

BURFORD SCHOOL



Burford School

Drugs Education Policy





DRUGS EDUCATION POLICY

This policy was approved by the governing body on June 11
This policy will be reviewed June 13

Introduction

Drug use and misuse are becoming increasingly common in our society. It is widely acknowledged that clear, comprehensive and coherent statements of policy are a prerequisite for good and effective practice in schools. This policy is aimed at providing an effective drug education programme and clarify ways of dealing effectively and consistently with drug related incidents.

Definitions

Drug – This document uses the term to refer to: any psychotropic substance; all legal drugs including alcohol, tobacco and caffeine; all illegal drugs; volatile substances and over the counter medicines.

Drug-taking – The consumption of any drug. All drug taking, including medical use, carries the potential for harm. In order to distinguish between the conditions in which different interventions are most appropriate to address drug taking by a young person, this document refers principally to drug use and misuse. The use of medicines for medical ailments is dealt with in a separate document.

Drug-use – Drug use is drug taking through which harm may occur, whether through intoxication, breach of school rules or law, or the possibility of future health problems, although such harm may not be immediately perceptible.

Drugs misuse – Drug taking which harms health or functioning. It may take the form of physical or psychological dependence or be part of a wider spectrum of problematic or harmful behaviour.

Rationale

In order to promote health within Burford School, smoking tobacco, drinking alcohol, using or having illegal and some legal drugs are prohibited at all times. The only

exceptions to this are functions organised by the Friends of Burford or occasions deemed appropriate by the Head teacher where alcohol may be consumed. The school is committed to tackling drug misuse amongst pupils and any instances of possession, use or supply of illegal drugs on school premises will be regarded with the utmost seriousness.

School Boundaries

The perimeters of the school include the school premises, journeys in school time or outside school time but organised by the school and residential school trips.

Confidentiality

In managing drugs it is important that regard is given to issues of confidentiality. Teachers cannot and should not promise total confidentiality and the boundaries should be made clear to the pupils. Sensitive information from pupils will not normally be passed on unless it is unavoidable, to allow teachers to fulfil their professional responsibilities to:

- Child protection
- Co-operating with a police investigation
- Referral to external services.

Teachers will be expected to treat each case individually using their wider knowledge of the individual pupil and their circumstances, with the well being of the pupil being paramount.

DRUGS IN THE CURRICULUM

In England and Wales certain aspects of drugs education have been a statutory requirement as part of the National Curriculum Science Order since 1991. The revised Order, which came into operation in autumn term 1995, states that pupils should be taught:

- At Key Stage 1 (5-7 year olds) about the role of drugs as medicines
- At Key Stage 2 (7-11 year olds) that: the abuse of alcohol, solvents, tobacco and other drugs affects health; that the body's natural defences may be strengthened by immunisation and medicines; and how smoking affects lung structure and gas exchange.

In essence, drugs education has two locations within the National Curriculum: as a statutory requirement in the subject of science and as part of a broader programme of PSHE.

Recognising that drugs are widely available in our society, Burford School aims to promote the safety of our children by providing a drug education programme, appropriate to the children's age and experience, forming the basis of a wider programme, as the children progress through their school career.

Objectives

- To raise the awareness of health issues.
- To provide appropriate support for children who have issues surrounding the topics. These could include children who have drug-using parents/guardians/siblings.
- To use the children's existing knowledge as a starting point, with topics being revisited, allowing children to reflect and progress in their learning.
- To use outside specialist agencies (e.g. DPEAP ,Drugs Prevention, Education and Awareness Project, local police) to help to educate and support the children.
- To look at drugs education in a wider personal, social and health education programme conveying both knowledge and social skills, with the aim of enabling children to make informed choices.

NB There may be child protection issues in relation to children with drug misusing parents/guardians. It is therefore important that inter-agency consultation is undertaken in this area. Such support would include and is monitored by the Designated person (Karol Whittington)

These objectives will be enhanced by the wider school ethos which encourages children to:

- Develop self confidence and a strong feeling of self worth
- Become aware of their own and others' feelings
- Recognise persuasion and pressure and learn to make good choices.

Strategies

- To educate the children in general issues associated with drug use, concentrating on medicines and volatile substances in the home, progressing on to cover alcohol, tobacco and some illegal drugs with the older age groups.
- To provide accurate information to the children.

Parental Involvement

Children do seek advice from their parents/guardians and it is therefore important to keep parents informed about the school's drug education to enable a coherent approach to the subject. Parents can be updated through the meetings where drug educational workers can give the adults information to enable them to meet their children's needs.

MANAGEMENT OF DRUG RELATED INCIDENTS

Burford School will react firmly in any instance of drug misuse once it has been identified, with each case looked at on its own merits.

In order to manage a co-ordinated approach to drug misuse within school it is important to have consultation with police, social services, DPEAP etc.

Cross References to following policies:

Child Protection
Managing Medicines
Behaviour
Health and Safety
Equal and Cohesion Scheme
School Visits

DRUG SITUATIONS – medical emergencies

The procedures for an emergency apply when a child, young person or others are at immediate risk of harm. A person who is unconscious, having trouble breathing, seriously confused or disorientated or who has taken a harmful toxic substance, should be responded to as an emergency.

Your main responsibility is to any young person at immediate risk, but you also need to ensure the well being and safety of others. Put into practice your centre's first aid procedures. **IF IN ANY DOUBT, CALL MEDICAL HELP.**

ALWAYS:

- Assess the situation
- If a medical emergency, send for medical help and an ambulance.

BEFORE ASSISTANCE ARRIVES:

If the person is conscious:

- Ask the person what has happened and to identify any drug used
- Collect any drug sample and any vomit for medical analysis
- ***Do not*** move the person if a fall is likely to have led to spinal or other serious injury which may not be obvious
- ***Do not*** give 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 pupil

WHEN MEDICAL HELP ARRIVES

- Pass on any information available including vomit and any drug samples

THE LAWS RELATING TO DRUGS

To avoid breaches of rules or laws resulting from confusion or uncertainty about what is and what is not allowed, the legal position relating to each drug should be clearly explained to young people as they become ready for the information. This is in addition to their understanding of the school rules about drugs. School staff therefore need to be aware of the laws governing the supply, possession and use of drugs. These laws are summarised here. This summary reflects the law of England, Wales and Northern Ireland. It is for guidance only, and should not be relied on as a definitive statement of the law. Professional advice should always be sought where appropriate.

The Misuse of Drugs Act 1971

The Misuse of Drugs Act 1971 is the principal criminal law governing illegal drugs. It controls those drugs 'capable of having harmful effects sufficient to constitute a social problem'. The drugs it covers are divided into three classes: A, B and C. Many controlled drugs have medical uses, so the Act places these drugs into five schedules, which control these uses. Schedule 1 drugs are considered to have no medical use and doctors cannot prescribe them. They can only be possessed with a special licence; they include cannabis and LSD. Schedules 2, 3, and 4 cover most controlled drugs that have medical uses. They can only be supplied with a prescription. Schedule 5 covers over-the-counter medicines available from chemists that contain tiny amounts of controlled drugs.

Some controlled drugs may be possessed legally if purchased from a pharmacy or supplied on a doctor's prescription. In other cases, the drugs covered by the Act are illegal to possess or supply. Offences involving Class A drugs are the most serious, and carry greater penalties.

Medicines

The legitimate manufacture and supply of medicines is controlled by the Medicines Agency and governed by the Medicines Act 1968. A wide variety of medicines may be purchased over the counter from chemists or supermarkets without a prescription (eg paracetamol, codeine linctus, and technically amyl nitrite, though in practice this is seldom to be found even in pharmacies). Others may only legally be obtained from a pharmacy with a doctor's prescription – the 'prescription-only' medicines. Possession of some prescription-only medicines (such as the tranquilliser Temazepam, morphine, amphetamines, most anabolic steroids and most sedatives) is illegal under the Misuse of Drugs Act if no prescription is held. Some prescription-only medicines (such as other tranquillisers, ketamine), are not controlled by the Misuse of Drugs Act and so can be legal to possess without a prescription, even where they can only legally be obtained on prescription. Supply from other than pharmaceutical outlets is technically a civil offence against the Medicines Act.

Amyl nitrite is still classed as a medicine, although it is not commonly used medically any more. Possession is not restricted, but its sale from other than pharmaceutical outlets is technically a civil offence against the Medicines Act. Viagra is also subject to the same supply restrictions as other prescription medicines, though its

possession is not an offence under the Misuse of Drugs Act. Illicit suppliers do not commit a *criminal* offence as the Medicines Act does not form part of criminal law.

Alcohol – subject to Licensing Regulations

Supply of alcohol to anyone under the age of 5 is illegal unless medically indicated. Over the age of 5, young people may legally drink (but not purchase) alcohol, though not on licensed premises and a parent or carer may commit an offence if a child in their care becomes drunk. Purchase of beer, cider, perry to drink with a meal in licensed restaurants is permitted from the age of 16. Otherwise, sale of alcohol to under 18s is forbidden. Purchase of alcohol from licensed premises (pub, off-licence) is unrestricted from age 18. Possession of alcohol is an offence on some trains or coaches to designated sporting events. Licence holders, eg at supermarkets, garages or corner shops, must be over 18. Consumption may not take place on off-licence premises, nor in public places where bylaws exist to prohibit it. It is an offence to be drunk in a public place, and in pubs, or to drive while unfit through drink (ie with more than 80mg of alcohol per 100ml of blood) or other drugs. The Confiscation of Alcohol (Young Persons) Act 1997 permits police to confiscate alcohol in public places from people under the age of 18 if they judge that it might otherwise lead to a nuisance or disturbance being committed.

Tobacco

The Children and Young Persons (Protection from Tobacco) Act 1991 states that it is illegal to sell tobacco to persons under the age of 16 irrespective of their appearance. However, the possession and use of tobacco are unrestricted, although police officers and park keepers have the authority to confiscate tobacco from children under the age of 16. It is also an offence to sell cigarettes other than in original packing of 10 or more.

Solvents

The law does not restrict possession or use of solvents, although bylaws may allow police to take people sniffing in public to 'a place of safety'. The intoxicating Substances Supply Act 1985 restricts retailers from supplying solvents to anyone under 18 if they have reason to believe they will be used for purposes of intoxication. Lighter fuel is to become illegal to sell to under 18s in any circumstances.

The 'legality' of drugs

Drugs such as caffeine, khat, unprepared magic mushrooms, butyl nitrite and isobutyl nitrite are completely unrestricted by law:

Caffeine

Caffeine is found in tea, coffee and some soft drinks. It is also legal to purchase it in tablet form.

Khat

A stimulant drug cultivated and used socially in eastern Africa and the Arabian peninsula by chewing fresh leaves of the khat plant. Though legal in the UK, its use here is known, but limited.

Unprepared magic mushrooms

Two varieties of mushroom, the Liberty Cap and the Fly Agaric are mildly hallucinogenic and grow indigenously. Their possession is unrestricted unless they are 'prepared' for consumption, when they become a Class A drug under the Misuse of Drugs Act.

Butyl nitrite and iso-butyl nitrite

Often called 'poppers' (along with amyl nitrite in alkyl nitrite, which is a medicine), these volatile liquids, whose fumes can be inhaled to have a stimulant effect.

Premises

Under the Misuse of Drugs Act 1971, it is an offence knowingly to allow premises for which you are responsible to be used for smoking cannabis or opium, or the production and supply of controlled drugs. This means that if, as a teacher, you know that cannabis (or opium) is being smoked by, say, a pupil, on school premises for which you are responsible and you do nothing to stop it, you commit an offence. However if the illegal drug being used is not cannabis (or opium) eg amphetamine, LSD or ecstasy, you do not commit an offence. Knowing that another person is in possession of a controlled drug on premises does not constitute an offence for those responsible for the premises. However, if the drug is offered for supply to another, the person responsible for the premises commits an offence, unless they act to stop it. Disclosure of any offences to the police is not obligatory.

Guidance for schools Section 5 – Responding to drug incidents

For advice on dealing with aggressive or abusive parents/carers see *A legal toolkit for schools* (DfES, 2002)

5.5.2 Parents/carers under the influence of drugs on school premises

When dealing with parents/carers under the influence of drugs on school premises, staff should attempt to maintain a calm atmosphere. On occasion, a teacher may have concerns about discharging a pupil into the care of a parent/carer. In such instances, schools might wish to discuss with the parent/carer if alternative arrangements could be made, for example asking another parent/carer to accompany the child home. The focus for staff will always be the maintenance of the child's welfare, as opposed to the moderation of the parent's/carer's behaviour.

Where the behaviour of a parent/carer under the influence of drugs repeatedly places a child at risk or the parent/carer becomes abusive or violent, staff should consider whether to invoke child protection procedures and/or the involvement of the police.