

COMBE PAFFORD SCHOOL
DRUGS EDUCATION POLICY

Rationale

The majority of young people of school-age have never used an illegal drug. Most will at some stage be occasional users of drugs of medicinal purposes and many will try tobacco or alcohol. Very few pupils who experiment with illegal drugs will go on to become problem drug users.

All pupils, including those in primary schools, are likely to be exposed to the effects and influences of drugs in the community and be increasingly exposed to opportunities to try both legal and illegal drugs.

DFES/0092/2004

Drugs: a guidance for schools

Aims

The misuse of drugs, including alcohol and tobacco by members of the school, and illegal supply of these substances is strongly disapproved of. The health and safety of the school community is very important and action will be taken to safeguard their well-being.

The strong pastoral care system, supported by the school ethos will seek to encourage pupils in need of support to come forward.

Objectives

- i) Increasing knowledge, changing attitudes and enhancing skills
 - To provide opportunities for pupils to acquire knowledge and understanding about the dangers of drug misuse
 - To provide opportunities for pupils to be equipped with the knowledge, attitudes and skills they need to avoid the misuse of drugs, and to help reduce school problems associated with drug use

- ii) Behaviour
 - To minimise the number of young people who ever engage in drug misuse
 - To delay the onset of first use for those who do experiment at any time
 - To minimise the proportion of users who adopt particularly dangerous forms of misuse
 - To persuade those who are experimenting with or misusing drugs to stop
 - To enable any pupils who are misusing drugs to have concerns about their behaviour and to seek help

The above objectives are met throughout both the taught and the informal curriculum. The school has a multi-agency approach working when pertinent with agencies such as Community Police, Social Services, LEA and Health and Drug Agencies to deal with drug related incidents in school.

Definition of the term 'Drugs'

The definition of a drug given by U.N. Office on Drugs and Crime is:

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

Compounds that alter the physiological state of living organisms, including man. Medicinal drugs are used for the treatment, prevention and diagnosis of disease and illness. Some drugs are taken solely for pleasurable effects e.g. caffeine, nicotine or alcohol and include illegal or controlled substances and drugs. Many such drugs are addictive. (For a definition of drug misuse see Appendix 1) For medicinal use of drugs within school see Medicine Policy (Appendix 2).

Guidelines

Issues considered in Policy Formation

Statutory Legal Requirements –
Misuse of Drugs Act 1971 – see Appendix 1
Drugs: Guidance DFES/0092/2004
White Paper ‘Excellence in School’
National Healthy Schools Standard criteria for drug education

Pupils’ needs/wishes are annually surveyed. Awareness of misuse of drugs – but more pupils did not know anyone who takes drugs that are not medicines. 90% of Year 8 pupils had never smoked and 75% of Year 9 pupils had never smoked.

Whilst we acknowledge the numbers of people who use and misuse drugs are rising, it is seen as important to recognise that larger numbers of young people are choosing not to use or misuse substances. We will continue to support differing needs.

Organisation of Curriculum

- All pupils from KS2-4 are entitled to a spiral drug education curriculum that is integral within the schools’ PSE programme.
- Individuals must be treated according to their needs and desires and not by gender, ethnicity or religious belief or disability (See Equal Opportunity Policy).
- Drug Education is taught as part of discrete PSE lessons in KS3 and 4.
- In KS4 pupils receive external accreditation of learning outcomes achieved through AQA Entry Level Certificate in PSHE of which Drug Education is a compulsory unit. See Curriculum Overview.

Specific Issues Statements

- Confidentiality
Where a pupil discloses to a teacher/other adult that he or she is taking illegal drugs the adults should make it clear that there can be no guarantee of confidentiality given the seriousness of drug misuse. If staff suspect a pupil is in moral or physical danger, information should be passed on immediately to SMT member or child protection designated teacher (See Child Protection Policy)
- Classroom Information
Posters of sensitive nature will not be on permanent display
- Bullying – see policy document on Behaviour
- Harm reduction techniques are not part of the curriculum, but may be used by other agencies in cases of student referrals
- Complaints – see adopted County Policy document
- Use of visitors and outside agencies – see Appendix 4
- HIV Carriers – see Health and Safety Policy
- Advice – information and referral (individual and in the classroom). This should be honest and unbiased. Individual advice about a pupil’s personal use of substances is not appropriate but provision of information of sources of help and confidential advice is.
- Procedures for supporting members of the school community who are misusing drugs or solvents – see policy document on Drug Related Incidents on School Premises. See also Appendix 5 Drug and Solvent Misuse and Appendix 7 Flow Chart for dealing with Drug Related Incidents.

Dealing with Drug Related Incidents in School

Staff will refer all concerns about drug related incidents to the Headteacher or a Deputy Headteacher in their absence. The school will follow the guidelines in DFES Guidance 0092/2004 which says;

‘The school will consider each substance individually and recognises that a variety of responses will be necessary to deal with incidents. The school will consider very carefully the implications of any action it may take. It seeks to balance the interests of the pupils involved, the other school members and the local community. Permanent exclusion is seen as a last resort as it may only transfer the problem’

Please refer to Appendix 7

Approved by Governors

February 2003, February 2004, February 2006

Date for Review

February 2008

APPENDIX 1

LAW ON DRUGS

It is an offence, under the Misuse of Drugs Act 1971: (Amended January 2004)

1. To supply or offer to supply a controlled drug to another in contravention of the act.
2. To be in possession of, or to possess with intent to supply to another, a controlled drug in contravention of the act; it is a defence to the offence of possession that, knowing or suspecting it to be a controlled drug, the accused took possession of it for the purpose of preventing another committing and continuing to commit an offence, and that as soon as possible after taking possession of it he or she took all such steps as were reasonably open to him or her to destroy the drug or to deliver it into the custody of a person lawfully entitled to take custody of it.
3. For the occupier or someone concerned in the management of premises knowingly to permit or suffer on this premises the smoking of (cannabis) or supplying or attempting to supply or offering to supply a controlled drug.

LIST OF CONTROLLED SUBSTANCES

- | | |
|----------------|--|
| Class C | Tranquillisers – Valium, Librium, Ativan, Anabolic Steroids
(illegal when given/sold to people for non-medical use)
Cannabis resin and grass (Reclassified from Class B to Class C from 29.01.04.
Remains an illegal drug with penalties for supply and possession) |
| Class B | DF 118 (Painkillers)
Amphetamines (Speed)
Barbiturates
Codeine
Ritalin |
| Class A | Heroin
Methodone
Opium
Opium – Crack – Cocaine
L.S.D.
Cannabis Oil
Ecstasy
Processed magic mushrooms
Any Class B drug which is injected |

APPENDIX 2

COMBE PAFFORD SCHOOL

Administration of Medication Policy

Rationale

To enable pupils who have a medical condition to attend Combe Pafford School, it is essential that we have a clear policy that is understood and followed by all concerned, parents, staff, Governors and the Local Education Authority. The Governing Body have the responsibility to decide whether the school can assist pupils who need medication. This responsibility can be delegated to the Headteacher.

Purpose

Whilst teachers and other school staff have a duty of care to act as any responsible parent to ensure pupils are healthy and safe, this does not include the administration of medication. However staff can be appointed specifically to undertake this task and be included as part of their job descriptions. Alternatively, staff can volunteer to undertake this role and this policy needs to promote the framework within which any member of staff administering medication carries out this task.

For staff who volunteer, the LEA offers indemnity against action arising from allegations of mal-administration provided that parents have given their consent in writing and where necessary, appropriate training has been given.

The school would normally try to comply with all requests that are supported by the school doctor.

Parents remain responsible for their child's medication. They have a responsibility to inform school when their child requires medication and request the help of the school. Where necessary, they need to take personal responsibility for any action which is beyond that which can reasonably be expected of school staff.

Guidelines

a) Prior to medication being administered

- The policy needs to be sent to parents together with the form 'Request for school to administer medication' (see Appendix A*). This form must be completed and returned to school prior to medication being given. A change of medication requires completion of a new form.
- Medication should be sent into school wherever possible with a responsible adult, parent/escort/driver. It should be given to either Mrs Cornish or the school office (Mrs Bourne and Mrs Middleton will accept medication in Mrs Cornish's absence).
- Parents should send the medication fully labelled with the child's name and the dosage to be given. The quantity of medication supplied should not be excessive (approximately 1 week at a time). Child proof containers should be used wherever possible.
- All medication forms to be reissued and completed every September (change of medication or new pupils).
- Medication will only be administered if the above guidelines are adhered to.

b) Administration of medication in school

- Medication will only be administered by suitably trained staff as advised by the school doctor.
- All medication will be kept in a locked medicine trolley *. The key to be kept by Mrs Cornish. A spare key will be kept and clearly labelled in the key safe located in the school office.

(* The only exception to this will be medication for asthma where pupils self administer - separate parental consent form to be completed and filed).

- A daily register of all medication administered will be kept (see Appendix 2).*
- No medication will be administered without written parental consent.
- If teachers take pupils off the premises they assume the responsibility for ensuring medication can be properly administered.

c) Other issues

- As instructed by Torbay LEA 'it is not possible for schools to accept drugs which require refrigerated storage'!
- If a pupil is taken to hospital, a photocopied 'pupil data collection sheet' should accompany the pupil. These are kept in the school office.
- 'Staff should not normally be expected to supervise routinely the treatment of children who receive thrice-daily medication as medication could be provided before and after school and bedtime'. Torbay LEA
- For occasions that arise not specifically covered in this policy, procedures as laid down in 'Supporting Pupils with Medical Needs' published by DfEE/Department of Health will be followed.

Staff Training

References

'Supporting Pupils with Medical Needs - a good practice guide'

DfEE / Dept. of Health

'Supporting Pupils with Medical Needs'

Circular 14/96 DfEE

'Policy of Supporting Pupils with Medical Needs in School'

Torbay Education Services Directorate Dec 1999

'The Administration of Medicines' (Ref PM006)

NAHT March 2001

'Specific Medical Problems' (Ref PM011)

NAHT March 2001

Considered by School Doctor: November 2001

Approved by Governors: November 2004, October 2005

Date for Review: November 2006

STAFF WITH FIRST AID TRAINING AND QUALIFICATIONS

AT COMBE PAFFORD SCHOOL

<u>Name</u>	<u>Training</u>	<u>Expires</u>
A Setters	2 Day (update)	Feb 2006
K Moody	4 Day	May 2003
L Cooper	4 Day	May 2003
M Cornish	2 Day (update)	Feb 2006
J Knight	1 Day	Nov 2006
E Russell	1 Day	Dec 2006
L Burfitt	1 Day	2006
S Harris	1 Day	Nov 2006
M Nolan	1 Day	Oct 2006
H Keeling	4 Day	Mar 2004
D Day	1 Day	Oct 2006
E Underdown	4 Day	July 2006
J Markham	1 Day	Oct 2005
M Bourne	4 Day	Jan 2005
L Davey	4 Day	
M Day	1 Day	Feb 2006
L Middleton	2 Day (update)	Feb 2006
E Thompson	1 Day Safety in Outdoor Activity 24.11.00	November 2003
A Jones	1 Day Safety in Outdoor Activity 24.11.00	November 2003
G Bates	1 Day Safety in Outdoor Activity 24.11.00	November 2003

APPENDIX 3

THE ROLES OF THE HEADTEACHER AND GOVERNING BODY

The Headteacher takes overall responsibility for the policy and its implementation, for liaison with the Governing Body, parents, LEA and appropriate outside agencies and for the appointment within the school of a Substance Coordinator, who will have general responsibility for handling the daily implementation of this policy. The Headteacher will ensure that all staff dealing with substance issues are adequately supported and trained.

In instances involving substance misuse or supply on the premises, and following discussion between staff members who know the pupil well, parents will be informed at the earliest opportunity by the Headteacher. The school and the parents can then work together to support the young person involved.

If a young person admits to using or supplying substances off the premises, the teacher's discretion will be involved, but informing the Substance Coordinator is appropriate action. The Coordinator should inform the Headteacher, who will inform the teachers.

There is no legal obligation to inform the police, though they may be able to give relevant support and advice. However, a school cannot knowingly allow its premises to be used for the production or supply of any controlled drug, or the preparation or smoking of cannabis or opium. Where it is suspected that substances are continuing to be sold on the premises, details regarding those involved as well as as much information as possible, will be passed to the Police Liaison Officer or Community Affairs Department.

The Governing Body will be involved in substance education and substance related incidents in the same manner as any other matter concerning the direction of the school.

The school will consider each substance incident individually and recognises that a variety of responses will be necessary to deal with incidents. The school will consider very carefully the implications of any action it may take. It seeks to balance the interests of the pupils involved, the other school members and the local community. Permanent exclusion is seen as a last resort as it may only transfer the problem.

Regarding the welfare of the staff, the school will follow the County Council Policy on Drug and Alcohol Misuse as part of its Health and Safety Policy, which is designed to reduce to a minimum the possible effects of substance misuse on the user, other employees and the environment.

The Headteacher will take responsibility for liaison with the media. As the issue of substance misuse is an emotive 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. Where LEA schools are concerned, the LEA should be informed as soon as possible. This may be done via the LEA Adviser for Drugs Education, or the School Support Officer.

APPENDIX 4

GUIDELINES ON THE USE OF VISITORS AND OUTSIDE AGENCIES

Health education is a shared responsibility; what is learned at school/college can and should be supported by experiences at home and in the community. It is therefore sometimes appropriate to involve visitors from outside agencies, not to undertake the above but to support it.

Before involving visitors in drug education, or any aspect of health education, schools/colleges should ensure that:

- The visitor shares the school's/college's values and approach to health education
- The contribution is consistent with the school's/college's own theory and practice and the information impartial
- An outsider's input is being sought for sound educational reasons and that the particular visitor is the most appropriate source of that input
- The contribution from the visitor is an integrated element of the curriculum with appropriate planning, preparatory and follow up work
- The visitor understands the emotional and intellectual levels of the children or young people involved and can communicate at the appropriate level
- The legal implications of having and using visitors in school/college in respect of child protection and the Children Act 1989 are addressed
- The visitor is known to and approved by Devon or Cornwall Education Departments

Visitors should never be left alone to work with pupils. The teacher must be part of the experience so he/she can provide appropriate follow up work.

The programme co-ordinator should negotiate with the teacher and visitor.

- What are the aims of the session?
- How will this agency's contribution enhance the students' experience?
- What drug education have the pupils already experienced?
- What will they experience in the future?
- How will the session be followed up?
- What is the nature of the group with whom they will work?

See attached planning sheet Appendix 5

APPENDIX 6

POSSIBLE SIGNS AND SYMPTOMS OF DRUG MISUSE

The signs listed may indicate that individuals or groups of young people are misusing drugs.

Their presence alone is not conclusive proof of drug or solvent misuse: many of them are a normal part of adolescence but the presence of several signs together may point to a need for greater vigilance.

BEHAVIOUR

- Sudden and regular changes of mood or irritability
- Unusually aggressive or restless
- Gradual loss of interest in school/college work, friends, hobbies etc
- Increased evidence of lying or other furtive behaviour
- Loss of money or other objects from the house
- Keeping at a distance from other pupils and away from points of supervision
- Being the subject of rumours about drug taking
- Talking to strangers on or near the premises
- Stealing, which appears to be the work of several individuals rather than one person
- Use of drug takers slang
- Exchanging money or other objects in unusual circumstances
- Associating briefly with one person who is much older and not normally part of the peer group
- Secretiveness about leisure time activities

PHYSICAL SYMPTOMS

- Loss of appetite
- Uncharacteristically drowsy or sleepy
- Unusual stains, marks or smells on the body or clothes or around the house
- No interest in physical appearance
- Sores or rashes especially on the mouth or nose
- Heavy use of scents, colognes etc. to disguise the smell of drugs
- Drunken behaviour
- Frequent and persistent headaches, sore throat or running nose (whatever the reason a visit to the GP would be wise)

EQUIPMENT WHICH MAY BE USED

- | | |
|---|--|
| • Scorched pieces of tin foil | Twists of paper |
| • A home made pipe | Straws |
| • The remains of a cannabis cigarette with Small cardboard tube filter | Sugar lumps |
| • Sunglasses worn at inappropriate times | Syringes or needles |
| • Foil containers or cup shapes made from Silver foil – perhaps discoloured by heat | Cigarette papers and lighters |
| • Metal tins | Spent matches |
| • Spoons discoloured by heat | Plastic matches or butane gas containers (solvent abuse) |
| • Pill boxes | Cardboard or other tubes |
| • Plastic, cellophane or metal foil wrappers | Stamps, stickers or similar items |
| • Small plastic or glass files or bottles | Shredded cigarettes, home-rolled cigarettes and pipes |
| | Small squares of paper folded to make little envelopes |