporting each other.
- 4.7 In planning drug education for students with SEN, our teachers consider a range of responses. For example:
 - Additional support given by staff;
 - Activities may be differentiated or adapted;
 - Programme aspects may need to be emphasised or expanded;
 - Revisiting knowledge and skills in different contexts;
 - Using strategies to increase access to drug education, such as theatre projects, ICT, school visits and specialist equipment.

5. **SKILLS & ATTITUDES**

Knowledge about drugs does not necessarily change behaviour. Young people need to build up personal and social skills to enable them to cope with possible pressures. Skills such as:

- communicating feelings
- building positive relationships

- resisting negative peer pressure
- making decisions
- coping with conflict
- developing confidence and assertiveness
- sensitivity towards the opinions and values of others

6. MONITORING & REVIEW

6.1 Michelle Domb (Pastoral Manager) will monitor the implementation of drug education. We will monitor the success of the policy by reviewing:

- The number of fixed term and permanent exclusions
- The number of students effectively re-integrated into the school following a fixed term exclusion
- The number of repeated offences following different responses or sanctions
- The results of the Health Related Behaviour Questionnaire
- Feedback from Student Focus Groups.

7. RESPONDING TO DRUG RELATED INCIDENTS IN SCHOOL

7.1 **All incidents involving substances in possession, misuse or supply by students on the premises, or in the immediate vicinity, during the school day or during school trips or events must be reported immediately to a member of senior staff. It is a serious breach of the school rules and will lead to a fixed term or permanent exclusion.**

7.2 If the situation leads to a medical emergency the school emergency aid procedures will be followed immediately.

7.3 In the absence of a medical emergency, the Headteacher must be informed, the Drug Co-ordinator will be informed **and an appropriate strategy to deal with the incident will be drawn up.** We will refer to the DCSF/Children, Schools and Families guidelines on responding to drug related incidents to determine the necessary response. The implications of any action we take will be carefully considered. The focus of any response will be the student not the substance and we will seek to balance the interests of the individual, other members of the school community and the wider community.

7.4 Unless there are exceptional circumstances, we will inform parents/carers or guardians at the earliest opportunity so that we can work together to support the student and resolve any difficulties.

7.5 **Supplying an of illegal drug will be treated with the greatest of severity and most likely lead to Permanent Exclusion of the student(s) involved. It is one of the exceptional circumstances where the Headteacher may judge that it is appropriate to permanently exclude a student, even for a one-off or first time offence.**

8. CONTACT WITH THE MEDIA

The Headteacher will take responsibility for liaison with the media. As the issue of substance misuse is an emotional one, and is likely to generate interest from the local and national media, the school will take appropriate advice and guidance from the LEA Press Office and Legal Department to ensure that any reporting of incidents remains in the best interests of the young people, their families and the school. The LEA should be informed as soon as possible. This may be done via LEA Adviser for Drugs Education, or the School Support Officer.

9. STAFF PROCEDURES

- 9.1** Incidents and issues involving drugs can cover an enormous range in terms of location, allegations and suspicion, possession or even serious cases of supplying drugs. The procedures involved must reflect this in terms of its diversity and suitability. In all cases it is appropriate for staff to inform the Drugs Co-ordinator. All staff will be made aware of the legal constraints on gathering evidence and questioning those involved. They will not take action without including the Headteacher and/or Drug Co-ordinator.
- 9.2** **Appendix 1** should be applied when considering any drug related incident.
- 9.3** **Place:** If possible, remove the substance from where it was discovered in the presence of a witness. If this is not possible, do not leave the substance there while you enlist the support of a colleague or a witness. Continue with the procedure below.
- 9.4** **Person:** When receiving or retrieving substances from a student, do so if possible in the presence of a witness. In the absence of a witness, do not put off receiving substances or, within bounds of your professional discretion, removing a suspicious substance from a pupil's possession.
- 9.5** The following guideline should be observed at all times:
- Remove the substance and record the time, place and circumstance when the substance came into your possession. It is not legal to conduct an intimate personal search of a student. Ask the student to turn out pockets and bags.
 - Do not investigate the nature of the substance, but do record its approximate size and appearance. Do not taste anything.
 - When possible, have the records countersigned by a witness.
 - Take the substance immediately to the Substance Co-ordinator, who will take it to the Headteacher. Do not keep the substance on your person or in a place of safe keeping; to do so may place you at risk.
 - In the presence of the Co-ordinator or Headteacher, place the substance in a suitable sealed container. The co-ordinator, Headteacher, yourself and when possible, the witness, should sign and date the package.
 - The Headteacher can choose to arrange for the police to remove the substance from the premises or may choose to dispose of it in an appropriate way.
 - In the event of a discovery of any equipment associated with substance use, especially needles and syringes, students should not be allowed to handle such items. All equipment found must be handled by adults with utmost care. The Headteacher must ensure that materials are placed in a secure and rigid container to wait collection by the appropriate service.
- 9.6** **Confidentiality:** Some students may choose to disclose instances of drug use in class or to individual members of the school community, while staff will want to be supportive, they need to follow our Child Protection guidelines and clearly state that they may not be able to guarantee confidentiality. While there is no legal duty to pass on confidential information to other agencies, where there is probability that a student is 'at risk of significant harm', there is a moral duty to pass on such information. The boundaries of confidentiality should be made clear to the young person before they begin to disclose. The essence of a confidential relationship is openness and agreement about what, if anything, will happen to information disclosed between the two people.

10. APPENDIX 1

