



Business &  
Enterprise



APPLIED  
LEARNING

## ST ALBANS GIRLS' SCHOOL BUSINESS & ENTERPRISE COLLEGE

# Drug Education Policy

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Specialist Schools  
and Academies Trust  
EXCELLENCE AND DIVERSITY

This school defines the term “drug” as any substance that affects the way in which the body functions physically, emotionally or mentally and includes tobacco, alcohol, solvents, over-the-counter and prescribed medicines as well as illegal substances.

## **1. Values and aims**

Set in the broader context of personal, social and health education, our drugs education reflects whole school aims to provide a secure and caring environment in which young people can develop as individuals, learn to respect themselves and others and take responsibility for their own actions. We are committed to the health and safety of all members of the school community and will take action to safeguard their well being.

Fundamental to our school’s values and practice is the principle of sharing the responsibility for the education with parents and carers. We strive for effective communication and co-operation.

All non-medical drugs on school premises are unacceptable.

This policy will apply on the school premises and beyond, wherever students are within the care of school staff. This includes recreational events on the premises, school trips and educational visits. The school will also have an interest in the health and well being of the students beyond these school boundaries and we would encourage parents and others in the community to adopt the same principles.

Whilst we acknowledge that the numbers of young people who use and misuse substances is rising, it is important to recognise that many young people are choosing not to do so. We will support their differing needs.

## **2. Rationale:**

We believe that the purpose of drug education should be to give students the knowledge, skills and attitudes to appreciate the benefits of a healthy life-style and to relate these to their own actions, both now and in the future.

### **2.1 We aim to:**

- Enable young people 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 young people’s thoughts, feelings and concerns and to ensure that drug education responds to their needs.
- Help young people distinguish between different substances, consider their use, misuse, benefit and harm.
- Counter any inaccurate messages which young people receive about drugs.
- Encourage an understanding for those experiencing or likely to experience drug use (including those dependent on medicinal drugs).
- Widen understanding about related health, social and legal issues.
- Enable students to identify where help and support can be found.
- Continue to be recognised as a “healthy school”.

## **2.2 We intend to achieve our aims through:**

- A co-ordinated and consistent approach to the curriculum and to possible drug related incidents
- An appropriate teaching programme which responds to students' needs.
- Clearly defined learning outcomes for lessons and other inputs.
- Reinforcement of key messages at different ages and stages and in different situations.
- Content and teaching approaches, which match the needs and maturities of all students, including those with special educational needs and English as an additional language.
- Integration of drug education into the curriculum.
- Involvement of the whole community, including staff, governors, parents, students and relevant visitors.
- Training and support for staff in the planning and delivery of drug education.
- Provision of effective and adequate classroom resources
- Drug information evenings for parents and staff
- Regular revision of policy and practice.
- Recognising that adults are role models for children and committing ourselves to a smoke-free environment; not using alcohol on premises; working in partnership with parents and carers and finding ways to avoid the need for over-the-counter drugs, such as finding a quiet room or corner for headache sufferers.

The Pastoral Support Officer keeps a record of all medication handed in by parents. Medication will only be issued with parental consent and all medication must in its original container, and be clearly labelled with the student's name.

## **3. Planning**

Opportunities for drug education will be clearly identified on long, medium and short-term plans.

## **4. Special Educational Needs**

Additional support may be given by staff. Activities may be differentiated.

## **5. Teaching – curriculum, materials and approaches**

Delivery will be through:

- planned elements of national curriculum subjects and RE
- discrete PSHE and Citizenship time;
- pastoral time;
- assemblies;
- occasional planned and negotiated visits from school nurse, police officer or other appropriate drug educators, trainers or Theatre Groups;
- informal curriculum and opportunities for extra curricular activities.

A wide range of teaching approaches can be used including active and accelerated learning methods, involving student's full participation. Ground rules will be negotiated when appropriate and sensitivity will be recognised. Safeguarding the interests of the individual student and the whole class is priority.

Work is regularly monitored and evaluated by all involved, including the students.

## **6. Confidentiality**

Some students may choose to mention instances of drug use in class or with individual members of the school community. While staff will want to be supportive, it is clear that they work within Child Protection guidelines and clearly state that they may not be able to guarantee confidentiality.

## **7. Working with visitors**

Visitors can make a valuable contribution to drug education provision do constitute a comprehensive programme. The rationale for bringing in a visitor must be clear. It must enhance the overall educational experience and must educate rather than sensationalise. It must fit with the stated aims and objectives of school PSHE and drug education policy. School staff must always be present and the educational outcomes evaluated.

## **8. Liaison between schools and with parents and the wider community**

Staff will work with other schools in the area to develop consistent practices to support young people. This includes the needs of young people as they transfer from primary to secondary school and working with external partners.

## **9. Roles and responsibilities**

This policy relates to all members of the school community. All staff have a responsibility for drug education and must be fully aware of this policy and its implications for themselves and for others in the community. Whenever adults interact with children, they recognise that they may be influencing attitudes and behaviour. (At home the responsibility for a student's welfare rests solely with parents or carers).

**9.1** All staff should consider themselves as role models whose behaviour the students are likely to notice and often follow. Staff also have a responsibility to know how to respond to any possible drug related incidents. Training and support will be provided.

**9.2 Teaching and support staff** have a responsibility to contribute to the curriculum for drug education. They listen to the students and determine their specific needs. These needs are met in specific drug education inputs as well as through a wider programme of personal and social skills development.

**9.3 The Headteacher and 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.

**9.4 The PSHE Co-ordinator** is responsible for overseeing both curriculum delivery and other elements of school life contributing to drug education. This includes monitoring and evaluating drug education policy and practice throughout the school. The PSHE Co-ordinator will work with other co-ordinators and the pastoral guidance team to identify where other learning experiences contribute to drug education.

**9.5 The Governor** with responsibility for drug education and drug related issues receives training in drug issues and understands the issues involved and how they relate to wider issues of behaviour and school ethos. S/he contributes to developing and reviewing drug education policy and practice.

## 10. Responses to possible drug related incidents

Our definition of drug includes medicines, alcohol and tobacco. It is therefore important that all aspects of an incident are considered. The needs and circumstances of the student are paramount.

We will consider each situation individually and recognise that a variety of actions in response may be necessary to drug related incidents as recommended by LA and national guidance. (*Drugs: Guidance for Schools (DfES/0092/2004)*).

If the situation leads to a medical emergency the school emergency aid procedures will be followed immediately.

In the absence of a medical emergency the Headteacher will be informed and an appropriate response considered. We refer to the local authority guidelines when responding to drug related incidents and in determining the response the implications of any action we take will be carefully considered.

**The focus of any response will be the student not the substance and we will seek to balance the interests of the individual, other members of the school community and the wider community.**

Responses will be cross-referenced with related school policies such as:

- Behaviour
- Health and Safety
- Child Protection
- School Trips
- Healthy Schools' policy

Unless there are exceptional circumstances we will inform parents or guardians at the earliest opportunity so that we can work together to support the student and to resolve difficulties.

We have a range of professional colleagues who can give or obtain advice and support in drug or alcohol related situations. These include:

- The school's Attendance improvement officer
- The local Police Liaison Officer
- The Children's, Schools & Families Drug Education Consultant
- The PSHE advisor
- The Hertfordshire Healthy Schools Co-ordinator
- The School's Pastoral team
- Members of the local Youth Offending Team (whose roles include supporting young people at risk of offending)
- Our local drug and alcohol agencies and counselling services
- The Frank Campaign

Colleagues can provide guidance and information and may be able to help with assessment and support us in developing an appropriate response. The student/s is always told when information is being passed on, in accordance with the school's policy on confidentiality.

Our aim is to enable all students to fulfil their potential. We will work with the student, her parents or carers and colleagues from other agencies to remove barriers to achievement and

resolve any difficulties that exist. Drug related situations will be considered alongside other circumstances in the young person's life and not in isolation. Drug use in school may result in permanent exclusions.

Should a substance suspected of being illicit be found on the school premises it will be handed to the headteacher and, in the presence of another member of staff placed in a sealed container in the school safe until it can be delivered to or collected by a police officer. The police officer will also be involved in advising the school on the most appropriate response to the situation.

All staff are made aware of the legal constraints on gathering evidence and questioning those involved. They will not take action without involving the Headteacher.