

Ashgrove Primary School

Drugs Policy

16 April 2010
Version 3:2

Drugs Policy

Ethos

Ashgrove has a well-established reputation as a school where the children and staff enjoy excellent relationships based on respect, care and learning. We aim to combine the best of educational tradition and innovation within an ethos that responds to the strengths, needs and unique personalities of our children. We believe that all children are born with a natural curiosity and the ability to learn. Each child has much to offer. Our challenge is to give children the confidence, skills and experiences that will inspire them to excellence and to develop their individual abilities with breadth and imagination. We present pupils with a broad and balanced range of learning experiences as required by the Northern Ireland Curriculum and expect children to leave confident in the skills and knowledge that they have gained, and in their ability to make the most of life's opportunities.

The governors and staff of Ashgrove Primary School are committed to maintaining a school in which children, staff and visitors are secure, safe, happy, orderly and purposefully occupied. It is, therefore, important that the school environment remains free from harmful substances.

The key person in dealing with drugs-related incidents is the principal, who also acts as designated teacher for drugs in association with the vice-principal.

Ashgrove Primary School endeavours to promote positive, healthy lifestyles. Drugs education is seen within the context of personal development, social development and the school environment. In the Foundation Stage, Key Stage 1 and Key Stage 2 drugs education is taught discretely as well as through topics and subjects such as Personal Development and Mutual Understanding (PDMU), Health Education, Science, Literacy, Physical Education and Religious Education. Active child-centred teaching methods are used with whole classes and with groups within a preventative education framework.

The key people in drugs education are the class teachers, but it is also the policy of the school to bring in experts trained in drugs education to work with children at Key Stage 2. The programme is overseen by the principal and vice-principal.

Rationale - Why Include Drugs Education in the Primary School?

- Through the influence of the media and by mixing with older children young people today are commonly aware of drugs from an early age. They have more freedom than children in the past and many young people have first-hand knowledge and experience.
- Anti-smoking campaigns have been relatively successful with children and have assisted in highlighting the link between smoking and the use of cannabis. Children should be given a similar appropriate awareness of other connections and the associated dangers.
- Children need to gain knowledge and attitudes that are appropriate to their age and context, and to develop the confidence that enables them to be assertive and positive when faced with temptations.

We recognise that despite our efforts and the influence of family, church, youth organisations and public services, some of our children will go on to misuse drugs. Ashgrove cannot solve society's drug problem, but it is hoped that the implementation of an effective programme will prevent or delay the onset of drug use by our children.

Definitions

A drug is any substance which, when taken, has the effect of altering the way a person behaves, feels or thinks (Reference: Guidance to Primary Schools Misuse of Drugs - CCEA 1996). Drugs can be classified as:

- prescription and 'over-the-counter' drugs: those available for purchase and/or issued on prescription by a doctor, eg pain killers, sleeping tablets, cough mixture;
- illicit drugs, including solvents, poppers, alcohol and cigarettes: whilst these might be termed legal drugs they are classified within school as harmful substances and their use is prohibited among primary children;
- illegal drugs: anything that is classified as a controlled drug, including illegal drugs such as magic mushrooms, cannabis, cocaine, mephedrone and ecstasy; those prescribed by a doctor but wrongly used, such as Valium and Mogodon; and misused glues, solvents and nitrates which are deemed socially unacceptable and unlawful for children.

We live in a society where drugs are common and it is our aim to develop in children the knowledge, understanding and skills necessary to choose and maintain a healthy lifestyle. The purpose of this policy is to ensure a consistent approach among staff and to provide a clear statement for parents and other interested parties.

Aims

The aims of the drugs policy are:

- to provide a clear statement explaining the school's views in relation to drugs;
- to ensure that all members of staff deal consistently with any drugs-related incident that might arise;
- to establish the procedures to be followed in response to a variety of drugs-related incidents; and
- to deal with any drugs-related incidents thoroughly, robustly, with sensitivity and in an age-appropriate manner.

The aims of the drugs education policy are:

- to encourage individual participation by all children in an age-appropriate drugs education programme;
- to promote positive, responsible attitudes towards personal health and safety;
- to encourage a critical attitude to all substances taken into the body;

- to inform children of the effects of drug use and abuse;
- to help children develop decision-making skills;
- to help children acquire the skills required to manage the pressures of the youth culture in which they live;
- to raise children's self-esteem; and
- to maintain an ethos within which a child feels comfortable to discuss problems relating to substance abuse.

Roles and Responsibilities in Responding to a Drugs-Related Incident

Individual members of staff should:

Assess each situation and ensure the safety of the children in the area. If necessary, isolate the children concerned and arrange supervision. Send for additional staff support. Inform the principal, the school first aider or the ambulance service immediately if medical assistance is required. Secure any substances or associated paraphernalia (with the protection of gloves). Arrange for the PSNI to remove items if necessary. Write a short factual report for the designated teacher for drugs as soon as possible.

The **principal** (acting as the **designated teacher for drugs**) should:

Respond to the advice of the first aider. Inform parents/carers immediately of any emergency. Take possession of any substances, evidence and/or paraphernalia. Take responsibility for pupil(s) involved in the suspected incident. Complete a short report for the chairman of the board of governors.

The **principal** should:

Determine the circumstances surrounding the incident. Ensure that information relating to the incident is passed to (1) parents/carers (2) PSNI (3) the chairman of the board of governors (4) the designated officer for drugs in NEELB/ESA. Agree sanctions and disciplinary procedures including counselling support. Forward a copy of the incident report to the chairman of the board of governors and NEELB. Deal with the media if required (while maintaining the anonymity of all involved).

Appendices 1, 2 and 3 set out the procedures for dealing with found substances, a child suspected of having taken drugs, and a child suspected of possessing or distributing illegal substances.

Procedures Relating to Searches and the Finding and Securing of Substances

If suspicious substances are found in the school grounds or premises the police will be contacted and the substances handed over. School property may be searched. Members of staff cannot and will not search any person. They cannot and will not normally search a person's belongings. Any suspicion concerning the presence of drugs inside school will be referred to the principal or vice-principal who may ask a child to turn out his/her pockets and schoolbag voluntarily in the presence of a witness. If the child refuses to do so, police and

parents will be sent for. Only in a case of emergency would the school exercise the right to search a person and his/her belongings in the presence of a witness.

Whilst awaiting police and/or parents a child may be detained using reasonable force. This is considered safer than allowing a child of primary school age to leave school and negotiate roads in a vulnerable condition. (Reference: 'Policy for Safe Handling and the Use of Reasonable Force'.)

Confidentiality

As with other aspects of child protection, confidentiality cannot always be guaranteed but in all cases children will be treated sympathetically. If the need arises, parents and children will be given advice on where to obtain long-term support.

In dealing with drugs-related incidents the school will follow up-to-date guidance and liaise with PSNI, NEELB/ESA, Social Services, and various health professionals. The principal will ensure that the vice-principal is kept informed and will report to the governors on any incident.

Failure to inform the PSNI of a drugs-related incident is an offence.

Outline of Disciplinary Measures

The school will always view drug-taking and the possession of drugs extremely seriously. This extends to children under the influence of drugs in school. Parents will be expected to support the school in any action taken. The school in turn will co-operate reasonably with parents and other contributing bodies as part of any subsequent programme of help for such children.

Only when an offence has been proven beyond reasonable doubt will a child be punished. The disciplinary measures will be proportional in response to:

- inappropriate behaviour due to the influence of drugs
- possession of drugs
- possession of drugs with intent to supply
- supply of drugs to others

The Management of Solvents in School

Teachers and ancillary staff will ensure that appropriate care is taken with the management of solvents in school. Children will not have access to stores without staff supervision. Guidance for caretakers is set out in the NEELB Health & Safety Manual Section 9. Where possible the school will use non-intoxicating substances, but where these must be used they will be stored under lock and key. Our children will not knowingly be given glues containing solvents, and the class use of any glue, paint or other liquid material will be carefully supervised.

Training in the Recognition of Drugs and their Symptoms

All staff, including non-teaching staff, will be made aware of school policy in relation to drugs. Relevant information will also be made available to parents. The school may use the support of the following agencies:

- NEELB CASS
- Life Education Centre
- The Health Promotion Agency
- The Drugs Squad & Community Partnership of the Police Service of Northern Ireland (PSNI)
- Newtownabbey Borough Council

The Management of Prescribed Medicines in School

The management of medication within school, both self-administered and administered by staff, is outlined in a separate school policy. (Reference: Ashgrove Primary School's 'Policy for the Support of Children with Medication Needs').

Staff Use of Drugs

The school has a duty to protect the health and safety of all children, staff and visitors. The use of tobacco, alcohol and/or illegal drugs is prohibited within school premises.

Responsibilities of the Drugs Education Co-ordinator

The co-ordination of drugs education will complement the school's pastoral care and PDMU policies and will include:

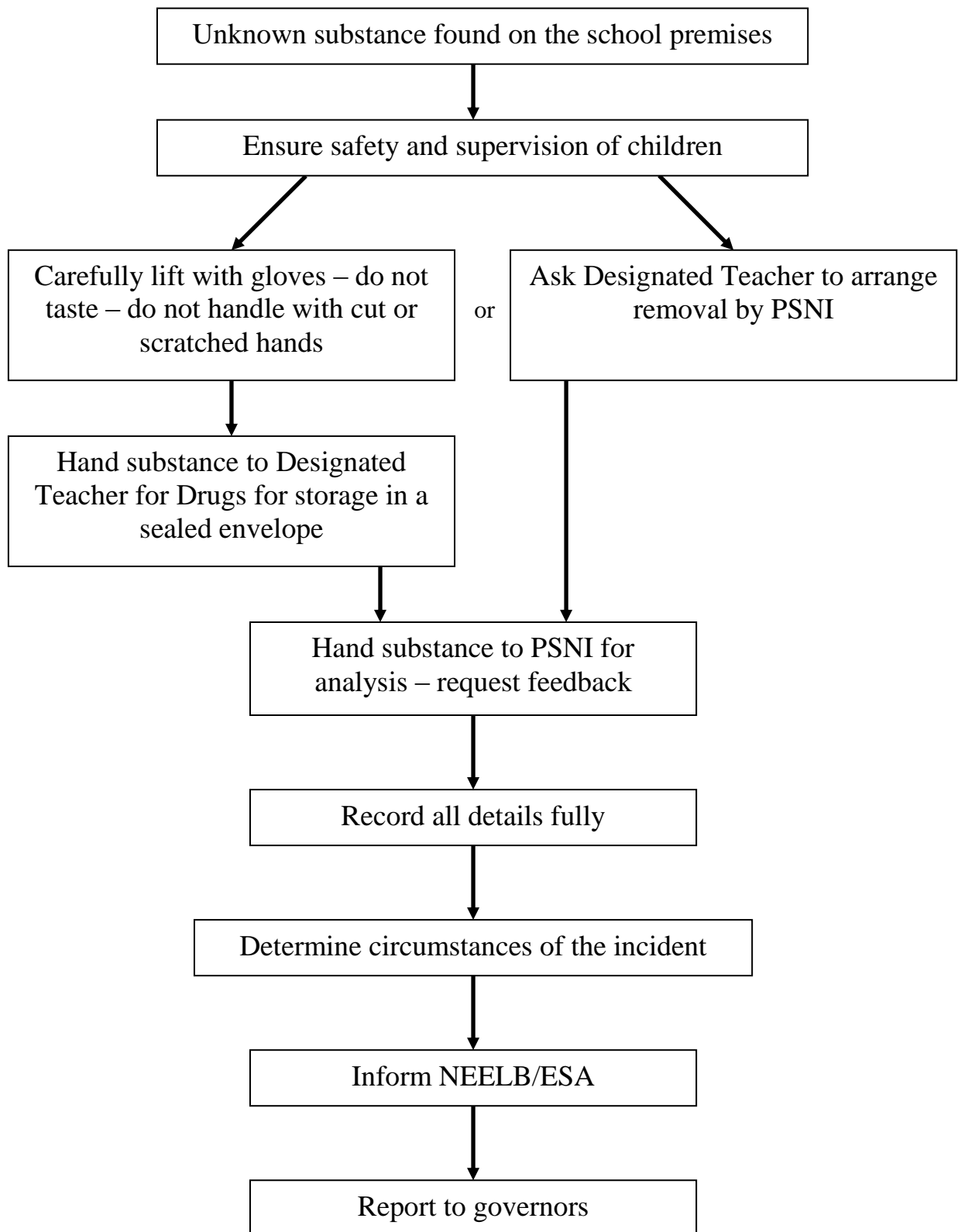
- monitoring the implementation of this policy;
- ensuring that a suitable programme of study is being taught throughout the school;
- planning for staff needs in relation to drugs education;
- liaising with other professional and voluntary bodies in relation to drugs education; and
- liaising with staff on any drug-related incident at school.

The principal will co-ordinate drugs education in his role as designated teacher for drugs and in association with the vice-principal.

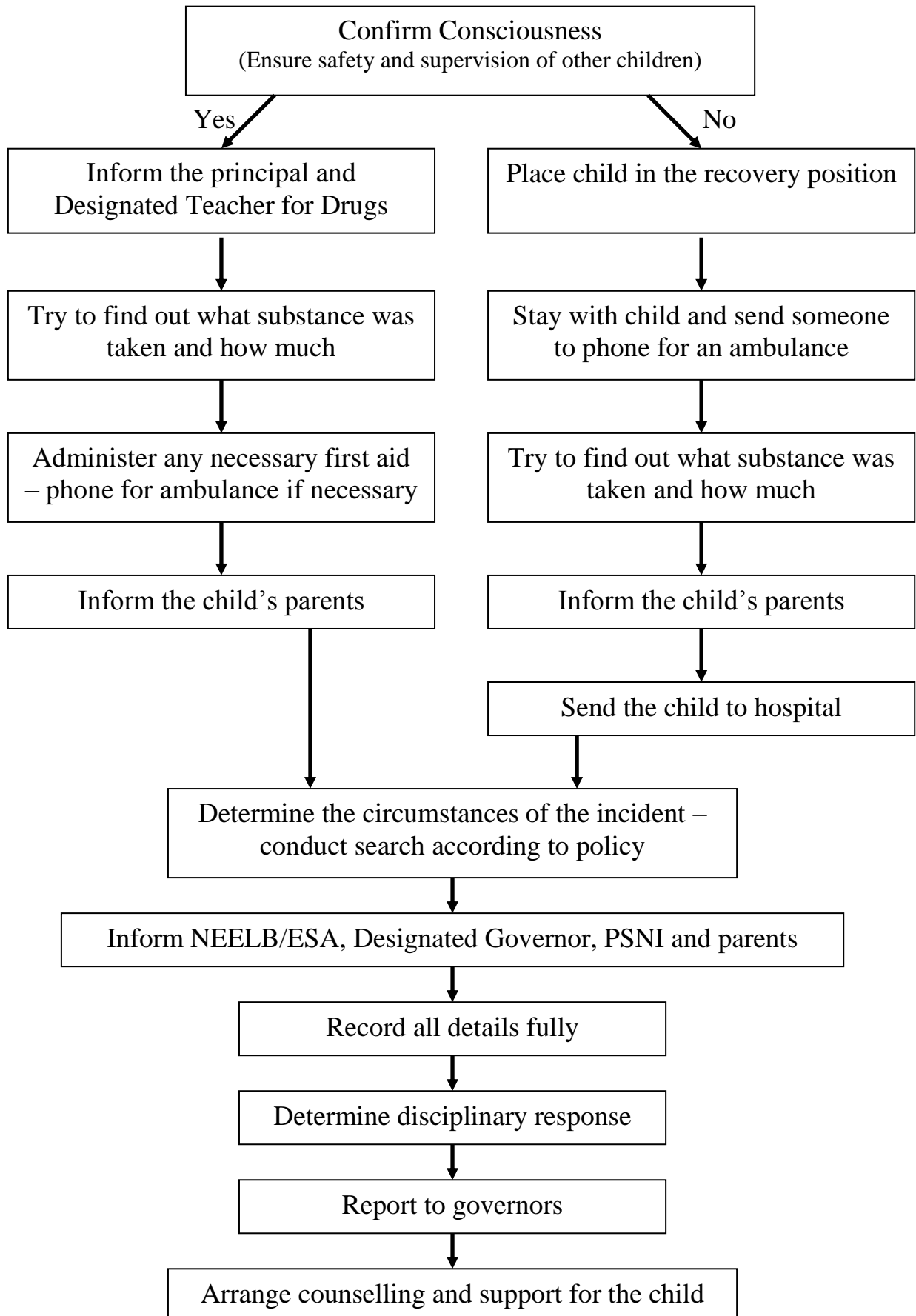
Monitoring, Review and Evaluation

As part of the pastoral care policy within school, the school's drugs policy will be made available to parents and the drugs education programme will be reviewed each year using feedback from staff, children, parents and governors. Staff will be kept up-to-date with training in dealing with both drugs education and possible incidents.

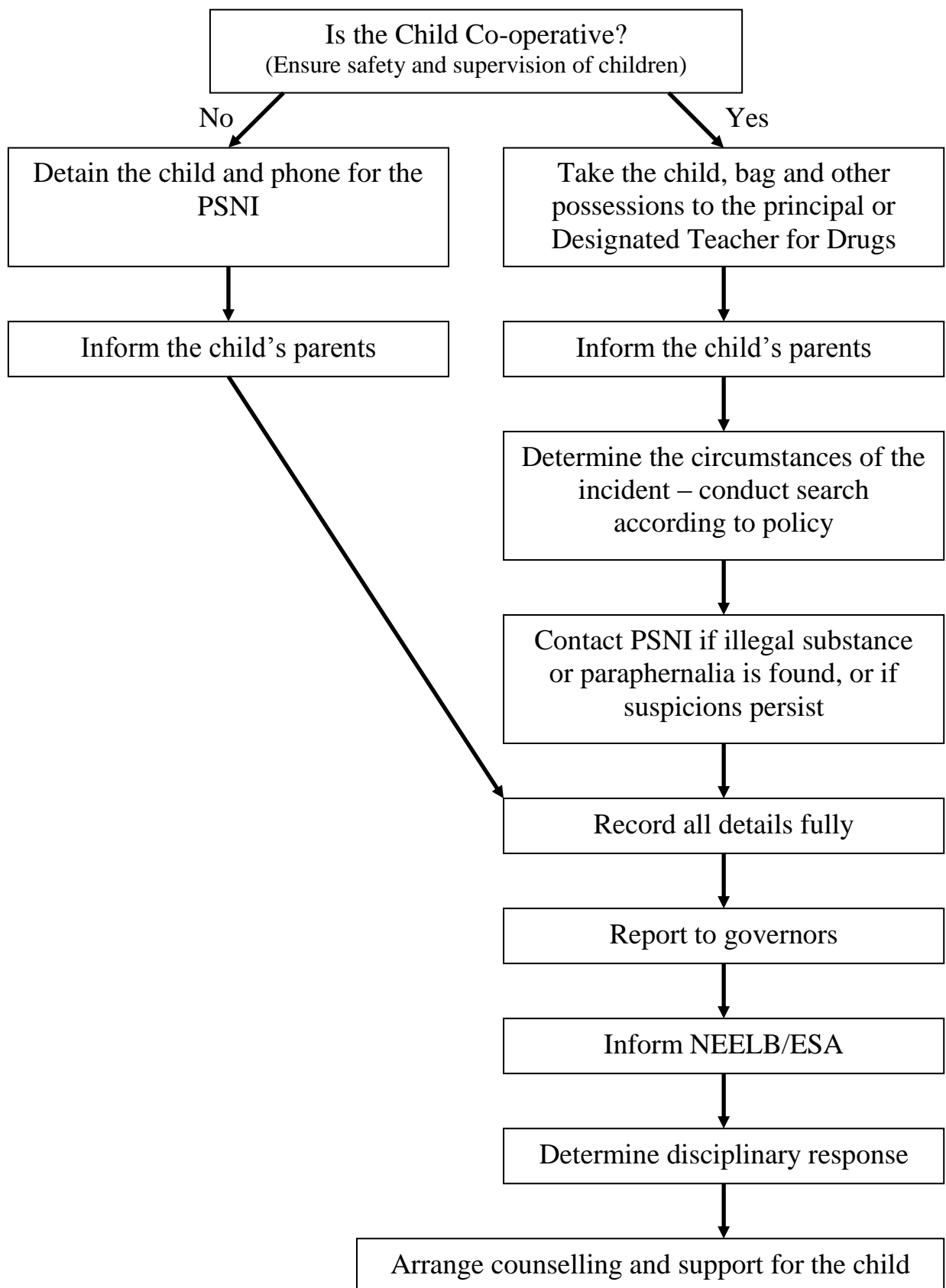
Appendix 1: Finding a Substance on the School Premises



Appendix 2: Child Suspected of Having Taken Drugs



Appendix 3: Child Suspected of Possessing and/or Distributing Illegal Substance



Appendix 4: Drugs Incident Report Form

Name of Child: _____ Class: _____

Address: _____

Date of incident: _____ Time: _____

Reported by: _____

First aid given by: _____

Details of first aid: _____

Details of incident: _____

Police informed? _____ NEELB/ESA informed? _____

Disciplinary / pastoral / other response: _____

Appendix 5: Possible Indicators of Drugs Use (at School or Home, while on Educational Visits, etc.)

- Changes in behaviour
- Unusually sleepy or sleepless
- Excessive time in toilet
- Secretive behaviour and/or telling lies
- Loss of interest in own appearance, hobbies, sports, friends, schoolwork
- Mood swings, especially anger
- Decreased appetite and associated weight loss
- Shortage of money and loss of valuables
- Anti-social behaviour
- Truancing
- Smell of chemicals or cannabis
- Rash or redness around nose or mouth
- Contracted or dilated pupils in the eyes

- Discovery of drugs or paraphernalia – cannabis leaves, resin or ‘spliff’, pills, capsules, powders, small squares of paper with colourful images, Tippex, glue or gluey plastic bags, aerosols, butane gas, petrol, plastic bottles with holes cut, scorched pieces of silver paper, burns on bedding, carpets, small bloodstains on jeans, bent spoons, belts or ties, tourniquets, spent matches, straws, syringes, needles, mirrors, razor blades, bottle tops, home made pipes, Rizla paper packets