



Bringing out the Best in Everyone"



Buckinghamshire Council / Pebble Brook School

Drug Policy

Signed _____ dated _____
Chair of Governors

This policy is to be read and interpreted in conjunction with the Department of Education Policy on Drug Education (2001).

Date Approved /Ratified	Summer 2023
Date of next review	Summer 2024

Policy co-ordinator: David Miller

Nominated Governor with responsibility for drug issues: Kirsty Gilroy

The monitoring of this policy will be ongoing to assess its workability and to ensure it remains responsive to current issues.

This policy will be evaluated annually involving representatives from the whole school community.

This policy is aimed at all staff, pupils, parents / carers, Governors and agencies working with the school. Other policy documents which underpin this policy for drugs education are:

- Teaching and Learning
- PSHE and Citizenship
- Science Curriculum Plan
- Management of Pupil Behaviour

When new staff, Governors and pupils join the school it is important that this policy, along with others, is brought to their attention. Parents of new pupils should also be informed of the policy.

Definition

A drug is any substance which affects the way in which the body functions, physically, emotionally or mentally. It includes legal substances such as alcohol, tobacco, caffeine, Khat, and volatile (sniffable) substances, over the counter and prescribed drugs and illegal drugs such as cannabis, ecstasy, heroin, crack / cocaine, LSD and GHB.

The policy makes note of 'legal highs' and these are part of the general guidance.

Legal Facts

The Misuse of Drugs Act 1971 controls the misuse (non-medical) of certain drugs. See Appendix A for a summary.

The possession or use of illegal drugs, tobacco or alcohol in school or during the school day is a serious offence and incidents will always be fully investigated and external advice may be sought. This may result in a fixed term of permanent exclusion. Drug related situations will be considered alongside other circumstances in a pupil's life and not in isolation.

School Boundaries

This policy, in line with all other school rules and expectations of behaviour, applies not only within the school boundaries but also on all school visits and trips, including residential trips and those made outside of normal school hours.

Parents of pupils who are taking part in school visits or school trips are responsible for handing over prescribed drugs to the named person leading the outing.

Aims and Objectives of the School Drug Education Policy

At Pebble Brook School we have a cross-curricular approach towards the delivery of drug education through various departments' schemes of work. However, it is through our broad based programme of Personal, Social, Citizenship and Health Education that the major degree of drug education is delivered. It reflects the whole-school aim to provide a safe, caring environment in which young people can learn to respect themselves and others and take responsibility for their own actions. This programme offers the opportunity to reinforce the benefits of a healthy lifestyle and gives pupils the knowledge, understanding, attitudes and personal and social skills to make informed and responsible choices now and later in life.

We are committed to the health and safety of all members of the school community. We help our pupils with the emotional and physical aspects of growing up, this being complementary and supportive to the role of their parents / carers.

Our main aims are to enable pupils to:

- make informed decisions highlighting the functions and potential dangers that all forms of drug use have in individual lives and society as a whole;
- 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.

Drugs education should:

- provide accurate information;
- correct misunderstandings;
- build on knowledge and understanding;
- explore attitudes and values towards drugs, drug use and drug users;
- develop pupils' understanding of rules and laws;
- develop pupils' interpersonal skills';
- develop pupils' self-awareness and self-esteem;
- explore the risks and consequences of their own and others' actions relating to drugs;
- be relevant to the needs of pupils and the school community.

Drug education will also be taught through:

- tutor time;
- science lessons;
- assemblies;

- occasional planned visits from the school nurse, Police officer, other speakers.

Our teaching must be responsive to trends in drug misuse and offer a clear and consistent message. Pupils' existing knowledge and understanding should influence the planning of the lessons and content and teaching approaches should match the needs and maturities of all pupils.

The following areas are considered through the course:

Key Stage 3

The abuse of alcohol, solvents, tobacco and other drugs are investigated via teacher-led sessions, participative methods, e.g. role play, and the use of outside speakers. There is a particular focus on tobacco in Year 7.

These subjects are incorporated into the PSHE framework and aim to enable pupils to:

- know that all medicines are drugs but not all drugs are medicines;
- know that there are over-the-counter, prescribed, legal and illegal substances and have some understanding of their effects;
- recognise personal responsibility for decisions about substance use;
- know the basic facts about substances including their effects and relevant legislation;
- be aware of myths, misconceptions and stereotypes linked with substance use;
- develop appropriate techniques for coping with situations in which substance use occurs;
- investigate peer group pressure and ways of saying "no".

Key Stage 4

There is greater emphasis on researching factual information about the effects of drugs, physiologically and psychologically, within a social framework enabling pupils to:

- recognise the different patterns of drug use and their effects, e.g. transmission of HIV infection through shared needles and the detrimental effect of all types of drug use on the foetus;
- analyse 'safe' levels of intake of some substances e.g. tobacco use is never safe, limited use of alcohol may be;
- follow prescribing and manufacturers instructions for any prescribed or over the counter medication and recognise that taking more can be classed as an overdose
- recognise that individuals are responsible for choices they make about drug use;
- understand how to minimise the risks that users and potential users face;
- communicate effectively and confidently with those who administer medication;
- identify sources of appropriate personal support.

Staff Training and Support

The Headteacher and the PSHE teacher will make provisions for whole staff INSET training around drug issues and support extra training for individuals. Where necessary, school staff will receive training on specific medical conditions and the administration of urgent medication, e.g. Epi Pen.

Signs and symptoms that may indicate misuse by young people can be found in Appendix B.

Smoking Statement

The Governors of Pebble Brook School have passed a resolution in which smoking has been prohibited at the school for staff, pupils and members of the public. We will find it very difficult to completely eradicate smoking and therefore we should not agree to sanctions we cannot enforce. Nevertheless, we must not be seen to condone smoking by pupils. To reconcile these views, we agreed to:

- put in place sanctions against those who smoke or try to smoke on site;
- make it extremely difficult for pupils to smoke;
- confiscate all matches, cigarette lighters, etc. and only return them to a responsible adult. These are seen as a safety risk, likely to cause fire;
- confiscate cigarettes and only return them to a responsible adult if the pupil is under sixteen, but return them at the end of the day if the pupil is over sixteen;
- a letter will be sent home if a pupil is found smoking.

Working with Others

Visitors can make a valuable contribution to drug education but do not 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. All visitors must be given a copy of this policy and a member of the teaching staff must be present during visitors' presentations.

The Headteacher has overall responsibility for the Drugs Policy and the day to day responsibility for what happens on the premises. Responsibilities under health and safety regulations mean that the Headteacher must issue guidelines to all staff regarding the safe disposal of drug paraphernalia.

The school Drugs Co-ordinator has the responsibility for co-ordinating the development and review of the school Drug Policy. This role includes:

- overall charge of the process which forms and reviews the Drug Policy;
- responsibility for implementing monitoring systems;
- responsibility for ensuring evaluation takes place and that this informs policy review;

- ensuring co-ordination and coherence of drug education and the management of drug-related incidents;
- working with the Medical Co-ordinator to manage medications in school;
- initiating or co-ordinating responses to any unplanned situations involving drugs;
- co-ordinating links with external agencies;
- liaison with other schools.

In order to enhance our own educational programme we make use of a variety of visiting speakers to work with groups of pupils in school.

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 others. Whenever adults interact with pupils they recognise that they may be influencing attitudes and behaviour.

The school recognises the importance of involving pupils with the Drug Policy. This will be achieved through meetings of the School Council.

Local agencies may also be involved if they have specialist knowledge of drug issues, or particular expertise in helping the school meet the needs of pupils who may become involved with unauthorised drugs. These will include:

- local drug and alcohol agencies;
- LEA advisory staff;
- representatives from a local group or consortium of schools;
- youth and community workers;
- GPs or school health service;
- Educational Psychologists;
- Education Welfare Officers;
- Social Workers;
- Community Police Officers;
- religious leaders;
- community leaders.

Confidentiality

Some pupils 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 they must clearly state that they may not be able to guarantee absolute confidentiality given the seriousness of the issue and in the light of child protection procedures which must be followed for any student thought to be at risk. This means referral to staff responsible for drug education, Headteacher or to an outside agency.

Resourcing

In order to deliver a successful drug education programme it is necessary to use a variety of different approaches and resource material. When selecting new materials it is important that they:

- reflect good practice;
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- reflect the school's Drug Policy;
- provide accurate, unbiased, comprehensive and up to date information.

The PSHE department has a wide range of pamphlets, videos, posters and books for use as part of the curriculum. It also has literature from different organisations such as Buckinghamshire Constabulary, health professionals and drug agencies. The school also has access to a wide range of drugs resources and professional support from external centres.

Pupils in both Key Stage 3 and 4 follow the ASDAN Key Steps and Key Decisions Award Schemes. There are several modules which include work on health and drug safety issues.

Medicines

Pupils need to be aware that apart from inhalers, all medicines they need to take during the day must be handed in to the Medical Co-ordinator. Permission to give prescribed medication should have been signed on the school's general medication form. Parents / Carers would then need to send a signed note detailing when and for how long the medication should be given. This could also be done by phone if needed and temporary prescribed medication will be recorded in a file at school. All medication needs to be sent in the prescribing box or bottle and medication will only be given according to the prescribing instructions. There is no legal duty that requires staff to administer medication. This is a voluntary role. At Pebble Brook School prescribed medication is handed in to the Medical Co-ordinator and distributed, as prescribed, by her, or in the event of her absence, another staff member trained in giving medication.

Medication should only be taken to school when absolutely necessary and for long term medication a letter from the prescribing doctor will be required.

School staff should not give **non-prescribed medication** to pupils. Parents / carers are asked to sign permission for non-prescribed medication such as bonjela and suncream as part of the general medication agreement form. Parents are able to opt out of any medications they do not want their child to receive.

The general medication agreement also allows paracetamol to be given within certain restrictions and will not be given before 12.30pm without phone permission from the parent / carer due to risk of overdose.

If a pupil suffers regularly from acute pain, e.g. migraine, the parents should authorise and supply appropriate painkillers for their child's use and should fill in a Health Care Plan giving details of the recognised medical condition. Ibuprofen may not be issued to pupils unless it has been prescribed by a GP.

School Procedures for Responding to Drug Related Incidents

All non-medical drugs, including tobacco and alcohol, on the school premises are unacceptable.

The school will follow current national guidance when responding to drug related incidents.

The view of the Secretary of State is that fixed term exclusion should only occur after a range of alternative strategies involving other relevant services have been **tried and proven to have failed to resolve a pupil's disciplinary problems**. Permanent exclusion is a last resort, a final sanction when all other reasonable steps have been taken. It is an extremely serious step and the Headteacher would not normally be expected to permanently exclude a pupil for a 'one-off' or first offence. If a pastoral support programme has already been implemented and failed to resolve the pupil's outlook and behaviour, permanent exclusion may be an appropriate way to remove a **pupil who represents a significant risk to the health and safety of other pupils, or who has come to the end of a long line of sanctions and has not learned from past mistakes**.

When responding to any incident involving drugs, an informed flexible and sensitive approach needs to be adopted. Given the range of incidents which can occur, all aspects of each situation should be considered before an action plan is adopted.

Drugs should not be the sole focus when determining a response. There are a number of reasons why a young person may be using drugs or involved in a drug related incident and it can be just one part of other behavioural issues. Some young people may be involved because of a lack of knowledge, provocation, rebellion or an acceptance of use by their parents.

Basic principles for dealing with drug related incidents:

- make sure that the needs of the young person are considered first;
- obtain medical help if necessary and keep any evidence of what has been taken, such as substance package or vomit;
- remove the substance from the child and place in a safe container, if possible in front of a witness;x
- determine the precise nature of the incident;
- focus on the individual rather than the substance;
- put any pastoral / welfare system into action as an initial response to the incident;
- involve other staff, parents / carers, Police and other agencies if appropriate;
- be aware of support available and ensure its continuation for all those involved in the incident;
- be aware of the legal constraints regarding the gathering of evidence and interviewing of suspects;

- tobacco smoking incidents will also be recorded on Yellow Form Recording Sheets for data gathering.
- Keep a fact record, for incidents other than tobacco abuse, to include times, dates, places, any relevant actions, witnesses' accounts of conversations (see record of drug-related situation form Appendix C). These records will be held by the Headteacher.

Medical Emergencies

The procedures for an emergency apply when a pupil or any other individual is at immediate risk of harm. A person who is unconscious, having trouble breathing, seriously confused or disoriented or who has taken a harmful toxic substance, should be responded to as an emergency.

The school's first aid procedures should be put into practice:

- assess the situation;
- if a medical emergency, send for medical help immediately, i.e. school's registered first aider and an ambulance.

Before assistance arrives

If the person is conscious:

- try to reassure the person that they are safe and the effects will wear off in time;
- ask the person what has happened and to identify any drug used;
- do not induce vomiting;
- keep the person under observation, warm and quiet;
- if the person is overly hot move them to a cool area (possibly outside);
- collect any drug sample and any vomit for medical analysis;

If the person is unconscious:

- do not move them;
- do not give them anything by mouth;
- do not attempt to make the person sit or stand;
- do not leave the person unattended or in the charge of another young person.

When medical help arrives:

- pass on any information available including vomit and any drug samples;
- complete an emergency record form as soon as you have dealt with the emergency.

Needles and Syringes

If needles or syringes are found on any part of the school premises or grounds call Aylesbury Vale District Council and log the call with the general enquiries desk. They will arrange for the offending items to be collected and disposed of safely. Under **no** circumstances should any untrained members of staff touch needles or syringes. The area should be cordoned off awaiting the collection service.

Self Review, Monitoring and Evaluation

Pebble Brook School is committed to delivering effective drug education for its pupils and recognises the value and importance of monitoring and evaluating the provision of drug education and the way in which drug related incidents are managed.

The Drug Education Programme will be monitored annually by the PSHE Co-ordinator.

The Headteacher will monitor the policy annually on the basis of age, gender, ethnicity and action taken. A report will be given to the Governors.

The policy will be reviewed every two years by the PSHE Co-ordinator and the Headteacher unless changes in the guidance come into force or new drugs are highlighted.

Consultation Process

The following were consulted when drawing up this policy:

- The Headteacher
- Teachers
- Governors
- Medical Co-ordinator
- Parents / carers
- LEA advisers
- Pupils

**APPENDIX A
CONTROL OF DRUGS**

Class A Misuse of Drugs Act	Class B Misuse of Drugs Act	Class C Misuse of Drugs Act	Other Controls
Heroin	Amphetamines	GHB ³	Rohypnol ⁴
Methadone		Rohypnol ⁴	Temazepam ⁴
Cocaine		Temazepam ⁴	Valium ⁵
Crack		Valium ⁵	Prozac ⁵
LSD		Cannabis ²	Ketamine ⁵
Ecstasy			Viagra ⁵
Processed Magic Mushrooms ¹			Nitrates ⁶ Tobacco ⁷
Any Class B drug prepared for injection			Alcohol ⁸ Solvents ⁹
Maximum Penalties	Maximum Penalties	Maximum Penalties	
Possession – 7 years + fine	Possession – 5 years + fine		
Supply – Life + fine	Supply – 14 years + fine		
<p>1. Magic Mushrooms. It is not illegal to eat them but any act of 'preparation' makes them illegal.</p> <p>2. Cannabis. Recently reclassified as a Class C drug. Young people aged 17 and under will be arrested if found in possession of Cannabis and could face a reprimand.</p>		<p>7. Tobacco. It is not an offence for people of any age to purchase or use cigarettes or other tobacco products. However, it is an offence for a vendor to sell tobacco products to someone they know to be under 16 years old. Police have powers to confiscate tobacco products from under 16s who are smoking in public places.</p>	
<p>3. GHB. Newly included as a Class C drug (end June 2003). Illegal to possess without a prescription and as it is not covered by the Medicines Act, it cannot be prescribed!</p>		<p>8. Alcohol. It is legal for someone over five years old to consume alcohol. It is an offence for a vendor to knowingly sell alcohol to an under 18. However, a 16 year old can purchase beer, port, cider or perry in a pub if having a meal in an area set aside for this purpose. In some towns there are by-laws restricting consumption of alcohol within a designated area. Police have powers to confiscate alcohol from under 18s who drink in public places. There are also laws about drinking and driving and being drunk and disorderly.</p>	
<p>4. Rohypnol and Temazepam are controlled by both the Misuse of Drugs Act and the Medicines Act. Illegal to possess without a prescription and illegal to supply.</p>		<p>18. However, a 16 year old can purchase beer, port, cider or perry in a pub if having a meal in an area set aside for this purpose. In some towns there are by-laws restricting consumption of alcohol within a designated area. Police have powers to confiscate alcohol from under 18s who drink in public places. There are also laws about drinking and driving and being drunk and disorderly.</p>	
<p>5. Prozac, Ketamine, Viagra and Valium are controlled by the Medicines Act. These drugs are legal to possess without a prescription. It is illegal to supply them.</p>		<p>9. Solvents are not illegal to possess, use or buy at any age. It is an offence to supply to an under 18 if the supplier has reason to believe they are intended for misuse. It is a separate offence to sell butane refills (for lighters) to anyone under 18, regardless of its intended use.</p>	
<p>6. Nitrites – are a very confused situation. As a medicine it is the same as 5, as a room deodoriser it appears legal to possess and sell. Recent directives will require it to be recognised as a medicine only.</p>			

APPENDIX B

Some of the Indicators for the Main Drug Types

<u>Drug Types:</u>						
	CNS Depressant e.g. Alcohol, Tranquillisers	CNS Stimulant e.g. Cocaine, Amphetamine	Hallucinogenic e.g. LSD, Magic Mushrooms	Narcotic Analgesic e.g. Heroin, Morphine	Solvents e.g. Glue, Petrol	Cannabis
<u>Indicators:</u>						
General	<ul style="list-style-type: none"> • Drunken behaviour and appearance • Uncoordinated • Drowsy • Sluggish • Disoriented • Thick, slurred speech 	<ul style="list-style-type: none"> • Restlessness, excitation • Talkative • Euphoria • Exaggerated reflexes • Anxiety • Grinding Teeth • Redness to nasal area • Runny nose • Body tremors 	<ul style="list-style-type: none"> • Hallucinations • Dazed appearance • Disoriented, uncoordinated • Body tremors • Perspiring • Paranoia • Difficulty in speech • Nausea 	<ul style="list-style-type: none"> • “On the Nod” • Droopy Eyelids • Depressed reflexes • Dry mouth • Facial itching • Low, raspy speech • Possibly puncture marks, “tracks” 	<ul style="list-style-type: none"> • Disorientation • Slurred speech • Residue of substance on face, hands, clothing • Confusion • Possible nausea 	<ul style="list-style-type: none"> • Very bloodshot eyes, with pronounced veins in the eyeballs • Body tremors • Odour of cannabis • Disoriented • Relaxed inhibitions • Difficulty in dividing attention
Eye -	Pupil size generally normal	Pupils will be noticeably dilated	Pupils will be noticeably dilated	Pupils will be severely constricted	Pupil size will generally be normal	Pupil size normal or perhaps slightly dilated

APPENDIX C

EMERGENCY INTOXICATION	SUSPICION OFF PREMISES	SUSPICION ON PREMISES	DISCOVERY ON PREMISES	DISCOVERY OFF PREMISES	PUPIL DISCLOSURE	PARENTAL USE	PARENT/CARER EXPRESSES CONCERN

TICK ONE OR MORE OF THESE TABS TO INDICATE THE CATEGORY

RECORD OF DRUG-RELATED SITUATION

Name of Pupil:	Report Form completed by:
Form/Class: Date of Incident:	Time of Incident: am/pm

First Aid given?

Yes

Details:

No

Ambulance/Doctor called?

Yes

Details:

No