

Drugs Education Policy

Background and Context

Ravenshall School is a special school for young people with complex needs. The school accommodates pupils between the ages of 4 and 16; all pupils have a statement of Special Educational Needs. There is a very high percentage of students entitled to free school meals (53%) and a proportion of pupils come from minority ethnic backgrounds (33%) particularly Asian or Asian British-Pakistani families.

It is generally accepted that enter health and well-being inequalities for children and young people in Dewsbury showed that nearly half of 14 year olds drinking alcohol did so weekly or more, a sharp increase with no sign of the data improving. In The most recent survey(although carried out in 2009) suggested that more were getting out of control weekly and monthly than in Kirklees overall, although less had their first drink under 10 years than elsewhere. Dewsbury had a high rate of 14 year olds smoking, 1 in 6, an increase since 2005. Of these, 1 in 4 had started smoking aged 10 years or less and were happy to continue, more than before. Smoking in girls remained of concern, as 1 in 5 smoked weekly or more.

Currently this policy forms part of the PSHCE ed policy.

This policy is aimed at staff, pupils, parents/carers, governors and partner agencies working with the school.

The definition of drugs used in this policy is the definition given by the United Nations Office on Drugs and Crime: "*A substance people take to change the way they feel, think or behave*".

This refers to all drugs, including;

- Legal drugs, including alcohol and tobacco.
- Over the counter and prescription medicines
- Illegal drugs (those controlled by the Misuse of drugs Act 1971) including ecstasy, cannabis, crack/cocaine, heroin and LSD
- and other drugs such as anabolic steroids, volatile substances (solvents), Ketamine and Khat.

Authorised drugs include prescribed and over the counter medicines. All medication is administered according to the Kirklees Medicines Policy Requirements (adapted 2010).

Responsibility for the policy/implementation

The head teacher takes overall responsibility for the policy and its implementation in the school. This responsibility includes liaison with the governing body, the parents and the LA and other appropriate outside agencies.

The following members of staff will oversee and co-ordinate Drugs issues within the school:

- | | |
|--|----------------------------|
| • Policy development and review: | KS4 & PSHCE ed coordinator |
| • Monitoring and assessing effectiveness of policy | KS4 & PSHCE ed coordinator |
| • Coordinating the Drug Education Programme | KS4 & PSHCE ed coordinator |
| • Managing drug related incidents | SLT |
| • Ensuring that the health, welfare and well-being of pupils with drug related issues is addressed in an appropriate and sensitive manner. | SLT |

Local and National Guidance and Support

The school currently delivers Drugs Education through the SPICED (*Schools Partnership in Children's Education on Drugs*) programme (KS3) and the Kirklees PSHE Toolkit (Primary and Secondary).

The Schools Stance towards Drugs, Health and the Needs of Pupils.

- Ravenshall School recognize that drugs are used legally and illegally in both a social context (for example; tobacco and alcohol) and in a medical context as prescribed and non-prescription drugs.
- The school condones neither the misuse of drugs and alcohol by members of the school, nor the illegal supply of these substances.
- This view of drugs abuse includes the use of tobacco and as such Ravenshall School is a no-smoking zone.
- Our school is committed to the health and safety of its members and will take action to safeguard their well-being.

-
- We acknowledge the important role of drugs education to ensure that young people have all the necessary knowledge and skills to make informed and healthy choices regarding their drug use, both now and in the future.
- Whilst we acknowledge that substance use and misuse by young people is a rising trend (see background and context), it is seen as important to recognize that the larger numbers of young people are choosing not to use or misuse substances. We will continue to support their differing needs.

Purpose of Drug Education

At Ravenshall School we provide pupils with information about drugs and help them develop the skills and attitudes to make healthy and safe decisions about drug use.

Drug education should:

- Provide accurate information
- Build on knowledge and understanding about the effects and risks and dangers of drugs and correct myths and misunderstandings
- Develop understanding about rules and laws
- develop skills to make informed decisions, including communication, self awareness, negotiation, finding information, help and advice, helping others and managing situations involving drugs
- Develop skills to explore risks and consequences
- explore their own and other peoples' attitudes to drugs, drug use and drug users, including challenging stereotypes and dispelling myths and exploring media and social influences
- Be relevant to the needs of the pupils and the school community.

Management of Drug Education

The curriculum content supports the learning objectives set out in the schemes of work from the Kirklees PSHE Toolkit. The schemes of work are differentiated for the needs of our young people to ensure that content and learning objectives are developmental and achievable.

One half term per year is allocated for Drug Education delivered within timetabled PSHCE ed lessons.

Drugs Education involves pupils working in small groups and accessing a range of opportunities to feel positive about themselves, take part in discussions, make

real choices, meet and talk with people and consider social and moral dilemmas that they come across in everyday life.

Primary Drugs Education is taught through topic based work using an adapted version of the Kirklees Primary PSHE toolkit. Key Stage 3 Drug Education is delivered through the SPICED unit of work. Key Stage 4 is delivered using resources from the Kirklees PSHE toolkit such as Adolescents Anonymous (alcohol awareness), Blown Away (cocaine) and Don't Leave Me (solvents).

The school will actively co-operate with other agencies such as community police, social services, Kirklees LA and health agencies to deliver its commitment to drug education and to deal with incidents of substance use and misuse.

Training and Support for Staff

Where necessary, training is offered, to ensure there is up to date knowledge, to help staff feel sufficiently confident to discuss drug-related issues.

Drugs Education is enhanced by working with outside agencies such as the Police, Lifeline, West Yorkshire Trading Standards and Talk to Frank.

Staff who teach drugs education have access to regular network meetings.

Assessing, Monitoring and Evaluating

With reference to the schools '*Policy for Assessment, Recording and Reporting*' the PSHE coordinator and a member of the Senior Manager team are responsible for overall monitoring of drug education, which might include

- observing lessons
- looking at a sample of pupils' work (beginning and end of unit assessments)
- looking at curriculum plans/long term and medium-term plans
- getting feedback from curriculum coordinators, class teachers/tutors and pupils about what has been covered
- Formative and summative assessments

Management of Drugs at School

1. If suspicious substances are found in school, staff should:

- Put them in a container and not investigate the substances
- Put the container in a safe, secure place
- Record in full the circumstances and the series of events immediately. The record should be witnessed by a colleague.

- Seek advice about the nature of the substances from the LA and the police
- In certain circumstances, hand on to ambulance men, police etc for identification.

2. If a pupil is found in possession of suspicious substances:

- The substances should be confiscated
- The substances should be kept secure (as above)
- The circumstances should be recorded and witnessed (as above)
- After assessing the situation, the school should decide whether it is appropriate to contact parents, the police, social services or any appropriate agency. Advice is available from the LA Drugs Information Officer and the LA Health Education Officer.

3. If a pupil is unwell after substance abuse:

- The school should follow its own first-aid/medical procedures
- The school should contact emergency services if there is any doubt about the pupil's condition
- Parents and guardians should be informed that their child has needed medical help
- The substance should be retained securely, to hand on to emergency services for identification as part of medical treatment
- All events should be recorded and witnessed.

Subsequent Responses

The school can call on a variety of sources for advice and support:

- LA drugs advisor
- LA health advisor
- Police-Youth Service Officer (Dewsbury)
- Divisional Drugs Team
- Social Services

Disciplinary responses must balance punishment and welfare of the pupil. They must allow the school to retain an overview of the situation and not push the problem underground. Disciplinary responses must take an account of all the circumstances.

It is important to maintain and witness scrupulous records of all investigations, information/sources, actions and events.

Also should be aware of the welfare of staff who handle suspicious substances. Staff should know of the need for scrupulous care and self protection. School should provide appropriate containers for use in the safe and secure storage of substances as drug-related equipment ('sharps' boxes, gloves, etc). Contact should be made with Environmental Health for safe disposal of substances of equipment (if not required by other services). School currently has any form of medication stored in a locked cabinet in a locked store in locked room. A school nurse working within the NHS has shared their template for the administration and recording of any medication children and young people need to be administered during the school day. The nurse has also scrutinized both of our recording and security other Medication.

Policy reviewed October 2019