



St Jude & St Paul's
Church of England Primary School

Drug Education Policy

Date: October 2016

Lead: Deputy Headteacher/Learning Mentor

Committee: Children, Families and Community

Review: October 2019

'Bless us to encourage, love and learn'

Aims and expectations

It is a primary aim of our school that every member of the school community feels valued and respected, and that each person is treated fairly. We strive to be a caring community with values built on mutual trust and respect for all. Forgiveness is an integral part of life at St Jude and St Paul's.

1 Introduction

St Jude and St Paul's is situated in Islington. It has 210 pupils when full and is a one-form entry Primary School.

We believe that drug education is the most effective as part of a wider personal, social and health education (PSHCE) programme. At St Jude and St Paul's PSHCE is delivered through curriculum areas, within circle time and through a positive school ethos which helps pupils to feel valued and part of the school community. A small part of our drugs education conveys information about drugs, however we concentrate on developing effective communication skills, social skills, self-esteem, assertiveness and responsibilities for oneself and others, therefore helping each child to foster positive self images which may help pupils to make informed decisions about drugs.

Purpose of the Policy

Our drug policy is an important document which clarifies the legal requirements and responsibilities of the school and the school's role in safeguarding the health and safety of pupils. It ensures that all members of the school community have a shared understanding of our approach to drugs.

Links with other policies

The drug policy has links with:

- Child protection
- PSHCE
- Confidentiality
- Behaviour policy
- Equal opportunities

2. The School's stance on drugs, drug use and drug education

A Drug is a substance people take to change the way they feel, think or behave.

Definition taken from the United Nations office on Drugs and Crime and used by the DFES in guidance – ‘Drugs Guidance for Schools’ 2004

The term **drug refers** to all drugs whether they are:

- Legal drugs, including alcohol, tobacco and volatile substances
- All over the counter and prescription medicines such as painkillers, cough medicines, tranquilizers.
- All illegal drugs

Drug use is drug taking such as consuming alcohol, smoking cigarettes, taking medication or using illegal drugs. Any drug taken is potentially harmful. This could be due to intoxication; breaking the law or school rules; or because of the potential for physical or psychological harm or the wider social implications.

Drug misuse is drug taking which leads a person to experience social, psychological, physical or legal problems related to intoxication or regular excessive consumption and/or dependence. It can be often part of a wider spectrum of problematic or harmful behaviour.

Drug education includes education on illegal, medical drugs, alcohol and tobacco. It is a planned component of Personal, Social, Health and Citizenship Education (PSHCE). There are also components of drug education within the statutory requirements for Science. Good drug education provides the context to improve pupil’s knowledge and understanding about drugs, encourages them to explore and challenge their attitudes and helps them develop a range of skills to make safe, healthy, informed choices and relationships.

It has been well documented that the ‘shock- horror’ approach is rarely effective. This approach only has short term effects and can be counter productive. Schools should be very clear about how they or visiting speakers teach drug education. The following principles and the results of education research regarding effective drug education are the guidelines which Islington Children’s Services encourage schools to follow.

The Principles of Drug Education

- Drug education is developmental and appropriate to the age, maturity and ability of the pupils. It begins at the foundation stage and should continue throughout the pupil’s school experience.
- Drug education should reflect the pupils’ views and experience so that it is relevant and appropriate. Teachers should plan teaching from the pupil’s needs assessment, identifying the starting points for their class. They should build on what pupil already know and address pupils’ misconceptions.
- Drug education should focus on developing pupil’s skills and attitudes and values as much as increasing knowledge and understanding relating to drugs and drugs use. It should also provide opportunities for pupils to appreciate the benefits of a healthy lifestyle, relating to their own and others actions.
- Drug education in the classroom should be supported by the whole school approach that includes the school’s values and ethos, staff training and the involvement of pupils, staff, parents/carers, governors and the wider community.

Aims of Drug Education

Our aims are:

- To contribute to raising and maintaining high self-esteem in all pupils.
- To recognise personal skills and qualities in themselves and others.
- To help pupils develop, extend and practise assertiveness skills for resisting pressures.
- To provide access to reliable, up to date, objective and balanced information about legal and illegal drugs.
- To foster competence and confidence in pupils' critical thinking, risk assessment and decision making skills.
- To emphasise the school's focus upon personal safety and health.
- To explore issues relevant to pupils, which are raised by the uses of drugs in society.
- To identify sources of further information and reliable support.

3. Content of Drug Education

Drug education is taught through both the statutory and non statutory curriculum and where relevant through cross curricular links. The statutory part of drug education is delivered through the science curriculum and the non statutory is delivered through the PHSCE non statutory framework.

The Teaching and Organisation of Drug Education

The PHSE co-ordinator is responsible for co-ordinating drug education throughout the school curriculum to ensure there is a coherent and consistent approach across the curriculum. The coordinator is also responsible of ensuring that whoever teaches drug education; whether they are specialist or dedicated class teachers, have sufficient ongoing professional development opportunities. This will include guidance on needs analysts, assessment and evaluation.

Drug education is most effectively taught by trained and confident teachers, who know their classes and are able to create a safe and learning environment. As a whole staff we are well informed through relevant staff training, delivered by qualified professionals.

We enhance this programme with the use of outside educators (E.g. Theatre groups, Police Officers etc.). Outside educators are a useful addition to a planned drug education programme and can offer a support and training role as well as a different perspective.

Before external contributors work with pupils, they are briefed on:

- The content of the school drug policy
- The age, ability and experience and particular needs of pupils in the class
- The context of their visit; where their input fits into the taught curriculum
- The learning from their input
- The desired length of the session

The school and the external contributors agree on:

- How the learning will be assessed
- How the input will be evaluated

The class teacher is always present during these sessions to maintain class discipline, support pupils' learning and to plan follow – up work to reinforce the learning outcomes.

The class teacher will deal with any ongoing concerns and or issues which may arise from the sessions and if necessary, will inform the Headteacher.

How Drug education is taught

Creating a safe, secure and supportive learning environment.

The use of ground rules or agreed ways of working is an important part of PHSE and Citizenship and therefore, drug education. Before teaching drug education the teacher will spend some time with pupils focusing on the class ground rules in order to establish a comfortable and safe learning environment and to support pupils to explore the issues and to make health related decisions. Classroom ground rules are jointly discussed and negotiated by all concerned to foster joint ownership and reinforce positive behaviour.

Confidentiality

Furthermore to these negotiated rules the class teacher will discuss the issue of **confidentiality** in the classroom. Whilst pupils are encouraged to explore, question and discuss issues in a non-judgemental environment, they cannot be guaranteed complete confidentiality by any adult working within the school. The class teacher will make it explicit in the classroom that if pupils divulge any information about issues that are detrimental to their health, well being or safety or are illegal then the class teacher must pass this information on through the school's pastoral system.

Information about a pupil in relation to drugs will follow the same procedure as for other sensitive information. Parents will be informed by the Headteacher and if appropriate, outside agencies will be approached.

A range of teaching approaches are used and these include, information giving, discussion, role play, structured games, circle time activities, decision making tasks and the exploration of values and attitudes. We take account and build on the experiences of individual children. We evaluate our programme to ensure it meets the enhancing needs of our school community.

Class teachers will ensure that drug education is relevant and accessible to all pupils in all of their diversity. Within and across different cultures and religions there will be different attitudes towards drugs and Class teachers are open to acknowledge different beliefs and approaches. Class teachers will also be sensitive to the fact that some pupils may have family members who misuse drugs (including legal substances).

Assessment and Evaluation

Science is assessed termly through topics taught. The PSHCE is assessed through half-termly assessment sheets completed by the children and monitored by the Learning Mentor. These sheets are kept in PSHCE folders which follow the children through the school.

Support for Vulnerable Pupils

Many 'vulnerable' children and young people fall into identifiable groups and may have multiple risk factors.

There are many possible identifying risk factors for those vulnerable to substance misuse. However, it should not be assumed that all vulnerable children and young people will take

drugs. Equally, children and young people who do not fall into risk categories can also develop drug problems.

Vulnerable young people are defined in Government Guidance as:

- Children of substance misusing parents/carers
- Children excluded from school and outside mainstream education
- Homeless young people
- Children Looked After
- Young Offenders

Confidentiality and Child Protection

Except in exceptional cases the school will want to work with parents and carers to support children involved in drugs incidents. This will begin with dealing with the incident as part of the school behaviour support and continue with the pastoral support of the pupil.

In cases involving illegal or other unauthorised drugs in school, Child Protection procedures will be followed. Parents and carers should be informed unless it is detrimental for the child's health and safety.

Partnership with Parent/Carers and the wider community

St Jude & St Paul's School values the importance of working positively and in partnerships with the parents/ carers of our pupils. Parents can play a crucial role in preventing drug use and in promoting the school's ethos around drugs and drug education.

Monitoring and Review

St Jude & St Paul's Drugs Policy is monitored regularly and reviewed every three years.