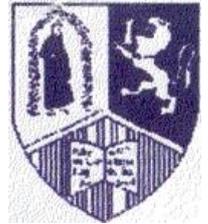
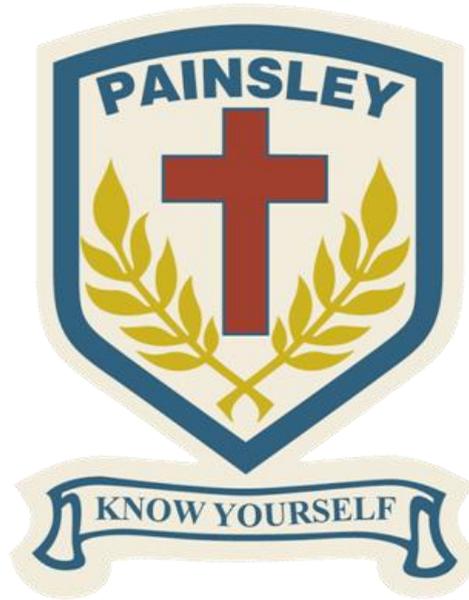
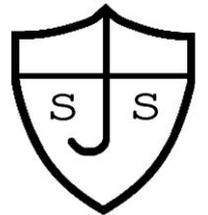


# THE PAINSLEY CATHOLIC ACADEMY



**Drugs Policy**  
(inc. MEDICINES) EDUCATION AND THE MANAGEMENT OF  
DRUG RELATED INCIDENTS  
**November 2016**



## DRUG POLICY

### Policy History

Original Policy presented to:

Heads of Department in November 2004

Local police in November 2004

Offered to parents to comment upon in November 2004

The School Council in October/November 2004

Heads of Year in December 2004

All Staff in January 2005

Draft Policy and amendments presented to Governors in January 2005

A comprehensive evaluation of the Policy took place in the summer term of 2007.

A further review and evaluation of the Policy took place in the autumn term of 2009. All of the above stakeholders were involved in the process. The previous review took place in July 2012.

**This policy was reviewed in November 2016.**

## 1. Introduction

Painsley's approach to drugs education and drug related incidents is consistent with its values and ethos. The following comments from the mission statement are particularly relevant:

The College aims:

a) To develop relationships within the school community which are based on the values of the

Gospel. To achieve this aim, the school will:

- Develop supportive relationships within tutor groups
- Develop forums for all years to discuss issues

b) To respect and value every person as a child of God. To achieve this aim the College will:

- Continue to develop the pastoral programme for students and co-ordinate the pastoral provision documenting specific details for individual student needs promoting social inclusion
- Encourage discipline which is consistent and just

The development of this policy is a reflection of Painsley's commitment to the Healthy Schools Standard which we were awarded in 2006, reflecting our aim to achieve a school in which the emotional and physical well-being of the student is of paramount importance.

## 2. The context of the policy and its relationship to other policies

The purpose of this policy is to:

- meet Painsley's commitment to the Healthy Schools' Standard (Health and Wellbeing mark)
- clarify the legal requirements and responsibilities of the school
- reinforce and safeguard the health and safety of students and others who use the school
- clarify the school's approach to drugs for all staff, students, governors, parents/carers, external agencies and the wider community
- give guidance on developing, implementing and monitoring the drug education programme
- enable staff to manage drugs on school premises, and any incidents that occur, with confidence and consistency, and in the best interests of those involved
- ensure that the response to incidents involving drugs complements the overall approach to drug education and the values and ethos of the school
- provide a basis for evaluating the effectiveness of the school drug education programme and the management of incidents involving illegal and other unauthorised drugs

- reinforce the role of the school in contributing to local and national strategies.

This policy details Painsley's approach to dealing with drug related matters but other school policies should be considered in conjunction with its guidance. These include:

- Safeguarding
- Special Needs
- Health and Safety
- Trips and Visits
- Supporting Children with Medical needs policy

### **3. Local and national guidance**

Both local and national guidance has been used in the preparation of this policy, including:

- 'Drugs Guidance for Schools', DfES/0093/2004
- 'Writing and implementing a policy for drug education', Staffordshire County Council, 2004
- Health Promoting School Scheme Staffordshire and City of Stoke on Trent Education and Lifelong Learning, 2004
- Qualifications and Curriculum Authority Guidance, 2004

Various charities were also investigated as part of the policy's development.

### **4. Where and to whom the policy applies**

The physical boundaries of the school define the extent of the school premises during the school day and the school term. But school rules and expectations of behaviour extend further if students visit a library, for example, or leave school to visit an old people's home as part of a community project, whether supervised or not. Duty of care responsibilities also apply on the journey to and from school.

School boundaries also extend to include school trips, and clear guidance to staff is given about their supervisory responsibilities. It is made clear to students that school rules and policies still apply on a school trip. Staff are made aware of any controls on their own drug use (e.g. of alcohol, tobacco and medicines) when on duty.

### **5. Definitions and terminology**

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

**"A substance people take to change the way they feel, think or behave."**

The term 'drugs' and 'drug education', unless otherwise stated, is used throughout this policy to refer to all drugs:

- all illegal drugs (those controlled by the Misuse of Drugs Act 1971)
- all legal drugs, including alcohol, tobacco, volatile substances (those giving off a gas or vapour which can be inhaled), ketamine, khat and alkyl nitrites (known as poppers)
- all over-the-counter and prescription medicines.

## 6. Painsley's stance towards drugs, health and the needs of students

### 6.1 Misuse of drugs at Painsley

The school is aware that the misuse of drugs by young people may have a serious impact on their health, well-being and academic achievement. Painsley staff have a major part to play in reducing the risks to the students. The health and safety of individuals is of paramount importance. Therefore, the possession or use of illegal and other unauthorised drugs (as outlined in section 5) within school boundaries is unacceptable and will result in **exclusion from school**. If a student is attempting/intending to supply illegal drugs in school, he/she will normally be **permanently excluded**. Every effort will be made by Painsley to support the student following exclusion including the referral to relevant support agencies such as the Educational Welfare Officer. Similarly, any suspicion of a student misusing drugs will result in appropriate action, for example, referral to the school nurse or community based drug agencies e.g. T3. Wherever possible, and when this will not compromise the student's safety, Painsley will seek to involve the student's parents/carers.

### 6.2 Medicines

Some students may require medicines that have been prescribed for their medical condition during the school day. In these cases, parents are requested to obtain duplicate labeled bottles from the pharmacist in order to send medicines to school. The label should state:

- The name of the student
- Date of dispensing and name of pharmacist
- Dose and dose frequency
- Cautionary advice/special storage instructions/side effects
- Name of medicine
- Expiry date - where applicable
- Written instructions provided by the prescriber on the label or container and method of administration

In all cases where prescribed or non-prescribed medicines are brought into school, a parental consent form for the administration of the medicine in school must be completed (available from the school office). Medicines should always be provided in the original container as dispensed by a pharmacist.

In many cases, the students at Painsley will be able to self-administer the medicine. However, when students are supervised self-administering medicines or when a member of staff administers the medicines for the student (exceptional circumstances only), the school

will store the medicines and a register of the staff involved is maintained (any member of staff involved in the administration of medicines will be doing so on a volunteer basis). Wherever volunteers do supervise or administer medicines, it is essential that the medicine must only be administered in accordance with the prescriber's instructions, as displayed on the container/packaging. If in doubt about any procedure staff should not administer the medicines, but check with the parents/guardian or a health professional before taking further action.

The storage of medicines is clearly an important health and safety matter. Some medicines should be readily available to students (e.g. their asthma inhalers) whilst some may require suitable storage (in a fridge, or a secure container). Whenever medicines are stored by Painsley, records of the medicines are maintained and an accurate record of when they have been given (or if a child has refused their medication) is kept. If a controlled drug is prescribed to a child then these should be stored in a locked, non-portable container and only named staff should have access.

Medicines that have been prescribed for an individual must only be used by them. They must not be given or passed to a third party. A controlled drug, as with all medicines, should be returned to the parent/guardian when no longer required to arrange for safe disposal. If this is not possible it should be returned to the dispensing pharmacist.

- **PLEASE REFER TO Supporting Children with Medical needs policy 2014 re controlled drugs**

### **6.2.1 Education Visits**

The school will consider what reasonable adjustments to make to enable students with medical needs to participate fully and safely on visits. Such students may need a risk assessment and/or additional safety measure particularly for outdoor visits. An additional supervisor, parent or volunteer may be needed to accompany a particular child. Arrangements for taking any necessary medicines will also need to be taken into consideration. Staff supervising excursions should always be aware of any medical needs and relevant emergency procedures. A copy of any health care plan should be taken on visits in the event of the information being needed in an emergency. If staff are concerned about whether they can provide for a child's safety they should seek parental views and medical advice from the school health service or the child's GP.

**PLEASE REFER TO Supporting Children with Medical needs policy**

### **6.2.2 Sporting Activities**

Most children with medical conditions can participate in physical activities and extra-curricular sport. There should be sufficient flexibility for all children to follow in ways appropriate to their own abilities. For many, physical activity can benefit their overall social, mental and physical health and well-being. Any restrictions on a child's ability to participate

in PE should be recorded in their individual health care plan. All adults should be aware of issues of privacy and dignity for children with particular needs.

Some children may need to take precautionary measures before or during exercise, and may also need to be allowed immediate access to their medicines such as asthma inhalers. Staff supervising sporting activities should consider whether risk assessments are necessary for some children, be aware of relevant medical conditions and any preventative medicine that may need to be taken and emergency procedures.

**PLEASE REFER TO Supporting Children with Medical needs policy**

### **6.2.3 Storing Medicines**

Large volumes of medicines should not be stored. Staff should only store, supervise and administer medicine that has been prescribed for an individual child. Medicines should be stored strictly in accordance with product instructions (paying particular note to temperature) and in the original container in which dispensed. Staff should ensure that the supplied container is clearly labelled with the name of the child, the name and dose of the medicine and the frequency of administration. This should be easy if medicines are only accepted in the original container as dispensed by a pharmacist in accordance with the prescriber's instructions. Where a child needs two or more prescribed medicines, each should be in a separate container. Non-healthcare staff should never transfer medicines from their original containers.

Children should know where their own medicines are stored and who holds the key. The head teacher is responsible for making sure that medicines are stored safely. All emergency medicines, such as asthma inhalers and adrenaline pens, should be readily available to children and should not be locked away. Our college allows children to carry their own inhalers. Other non-emergency medicines should generally be kept in a secure place not accessible to children. A list of medications in school is updated at least annually and in conjunction with the school nurse.

A few medicines need to be refrigerated. They can be kept in a refrigerator containing food but should be in an airtight container and clearly labelled. There should be restricted access to a refrigerator holding medicines. Local pharmacists can give advice about storing medicines.

**PLEASE REFER TO Supporting Children with Medical needs policy re controlled drugs**

### **6.2.4 Access to Medicines**

Children need to have immediate access to their medicines when required.

The college occasionally need to make special access arrangements for emergency medicines that it keeps. It is important to make sure that medicines are only accessible to those for whom they are prescribed.

### **6.2.5 Disposal of Medicines**

Staff should not dispose of medicines. Parents are responsible for ensuring that date-expired medicines are returned to a pharmacy for safe disposal. They should also collect medicines held at the end of each term. If parents do not collect all medicines, they should be taken to a local pharmacy for safe disposal.

Sharps boxes should always be used for the disposal of needles. Sharps boxes can be obtained by parents on prescription from the child's GP or paediatrician. Collection and disposal of the boxes should be arranged with the Local Authority's environmental services/school nurse.

### **6.2.6 Emergency Procedures**

As part of general risk management processes our college has arrangements in place for dealing with emergency situations. Every room has an emergency procedure notice. Students are taken through the procedure as part of their P.S.H.E curriculum. All staff have been trained in the implementation of this procedure.

A member of staff should always accompany a child taken to hospital by ambulance, and should stay until the parent arrives. Health professionals are responsible for any decisions on medical treatment when parents are not available. Staff should never take children to hospital in their own car; it is safer to call an ambulance

Individual health care plans should include instructions as to how to manage a child in an emergency, and identify who has the responsibility in an emergency.

## **7. Staff with key responsibility for drugs education**

Mrs Waugh (Deputy Headteacher) has the overall responsibility for co-ordinating Painsley's drug education programme, in partnership with the PSHE co-ordinator and manages investigations into drug related incidents.

All drug related incidents **must be referred to Mrs Waugh** in order for the policy guidelines to be followed.

## **8. Drug Education**

### **8.1 Details of Painsley's drug education programme**

Drug education is a major component of drug prevention. Drug prevention aims to:

- minimise the number of young people engaging in drug use
- delay the age of onset of first use
- reduce the harm caused by drugs
- enable those who have concerns about drugs to seek help

The aim of drug education is to provide opportunities for students to develop their knowledge, skills, attitudes and understanding about drugs and appreciate the benefits of a healthy lifestyle, relating this to their own and others' actions.

Drug education is an important aspect of Painsley's curriculum. It aims to:

a) increase students' knowledge and understanding and clarify misconceptions about:

- the short- and long-term effects and risks of drugs
- the rules and laws relating to drugs
- the impact of drugs on individuals, families and communities
- the prevalence and acceptability of drug use among peers
- the complex moral, social, emotional and political issues surrounding drugs

b) develop students' personal and social skills to make informed decisions and keep themselves

safe and healthy, including:

- assessing, avoiding and managing risk
- communicating effectively
- resisting pressures
- finding information, help and advice
- devising problem-solving and coping strategies
- developing self-awareness and self-esteem

c) enable students to explore their own and other peoples' attitudes towards drugs, drug use and

drug users, including challenging stereotypes, and exploring media and social influences.

Painsley's drug education is delivered through well-planned PSHE and citizenship provision. Painsley uses the non-statutory frameworks for PSHE at Key Stages 3 and 4, the statutory citizenship programme of study at Key Stages 3 and 4 and the statutory requirements within the National Curriculum Science Order for all phases as the basis for developing drug education.

PSHE and citizenship provide an effective context for drug education because they focus on developing skills and exploring attitudes as well as learning about healthy and safe lifestyles.

Many of the skills and attitudes developed and explored through drug education are common to other aspects of PSHE. For example, skills to resist pressure to use drugs are applicable to personal safety and relationship education. Links between drugs and other areas of PSHE, for example, emotional health and well-being and sex and relationship education are explored in detail in RE lessons within our Catholic context.

Citizenship education contributes to drug education by, for example, providing opportunities for students to:

- understand rules and laws and how they relate to rights and responsibilities

- consider different points of view
- explore moral, social and cultural issues
- discuss and debate topical issues

Pastoral/Citizenship theme days operate throughout Key Stages 3 and 4 at Painsley. These cover the PSHE curriculum and aspects of the Citizenship programmes of study. The days have been rated as 'outstanding' by a LA advisor in 2010-11. The PSHE curriculum was judged to be 'outstanding' by an Ofsted subject inspection (November 2011).

Within these days, drug education is explicitly dealt with. At Key Stage 3 students learn about the effects and risks of drugs, including substance abuse, and the laws relating to drugs. They learn the skills to recognise and manage risk and to resist pressures. They continue to develop the skills to make choices for a healthy lifestyle and learn about where to go for help and advice. At Key Stage 4 students build on their knowledge and learn more about the effects of drug misuse on family, friends, community and society. They gain greater understanding through clarifying their opinions and attitudes in discussions and debate and considering the consequences of their decisions.

A cross curriculum approach to drug education has been agreed with all departments contributing to the PSHEE and Citizenship curriculum. Examples of this are as follows:

- Religious Education - exploring the sanctity of human life and dignity of the human person
- English - group discussion and interaction, information texts, literature and media
- maths - handling data, including interpreting and discussing results
- information and communication technology (ICT) - finding things out, exchanging and sharing information
- drama - exploring and developing skills through role play
- music and art - exploring popular culture
- physical education - fitness and health

In addition, as a Science College, Painsley delivers discrete lessons/activities on health science and the dangers of the misuse of drugs.

## **8.2 Students with special educational needs (SEN)**

In planning drug education for students with special educational needs (including disabilities) teachers will need to consider whether:

- particular aspects of the programme need to be emphasised/expanded or given more/less time. Materials from an earlier Key Stage might be used or adapted
- certain students should be given opportunities to revisit knowledge and skills in different contexts
- activities should be adapted to provide support for students with difficulties in cognition and learning or communication and interaction. This could include placing a greater emphasis on discussion, modelling, role play and mechanisms for recording students' thoughts that do not rely on written materials.

Strategies encouraged to increase access to drug education include:

- using information and communication technology (ICT) or exploring realistic scenarios to compensate for a lack of first-hand experience in some social situations
- organising visits and providing real-life examples portrayed through theatre-in-education
- using specialist equipment and material such as sensory, large print and symbol textbooks

### **8.3 Evaluating the drug education programme**

As part of Painsley's commitment to including students in the development of their learning, the drug education programme is regularly discussed by the School Council system. Students are also given opportunities to evaluate their experiences in questionnaires and discussions with pastoral staff and the Leadership Group.

## **9. Methodology and Resources**

**Painsley helps young people develop confidence in talking, listening and thinking about drugs. A number of teaching strategies help this, including:**

- establishing ground rules with students
- using 'distancing' techniques such as role play
- knowing how to deal with unexpected questions or comments from students
- using discussion and project learning methods and appropriate materials
- encouraging reflection

**To facilitate students' learning in drug education:**

- the purpose of each lesson is made clear
- appropriate learning experiences are planned and meet the needs of **all** the students in the class
- learning experiences draw on students' own experiences or existing knowledge and provide a range of opportunities for students to learn, practise and demonstrate skills, attitudes and knowledge
- the focus is not on fear arousal techniques
- teaching resources are up to date, differentiated and culturally and age appropriate
- time is given for students to reflect and consolidate their learning
- students are encouraged to take responsibility for their own learning and to record their own progress
- attention is given to developing a safe and secure classroom climate
- staff training needs are met

There are many examples of a wide range of teaching and learning strategies and resources used in the delivery of drugs education curriculum. These include:

Mind mapping

Creative writing

Case Studies

Group work  
Discussion  
Drama work  
Media analysis  
Debates

Painsley leads the process but outside visitors have a role, for example, the Youth and Community Service deliver talks on drugs education to students. St John's Ambulance gives training on how to deal with emergency situations. The school nurse supports teachers in the delivery of drug education and also supports the professional development of staff in this area. When involving external contributors, Painsley ensures that:

- they are clear about the desired learning outcomes before deciding who is best able to help achieve them
- the external contribution is integrated into the school's programme, rather than being an isolated event
- the external contributors are competent educators and facilitators and do not provide input outside their area of expertise
- where possible, students are involved in the preparatory and follow-up work, e.g. writing invitation and thank you letters
- the content of lessons is negotiated to ensure that it meets the needs of students and is consistent with the overall aims of the drug education programme
- the contribution is grounded in a student-centred approach to learning, which may involve assessing educational needs
- all external contributors are fully aware of Painsley's values and approach to drug education, the drug and other relevant policies, including those covering confidentiality, disclosure and child protection, to ensure that their approach is consistent with that of the school
- all external contributors are aware of their roles, responsibilities and boundaries, i.e. that they work to the professional boundaries of the teacher when taking part in curriculum activities
- the value of the external contribution is assessed through student feedback and evaluation.

This information is shared and used to inform future work.

## **10. Professional Development**

### **10.1. Staff training on drug education**

Painsley's Citizenship Co-ordinator, Mrs Waugh, is involved in the new staff (teaching and non-teaching) induction programme. The first meeting takes place in June each year, ensuring that new staff have an understanding of an effective drug education programme. All members of the pastoral team support the effective teaching and learning of the drug curriculum and receive training on drug related education. All teachers have access to relevant external courses and are encouraged to attend these whenever possible.

Painsley's INSET programme includes (at least) an annual discussion of drug education and or medications in school.

Staff are also encouraged to peer observe the teaching of drug education in order to ensure that good practice is shared in the school.

## **10.2 Staff training on dealing with drug related incidents**

The staff induction programme includes clear guidance to all new staff with regard to dealing with drug related incidents, i.e. Mrs Waugh/Mr Barry must be informed and lead any investigation.

Furthermore, all staff are reminded of this policy on an annual basis in the first INSET session of the academic year.

## **10.3 Governor training on drug education and drug related incidents**

Mrs Waugh has responsibility for disseminating information to the Governing Body. Contact is Mr J Pennington, who is the nominated Governor for dealing with drug matters. Governors are also encouraged to attend relevant external training courses.

## **11 Assessment, monitoring and evaluation of drug education**

### **11.1 Assessment and monitoring**

The elements of drug education that form part of the science curriculum at Key Stages 3 and 4 are assessed in accordance with the requirements of the National Curriculum and the science departmental review system. The learning from the other elements of drug education is also assessed as part of the overall pastoral provision.

Assessment takes many forms such as peer review and teacher formative assessment. It identifies:

- what knowledge and understanding students have gained and its relevance to them
- what skills they have developed and put into practice
- how their feelings and attitudes have been influenced during the programme.

Monitoring of the provision is integral to the planning and development of the PSHEE programme and takes place on at least an annual basis. The lead person in this process is Mrs R. Waugh. Monitoring includes lesson observations with feedback to teachers and feedback from curriculum co-ordinators, heads of year, class teachers and students about what has been covered.

## 11. 2 Evaluation

The views of students, teachers and teaching assistants are key issues for evaluation. Non-teaching staff, parents, the LA, local drugs services and other agencies also contribute to evaluation. Feedback recorded during monitoring and assessment of students' learning, and the achievement of the aims and learning outcomes will all contribute to the evaluation process.

Approaches to evaluation include:

- participatory activities at the end of lessons or units of work
- questionnaires at the end of units or as part of an end-of-year review
- feedback from students and teachers about particular aspects of the drug education programme, e.g. external contributors, theatre-in-education, peer education
- comparison with the baseline of students' existing knowledge, understanding and skills.

The Parent Council evaluate the programme of study and suggest areas for development.

## 12. Management of drugs at school

### 12.1. Painsley and the Police

Painsley and the local police have a trusting partnership. We liaise closely with the local police to ensure that there is an agreed policy based on local protocols for dealing with the range of incidents that might arise. The school's link officer is PCSO Mark Bridgewood.

The following criteria has been agreed with the police:

- the handling of all legal drugs (other than prescribed medicines or other personal medicines such as paracetamol) will be carried out by school staff with the involvement of at least one member of the Leadership Group. Any student who is found to be in possession of legal drugs, such as tobacco or alcohol faces investigation which will involve parental contact. The police may be informed if, for example, there is an inappropriate sale of tobacco or alcohol involved.
- the handling of all illegal drugs will involve Mrs Waugh as Painsley's designated teacher with responsibility for drug related incidents and at least one other member of the Leadership Group. In the event of the school confiscating illegal drugs, the police will be contacted in order for them to dispose of the drugs. In the interim period, the drugs will be stored in a secure location. Full details of the incident will be recorded and police will be informed of the student's name if this is considered to be appropriate.

Any drug paraphernalia found on Painsley's premises will be handled using gloves, stored in a secure container and the LEA should be contacted in order to attain advice on its disposal.

## **12.2. Drug related incidents and child protection issues**

Teachers and other adults involved in drug education will sometimes hear disclosures that suggest a child may be at risk. It is essential that all are aware of the school's child protection policy. A copy of this is available from the school's designated teacher for child protection who is Mr K.J. Barry, Deputy Headteacher.

Where an adult believes a child may be at risk the designated teacher must be consulted before any further action is taken.

## **12.3 Detection**

### **a) Searches**

#### **i) Personal searches**

When a person is suspected of concealing illegal or other unauthorised drugs it is not appropriate for a member of staff to carry out a personal search; this includes the searching of outer clothing and inside pockets. Every effort should be made to persuade the person to hand over voluntarily any drugs, in the presence of a second adult witness. Where the individual refuses and the drug is believed to be illegal, then the police must be called. The police can conduct a personal search if they believe a crime has taken place, or to prevent harm to themselves or others following an arrest. The school will not detain a person without their consent unless a citizen's arrest is made.

#### **ii) Searches of personal property**

Painsley staff must not search personal property without consent. If the school wishes to search personal property, including students' property stored within school property, for example a bag or pencil case within a changing room, they should ask for consent. Where consent is refused they will need to consider, in the case of students, notifying parents/carers, who may persuade their child to give consent or if they wish to proceed along formal lines calling the police. After any search involving students, parents/carers should normally be contacted by the school, regardless of whether the result of the search is positive or negative.

## **12.4 Working with parents and governors**

Our school seeks to work in partnership with governors and parents to provide effective drug education and support for young people. Parents need to know that the school's drug education programme will complement and support their role as parents and understand the school expectations and procedures for managing drug incidents. Governors have a role to play in agreeing policy and procedures. The named governor with lead responsibility for drugs is

Mr J Pennington.

Parents have been involved in the development of this policy through the Health Promoting Schools Working Group and through open consultation about its contents. The Parent Council continues this ongoing in school. Governors have also been consulted about the document and have contributed to its development.

All drug related exclusions (permanent or temporary) will be referred to the Chair of Governors.

### **12.5 Liaison with other schools**

The development of this policy has included consultation with our federated schools in order to ensure that drug education in Years 7 and 8 reinforces and builds upon drug education in primary schools. Drug education matters are also regularly discussed at the local district secondary school Head teachers' meetings.

### **13. The needs of students**

The health and safe being of students at Painsley is of paramount importance. Support will always be offered to students who are considered vulnerable. Internal and external mechanisms will ensure that support is offered to all students and parents if required. Possible external sources of support include the school nurse, T3 and the Careers Service.

### **14. Monitoring, Evaluation and Review of this policy**

This policy will be monitored on an ongoing basis by the Leadership Group. Evaluation procedures include those outlined in section 11 but also include regular discussion at Leadership Group and Governor level. Student and parental comments regarding the policy are welcome at any time.

The policy is due for formal review in November 2018.