

LATHOM HIGH SCHOOL
DRUG EDUCATION POLICY

OPENING STATEMENT

This introduces the policy and should contain a rationale which includes the following:

- school mission / values statement
- concerns for the health and wellbeing of all members of school community
- the increase of availability / range of substances/ prevalence
- national drugs strategy / DfE & DAT guidance / OFSTED
- need for clear, consistent and balanced approach to education and incident management
- whole school/community issue
- links to other policies i.e. PSHE / Alcohol / Smoking / Medicines / Discipline

DEFINITION of SUBSTANCES

The policy should make clear that the term 'drug' refers to

- legal substances such as alcohol, tobacco and solvents/volatile substances
- medicines – prescription and 'over the counter'
- illegal substances
- recognition that any drug can be potentially dangerous

It may be helpful to clarify the terms drug use and drug misuse (e.g. that legal drugs and medicines can be misused).

SECTION TWO

CURRICULUM ISSUES

The Drugs Education Co-ordinator is responsible for planning, resourcing and maintaining the programme. Content and delivery is in line with agreed standards (refer to 'The Right Choice,' 'The Right Approach' and LEA Healthy Schools Quality Standards) and every effort will be made to ensure that the programme will be appropriate to the age and experience of the pupils. Research has been conducted to enable the school to match the programme with pupil need. (It is advised that primary schools conduct the Draw and Write investigation technique 'Jugs and Herrings' which provides insight to pupil perceptions of the world of drugs.)

When specifying the aims be positive and realistic. Drug education will not prevent drug use so beware of setting goals which are unachievable. All staff should be aware of and in agreement with the stated aims to avoid disparity and 'mixed messages' for pupils.

Suggested aims:

- to create a positive climate in which teaching and learning take place where pupils feel comfortable to discuss their perceptions of drug use
- to help raise and maintain pupil self-esteem to develop knowledge and understanding of drugs and medicines and how they are used/misused
- to provide a variety of learning experiences encouraging the development of personal skills and the exploration of values and attitudes
- to develop decision making and risk assessment skills

- to enable pupils to recognise positive and negative influences
- to encourage pupils to develop healthy lifestyles
- to use 'active' teaching and learning methods which are predominantly pupil centered

CONTENT

Arrangements for provision of drug education should be outlined. The 'home' of drug education is within the school PSHE programme and the statutory elements of the National Science Curriculum.

You may wish to include the SCAA / DfE example of a drug education programme as an appendix. This illustrates topics which might be covered at each key stage under the headings Knowledge & Understanding, Skills and Values & Attitudes.

RESOURCES

List of resources used.

Advice on the use of resources can be found in 'The Right Choice'

VISITORS AND OUTSIDE AGENCIES

Visitors and agency professionals can be of value but care is needed to integrate their input into the teacher led programme. If the programme is dependent upon 'experts' it may convey the message that drugs are 'special' and beyond the remit of teachers. This can have negative consequences and may increase the desire for pupils to experiment.

Visitors should be aware of the school drugs policy and issues of confidentiality (see below). Teachers should be present during any additional input which is best delivered in partnership.

A statement outlining the partnership approach or the school visitor policy should be included here.

CONFIDENTIALITY AND THE CLASSROOM

The school should have a confidentiality policy / statement which is clear and agreed. The following issues should be considered:

- are all staff aware of the policy?
- there is no guarantee of confidentiality in the classroom
- visitors contributing to the curriculum work to the school policy
- Professionals holding 'drop-in' clinics (i.e. school nurse) on school premises work to school policy – the Headteacher is responsible for in-school activities and if 'drop-ins' take place this should be conveyed to parents through the relevant policy or prospectus
- professionals working with young people outside school comply with agency guidelines and boundaries

SECTION THREE

SUBSTANCE – RELATED INCIDENTS

"The management of drug-related situations should be co-ordinated through a senior member of staff. Procedures for dealing with medicines and for situations without medical authority should be specified. They should be clear and agreed by all staff. The whole school approach to alcohol and tobacco should be included.

The 'boundaries' of the procedures should be clear and include their application beyond school hours e.g. residential and day visits, use of buildings by other groups.

When considering responses to incidents a general statement outlining the school approach will be more useful than a 'tariff' which is inflexible and can fetter discretion. The following points may be included:

- substance-related incidents will be taken seriously
- each incident will be considered individually based on the particular set of circumstances
- the school will balance sanctions, support and education to ensure the wellbeing of the school community
- a range of responses / sanctions may be used including the involvement of outside agencies

When responding to incidents care should be taken to avoid overreacting to drug use and underreacting to drug misuse. National strategy aims to reduce drug related damage to young peoples' potential – care should be taken to ensure that sanctions do not adversely affect potential to a greater degree than the substance misuse.

The flow charts and record sheet provided in 'The Right Responses' can be implemented. Secondary schools may wish to adopt the procedures described in 'Managing Drug Related Incidents a partnership approach' (LEA/Lifeline)

CONFIDENTIALITY and PASTORAL ISSUES

"The essence of a confidential relationship is openness and agreement about what, if anything will happen to information disclosed between the two people. It need not always take the form of a promise of secrecy" ('The Right Responses')

The following issues should be considered:

- pupils should be aware of the boundaries of confidence before disclosures are made
- staff should never offer absolute confidentiality as they are obliged to share information relating to abuse in line with child protection procedures
- there is no legal requirement for staff to disclose information relating to pupil drug use although parents will normally be contacted and other agencies may be involved where appropriate
- when considering the involvement of other agencies the implications for all parties should be carefully considered
- in law children of 16 years of age have rights to confidentiality as do those under 16 who are of a 'mature nature'
- •All situations should be accurately recorded, including the school responses and monitoring of pupil progress
- records should be stored in a secure place (a photo copiable record sheet is provided in 'The Right Responses')

DRUG MISUSING PARENTS

Children of drug using parents are identified as an at risk group. However, drug use by parents does not in itself indicate child neglect or abuse. Where schools become aware of family drug use it is advisable to contact an appropriate agency for advice prior to any action. Issues of confidentiality should be carefully considered.

SUPPORT FOR STAFF

School personnel are not immune from substance related problems. The LEA Schools Teaching Personnel

Handbook contains guidance.

School management should provide relevant information and access to support for all members of the school community.

HEALTH and SAFETY

The school addresses the welfare and pastoral needs of the pupils in our care:

- active supervision of pupils
- procedures for the storage of potentially hazardous materials (chemicals etc.)
- daily checking of school and grounds for discarded syringes etc.
- provision of first aiders and equipment (named staff and location of boxes)

SECTION FOUR TRAINING

The school co-ordinator has received appropriate training. Details of relevant courses will be made available to

staff and relevant INSET provided. The Headteacher will ensure that all staff are adequately supported and trained.

HEADTEACHER and GOVERNING BODY

The Headteacher takes overall responsibility for the policy and its implementation, for liaison with the Governing Body, LEA, parents and agencies.

The Headteacher is responsible for the appointment of the teacher with responsibility for drugs education.

As with other matters concerning the direction of the school, the Governing Body has been involved in the development of this policy and is actively involved in responses to this issue.

(Name/s of governors with responsibility for drugs issues can be listed here)

PARENTS

The school considers support of parents essential and will endeavour to ensure that parents are informed of developments in our programme.