



Thameside Primary School: Drug Education Guidelines

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Policy reviewed by:	Trine Darboe
Key Changes:	<ul style="list-style-type: none"> • P.3 – Definition of Drugs – addition <i>‘nicotine containing vapes.’</i> • P.4 – Drug Education aims –<i>‘Our goal is to empower all students, to make informed decisions about their health, well-being, and safety through the wider PSCHÉ curriculum, including their decisions regarding drugs. Through our drug education we aim to:-’</i> • p.4 –Drug Education Aims – addition <i>‘To understand what grooming, County Lines and Child Sexual Exploitation means and the associated drug related risks.</i> • p.4 -Drug Education – addition <i>‘Know how to seek help if they feel unsafe or unsure about any situation involving drugs.</i> • p.5 - -Teaching and Learning -addition <i>‘Know how to seek help if they feel unsafe or unsure about any situation involving drugs.’</i> • p.6 – Safeguarding – addition – new section and text. • p.6 – SEND – addition – new section and text. • p.6– Monitoring – addition – <i>‘Pupil learning and engagement will be monitored through termly pupil voice feedback.’</i> • Appendix 2 – updated - What is taught and when for parents • Appendix 3 – removed - Reporting form for unauthorised drugs <p>The complete policy remains fit for purpose.</p>



‘Governments must protect children from the illegal use of drugs and from being involved in the production or distribution of drugs.’ Article 33

POLICY AIMS

- To clarify the legal requirements and responsibilities of the school
- To reinforce and safeguard the health and safety of students and the whole school community
- To clarify the school’s approach to drugs for all staff, students, governors, parents/carers, external agencies and the wider community

RATIONALE

Thameside Primary School recognises that young people in today’s society are exposed to the risks associated with the drug culture that exists and to understand how drugs can be medicinally beneficial when prescribed by an appropriate professional.

The school wishes to promote the development of the ‘whole person’ which encompasses physical, mental, emotional, social and environmental health; by equipping pupils with the knowledge, skills, attitudes and values to handle their lives effectively in the present and prepare them for adulthood.

Drugs education should therefore form an integral part of the school curriculum.

LEAD RESPONSIBILITIES

The coordination of Drug Education is the responsibility of the PSCH lead with support from the Deputy Headteacher.

DEFINITION OF ‘DRUG’

A drug is any substance that affects the mind (“psychotropic”) or the body. Therefore, drugs include:

- All legal drugs, including alcohol, tobacco and nicotine containing vapes
- Volatile substances, such as glue, lighter fluid;
- Medicines – over the counter and prescription;
- All illegal drugs – all substances where possession or supply is prohibited by law

In order to ensure clarity and consistency, the terms used throughout this policy are defined at the end of this policy.

DRUGS EDUCATION IN CONTEXT

Research shows that drug education is a major component of drug prevention. Drug education should provide opportunities for pupils to develop their knowledge, skills and understanding about drugs and appreciate the benefits of a healthy lifestyle, relating this to their own and others’ actions. Drug education should be relevant and appropriate for the age and needs of the pupils .



Parental consultation

In March 2019 the school consulted with parents about when children should be taught about drugs. The consensus was that children should be taught how to make good choices from the earliest age in school. It was also clear that parents wanted children to be able to withstand peer pressure. Parents also thought that children needed to know the effects of drugs on their bodies but at the appropriate age – the junior years. All parents' comments have been taken into account when forming this policy.

Statutory Requirement

In September 2020, Health Education became a statutory requirement in primary schools. As a school, we have a legal duty to educate pupils about "the facts about legal and illegal harmful substances and associated risks, including smoking, alcohol use and drug-taking." (DfE, 2019). In addition, there is now a requirement for pupils to be taught "the facts and science relating to immunisation and vaccination" by the end of primary school.

Keeping Children Safe in sets out clear expectations and responsibilities for staff, governing bodies, and school leaders in safeguarding children from harm, and includes drug misuse, substance abuse, and related concerns.

Drug education aims

Our goal is to empower all students, to make informed decisions about their health, well-being, and safety through the wider PSHE curriculum, including their decisions regarding drugs. Through our drug education we aim to

Increase students' knowledge and understanding and clarify misconceptions about

- the short and long-term effects and risks of drugs
- some people need to take medicines to stay healthy, e.g. diabetics or asthmatics
- the rules and laws relating to drugs
- the impact of drugs on individuals, families and communities
- the complex moral, social, emotional and political issues surrounding drugs
- Understand what is meant by 'a drug' and the definition of 'addiction'.
- Understand how some drugs affect the body.
- To understand what grooming, County Lines and Child Sexual Exploitation means and the associated drug related risks.

Develop students' personal and social skills to make informed decisions and keep themselves safe and healthy, including

- promoting positive attitudes to healthy lifestyles
- assessing, avoiding and managing risk
- communicating effectively
- providing them with skills to resist pressure
- Know how to seek help if they feel unsafe or unsure about any situation involving drugs.
- devising problem-solving and coping strategies
- developing and maintaining self-awareness and self-esteem in order to motivate them to value their welfare and conscientious care of themselves
- 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
- be aware of the current drug culture and the effect of advertising campaigns.
- encouraging children to take greater responsibility and to develop independence at an age appropriate level regarding their own medication e.g. diabetic managing their own insulin injections under adult supervision.



PARENTS, COMMUNITY LINKS AND EXTERNAL VISITORS

Parents play a vital role in the prevention of drug misuse. They have been involved in the planning of the school drug policy and they should be involved fully in the education of their child. This is especially so with the drug education programs. Parents are encouraged to play an active role in homework tasks, and discuss drug issues with their child whenever possible. Parents are also aware of the school's procedures for dealing with drug related incidents.

The school endeavors to work closely with the local community to help reduce the number of drug related incidents.

Thameside Primary School has developed good working relationships with the local police. This helps to ensure that if a drug related incident is reported, it will be dealt with in a professional and discrete manner, and in keeping the best interests of the child concerned in mind. Additionally, police may provide lessons or workshops to support our PSHE curriculum.

There is a role for visitors in drug education. Visiting health education experts such as the school nurse or diabetic nurse can fulfil a valuable role, but their contribution should be as part of a properly planned programme. Their contribution should complement other teaching, the tone and substance should match the age and maturity of the pupils involved, and teachers should always be involved so they are able to deal with any follow up questions or concerns. Teachers **must be aware** of the content before the lesson is delivered.

TEACHING AND LEARNING

Drug education should be delivered in a clear and honest manner in order to inform. It should encourage active pupil participation backed up with adequate teacher supervision. It should be provided at regular intervals throughout the school career so as to maximise its effectiveness. It should be provided by teachers and other professionals with specific training in the requirements of drug education.

Drug education should take into account of the age, sex and cultural/ social background of the pupils at which it is targeted. The teaching must be sensitive, and matched to need. Teachers will need to use their professional judgement where the class includes pupils from ethnic minority or religious communities with particular sensitivities. Careful consideration needs to be given to the possibility that pupils' parents or siblings may have experience of drug misuse. Therefore, it is important that drug education is delivered within a safe, secure and supportive learning environment.

Drug education should be provided in the broader context of the teaching of PSHE and will be linked to broader lessons on emotional well-being, personal boundaries and how to stay safe. Drug education will also be taught through the Science curriculum.

Through drug education, children should be made aware that, in the unlikely event that see any discarded paraphernalia around the school or the local area, under no circumstances should they pick up, and they should call an adult if they see anything that they do not recognise so that it can be disposed of safely.

Drugs to stay healthy.

Pupils should be taught that some people need to take medicines to stay healthy, e.g. diabetics or asthmatics and they should be aware of fellow pupils who have special needs in this area if appropriate.



Children with Special Education Needs or Disabilities (SEND)

It is important that drug education is accessible for all children. Where children with SEND are able to learn alongside their peers staff will use appropriately differentiated learning and resources to ensure equal access to learning. For some children, their needs may mean that they are at a developmentally different stage to their peers and tailored learning appropriate to their development age will be provided for these children.

Children with Social, Emotional, and Mental Health (SEMH) needs may require additional support in their learning about topics such as emotional self-regulation, personal boundaries, and healthy relationships. For these children, emotional well-being is a key focus, as understanding how to manage emotions is crucial for keeping safe in relation to drugs. Teachers will work together with parents and SENDCO's when these needs are identified to ensure that additional support is put in place.

MONITORING

The teaching of drug education will be monitored through lesson observation and feedback of PSCH, Science leaders and other subject area leads of the curriculum where drug education is delivered.

Planning will be monitored regularly during PSCH subject leader weeks, at team meetings and at senior management meetings.

Pupil learning and engagement will be monitored through termly pupil voice feedback.

SAFEGUARDING

Drug Education plays a very important part in fulfilling the statutory duties that all schools have to meet under Keeping Children Safe in Education. Teachers need to be aware that effective drug education may lead to the disclosure of drug use within families, peer groups or community. Any disclosure, fears or worries children raise with teachers or they bring into the classroom must be treated as a child protection issue and the correct safeguarding procedures must be followed .

Staff must be aware that children with certain vulnerabilities (such as those with SEND and SEMH needs, family difficulties, disengagement from school, or social isolation) may be more at risk of exploitation and associated drug use. Discussions in Drug Education lessons may raise concerns for the teachers about risks of child grooming, child exploitation, County lines and associated drug use. Any concerns or disclosures must be reported following the correct safeguarding procedures.

The Designated Officer for child protection officer at this school is the Head Teacher, Mrs Sophie Greenaway, or in her absence Mrs Ingrid Burton, Mrs Charlotte Harkins or Miss Christina Calvert.



Reference Material

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1019542/Relationships Education Relationships and Sex Education RSE and Health Education.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1019542/Relationships_Education_Relationships_and_Sex_Education_RSE_and_Health_Education.pdf)

NAHT 'Tobacco, Alcohol, Solvent and Drug Abuse'

DfE and ACPO drug advice for schools September 2012

<https://www.gov.uk/government/publications/drugs-advice-for-schools>



Appendix 1

DEFINITIONS

In order to ensure clarity and consistency, the terms used throughout this policy are defined below.

DRUG

A drug is any substance that affects the mind (“psychotropic”) or the body. Therefore, drugs include:

- All legal drugs, including alcohol and tobacco;
- Volatile substances, such as glue, lighter fluid;
- Medicines – over the counter and prescription;
- All illegal drugs – all substances where possession or supply is prohibited by law;
- Vaccinations and immunisations

All drug taking, including medicinal, carries the potential for harm. However, in order to distinguish between the conditions in which different interventions are most appropriate to address drug taking by a young person, the following definitions of ‘drug use’ and ‘drug misuse’ have been agreed between government departments and DrugWise.

The terms do not attempt to distinguish principally between legitimate and illegitimate drug taking, but focus upon maintenance of health and the need for responses or interventions that relate to a young person’s needs.

DRUG USE

Drug Use means the consumption of a drug. It may not cause any perceptible harm – even though it may carry some risk of harm.

DRUG MISUSE

Drug Misuse is the use of a drug or combination of drugs, which harms health or social functioning. It may cause dependency (physical or psychological) or the use is part of problematic or harmful behaviour.

THE RIGHT APPROACH

Drug misuse will require specific interventions, including treatment.

DRUG TAKING

Drug taking is used neutrally to describe the consumption of any drug.

PARAPHERNALIA

This is the equipment used for drug taking, for example, pipe, foil, needles and syringes. (This definition is included for the purposes of safe disposal of equipment found on school premises.)

RISK FACTOR

There are a range of risk factors, which, particularly, in combination, may make children and young people more vulnerable to drug misuse and/ or play a role in the later development of drug problems. These include chaotic home environments, lack of nurturing by parents/ carers, parent/ carer drug misuse, being in Local Authority care, truanting and school exclusion, school failure, association with drug using peers, early age of first drug use, neighbourhood deprivation or low socio – economic status, physical or sexual abuse, physical disabilities, mental health and behaviour problems, poor coping skills, and homelessness. Thameside Primary School acknowledges that whilst these risk factors exist in families in our school there are many families where this is not the case. However, **all** children in this school need to have the resilience to deal with any circumstances that may arise connected with drugs.

Taken from “Drugs: Guidance for Schools” September 2012.

These definitions are relevant to all key stages.



Appendix 2 – What is taught and when for parents

Year 1 and 2 PSCHE Drug Education

Year 1

To understand how medicines can help you when you are poorly.

To understand that some medicines keep us healthy (inhalers, epipens, insulin).

Year 2

To know why we may need medicine.

To recognise the importance of using medicines safely.

Useful websites/books to help you talk to your child:

Poor Monty by Anne Fine

Charlie has Asthma by Jenny Leigh

Keeping Healthy by Peter Riley

Even Superheroes get Diabetes by Sue Ganz-Somitt

<https://www.medicinesforchildren.org.uk>



Year 3 and 4 PSCHE Drug Education

Year 3

- To develop an understanding of what drugs are.*
- To recognise common household medicines.*
- To understand that household medicines need to be used safely.*
- To learn about safety labels on medicines.*
- To know how to ask for help about medicines safety.*

SafetMe teaching resource

Year 4

- To understand facts about smoking and vaping nicotine products and the effects on health.*
- To understand the reasons why some people smoke or vape.*
- To know the legal age for smoking and vaping.*

- To understand facts about alcohol and some of the effects on health.*
- To understand why some people drink alcohol.*
- To understand the legal age for consuming alcohol.*

Useful websites/books to help you talk to your child:

- Making good choices by Sally Huss.*
- Keeping Fit by Dr Brian Knapp.*
- <https://www.healthforkids.co.uk>*



Year 5 and 6 PSCHE

Drug Education

Year 5

To understand the risks of taking drugs.

(Household products such as caffeine and medicines, and legal drugs)

Safe4Me teaching resource

To understand the risks of smoking and vaping nicotine products.

To learn about ways to keep safe .

Year 6

To identify different types of drugs, their uses and their effect on the body

(Legal drugs such as alcohol and illegal drugs) Safe4Me teaching resource

To recognise when alcohol is being used responsibly, anti-socially and when it is being misused.

To able to identify ways to keep safe.

Useful websites/books to help you talk to your child.

Your Space Dealing with Friends and Peers by Diane Webber

Do people take drugs? Why? By Patsy Westcott

<https://safe4me.co.uk/parents>



Appendix 3 Recording form for unauthorised drugs – is this still a current form

- 1 For help and advice, telephone the LEA.
- 2 Complete this form WITHOUT identifying the pupil involved.
- 3 Copy the form.
- 4 Send the copy within 24 hours of the incident to the LEA.
- 5 KEEP the original, adding the pupil's name and form - store securely.

Tick to indicate the category:

Drug or paraphernalia found ON school premises
Emergency/Intoxication

Pupil in possession of unauthorised drug

Pupil supplying unauthorised drug on school premises

Pupil disclosure of drug use

Disclosure of parent/carer drug misuse

Parent/carer expresses concern

Incident occurring OFF school premises

Name of pupil*:

Name of school:

.....

.....

Pupil's form*:(*For school records only)

.....

Age of pupil:Male/Female

Time of incident: am/pm

Ethnicity of pupil**:

Date of incident:

Tick box if second or subsequent incident involving same pupil

Report form completed by:

First Aid given?

Ambulance/Doctor called? (Delete as necessary)

Yes No

Yes Called by:

First aid given by:

No Time:

Drug involved (if known):
(e.g. Alcohol, Paracetamol, Ecstasy)

Drug found/removed? YES/NO

Where found/seized:

Senior staff involved:

Name and signature of witness:
.....

Name of parent/carer informed*:(*For school records only) Informed by:

..... At time:

..... Disposal
arranged with

(police/parents/other): At
time: If police,
incident

reference number: