Drug and Alcohol Policy

Approved: March 2026
To be reviewed: March 2027

DRUG & ALCOHOL POLICY

School context

Raddlebarn is a larger than average sized school. Children in our Early Years Foundation Stage are taught in a separate Nursery and two Reception classes. There are separate outside learning areas for the Nursery and Reception children. From Year 1 to Year 6 it is two form entry. The proportion of pupils who are entitled to free school meals is average. A minority of pupils are of White British origin with the next largest group of Asian or Asian British heritage. The proportion of pupils with special educational needs and/or disabilities is average, (mainly with literacy and numeracy needs). The proportion of pupils who speak English as an additional language is well above average. We are part of a local group of schools which work together to provide extended services.

Aims and Objectives of the Policy

In accordance with these values, this policy aims to set out the school's approach to teaching and learning about drugs and [school's] management of situations involving drugs. National guidance (DfES/92/2004) and the local Drug and Alcohol Education Guidance have informed the policy for Schools (2003) alongside Keeping Children Safe in Education 2023.

A drug is defined as any substance which, when taken into the body, affects the chemical composition of the body and how the body functions.

Our school operates a smoke and vape free site and takes the matter of illegal drugs very seriously. We are aware of the increasing problem of drug misuse throughout the country and within our community. We will ensure parents are informed about their children's drug education, the school rules in relation to drugs and have the opportunity to be consulted about the school's policy and teaching programme.

Drug education curriculum

Drug education within the school is mainly delivered as part of the PSHE curriculum from Years 3 and 6. It also forms part of the statutory science curriculum.

The goal of drug and alcohol education is:

For pupils to develop the knowledge, skills and attitudes to appreciate the benefits of a healthy lifestyle, promote responsibility towards the use of drugs and relate these to their own actions, both now and in their future lives.
The learning objectives for drug and alcohol education include:

<u>Attitudes and Values</u>

- to examine own opinions and values, and those of others
- to promote a positive attitude to healthy lifestyles and keeping self safe
- to enhance self awareness and self esteem
- to value and respect self and others
- to value diversity and difference within society
- to promote a sense of responsibility towards the use of drugs

<u>Personal and Social Skills</u>

- to identify risks to health
- to communicate with peers and adults, including parents/carers and professionals
- to learn how to give and secure help
- to develop decision-making, negotiation and assertiveness, particularly in situations related to drug use
- to develop an appreciation of the consequences of choices made
- to be able to cope with peer influences, and in resisting unhelpful pressures from adults and the media
- to be able to talk, listen and think about feelings and relationships
- to develop critical thinking as part of decision-making

Knowledge and Understanding

- to develop an understanding of drugs and of the effects and risks of using drugs
- to gain an understanding of how the body functions
- to gain an understanding of what is safe and appropriate drug use
- to gain an understanding of the role of drugs in society and the laws and rules relating to their use
- to gain an understanding of the changing nature of relationships, including families and friends, and ways of dealing positively with change.

The organisation of the drug education curriculum.

The PSHE Coordinator's role includes: planning the drug education curriculum via a scheme of work within PSHE lessons to be taught during a term of the year, monitor its delivery, coordination of assessment and reporting to parents.

The coordinator monitors the PSHE curriculum. This will include sampling pupils' work and monitoring curriculum plans. Factual knowledge and understanding about drugs and specific personal and social skills, as identified in the scheme of work, will be assessed within PSHE and citizenship.

Confidentiality and child protection

Confidentiality is an important consideration with respect to drugs and the boundaries of confidentiality will be made clear to pupils. If a pupil discloses information which is sensitive and which the pupil asks not to be passed on, the request will be honored unless this is unavoidable in order for teachers to fulfill their professional responsibilities in relation to: child protection, cooperation with a police investigation or referral to an external service. Teachers cannot and should not promise total confidentiality. All staff will inform a DSL if required in line with the school's safeguarding policy.

It may be necessary to invoke child protection procedures if a pupil's safety is under threat. In such circumstances the member of staff will inform the nominated DSL, of concerns. Relevant examples include a disclosure of illegal drug use by a pupil, and reporting of problematic substance misuse in the family home. Where there is disclosure of illegal substance use by a pupil, parents will be informed in all but the most exceptional circumstances.

Drug related situations

A drug related situation is one where there is suspicion, disclosure or observation of the use of unauthorised drugs or the discovery of unauthorised drugs.

We do not allow anyone to possess, produce, supply or offer illegal drugs on the premises in accordance with the Misuse of Drugs Act 1971. Any suspected illegal drugs found, or confiscated, on premises will be disposed of appropriately.

The designated senior member of staff for drug related situations is: Headteacher, Angela Lowry.

The following will guide staff's response to an incident of drug or alcohol misuse.

- Initial response and investigation;
- Inform senior colleague – who will guide investigation, ensure written record is made and decide about any disposal;
- Consider responses, including whether to contact police – including possible disposal and further searching;
- Contact parents / carers;
- Consider contacting chair of governors, LEA and other support services; • Consider sanctions / support needs of pupil(s) involved;
- Draw up and implement action plan.

Any tobacco, alcohol, solvents or illegal substances found on pupils will be confiscated. If necessary, a pupil will be subject to a search of pockets

and/or any personal possessions, with another member of staff present. A personal search can only be carried out by police officer or parent / carer.

Substance misuse at school is a serious matter. If a pupil is discovered with tobacco, alcohol, solvents or illegal drugs, then a fixed-period exclusion will be a consideration. More serious disciplinary consequences will be considered, together with support needs and child protection, dependent upon individual circumstances.

The school has the powers, with police assistance, if necessary, to remove anyone from the site who is causing a nuisance, disturbance or putting children or staff in danger. This includes being intoxicated.

The safety of pupils during the journey to and from school is important. If staff have concerns about the safety of a pupil due to parent/carer intoxication then discussion will be held with the adult and consideration given to moving the pupil to a safer environment and/or alternative means of travel home.

Health and Safety and Administration of medicines

In general, where a child requires prescribed medication from a medical professional (or treatment) this can be facilitated in school. All prescribed medication must be in date, labelled, signed in at the school office and children should not be given lozenges, cold medication including nasal sprays or balms to keep on their person.

Where a child suffers from asthma (or any other occasional ailment) and may need to use an inhaler, these should be kept near children within their classrooms and taken around school (e.g. PE lessons and assemblies).

Where equipment such as an inhaler is necessary, we strongly encourage children to take personal responsibility from UKS2 for these items as soon as possible, normally only the blue inhaler is kept in school.

Legal Aspects

There is no legal duty on non-medical staff to administer medicines or to supervise a child taking it. This is purely a voluntary role. Staff should be particularly cautious agreeing to administer medicines where:

- The timing is crucial to the health of the child;
- Where there are potentially serious consequences if medication or treatment is missed;
- Or where a degree of technical or medical knowledge is needed. Staff who volunteer to administer medicines should not agree to do so without first receiving appropriate information and/or training specific to the child's medical needs. Under no circumstances must any medication, even nonprescription drugs such as Paracetamol, be administered without parental approval.

Safety checklist

- Is any specific training required to administer medicines?
- Is any necessary protective clothing or equipment necessary and, if so, available?
- Has the parent completed the Medication Consent Form? Has a copy been filed?
- Is the member of staff clear on what they are expected to do?
- Is the emergency contact information, particularly for the G.P. and parent or guardian clear?
- What action is necessary in the event of an accident or failure of the agreed procedures?
- Does the medication need to be stored in a refrigerator (in the staff room) or in the medicine cabinet (in the school office)? Instruction and Training Specific instructions and training should be given to staff before they are required to assist with or administer medicines or medical procedures. This must include the identification of tasks that should not be undertaken. Such safeguards are necessary both for the staff involved and to ensure the wellbeing of the child. Even administering common medicines can sometimes be dangerous if

children are suffering from non-related illnesses or conditions. Record keeping the school medicine record sheet must be filled in by the parent.

The Parent Consent form, providing all the information above, will be copied and retained in a central file as a record for future reference. When the medicine is administered, the member of staff will record it in the medicine record book. Medicine should be administered from the original container or by a monitored dosage system such as a blister pack. The designated member of staff should not sign the medicine record book unless they have personally administered, assisted, or witnessed the administration of the medicines. When medicines are used, staff will need to ensure that they fully understand how each medicine or drug should be stored.

Storage details can be obtained either from the written instructions of the GP/Pharmacist or from parents. All medicines should be stored in the original container, be properly labelled, and kept in a secure place, out of reach of children. Arrangements are available for any medicines that require refrigeration. These should be clearly labelled and kept separated from any foodstuff. Medicines should only be kept while the child is still on roll at the school.

Where needles are used, a sharps container and adequate arrangements for collection and incineration are in place. Such arrangements are necessary for any equipment used which may be contaminated with body fluids, such as blood etc. Any unused or outdated medication will be returned to the parent for safe disposal.

Accidental failure of the agreed procedures

Should a member of staff fail to administer any medication as required they will inform the parent as soon as possible. However, the position should not normally arise as any child requiring vital medication or treatment would not normally be in school. Children with infectious diseases will not be allowed in school until deemed safe by their GP and/or the School Nurse or local health authorities.

Educational visit/social events

The school's drug education policy applies during school visits and school social events.

During educational visits:

- Staff will be briefed about procedures and responsibilities before all visits, which will include the issue of consumption of alcohol and smoking by staff
- Adults should keep any personal medication in a safe place
- A nominated first aider will be responsible for the safe storage of any pupils' medicines and supervision their administration
- Pupils will be reminded about the relevant school rules in advance.

School social events:

- At all social events organised by the school the responsibility for the conduct of the pupils present remains with the parent/carer.
- At such events the school 'No Smoking Policy will be enforced.
- This school will not condone the use of any illegal substance by any individual during social activities connected with the school.
- Adults at designated school functions, subject to compliance with licensing law and within reasonable limits, may consume alcohol.

Staff matters including training

All staff are expected to work within the agreed policy and their own professional and employment terms and conditions.

Training will be available to all staff on: basic awareness of drugs (including alcohol), emergency procedures, procedures in the event of an incident, confidentiality and disclosure, and awareness of the drug education teaching programme within PSHE and citizenship and its consistency with the school's values. In addition, the specific professional development needs of teachers delivering aspects of drug education

within PSHE and citizenship, will be incorporated into individual and team professional development plans.

Implementation, monitoring and review

Implementation of the policy is the responsibility of the Head and Governors. A link Governor for drug education, and other aspects of PSHE and citizenship at the school. Verbal feedback will include evaluative feedback from pupils, as well as teaching and support staff.
Opportunities will be made to inform parents about their children's drug education and about wider support and concerns about drugs, both through written information and parent's events.

APPENDIX

Support Agencies

National

- **Talk To Frank** - 0800 776600 www.talktofrank.com

- **Drinkline** – 0800 9178282 www.alcoholconcern.org.uk,

- **ADFAM** – 020 7 928 8898
  Waterbridge House, 32-36 Loman Street, London. SE1 0EH.
  The national organisation for the families and friends of drug users
  www.adfam.org.uk

- **Drugscope** – 020 7928 1211
  Waterbridge House, 32 - 36 Loman Street, London SE1 0EE.
  DrugScope is a UK charity that conducts research in the drugs field and provides drugs information to professionals and the public.
  www.drugscope.org.uk

- **Release – 0207 729 5255**
  388 Old Street, London, EC1V 9LT
  Also, Drugs in Schools Helpline by RELEASE - 0345 366666 www.release.org.uk

- **RE-SOLV** – 0808 800 2345
  30a High Street, Stone, Staffordshire, ST15 8AW The Society for the Prevention of Solvent Abuse
  www.re-solv.org/

- **Childline –** 0800 1111. Studd Street, London. N1 0QW www.childline.org.uk

APPENDIX 1 – Definition of a drug and information about drugs of misuse.

A drug is any substance which, when taken into the body, affects the chemical composition of the body and how the body functions. All medicines are drugs but not all drugs are medicines.
Therefore, drugs include legally controlled substances such as: Caffeine, alcohol, tobacco, solvents, amyl nitrate (poppers), as well as substances used for medical purposes, whether sold over the counter or prescribed, such as: antihistamines, antibiotics, tranquillisers and illegal substances such as: cannabis, ecstasy, heroin, cocaine, LSD
Possession of some prescription-only medicines, such as Temazepam and Ritalin, is illegal under the Misuse of Drugs Act if no prescription is held.

These lists are not definitive and there may be some overlap of the categories.

Substance	Effects	Risks	Legal Position

Tobacco	Relaxation, headache, bad breath, reduced appetite	Bad cough, cancer, heart attack, breathless	Illegal to sell to anyone under 16
Alcohol	Relaxation, lose inhibitions, loss of control, vomiting, violence, drowsiness	Liver damage, impairs decision making and judgement	Illegal to sell to anyone under 18 (as a general rule).
Cannabis / marijuana	Lack of co-ordination, related heart rate increase, happy loss of inhibitions, can cause panic	Long term may cause lung disease and psychotic illness. Loss of memory, impaired judgement	Class C. Illegal to grow or supply
Solvents / gas	Facial rash, stomach cramps, lack of coordination, aggressive behaviour, weird visions, headaches, light headed, relaxing	Death from asphyxiation or heart seizure. Psychological dependence. Choking on vomit. Possible damage to lungs, kidneys, liver, heart and central nervous system	Illegal to sell to under 18s knowing it will be abused
Amphetamines	Initially energetic and confident, but anxiety and restlessness can follow	High doses can produce delirium, panic, paranoia or depression, heart failure, damaged blood vessels	Class B. Illegal to possess or supply (unless prescribed)
MDMA / Ecstasy	Increased energy and colour perception, feelings of well-being,	Can lead to anxiety, panic, insomnia, hypothermia and dehydration. Some	Class A. Illegal to possess or supply
	increased thirst, head and muscle ache	evidence of liver damage	

Substance	**Effects**	**Risks**	**Legal Position**

LSD	Hallucinogenic effects, including intensified colours and sounds, or even out of body experiences. Effects are dependent on the strength of the dose.	Difficult to identify strength of dose. Experiences can be emotionally disturbing (bad trip) leading to anxiety. Flashbacks can occur.	Class A. Illegal to possess or supply.
Hallucinogenic mushrooms / magic mushrooms	Similar to LSD experience	Main risk is picking and eating a poisonous mushroom by mistake	Class A if processed cooked, dried or made into tea
Amyl Nitrate	Blood vessels dilate causing a rushing sensation to head, lose balance, increased energy. May enhance sexual pleasure. Effects are short lived.	Vomiting, shock, unconsciousness, heart attack, dizziness, headache, palpitations	Currently no legal restrictions on use or supply
Anabolic Steroids	Increase strength, speed, aggression and competitiveness. Enables more intensive training for longer.	Restriction on growth, spinal problems, menstrual abnormalities, voice changes, increase in hair growth	Possession for personal use not illegal. Supply is illegal, with Class C penalties.
Heroin	Euphoria, reduced anxiety and pain levels. Slow heart rate and breathing. Can cause constipation. Appetite loss.	Highly addictive. Difficult to identify strength of dose and what it is mixed with. Danger of overdose. Injecting causes abscess and other infections including septicaemia and HIV	Class A. Illegal to possess or supply.
Cocaine/ Crack	Feelings of exhilaration, strength and well being. Decreased hunger, indifference to pain and fatigue. Effects relatively short term.	Comedown can bring on depression, anxiety and fatigue. Excessive doses may cause death from respiratory or heart failure. Long term use may lead to paranoid psychosis.	Class A. Illegal to possess or supply.

Appendix 2

Recording form for a drug-related situation.

Name of pupil: **Form/Class:** **Date of Incident:**	**Report form completed by:** **Senior staff involved:** **Time of incident:** **am / pm**

Brief description of symptoms / situation: *(continue on blank sheet if necessary)*	
Sample found? Yes / No **Destroyed at time:** am / pm **Witness name:** Securely retained (prior to police collection): **Yes / No**	**Drug involved (if known):** Alcohol □. Amphetamines □. Cannabis □. Cocaine □. Ecstasy □. Heroin □. LSD □. Medicines □. Solvents □. Other □ (please specify):

First aid given? Yes / No ***If Yes,*** Given by:	**Ambulance Called?** Yes / No. at time: am / pm	If Yes, called by:
	Police Contacted? Yes / No.	If Yes, called by: at time: am / pm

Parent/carer informed by:

at : am / pm.

Other action taken: *(e.g. screening for referral to U.19 Substance Misuse Service; other agency involved; pupils/staff informed; sanction imposed; police consulted about drug, pastoral support plan, referral to school nurse or school counsellor)*

School action:

Referral action:

(continue on blank sheet if necessary