



## Thirsk Community Primary School

### A Curriculum Policy for Drugs Education

#### MISSION STATEMENT

At Thirsk Community Primary School, we are committed to developing and celebrating the individual strengths of each child, actively encouraging them to achieve their full potential in a safe, secure and caring environment.

Everyone is an individual and everyone is important.

#### Aims

##### **B**e Healthy:

- To actively encourage engagement in a healthy lifestyle
- To take responsibility for our own decision making

##### **E**njoy and Achieve:

- To set high standards and expectations and celebrate success at all levels
- To have positive attitudes and a sense of enjoyment in learning

##### **A**chieve Economic Well Being:

- To enable children to fulfil their roles as responsible and valued members of society.
- To understand the value and opportunities which can be created through education

##### **M**ake a Positive Contribution:

- To encourage children to be contributing members of the school and the wider community
- To foster positive, supportive, open relationships
- To promote positive self esteem, confidence and independence

##### **S**tay Safe:

- To provide a welcome, safe and caring environment

To gain an understanding of, and respect for, self and others regardless of race, religion and ways of life

This document was written in consultation with the rest of staff. It has been revised in line with Curriculum 2000 and takes into account the particular strengths of staff and their special interests.

## **Rationale:**

This policy was developed and agreed in consultation with governors, senior management team, all staff, teaching and non-teaching, parents, pupils and other relevant outside agencies. This policy has obvious links with other school policies and reference to those policies will be identified throughout.

The school has carried out a programme of liaison with Thirsk School to ensure that teaching and learning is progressive and spirals throughout the pupils' school careers in order to ensure its appropriateness and to ensure consistency in managing drug-related incidents.

This policy reflects national aims and priorities including DfES 4/95 (Drug Prevention and Schools), Protecting Young People (Good Practice in Drug Education), Government White Paper 'Tackling Drugs to Build a Better Britain' (1998), Consultation Document: 'Drugs: Guidance for schools' and The Healthy School Standard.

## **To whom does the policy apply?**

This policy applies to school pupils, all staff, supply and student teachers, visitors on site and parents.

## **To what does it apply?**

For the purpose of this policy the following definition of a drug will apply:

*'A drug is a chemical substance that brings about a change in a person's emotional state, body functioning or behaviour'.*

This broad definition allows for the inclusion of all medication, (see Medical Policy (DFES Supporting Pupils with Medical Needs - Good Practice Guide) legal/illegal drugs, tobacco (see Smoking Policy), volatile substances (see Health and Safety policy) and alcohol.

## **Where does the policy apply?**

This policy applies at all times when staff are acting in loco parentis this includes educational visits in line with the *school's Educational Visits Policy*. The policy also applies to pupils travelling to and from school and during break and lunchtimes. It also affects the use of school premises after normal school hours.

Organisers of any after school events should be made aware of the policy and their responsibility to implement it. It is important to note that although the policy applies to pupils travelling to and from school, the school cannot assume responsibility for pupils once they are off the school site.

## **OVERALL AIMS OF DRUGS EDUCATION**

*To provide a framework for effective drug education and for dealing with drug related incidents within the school environment.*

We recognise that we are only one component of our children's education and that family, community and social groups all have a contribution to make to drug education.

Our drug education programme reflects the aims and values of our school and its governing body.

## **Aims of Drug Education**

The essential aim should be to give pupils the facts, emphasize the benefits of a healthy lifestyle and give young people the knowledge and skills to make informed and responsible choices now and later in life." *Drug Prevention and Schools (1998)*

The main aims of our Drug Education are to:

- ◆ Enable each pupil to develop confidence and self-esteem
- ◆ Raise pupils awareness of the world of drugs so that they can make informed decisions about their own drug use in order to reach their full potential
- ◆ Develop the confidence to express their thoughts and feelings **and the skills to do so**
- ◆ Encourage a healthy respect for all substances taken into the body
- ◆ Enable pupils to explore their own and other's feeling, views, attitudes, and values towards drugs and drug issues *WHERE APPROPRIATE*
- ◆ Offer services provided by local and national advice and support agencies (pupils who come to the attention of the school that need help with a problem will be supported by the school and appropriate agencies (see behaviour policy)

## **OBJECTIVES OF DRUGS EDUCATION**

**By the end of Key Stage 1 pupils will have had opportunities to:**

- Understand that medicines can be both helpful and harmful
- Know the role of medicines and the reasons for their use
- Know simple safety rules about medicines and other substances used in the home/ school
- Have a positive attitude towards those involved with medicines e.g. doctor, nurse
- Value their bodies and minds, look after them and eat healthily
- Think about cigarettes and alcohol and the effect these have on behaviour

**By the end of Key Stage 2 pupils will have had opportunities to:**

- Develop a safer, healthier lifestyle
- Consider what makes a healthy lifestyle, including the benefits of exercise and healthy eating, what affects mental health and how to make informed choices
- Decide which commonly available substances and drugs are legal and illegal, their effects and risks
- Recognise the different risks in different situations and then decide how to behave responsibly
- Understand that pressure to behave in an unacceptable or risky way can come from a variety of sources

## **The National Curriculum and Education Reform Act 1988 Requirements**

The National Curriculum Science Order, 2000, states that:

- ◆ At Key Stage 1 pupils should be taught about the use of drugs as medicines.
- ◆ At Key Stage 2 pupils should be taught to relate their understanding of science to their personal health and that tobacco, alcohol and other drugs can have harmful effects.

Section I of the Education Reform Act 1988 places a statutory responsibility upon schools to provide a broad and balanced curriculum which:

- ◆ Promotes the spiritual, moral, cultural, mental and physical development of pupils at the school.
- ◆ Prepares pupils for the opportunities, responsibilities and experiences of adult life.

Drug Education is a curricular requirement and, as such, there is no right of withdrawal for parents and children.

### **Entitlement (Special Educational Needs and Equal Opportunities):**

Drug education makes a valuable contribution to the education of all pupils. As an essential part of the curriculum, through PSHEC, it should provide a relevant and worthwhile learning experience for all pupils.

Learning through drug education should enable each individual to:

- Respect self and be sensitive to the needs of others.
- Challenge inequalities associated with race, gender, religion, culture, ability or socio-economic group.

We have a responsibility to provide effective learning opportunities for all children as part of our Inclusion Policy. We therefore focus upon four main principles:

- Setting suitable and realistic learning challenges
- Responding to children's diverse learning needs
- Overcoming potential learning barriers for individuals and groups of children
- Developing an inclusive curriculum

### **Differentiation:**

The range of special educational needs in Drug Education includes:

- Pupils who are deemed to have special educational needs across the curriculum and who also have special needs in Drug education;
- Pupils who experience difficulties in other areas of the curriculum, for example in Literacy or Numeracy.
- Pupils who are more able or talented in other areas of the curriculum.

Careful attention to these individual needs should be given at the short term planning stage. Key factors will include:

- The importance of relating activities to the pupils' own experience;
- Opportunities for response and reflection and the use of self evaluation and assessment;
- Extension activities to enable those with a developed capacity for sensitivity and empathy to explore these;

Use of a wide range of resources to draw on the capacities of individual pupils who can access intellectually or emotionally demanding ideas.

## **Teaching programme, strategies and resources**

Good drug education is planned. Drug Education forms part of the school's long term planning for PSHEC. Drug Education is taught as part of a spiralling curriculum, focussing on a different aspect of teaching.

The key to successful learning lies in the formulation of appropriate learning outcomes. The key question is: "What do pupils need to learn?"

Once these learning outcomes have been constructed, activities can be designed in order to fulfil these outcomes. Drug Education is delivered by the class teacher in whole class or group situations using a variety of teaching and learning strategies to encompass the broad aims of the PSHEC curriculum as reflected in the National Curriculum Science Order and SCAA /QCA guidance.

It is also taught within other curriculum areas for example Science, PE, RE, National Health Events *e.g. No Smoking Day etc.*

Where the teaching and learning includes issues that may be sensitive, staff and pupils will work within clearly understood and applied ground-rules in line with QCA Guidance. (See also section relating to confidentiality.)

Teaching programmes reflect the pupils' knowledge and understanding of drugs and drug issues by implementing a baseline evaluation technique.

## **Planning:**

Drug education is planned in accordance with the non-statutory framework for PSHE and citizenship at Key Stage 1 and 2.

There are three steps to our planning.

## **Long Term Planning**

Thirsk Community Primary School has developed a whole school approach to planning the teaching of drug education by the development of the PSHEC scheme of work. The scheme of work demonstrates how we intend to implement the programmes of Study within National Curriculum requirements.

[See Appendix 1](#)

## **Medium Term Planning**

Thirsk Community Primary School has produced termly planning sheets for PSHEC (including Drug Education). The units of work taken from the long-term plan need to be developed in more detail to facilitate delivery over half a term. It is important that teachers understand that the starting point for planning is the learning outcome. Teachers will consider the abilities of their children when planning suitable activities that will enable pupils to achieve the learning outcomes.

## **Short Term Planning**

Teachers are asked to ensure that they choose one main learning outcome per session. They should plan clearly how the learning outcome(s) for the session could be achieved through a sequence of structured learning activities. Care should be taken to ensure that learning activities are appropriate, not only to the ages and aptitudes of pupils at the particular key stage, but also matched to the learning needs of individual pupils.

## **Resources**

All resources for Drug Education are kept in the staffroom. The resources were purchased after careful consideration and evaluation of the materials in line with national guidelines and the aims of this policy.

## **Cross Curricular Links**

PSHEC including Drug Education can make a contribution to many areas of the curriculum. Drug education fits naturally within PSHEC, Science, PE and the RE curriculum. Drug Education has the capacity to raise questions around moral and social issues and these add an extra dimension to the work.

Circle Time is also used to support Drug Education, especially in the developing of self-esteem and equipping children with skills for life.

## **Use of visitors and outside agencies**

Where visitors and outside agencies are involved, their contribution **must have been planned** as part of an overall programme of Drug Education. **Their contribution should complement the teaching already taking place in the school. Staff should use the visitor planning form HS2.**

*D of E 4/95 Drug Prevention and Schools, Protecting Young People (1998)*

If a child discloses information relating to misuse of drugs then absolute confidentiality cannot be guaranteed. Pupils should be reminded of this when appropriate. Staff should be aware that failure to take action, or allowing drug use to continue on school premises, could contravene the Misuse of Drugs Act 1971. Any such disclosures should be reported to the Head Teacher or the Deputy Head Teacher.

## **Assessment, Recording and Reporting of Drug Education**

Although PSHEC is not subject to nationally prescribed attainment targets, teachers at our school have taken account of the following in order to ensure an effective system of assessment:

- Effective monitoring of pupil progress
- Effective monitoring of teaching
- Provision of feedback to pupils on the quality of their work
- Pupils' reflection on their own work
- Pupils' acknowledgement of their own achievements
- Provision of a sound basis on which teachers can give appropriate feedback to parents on pupils' learning and development.

Above all, assessment is an integral part of the planning process.

## **Assessment Strategies**

A variety of forms of assessment should be used. These should ensure that opportunities are provided for pupils to reflect upon experience and explore feelings as well as concepts. It is important to develop ways that assess pupils' insight, empathy and imagination. Forms of assessment might include:

- Pupil self assessment
- Teacher observations of peer discussions
- Teacher observations of and conversations with individuals or groups of pupils
- Pupils' written work

Personal responses through art, poetry, dance, drama, role play or other creative work

## **Recording and Reporting**

In order to provide evidence of learning and progression across the key stage, records of pupils work will be kept. These form part of each pupils' assessment record and are updated on an annual basis. Evidence of achievement is available across the school.

## **Monitoring**

PSHEC is monitored bi-annually. The PSHEC Coordinator, who will evaluate findings with the Headteacher and prepare a plan of action, will carry out monitoring. As part of the school's annual self-review, the subject leader will evaluate developments in the subject over the past year and will prepare a plan of action for inclusion in the school's annual Development Plan.

## The Role of ICT in Drug Education

There are many ways in which ICT supports the development of pupils' knowledge, skills and understanding in Drug Education. These include:

- Asking and answering questions to promote knowledge and understanding.
- Exploring decisions on drugs related, social and moral issues and their consequences.
- Assessing and evaluating sources.
- Understanding, analysing and evaluating interpretations and arguments
- Organising and communicating information and ideas

## ROLES AND RESPONSIBILITIES

### **PSHEC Coordinator**

The coordinator, Mrs C Entwistle, together with the Head Teacher, has a general responsibility for supporting other members of staff in the implementation of this policy. The Coordinator will provide a lead in the dissemination of information relating to drug education. He/she is responsible for identifying and providing good quality resources and in-service training. The Coordinator, or Head Teacher, is the first point of contact for advice/support in dealing with a drug-related incident.

The responsibilities of the co-ordinator include:

- Helping colleagues to implement the school's agreed curriculum in Drugs Education
- Preparing a policy statement and scheme of work for Drugs Education
- Guidance and support to other members of staff
- Monitoring teachers' planning and work undertaken in class on PSHEC
- Evaluating standards achieved and the quality of Drugs Education provided
- Arranging In-service training
- Auditing and evaluating the school's resources for PSHEC, organising them effectively and planning for their enhancement or replacement
- Liaising between key stages or other schools

### **Governors**

As part of their general responsibilities for the management of the school, the governors have played a key role in the development of the school's policy for Drug Education and drug prevention. (Refer to DfES Circular 4/95)

They will continue their involvement through regular evaluation of it. The named lead governor with responsibility for this policy is Mrs .

### **Head Teacher**

The Headteacher takes overall responsibility for providing a safe place of work for all staff and pupils and as such takes responsibility for this policy, its implementation, and for liaison with the Governing Body, parents, LEA and appropriate outside agencies in the event of a drug-related incident. Pupils who are suspected of being at risk from drugs, and in particular truanting pupils will be supported and monitored with assistance from relevant agencies such as Education Social Workers (ESW's), Child Protection Officers, and Police.

### **Parents**

Parents are encouraged to support the school's Drug Education programme and have access to this policy. They are responsible for ensuring that guidelines relating to medication in school are followed. If a child needs to take any form of medication during the school day, a signed letter from the parent(s)/guardian(s) must be present, explaining dosage and length of time the medication is to be administered for. **Prescribed medication (other than inhalers) is stored in the school office.** (See Health & Safety Policy). Parents have the right to be informed of any incident that could result in potential harm to their child. This can be a very sensitive issue for parents, and therefore, it will be handled with care and consideration. The Head Teacher will consider if there are any special circumstances, which may temper this right.

## **All Staff**

Drug prevention is a whole school issue. All staff, both teaching and non-teaching, should be aware of the policy and how it relates to them should they be called upon to deal with a drug-related incident. This includes lunchtime supervisors, caretaker and cleaning staff. If they have any queries or training requirements these should be made known to the P.S.H.E.C. Coordinator

## **Caretaker**

The caretaker regularly checks the school premises - any substances or drug paraphernalia found will be recorded and reported to the Headteacher and dealt with in accordance with this policy.

## **Health & Safety:**

Teachers must make children aware of safety issues when handling or discussing drugs.

## **Tobacco**

Thirsk Community Primary School is a no-smoking school and as such smoking is not permitted anywhere in the school buildings or grounds.

## **Alcohol**

Alcohol should not be consumed by anyone who is involved in the supervision of children or by any adult in school in the presence of children

## **School Visits**

Staff are expected to follow the same agreed policies when responsible for pupils outside the school premises.

## **Professional Development:**

All staff will be involved in the review and future development of Policy and Scheme of Work. The PSHEC. Coordinator will lead this. The Coordinator is also responsible for keeping up to date in aspects of PSHEC. which support our developments, and this needs to be done through accessing relevant training courses and reading reports (e.g. OfSTED). S/He is also responsible for assisting staff in planning their teaching programmes and where necessary identifying training courses for them to access or for training providers to support in house training.

## **SECTION TWO - DEALING WITH DRUG RELATED INCIDENTS**

This section provides a framework for dealing with incidents surrounding the use, suspicion of use and finding of drugs and substances. It is applicable to all staff.

### **What to do in the event of finding a drug or suspected illegal substance:**

1. Take possession of the drug/substance and inform the Head Teacher and/or P.S.H.E.C. Coordinator, or if not available a senior member of staff.
2. In the presence of a witness the article should be packed securely and labelled with the date, time and place of discovery.
3. The package should be signed by the person who discovered it and stored in a secure place - Head Teacher's office.
4. Arrangements should be made to hand the package over to police. Staff should not attempt to analyse or taste any found substance.

In the event of discovering a hypodermic needle the incident should be recorded and the following procedure should be followed in order to protect all persons:

1. Do **NOT** attempt to pick up the needle.
2. Cover the needle with a bucket or other container.
3. If possible, cordon off the area to make it safe.
4. Inform the Head Teacher or Deputy Head.
5. Contact Environmental Health. Telephone:

*Or - if for any reason the above procedure is impractical contact the Head Teacher who will retrieve the needle using safety equipment stored in the caretaker's room.*

### **What to do in the event of finding or suspecting a pupil is in possession of a drug**

1. Request that the pupil hand over the article(s).
2. Having taken possession of the substance/paraphernalia, the procedure should be followed as above.

### **EXTREME CARE SHOULD BE TAKEN IF HYPODERMIC NEEDLES ARE INVOLVED.**

If a pupil refuses to hand over articles a search may be required - it should be noted that:

- ◆ Teachers can search school property, i.e. cupboards and trays without permission.
- ◆ Teachers should not search pupils or personal possessions. An enforced search by staff could be interpreted as an assault.

### **Procedures for dealing with a child suspected to be under the influence of a drug or substance.**

*Stay calm, place child in a quiet area, do not leave the child alone without supervision. Seek medical advice and place in recovery position. Loosen tight clothing; attempt to establish what child has taken. Any*

*suspected substances should travel with child if removed for treatment. Vomit should be safely collected where possible and also taken with the child (for analysis).*

## **When to contact the police**

There is no legal obligation for the school to contact the police when a drug incident or offence has been discovered. Contacting the police is at the Head Teacher's discretion. *However, the school has established close liaisons with local police* and any information about illegal sales of drugs including alcohol and tobacco will be reported to them. In the event of a drug-related incident in the school, the school would cooperate with the police should they wish to search the premises. However, the LEA will be informed. A member of staff will accompany any search and any damage will be noted.

In the event of a serious incident the police may request to interview pupil(s). Parent(s) must be notified. They may refuse to give consent or prefer the interview to take place in their own home, in which case the police will make arrangements. Parents may give authority to a responsible adult, e.g. a teacher to be present during the interview.

## **Limits of Confidentiality**

Pupils disclosing information about drug use by themselves, or by people they know, should be reminded that the teacher cannot offer absolute confidentiality. Parents have the right to be informed of any incident that could result in the potential harm of their child.

It should be noted that if the preservation of a confidence -

- i) enables criminal offences to be committed, or
- ii) results in serious harm to the pupil's health and welfare, criminal proceedings could ensue.

If rumours of drug misuse are disclosed the Head Teacher should be informed - the Head Teacher should assess the information and decide whether further action is to be taken.

## **Dealing with the Media**

If there has been a drug related incident, the LEA will be informed. Advice will be given by the LEA on dealing with enquiries from the media in order to protect the interests of the child and the school.

## **Contact Numbers**

- ◆ Press/Publicity Department: 01609 780780
- ◆ LEA Adviser: David Uffindall

## **Discipline**

In normal circumstances parents will be contacted. If the Head Teacher assesses that the situation is a child protection issue then social services will be contacted in the first instance. (01609 779922)

Exclusion would only be used as a last resort.

Consideration should also be given to:

- ◆ Age of pupil.
- ◆ Whether one pupil or a group of pupils is involved.
- ◆ Whether there is evidence of particular peer pressure.
- ◆ Home/School contract.

- ◆ Fixed term exclusion.
- ◆ Permanent exclusion.

A free counselling service for pupils, if deemed appropriate, is available through Pupil & Parent Services (Tel. 01609 780780).

This school does not condone drug misuse but would support the child in the best interests of that child and of the whole school community.

The school's Behaviour Policy and Health and Safety Policy support this policy

**Further help and support is available from the L.E.A.**

### **Implementation of the policy**

A copy of this policy is provided for each member of staff and named member of the governing body. Reference copies are available from the Head Teacher for all other persons who come into contact with the children.

A copy of this policy (or relevant extracts) are published in the School Prospectus and Staff handbooks.

### **Monitoring and evaluating the policy**

This policy will be reviewed every two years by the lead Governor, Head Teacher, PSHEC Coordinator, pupils and other relevant outside agencies e.g. D.E.T., police, etc

This will include evaluation of teaching and learning activities, current resources and staff training and the use (if any) of outside visitors.

Evaluation tools include discussion at staff meetings, evaluation of workbooks and feedback from external inspection.

*Next review date:*

19<sup>th</sup> April 2005 at Staff meeting

Presented to Curriculum Committee on 17<sup>th</sup> May 2005.

Signed: ..... ( Coordinator)

Signed: ..... (Chair of Curriculum Committee)