

RAMSEY MANOR LOWER SCHOOL **DRUGS AND ALCOHOL POLICY**

Ramsey Manor Lower School is a Values Education School where our Values underpin everything we do.

We are committed to safeguarding children and providing a safe and healthy environment for all to learn and grow.

STATUS: GOOD PRACTICE

DATE ADOPTED:

Policy agreed by staff: MS date: May 2019

Policy agreed by Governors: RS date: May 2019

Date of next review: May 2022

RATIONALE

Ramsey Manor Lower School is committed to tackling drug and alcohol misuse and does not condone the misuse of drugs and alcohol, or the illegal supply of these substances.

Drug and alcohol misuse is a major threat to individuals, families and the wider community. The aim of the government's strategy, as set out in the White paper "Tackling Drugs Together" (HMSO 1995) is:

"To take effective action by vigorous law enforcement, accessible treatment and a new emphasis on education and prevention to:

- Increase the safety of communities from drug related crime
- Reduce the acceptability and availability of drugs to young people
- Reduce the health risks and other damage related to drug misuse".

To reach these targets it is important to help young people by ensuring that they know the risks of drug taking and have the knowledge and skills to resist the influences acting upon them. Not only do we have an educational responsibility, but also we should deal effectively and consistently with drug related incidents. In order to achieve this we need to refer to the DfES Drug Guidance for Schools 2004.

The Education reform Act (1988) states that schools should promote "The spiritual, moral, cultural, mental and physical development of pupils" and should prepare them for "the opportunities, responsibilities and experiences of adult life".

DEFINING DRUG MISUSE The definition of a drug given by the United Nations Office on Drugs and Crime is:

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

Drug misuse is defined as the non-medical use of drugs that are only intended for use in medical treatment, and the use of drugs that have no acceptable medical purpose. Such drugs are controlled under the Misuse of Drugs Act (1971).

AIMS

We are committed to the health and safety of all members of the school community and will take action to safe guard all young person's well-being. Fundamental to our school's values and practice is the principle of sharing the responsibility for the education of children with parents. We strive for effective communication and co-operation.

All non-medical drugs on school premises are unacceptable.

Our drug and alcohol education policy considers the age and stage of pupils, remembering that all medicines are drugs but not all drugs are medicines. We aim to give the children a greater understanding of their bodies and the effect that drugs have on them. We recognise that pupils are entitled to good quality drug and alcohol education.

We aim to:-

- enable children to make healthy, informed choices through increasing their knowledge, challenging and exploring attitudes and developing and practising skills;
- help young people to develop a sense of self-awareness and self esteem;
- increase understanding about the implications and possible consequences of drug use and misuse;
- listen to our pupils' own thoughts, feelings and concerns to ensure that drug education responds to their stated needs;
- counter any inaccurate messages which young people receive about drugs;
- widen understanding about related health and social issues;
- promote and pursue the Healthy Schools Standards.

IMPLEMENTATION

Drugs Education is a discrete subject and it will be delivered in the following ways:-

- through topics;
- through planned elements of national curriculum subjects, including RE, PSHCE;
- addressed occasionally in assemblies;
- occasional planned and negotiated visits from the school nurse, police officer other appropriate people;
- the use of story time/literacy hour, circle time and show and tell time;
- informal curriculum and opportunities for extra curricular activities.

A wide range of teaching approaches can be used and we encourage active methods which involve the children's full participation. The sensitivity of the work is recognised, safeguarding the interests of the individual child and the whole class.

INCLUSION

All children are entitled to our drug education programme, regardless of race, creed or gender. Written and visual resources will be carefully selected so they are not biased in any way.

CURRICULUM PLANNING

Drugs Education is a discrete subject and it will be delivered in the following ways:-

- through topics;

- through planned elements of national curriculum subjects, including RE, PSHCE, P4C;
- addressed occasionally in assemblies;
- occasional planned and negotiated visits from the school nurse, police officer other appropriate people;
- the use of story time/literacy hour, circle time and show and tell time;
- informal curriculum and opportunities for extra curricular activities.

A wide range of teaching approaches can be used and we encourage active methods which involve the children's full participation. The sensitivity of the work is recognised, safeguarding the interests of the individual child and the whole class.

MONITORING AND EVALUATION

All staff should consider themselves role models whose behaviour the children are likely to notice and follow. Staff also have a responsibility to know how they should respond to any drug related incidents.

Teaching and support staff have a responsibility to contribute to the taught curriculum for drug and alcohol education. It is important to listen to the children's own experiences and attitudes, to find out their specific needs. These needs should be met in specific drug and alcohol education inputs.

The Head Teacher and the senior leadership team (SLT) have the ultimate responsibility for ensuring that policy and practice in this area is followed, including appropriate curriculum content and response to drug related incidents.

The PSHCE co-ordinator is responsible for overseeing both curriculum delivery and other elements of school life that contribute to drug education. This will include the monitoring of the policy and practice throughout the school. The PSHCE co-ordinator will work with other co-ordinators to identify where there are overlaps and where other learning experiences contribute to drug education.

ASSESSMENT, RECORDING AND REPORTING

Assessment is used to track the progress of individual pupils in Drugs Education. It involves identifying each child's progress, determining what has been learnt and therefore what should be taught next. This assessment is carried out informally by teachers during lessons. Suitable assessment tasks may include;

Draw and Write activities
Health for Life Activity sheets
SEAL Activity Sheets

CONFIDENTIALITY

Some children may choose to mention instances of drug use in class or with individual members of staff. While staff wish to be supportive, it is clear that they work within the child protection guidelines, which clearly state that they may not be able to guarantee confidentiality

RESPONSE TO DRUG RELATED INCIDENTS

Drug related incidents will be considered individually in line with LA and national guidance (See Appendix 1). This is the responsibility of the Senior Leadership Team and the governors. The implications of any actions will be carefully considered. We will inform the parents at the earliest opportunity so that we can work together to support the child.

LINKS TO OTHER POLICIES AND DOCUMENTS

Behaviour policy

Anti-bullying policy

Safeguarding policy

PSHCE policy

Appendix 1: Responding to incidents involving drugs

The promise of confidentiality is not realistic, especially when there is a risk to the safety of pupils or other people. The child should always be told when information is to be passed on. Information concerning risk to the pupils must be passed on to the Head Teacher immediately and she will consult with the parents or responsible adults.

In response to any situation, we seek to balance the interests of the individual, other members of the school and wider community.

In medical emergencies staff must follow the attached procedures and complete an emergency record form (see Appendix 2).

A record of any instances involving unauthorised drugs is kept (see Appendix 3).

Appendix 2: Drug situations – medical emergencies

The procedures for an emergency apply when a person is at immediate risk of harm. A person who is unconscious, having trouble breathing, seriously confused or disoriented or who has taken a harmful toxic substance, should be responded to as an emergency.

Your main responsibility is for any pupil at immediate risk, but you also need to ensure the well-being and safety of others. Put into practice your school's first-aid procedures. If in any doubt, call medical help.

Always:

- assess the situation
- if a medical emergency, send for medical help and ambulance.

Before assistance arrives

If the person is conscious:

- ask them what has happened and to identify any drug used
- collect any drug sample and any vomit for medical analysis
- do not induce vomiting
- do not chase or over-excite them if intoxicated from inhaling a volatile substance
- keep them under observation, warm and quiet.

If the person is unconscious:

- ensure that they can breathe and place in the recovery position
- do not move them if a fall is likely to have led to spinal or other serious injury which may not be obvious
- do not give anything by mouth
- do not attempt to make them sit or stand
- do not leave them unattended or in the charge of another pupil
- notify parents/carers

For needle stick (sharps) injuries:

- encourage wound to bleed. Do not suck. Wash with soap and water. Dry and apply waterproof dressing
- if used/dirty needle seek advice from a doctor.

When medical help arrives

- pass on any information available, including vomit and any drug samples.

Appendix 3: Record of incident involving an unauthorised drug

For help and advice, telephone the LEA. Complete this form WITHOUT identifying the pupil involved. Copy the form. Send the copy within 24 hours of the incident to the LEA. KEEP the original, adding the pupil's name and form - store securely.

Tick to indicate the category:

Drug or paraphernalia found ON school premises

Pupil disclosure of drug use

Emergency/Intoxication Disclosure of parent/carer drug misuse

Pupil in possession of unauthorised drug Parent/carer expresses concern

Pupil supplying unauthorised drug on school premises Incident occurring OFF school premises

Name of pupil*: Name of school:

.....

Pupil's form*:(*For school records only)

.....

Age of pupil:Male/Female

Time of incident: am/pm

Ethnicity of pupil**:

Date of incident:

Tick box if second or subsequent incident involving same pupil

Report form completed by:

.....

First Aid given? Yes. . . . No. . . . Ambulance/Doctor called? Yes. . . . No. . . .

(Delete as necessary) Called by:

First aid given by: Time:

Drug involved (if known): Drug found/removed? YES/NO (e.g. Alcohol,

Paracetamol, Ecstasy)

Where found/seized:

Senior staff involved:

Name and signature of witness:

.....

.....

Disposal arranged with (police/parents/other):

At time:

If police, incident reference number:

Name of parent/carer informed*:

.....(*For school records only)

Informed by: