

## RATIONALE

Reference to 'drugs' is an emotive issue. Society as a whole is anxious about the effects of drug misuse and yet does not always clarify its understanding of the issues. Different groups in society have different perceptions of the dangers and acceptability of different drug types. In some circles drugs can be glamourised and the subject open to misunderstandings. Drugs education in primary schools can cause alarm and yet is essential if we are to equip our children with the necessary skills, understanding and knowledge to move confidently into adult life.

We have a responsibility to inform our children of the facts relating to the substances they will and do encounter in their environment. In many cases they will have already experienced the effect of drugs in the adults around them. It is important that we are sensitive to the experiences that children may have.

We will not tolerate the misuse of drugs within the schools and its grounds. This includes adults who come on to the school premises and may be intoxicated or in possession of illegal drugs. Our school is a no-smoking area and we request all adults to refrain from smoking around the premises. This has also been extended to after-school fund-raising events.

We recognise that some of our children and parents need a variety of medicines and appropriate arrangements are made to enable the correct distribution of these. Further information can be found in our health and safety policy.

This drugs policy is part of our overall approach to health and well-being. Through our PHSE and Ct curriculum and through circle time and school ethos we aim to ensure that children recognise the importance of what they chose to eat and drink and the effect which this can have. Self-respect and a healthy lifestyle are all part of an approach which will enable our children to make the right choices for themselves and their families now and in the future.

# Definition of 'drugs' for the benefit of this policy

The term refers to:

All illegal drugs.

All legal drugs, including alcohol, tobacco, volatile substances

All over the counter and prescription medicines.

## AIMS

To provide the information and support for children to be able to make lifestyle choices To encourage a supportive ethos in which issues can be discussed and questions answered Ensure the safety of staff and pupils when on the school site Provide appropriate role models and examples to illustrate a healthy lifestyle Take a firm stance against illegal drugs Raise awareness for children of the importance of their choices in forging a healthy lifestyle. Recognise the valuable role that medication can have Acknowledge that not all family members may make healthy choices and some of the reasons why Enable children to develop a self-awareness and realise the power they have to determine their own lives Provide a whole school approach to issues of healthy lifestyle. Draw attention to the effect which peers can have upon the decisions that we make and the need to take a considered approach to this Alert children to ways of seeking additional help and support where necessary

Ensure that children have access to balanced information and views against which they can clarify their own opinions

To help children establish the difference between fact, opinion and belief.

# The Drugs Education Curriculum

KEY STAGE ONE	KEY STAGE TWO
Knowledge and Understanding	
School rules relating to medicines.	School rules relating to medicines, alcohol, to- bacco, solvents and illegal drugs.
Basic information on how the body works and how to look after it.	More detailed information on the body and how to take care of it.
The role of medicines (both prescribed and over the counter) in promoting health and the reasons people use them.	Different types of medicine (both prescribed and over the counter) legal and illegal drugs including their form, effects and associated risks.
Understand that all drugs can be harmful if not used properly.	Introduction to the law relating to the use of legal and illegal drugs.
Simple safety rules about medicines and other substances used in the home, including solvents.	People who can help children when they have questions or concerns.
Consideration of alcohol and tobacco, their general effects on the body and on their behaviour.	Dangers from handling discarded syringes and needles.
People who are involved with medicines such as health professionals, pharmacists and shopkeepers.	
People who can help children when they have questions or concerns.	
<u>Skills</u>	
Communicating feelings such as concerns about illness and taking medicines.	Identifying risks.
Following simple safety instructions.	Coping with peer influences.
When and how to get help from adults.	Decision-making and assertiveness in situations relating to drug use.
	Giving and getting help.
	Safety procedures when using medicines.
<u>Attitudes</u>	
Valuing one's body and recognising its unique- ness.	Valuing oneself and others.
Attitudes towards medicines, health professionals and hospitals.	Attitudes and beliefs about different drugs and people who may use or misuse them.
Attitudes towards the use of alcohol and ciga- rettes.	Responses to media and advertising presentations of alcohol, tobacco and other legal drugs.
Responses to media and advertising presentations of medicines, alcohol and smoking.	Taking responsibility for one's own safety and behaviour.

### The approach at our school

There are a number of ways in which we aim to help children understand the implication of drug use and misuse. We recognise that drugs impinge on many of our children's lives in a variety of ways and the subject needs careful handling. We are also aware of the impact of national initiatives and publicity campaigns. We aim to involve different deliverers in providing different perspectives on the issue and to provide opportunity for children to ask questions and share their existing knowledge. There may be many misconceptions which will need to be addressed in a sensitive and factual way. Where teachers are unsure it is acceptable to refrain from answering the question until further clarification can be sought. The methods we use include:

#### **Circle time**

These informal opportunities are taken to enable children to discuss topical issues as they arise in the media, at home and in the locality. The teacher facilitates the discussion, handles any remarks leading to possible disclosures and establishes ground rules.

Circle time provides a particularly good opportunity to discuss issues raised in the Life Education Centre Van and in the more formal Science curriculum. On occasions issues will also have been raised through literature that the children have been reading.

## PHSE and Ct

During our weekly slots aspects are discussed relating to:

Safety in the handling of household products and medicine (Year 2)

The effect of smoking and drinking upon our lives and other commonly used legal and illegal drugs (Year 4)

The category of 'illegal drugs' and what children understand and know about these. Building ourselves a healthy lifestyle – looking to the future (Year 6)

## **School Nurse**

Our school nurse is a recognised, familiar figure in our school. Although on hand to support individual cases and families she can also helps to deliver aspects of our drugs education by providing some medical information about the effect and use of medicines within our society. We can also access other agencies available locally—i.e. police, drugs awareness groups.

## Using fiction/ role play

At different times picture books are used as a resource to help support the PHSE and C curriculum and to open up discussion in the nurture group. Using stories enables discussions / drama about issues which can be quite sensitive without appearing to target any individual.

## Science

As part of our science curriculum we include: The role of medicines in our lives (Year 2) The effects of alcohol and tobacco on our health (Year 4) The effects and risks of illegal drugs on health, family and future. What we mean by a healthy lifestyle and the effect which different food, drink and drugs can have upon us both emotionally and physically (Year 6)

### In the Event of Disclosure

There may be times during discussions about drugs when children make disclosures. Where this is the case the teacher should sensitively listen to what the child has to say whilst also avoiding further disclosure in front of the class. At the end of the lesson it might be appropriate to spend some time with the child allowing them opportunity to speak but following the child protection policy, not asking questions or writing down at this stage. Confidentiality cannot be promised. As soon as is reasonable, the class teacher should pass on their own concerns to the designated person who will follow the agreed procedure for disclosure handling. The class teacher should always ensure they remain calm and should not appear shocked by what children might have to say.

It is important that children understand the ground rules during any discussion and that they do not put pressure upon one another to reveal personal information.

#### Drug use on the premises

Our school makes it clear that drug use on the premises is not acceptable except in the case of prescribed medication which is know to senior management.

This includes:

Smoking on or around the school premises either during the school day or during evening events

Alcohol on the school site during the school day

Alcohol consumed by adults in the playground

Adults on the school premises who are evidently under the influence of alcohol or substances which impair their judgement

Adults in known possession of alcohol or illegal substances around the school premises

Where school staff suspect that there is transgression of these guidelines senior management should be informed immediately at which point a judgement will be made as to whether they should:

approach the individual call the police make arrangements to isolate the individual to ensure the safety of children on the school site

At all times the safety of the children remains the key factor in any decision made whilst staff should also be alert to the danger they may bring on themselves by certain courses of action. Any repeat of transgressions might be referred to the LEA in order for legal action to be taken.

If there is concern that parents collecting a child may potentially place that child at risk the school can, in extreme circumstances, refuse to hand over the pupil. The appropriate services would then be notified immediately.

## Drug use by pupils

It is very rare for primary school pupils to be identified as taking non-medicinal drugs. However, on occasions it might come to the attention of staff that children have been smoking or drinking or taking drugs or be in the company, on occasions of adolescents who are. Each case should

be taken individually and the appropriate course of action decided by a senior member of staff.

Alternatives include:

Use of the school behaviour policy Referral to parents Referral to the police Referral to social services Referral to another external support agency Use of the nurture room for discussion Counselling and support for individual children

A combination of the above might be used. Decisions will be based upon the immediate and long-term safety of the child involved and the nature and time of the incidents. Parental involvement in any discussion is crucial except where the incident is one considered to relate to child protection. In this case the child protection policy should be followed and immediate referral made.

## Drugs found on school premises

#### **Needles/ Sharps**

These will be removed by the identified member of staff using thick leather gardening gloves and placed in a 'sharps box'.

#### **Alcohol and Tobacco**

Parents/ carers will normally be informed and given the opportunity to collect the alcohol or tobacco.

#### **Illegal Drugs**

Temporary possession of these should be taken in the presence of another adult. The drug should be sealed in a plastic bag with details of the time and date when found. The police should then be notified. They should then be kept in the locked cabinet in the school office until it can be collected.

## SPECIAL NEEDS

It is appropriate that all children have access to the information covered in our drugs education programme.

Arrangements should be made within classrooms to enable this to happen either through additional TA support or the adaptation of curriculum materials. In most cases the largely discursive nature of the subject will mean that all children have equal access.

It should be noted that some children will need to use medication regularly as part of their own special needs. This might be for either physical or emotional reasons.

Care should be taken at all times to draw a distinction between different types of drugs use and enable children to see the value that drugs can have in our society to large groups of people. There might be opportunity for individual with first-hand experience of taking medication for particular ailments to share their experiences and discuss some of the side effects and benefits that such reliance at times can have. Any such involvement should be discussed with the child concerned and their parents.

## PARENTAL INVOLVEMENT

Parents are invited to inspect the school drug policy and are consulted through their Governor representatives. Copies of the policy are available in the school foyer and on the school website.

Parents are informed about their children's curriculum on a termly basis. This includes an overview of drugs education coverage. Where parents do have concerns they should be invited into school to share these and to see any materials that are being used.

It might also be appropriate for the school nurse to be invited in to discuss issues relating to drugs with parents and staff as and when the need arises.

## ASSESSMENT

It is useful to incorporate a before and after assessment of children's understanding of drugs and their use.

For example an initial lesson might request children to draw examples of different drugs. This can provide a basis upon which to discuss what children perceive as a drug. At the end of the unit a similar activity will hopefully demonstrate conceptual development. Where particular issues remain this should be noted on feed forward information as w ell a being clarified with the group itself.

Assessment for learning is an integral part of our teaching. Children should be asked to share their level of understanding, the most effective teaching techniques and what they believe will help them further as units of work progress. In some cases group work will enable children to support one another.

T he elements of drug education that form part of the Science curriculum will be assessed in accordance with the requirements of the National Curriculum.

## MONITORING

By analyzing the assessment responses and noting informal feedback from observations of pupils we will gain an indication of how effective the programmes have been and where strengths and weaknesses might lie.

S enior management and the coordinator will monitor the progress of planning and adjust teaching programmes where necessary. Work sampling and observations provide insight into the children's understanding and the quality of delivery. The School Council may well bring issues to discussion.

T he PHSE and Ct and Science coordinators receives information through work sampling and lesson observations, staff and department meetings.

T he PHSE and Ct and Science coordinators provide feedback on curriculum development to the Governors' Curriculum Sub-Committee.

#### REVIEW

This policy will be reviewed annually.