



Barnabas Oley School

Drugs Policy

Version: 2.0

Reviewed: January 2015

Approved: Jane Hodges (Chair Curr Cmtee).....

Date: January 2015.....

Revision History

Version	Author	Summary	Review Date	Next Review
1.0	St Neots Forum / Claire Jarvis		June 2008	
2.0	John Pratt /Becky Smith	Policy updated using proforma supplied through Cambridgeshire PSHE service	April 2013	April 2015
2.0	Jane Hodges	No changes	Jan 2015	April 2018

Contents

1	Introduction	1
1.1	Policy Development and Review	1
1.2	What is the St Neots Community Drug Policy Project aiming to do?	1
1.3	What will the policy do?.....	1
2	The Context of Our Drug Policy.....	1
2.1	Our shared view of Drug Education	1
2.2	Role of Governors.....	2
2.3	Implementation and Review	2
2.4	Glossary	2
3	Policy for Drug Education in Our School	3
3.1	Introduction.....	3
3.2	Our Aims for Drug Education	4
3.3	Delivering the Drug Education Curriculum in our School	4
3.4	Responsibilities for Curriculum Delivery	4
3.5	Teaching Methodologies.....	5
3.6	Inclusion	5
3.7	Drug Misuse in Our Community.....	6
3.8	Resources	6
3.9	Visitors and Community Agencies Supporting Drug Education in our School.....	6
3.10	Staff Training.....	6
3.11	Children’s Participation	6
3.12	Working with Parents/Carers and our School Community	7
3.13	Monitoring and Evaluating Drug Education	7
4	Preventing, Reducing and Responding to Drug-related Situations and Incidents in our School...	7
4.1	Drug-related Situations and Incidents	7
4.2	Responding to Drug-related Situations and Incidents	8

4.3	Responsibility for Preventing and Responding to Drug-related Incidents.....	9
4.4	Confidentiality	9
4.5	School Boundaries and School Visits.....	10

Appendices

A.	Curriculum for Drug Education	12
B.	Entitlements for all Members of our School Community	14
C.	Check-list for Selecting Resources.....	15
D.	Working with Visitors – Planning Checklist.....	17
E.	Responding to Drug-related Situations and Incidents in Primary Schools.....	19

1 Introduction

This document relates to Barnabas Oley School's policy on drugs. We worked with a number of schools within the area and are advised professionally on the approach that should be taken on drug education within our school. This is all set out in the document below.

1.1 Policy Development and Review

This policy was originally devised by representatives from the participating schools and the following organizations:

St Neots Town Council, APEX Trust, Child and Family Nursing, Dial Drug Link, Cambridgeshire Police (Community Safety), PSHE Service

The policy has been revised and updated to include recommendations from Cambridgeshire PSHE service, taking account of current legislation and advice.

1.2 What is the St Neots Community Drug Policy Project aiming to do?

We want to:

- enable young people and those who have an impact on their lives to make informed decisions about drug use
- increase access to help and support for young people and those who have an impact on their lives
- support members of the whole community in developing their knowledge, awareness and confidence in relation to drugs
- promote safer communities in the long term
- enable and encourage community groups to become involved.

1.3 What will the policy do?

The policy will:

- provide a framework for developing a consistent approach to working with young people in relation to drugs in St Neots
- encourage cross-community and inter-agency approaches to Drug Education and managing situations and incidents in St Neots.

2 The Context of Our Drug Policy

2.1 Our shared view of Drug Education

'We believe that drug education should help children and young people develop their knowledge about drugs, their skills in taking decisions, and to develop a positive attitude towards their own health.' Drug Education Forum

At our school, we believe that good drug education is supported by a consistent, whole school approach and promoted by the provision of excellent PSHE for all our children, whatever their age, level of development or social, cultural or religious background. It is planned for and taught in the context of our comprehensive PSHE programme.

We see drug education as an important component in the wider area of risk education. We recognise that for some children giving information and safety strategies alone will

not be enough to enable them to make safe choices for themselves as they grow up. We will therefore address issues of peer and media influence and will explore with children their different responses to risk and challenge and enable them to reflect on the factors that influence their decisions.

Drug education is part of the wider agenda of promoting positive relationships and healthy lifestyles for children to which many individuals and organisations in our community contribute. Our work in drug education contributes to meeting local and national priorities as described in strategies such as: Safeguarding and Child Protection, Every Child Matters and National Drug Strategy

In whatever capacity we work with children, we recognise our shared responsibilities regarding their health and wellbeing. Therefore this policy describes our strategies for keeping children safe in relation to drugs, both on and off the school premises.

2.2 Role of Governors

The governors will take an over view of this policy and the effectiveness of the programme of drug education. A link governor will be encouraged to take a special interest in drug education and its place within the broader PSHE provision in school.

2.3 Implementation and Review

Monitoring and evaluation of the policy is the responsibility of the Headteacher/ PSHE Co-ordinator. Information will be gathered from the Headteacher, the PSHE Co-ordinator, staff, parents and where appropriate children to inform judgements about effectiveness. Records of drug-related incidents will be reviewed to assist with the development of robust procedures.

The policy will be formally reviewed every three years. The next review will take place in 2014.

2.4 Glossary

Throughout this policy we use the following definitions:

A drug: Any substance which affects how a person thinks, feels or behaves (World Health Organisation). The term embraces medicinal, non-medicinal, legal and illegal drugs. Therefore, "drug" includes alcohol, tobacco, volatile substances (solvents, aerosols etc.), medicines and illegal drugs.

Community: All people, who live, work or in some other way impact on the lives of young people in our local area.

Drug use: The consumption of any drug.

Drug misuse: Drug taking which harms physical, mental or social wellbeing. This could, for example, include physical or psychological dependence, improper use of medicines, intoxication, breach of school rules or the law.

Authorised drug use: Where drug use is accepted by the school. Reference might be made to these in other of the school's policies e.g. Medicines Policy.

Unauthorised drug use: Where use is restricted or prohibited e.g. illegal drugs, alcohol, tobacco or medicines

3 Policy for Drug Education in Our School

3.1 Introduction

Our work in drug education is set in the wider context of our school values and ethos:



- We promote a healthy, safe and caring environment for all pupils and staff.
- We provide a broad and balanced curriculum for all our pupils, having considered gender, ability and culture.
- We promote pupils' self-esteem and emotional well-being and help them to form and maintain worthwhile and satisfying relationships, based on respect for themselves and for others, at home, at school, at work and in the community.
- We prepare our pupils to engage confidently with the challenges of adult life.
- We provide high quality information and support to enable our pupils to make safe choices.
- Through an enriched curriculum, we provide young people with opportunities to develop the necessary skills to manage their lives effectively.
- We create a wider awareness of religious and moral values within a sound Christian framework and promote respect for other races, religions and ways of life.

Other school policies are relevant to our provision of drug education: PSHE and Citizenship, Safeguarding and Child Protection, Smoke Free, Medicines, Confidentiality, Behaviour, Inclusion, Equality, Staff Health and Well-being.

This drug policy will be made available to staff within the school policy folders, on the school network, on the school website.

This policy is consistent with current national legislation (Education Act 1996 and Learning and Skills Act 2000). It is also consistent with current national guidance (Drugs: Guidance for Schools DCFS 2004). Our policy also reflects recommendations from OfSTED (PSHEE in Schools July 2010) and the Drug Education Forum (Principles of Good Drug Education 2011)

We are engaged in the following areas of work, which support this policy and the delivery of effective Drug Education: Social and Emotional Aspects of Learning (SEAL) Programme, development as a Healthy School

Our Drug Education policy has been developed through discussion with staff, by the PSHE Co-ordinator with the support of the PSHE governor and Headteacher and reviewed by staff and the Curriculum committee of the Governing body.

3.2 Our Aims for Drug Education

All adults will work towards achieving these aims for drug education in our school. We seek to enable our children to:

- Understand that drugs are any substance which affects how a person thinks, feels or behaves
- Understand that all drugs have potential benefits and harms
- Understand how to keep safe around drugs and household substances
- Recognise risky situations associated with drugs and substances and know appropriate ways to respond.
- Consider attitudes to drugs and people who use them
- Access accurate, factual information about drugs
- Develop their decision making skills in risky situations
- Develop their ability to gauge the reliability of information
- Distinguish between different drugs and consider their use, misuse, benefit and harm.
- Consider how friends and the media might influence decision making
- Develop interpersonal and communication skills
- Develop positive values and a moral framework that will guide their decisions and behaviour
- Value and care for their own bodies

3.3 Delivering the Drug Education Curriculum in our School

We understand the importance of ensuring that all children in school gain similar information and experiences through drug education. We will therefore follow the progressive curriculum for drug education included in this document.

The objectives of the curriculum for drug education will mainly be delivered in designated PSHE lessons, Circle Time, focused health topics.

Some aspects of drug education will be delivered in other subjects, such as Science, RE.

Some objectives of drug education will also be met in enrichment activities. For example Visits from the Life Education Centre, our work as a Healthy School, social skills groups, our residential trips provision

3.4 Responsibilities for Curriculum Delivery

We regard it as the shared responsibility of all adults working within the school to model responsible drug-related attitudes and behaviour and to respond appropriately to a young person's request for information or guidance.

Teaching and support staff will have the same responsibility for contribution to the delivery of the taught drug education curriculum as they have for other components of the curriculum.

The PSHE Co-ordinator is responsible for reviewing and evaluating drug education at our school. The PSHE Co-ordinator will report to the Headteacher.

Staff will be assisted in their planning and delivery of the curriculum by the PSHE Co-ordinator who will, with support, develop long and medium term planning, provide lesson plans and activities for colleagues, collate assessments, access support from out of school where necessary and plan INSET to meet staff needs.

Governors have the responsibility to update their own knowledge and awareness so that they can contribute to monitoring and evaluation of policy and practice. The PSHE Co-ordinator/PSHE governor/Headteacher will support with this.

3.5 Teaching Methodologies

Ground Rules: Drug education is taught in a safe, non-judgemental environment where adults and children are confident that they will be respected. Teachers and children together will ensure there are ground rules in place which ensure that every child feels safe and is able to learn in a supportive and caring environment. These will cover, in particular, the asking and answering of personal questions and strategies for checking or accessing information.

Answering Questions: We acknowledge that sensitive and potentially difficult issues will arise in drug education as children will naturally share information and ask questions. When spontaneous discussion arises, it will be guided in a way which reflects the stated school aims and curriculum content for drug education. Members of staff may ask colleagues for guidance if they are unsure of responses to children's questions. Staff may also refer to external sources of information such as www.talktofrank.com to check information about drugs.

Distancing Techniques: In order to protect children's privacy, we will employ teaching and learning strategies which enable them to discuss issues without disclosing personal experience. For example, we will use fiction, puppets, case studies, role-play, videos and theatre in education to enable young people to share ideas and opinions and to practise their decision-making skills in a safe learning environment.

3.6 Inclusion

We understand the importance of ensuring that all children in our school receive their entitlement to drug education. We will carefully consider gender, culture, learning needs and background when planning and delivering it.

In relation to ethnicity, religion and cultural diversity, we value the different backgrounds of our young people and, in acknowledging different views and beliefs, seek to promote tolerance and understanding.

In order to ensure the drug education curriculum meets the needs of all:

- We will encourage respect and discourage abuse and exploitation.
- We will not ask young people to represent the views of a particular religious or cultural group to their peers, unless they choose to do so.

In relation to those with special educational needs, we will review our drug education programme to ensure that provision is made for those with additional needs. When working with children with additional needs we will consider:

- their level of vulnerability
- their use of medication
- their need to develop self-esteem and positive body image
- the need to involve all staff including ancillary staff and carers in policy development, planning and training
- clarity about sources of support for pupils.

3.7 Drug Misuse in Our Community

Many pupils will have parents, carers or family members who use, misuse and abuse drugs, including medicine, alcohol and tobacco. Some will experience illegal drug misuse by family members. We will take care to ensure that our drug education programme takes into account possible misuse of drugs by family members. We will work to ensure that the content of our programme does not stigmatise children or heighten their anxieties about their family members' welfare. It will be a high priority to determine and address the additional needs of children who experience drug misuse and abuse in the home.

3.8 Resources

We will refer to national guidance when planning our Drug Education activities. For example, Drugs: Guidance for Schools DfES Feb 2004, QCA guidance.

All staff will primarily use the Cambridgeshire Primary Personal Development Programme in planning and delivering drug education. We will also use resources provided for use by the Life Education Centre. We will refer to 7A Checklist for Selecting Resources (see appendices) when selecting new resources.

3.9 Visitors and Community Agencies Supporting Drug Education in our School

We may also make use of the expertise of visitors from the community and experts from outside agencies, but this will be seen as an enrichment of our provision and not a substitute for our core provision which is based upon the strong relationships between teachers and pupils. Such visitors will be made aware in advance of our policy and will be expected to work within it. They will work in collaboration with appropriate staff to ensure continuity and that the needs of the children are met.

We will use 6D Working with Visitors –Planning Checklist (see appendix D) when planning and reviewing such enrichment activities in drug education.

3.10 Staff Training

We understand that, in order to feel confident in teaching drug education, staff need opportunities to develop knowledge, skills and attitudes and to share good practice. We recognise that all adults have different personal beliefs about and attitudes to drugs and drug education. We will discuss relevant issues and, where appropriate, arrange training to enable staff members to feel confident in delivering the drug education curriculum. Those with special responsibility for the development of drug education will be supported in developing the necessary knowledge and skills, where appropriate.

3.11 Children's Participation

We will involve young people in the evaluation and development of their drug education in ways appropriate to their age.

- We will refer to local/countywide/national data e.g. Health-related Behaviour Survey for our school/district.
- We will ask children to reflect on their learning using appropriate success criteria and set goals for future learning.
- We will consult children, through School Council, about their perception of the strengths of our drug education programme and the areas to be further developed.

3.12 Working with Parents/Carers and our School Community

Parents and carers are the key figures in supporting their children through the emotional and physical aspects of growing up. Therefore we seek to work in partnership with parents and carers when planning and delivering drug education. We will encourage this partnership by:

- Informing parents and carers by letter of forthcoming drug education topics
- Inviting parents to learn more about resources and activities used in drug education
- Making the drug policy available to parents on request
- Providing supportive information about parents' role in drug education
- Inviting parents to discuss their views and concerns about drug education at arranged Parent information events as well as informally should the need arise..

Parents and carers will have access to this policy via our school website and a printed copy on request. It will also be available on the school website and in the Policy folder held in the school office.

3.13 Monitoring and Evaluating Drug Education

We are committed to the development of Drug Education in our school. When carrying out a review we will refer to 'Drugs: Guidance for Schools' DfES 2004 Appendix 7. We will use the following indicators to monitor and evaluate our progress:

- a co-ordinated and consistent approach to curriculum delivery has been adopted
- a flexible approach to delivering drug education that responds to young people's needs (identified through consultation, research or observation) is in place
- there are clearly identified learning outcomes for all Drug Education activities
- opportunities for cross-curricular approaches are being used where appropriate
- the impact of training for staff and governors on practice is evaluated
- policy and practice is regularly revised and involves staff, governors and where appropriate young people
- opportunities for parents, carers and members of our community to consider the purpose and nature of our Drug Education, for example, through drug awareness parents evenings
- a variety of methods are employed to communicate the key points of the policy and curriculum to the community.

4 Preventing, Reducing and Responding to Drug-related Situations and Incidents in our School

4.1 Drug-related Situations and Incidents

Authorised drug use: Where drug use is accepted by the school. Reference might be made to these in other of the school's policies e.g. Smoke Free Policy, Medicines Policy.

Unauthorised drug use: Where use is restricted or prohibited e.g. illegal drugs, alcohol, tobacco or medicines

Drug-related Situations

A drug-related situation is one involving the use of any authorised drug by a young person or adult in school. A situation might be ongoing, but will have been discussed and planned for.

Drug-related situations might include:

- the storage or use of alcohol on the premises by staff, parents or other users of our premises
- the sale or award of alcohol e.g. raffle prizes
- the storage or use of medicines on the premises by staff, parents or children
- the use of tobacco or alcohol by staff, away from the premises, while taking part in events or residential trips

Drug-related Incidents

A drug-related incident is one where there is evidence or suspicion of specific events involving unauthorised drug use or supply. We will need to react to this event, in order to prevent or reduce harm. We will refer to 3G Responding to Drug-related Situations and Incidents in the Primary School (see appendices)

Drug-related incidents include:

- Disclosure by a child of their own unauthorised drug use or alleged use by another person
- Unauthorised drugs being possessed on the premises
- Unauthorised drugs being used on the premises
- Physical evidence of unauthorised drug use being found on or around the premises
- Supply or intended supply of unauthorised drugs on the premises
- Community concerns about unauthorised drug use by an adult working with children
- Community concerns about unauthorised drug use by children
- Children disclose they are adversely affected by the drug use or misuse of others
- The intimidation of a child by peers or others in relation to drug use.

4.2 Responding to Drug-related Situations and Incidents

The use, possession or supply of illegal drugs will not be tolerated on our school site, neither will the unauthorised use of legal drugs, such as alcohol and tobacco.

All staff will be aware of the procedures for dealing with a drug-related incident.

Responses to situations or incidents involving any drug will seek to balance the interests and safety of the individual and others involved.

We will refer to 3G Responding to Drug-related Situations and Incidents in the Primary School (see appendices), when considering our response to any drug-related incident. We will record each drug-related incident using 3F Recording an Unauthorised Drug Incident (see appendices). If we are considering the involvement of the Police in an incident, we will refer to 3I Considering Drug Issues and the Police contained within the Primary Development planner for PSHE (PDP).

The likelihood of a child being the instigator of a drug-related incident in school is extremely low. However, where an incident involves a child at our school, we will seek to involve parents/carers, if appropriate, and gain advice and support from specialist services and social care. Exclusion may be a final option, if other sanctions have not been successful.

Following every drug-related incident or situation, procedures will be reviewed and evaluated. The Headteacher will lead this review and will involve a link governor.

4.3 Responsibility for Preventing and Responding to Drug-related Incidents

- Solvents and hazardous chemicals will be stored in accordance with our Health and Safety policy, which refers to Control of Substances Hazardous to Health (COSHH) Guidelines. The person responsible for overseeing this policy is the Headteacher.
- If a substance is found on our premises, it will initially be reported to the Headteacher, who will record the nature of the incident and complete 3F Recording an Unauthorised Drug Incident with reference to 3G Responding to Drug-related Situations and Incidents in the Primary School. (see appendices)
- In a situation where a child is involved in unauthorised drug use on school premises, the Headteacher will normally inform the child's parents. If a decision is made not to inform parents this will be documented.
- If the Headteacher believes an offence has been committed by staff or pupils, he or she will consider informing the police. He/she will refer to 3I Considering Drug Issues and the Police. If the decision is made not to inform the police this will be documented. On most occasions the Community Police Support Officer (CPSO) will be the first contact.
- Should the press contact the school regarding a drug-related incident or situation, a press release will be issued in collaboration with the County Press Office. The Chair of Governors/ Headteacher will be the main contact for the press. We will refer to our local 'Critical Incidents' policy.

4.4 Confidentiality

The essential nature of confidentiality guidance is not altered by the fact that a case involves drugs. Where there is a genuine risk to the safety of the child or other vulnerable people, information must be passed on to individuals and/or organisations which are responsible for protecting the child. It is likely that such responses will fall within the remit of other policies such as Safeguarding and Child Protection, Behaviour and Health and Safety.

Staff may have to pass on information to fulfil their professional and moral duties in relation to:

- child protection
- co-operating with a police investigation
- referral to external services, such as drug agencies.

Any information disclosed to a staff member or other responsible adult, which is deemed to be of a serious nature, will be communicated to the designated person as soon as possible and always within 24 hours.

The designated person may choose to respect a child's wish for confidentiality only in cases where:

- there is no cause to believe that confidentiality will endanger or put the child or others at risk
- disclosure itself may place the young person at risk.

It is our policy to inform parents and carers as soon as possible, when a child has been involved in a drug-related incident, except in situations where such information could prejudice their safety. The person responsible for Child Protection will be asked for guidance in this instance.

Children will be told clearly what information is to be passed on and to whom and their agreement will be sought. We will support the child in dealing with possible consequences.

4.5 School Boundaries and School Visits

We will make clear to staff and parents/carers the rules which apply to individual visits or group trips, including other areas where direct responsibility lies with the parent/carer (primarily, school/home transport and the close environment of the school). In these situations we will work in partnership with parents/carers and, where appropriate, the wider community. Clear guidance will be given to staff regarding their supervision responsibilities and their own drug use (e.g. of alcohol, tobacco and medicine). We will refer to 3J Considering Drug Issues and Primary Educational Visits within the PDP for PSHE.

Appendices

A. Curriculum for Drug Education

We will deliver these elements through our Primary Personal Development Programme in order to deliver Drug Education to children across the school. These statements show the questions with which children will engage. For more detail see our teaching plan and short term planning, which is based on the Cambridgeshire Primary Personal Development Programme.

	Healthy and Safer Lifestyles 2 - Keeping Safe (inc Drug Education)	Other areas of Personal Development
Foundation YR	<p>Do I understand simple safety rules for when I am at home, at school and when I am out and about?</p> <p>Can I say 'No!' if I feel unsure about something and it does not feel safe or good?</p> <p>Can I ask for help and tell people who care for me if I am worried or upset?</p> <p>Who are the people who help to keep me safe?</p> <p>What goes on to and into my body and who puts it there?</p> <p>Why do people use medicines?</p> <p>What are the safety rules relating to medicines and who helps me with these?</p>	<p>What things can I do when I feel good and healthy?</p> <p>What can't I do when I am feeling ill or not so healthy?</p> <p>What do I think I have to keep safe from?</p> <p>How do I know if something is safe or unsafe?</p>

	Healthy and Safer Lifestyles 8 - Drug Education	Other areas of Personal Development
KS1 Y1/2	<p>What happens when things enter the body?</p> <p>What are medicines and why do some people use them?</p> <p>What do I understand about the roles of doctors, nurses and hospitals?</p> <p>What can I do if I feel poorly?</p> <p>What are the potentially risky substances at home and at school?</p> <p>How can I keep safe from harm if I come across risky substances?</p> <p>What is it like to be persuaded?</p>	<p>How can I get the attention of an adult if I need to?</p> <p>Who are the people who help keep me safe?</p> <p>How can I be responsible for my own personal safety?</p> <p>Do I understand how amazing my body is?</p> <p>What does it feel like to be healthy?</p> <p>How can I stay healthy?</p> <p>What is an emergency and who helps?</p> <p>How can I help in an emergency?</p>

	Healthy and Safer Lifestyles 15 - Drug Education	Other areas of Personal Development
KS2 Y3/4	<p>What medical and legal drugs do I know about, and what are their effects?</p> <p>Who uses and misuses legal drugs?</p> <p>Why do some people need medicine and who gives it?</p> <p>What are the safety rules for storing medicine and other risky substances?</p> <p>What should I do if I find something risky, like a syringe?</p> <p>What do I understand about how friends and the media influence me?</p>	<p>How can I be responsible for my own personal safety?</p> <p>Who is responsible for my lifestyles choices and how are they influenced?</p> <p>How can I have a healthy lifestyle?</p> <p>What can my body do and how is it special?</p> <p>What risks are there to my safety, my friendships and my feelings?</p> <p>What action is it okay for me to take in an emergency?</p> <p>Who would I ask for help if things went wrong?</p>

	Healthy and Safer Lifestyles 22 - Drug Education	Other areas of Personal Development
KS2 Y5/6	<p>What do I know about medicines, alcohol, nicotine, solvents and illegal drugs and how they affect people who use them and others?</p> <p>How does drug use affect the way a body or brain works?</p> <p>How do medicines help people with a range of illnesses?</p> <p>What does misusing a drug mean?</p> <p>What are some of the laws about drugs?</p> <p>What risks should I look for around substances?</p> <p>How do my friends influence my behaviour and decision making?</p> <p>How and why do companies advertise drugs?</p> <p>When and how should I check information I am given?</p>	<p>When might it be good to take a risk?</p> <p>What are the different consequences of taking physical, emotional and social risks?</p> <p>How risky are different situations?</p> <p>When am I responsible for my own safety?</p> <p>How can I keep myself and others safe?</p> <p>How can I get the attention of an adult if I need to?</p> <p>Where can people go for help?</p> <p>How can I help people who need support?</p> <p>Can I carry out basic first aid?</p> <p>What does being healthy mean and what are the benefits?</p> <p>Who or what influences me when I am making lifestyle choices?</p> <p>How am I responsible for a healthy lifestyle?</p>

B. Entitlements for all Members of our School Community

We are committed to working towards the implementation and development of these entitlements.

Everyone is entitled to have access to information which is accurate and up-to-date; appropriate to their needs and sensitive to cultural, ethnic, religious and gender differences

Children are entitled:

- to a planned, varied and cohesive drug education programme which enables them to increase their knowledge and explore and practise relevant skills and attitudes, and which gives them time to reflect
- to have access to support when they need it, in an appropriate setting
- when seeking advice, to have confidentiality guidelines explained, and to be treated honestly and with respect and sensitivity
- to have the opportunity to participate in the shaping and evaluation of their Drug Education programme using methods appropriate to their maturity, for example, through classroom activities or research

Adults working with our children are entitled:

- to relevant and appropriate training
- to opportunities to develop personal skills and confidence in delivering Drug Education and managing drug-related situations and incidents
- to a clear definition of issues concerning boundaries and confidentiality in school
- to an environment which provides opportunities to express their and share concerns openly
- to have access to independent advice and support, in both personal and professional capacities
- through representatives, to be involved in the formulation and/or evaluation of drug policy

Parents, carers and other adults in our community are entitled:

- to expect a safe and secure environment for their child
- through representatives, to be involved in the formulation and/or evaluation of our drug policy
- to express their opinions and to be offered time and privacy to share any concerns
- to be offered information about other services or support available to parents locally.

C. Check-list for Selecting Resources

It is unlikely that any one resource will generate a positive response to every aspect of the check-list, but positive answers to a high proportion are desirable.

Good practice principles

Are the underpinning values and beliefs clearly stated and are they consistent with those of the school?

Are drugs defined to include medicines, alcohol, tobacco, volatile substances and illegal drugs?

Is there guidance on identifying pupils' levels of knowledge and experience of drug use and how to incorporate this into planning?

Do activities cover a range of teaching and learning styles?

Is there guidance on evaluating activities?

Are the materials free from racial, gender and sexist stereotypes?

Do the materials take account of religious, cultural, physical diversity and special educational needs?

Does the material suggest ways of involving parents and the community in Drug Education?

Has the material been developed in consultation with pupils and teachers and has the effectiveness been evaluated?

Does the material include guidance on the knowledge and skills needed for effective delivery and help build teacher confidence?

Teaching and learning

Does the material outline processes for establishing a safe learning environment?

Is active learning promoted?

Are discussion and reflection encouraged?

Do the activities cover the development of knowledge, skills and attitudes?

Is the content differentiated and can it be adapted for use with particular groups of pupils?

Is guidance given on assessing learning outcomes?

Content

- Does the range of drugs covered meet with pupils' needs?
- Is the content factually accurate and balanced?
- Are learning outcomes clearly stated?
- Are learning outcomes sufficiently challenging?
- Is the content appropriate to the needs of pupils in terms of language, images, attitude, maturity, understanding and knowledge required?
- Does it avoid racial, sexist, and gender stereotyping?
- Does it include positive images of a range of people and will the imagery and language appeal to pupils?
- Do the activities encourage pupils to think about drug use, evaluate evidence and take account of a range of perspectives?

Curriculum issues

- Does it contribute to broad and balanced PSHE and Citizenship provision?
- Does the material say how it covers statutory and non-statutory learning outcomes?
- Does the resource support continuity and progression across Key Stages and curriculum subjects?
- Can the material be adapted to differing curriculum models and school timetables?

D. Working with Visitors – Planning Checklist

(Adapted from *The Right Choice – Guidance on selecting drug education materials for schools [DrugScope, 1998]*)

This checklist has been completed by:

Name	Organisation	Phone Number	Email

Preliminaries

Date(s) of Session(s)		Time(s) of Session(s)	
Meeting point for visitor		Class location	
Number of pupils		School Adult to be present	
Visitor CRB checked?	Y/N	Visitor has read Drug policy?	Y/N
Visitor will follow school confidentiality policy	Y/N		

Agreed Aims & Objectives of the Session

1
2
3
4
These objectives support the school's work in (Refer to Personal Development Frameworks and Units of Work)

Practicalities

Room Layout	
Equipment to be supplied by the visitor	
Equipment to be supplied by the school	
Names of resources for pupils	
Resources approved by school	Y/N

Context of the Session

What learning activity will take place before the session(s)?
What learning activity will take place after the session(s)?

Feedback and Evaluation

Feedback format agreed
Evaluation format agreed
How will feedback be provided to the visitor?

E. Responding to Drug-related Situations and Incidents in Primary Schools

This quick guide to dealing with drug-related incidents should be read in conjunction with the school's Drug Policy.

Refer to Drugs: Guidance for Schools 2004 Section 5 and Appendix 8. (available from www.education.gov.uk –search by title)

Incident	Points to Note	Immediate Action	Medium-term Action	Long-term Action
1. A child brings a used syringe into school.	The first adult 'on the scene' in this case, could be any member of staff. All staff need to be aware of procedures for dealing safely with this sort of situation. The needle should not be carried unprotected through the school.	<ul style="list-style-type: none"> Remove the syringe from the child and dispose of it safely. Refer to 3D Safety with Needles. Ascertain whether the child has broken their skin. If so, inform parents and seek medical advice immediately. Ascertain whether other children are involved. Discover where the object was found. Inform the Headteacher and (normally) inform parents. 	<ul style="list-style-type: none"> Ensure that all children in the school are aware of the safety procedure around syringes. If the syringe has come from home, consider contact with Social Services (and Education Welfare Officer). Refer to Cambridgeshire Primary Personal Development Programme (CPPDP) Healthy and Safer Lifestyles 15 DE 3/4 Drug Education. 	<ul style="list-style-type: none"> Review and evaluate Personal Development programme for coverage of safety around syringes and other risky items. Review other opportunities for giving this safety information.
2. A child discloses information, which indicates his/her parents are illegal drug users.	No presumption should be made that a child is at risk purely because his/her parents are illegal drug users. Many adults use illegal substances without presenting any risk to their children.	<ul style="list-style-type: none"> In accordance with Safeguarding (Child Protection) Procedures, refer to your designated person for Child Protection. Log and monitor whether the child is being adversely affected. 	<ul style="list-style-type: none"> Consider contact with your Child Protection Service. Consider contact with Social Services. Within confidentiality guidelines, speak to other members of staff to raise awareness and seek further information. 	<ul style="list-style-type: none"> Continue to support and monitor the child. Review the Drug Education provision for the child to ensure his/her needs are met. Ensure that all staff are aware of their obligations relating to Safeguarding procedures.