

SACRED HEART HIGH SCHOOL



DRUGS POLICY

JULY 2021

To be reviewed June 2023

Contents

	Page
1 INTRODUCTION	3
1.1 Mission Statement	3
1.2 Aims And Objectives	3
1.3 Who this policy applies to	3
1.4 Rationale	4
1.5 Definition	4
2 Drugs Education	5
3 MANAGING DRUG RELATED INCIDENTS PROCEDURE	6
3.1 Alcohol	8
3.2 Smoking	9
3.3 Caffeine	9
3.4 Solvents / Aerosols	9
3.5 Prescription Drugs (P.O.M.)	9
4 STAFF WITH KEY RESPONSIBILITY FOR DRUGS	10
5 INFORMATION SHARING	10
6 LOCAL AND NATIONAL GUIDANCE	10
7 RATIFICATION	10

Appendix 1: Agencies That Support Substance Abuse And Misuse

Appendix 2: Administering Paracetamol at School

1 INTRODUCTION

1.1 Mission Statement

The school Mission Statement makes clear the purpose and intent of the school to promote the well-being of all individuals that make up that community.

- to have an awareness of the fullness and meaning of their life rooted in the love of God;
- to grow in dignity as a woman;
- to express concern for others;
- to take a stand against everything that undermines her own dignity and that of others;
- to be guided towards (and to maintain) mental and physical well-being; and
- to learn to live and make decisions as an independent, self-disciplined individual.

1.2 Aims And Objectives

The main aims of this document are:-

- to develop a whole school approach to drug education that reflect the Christian values of our school;
- to provide working strategies for incidents of a sensitive nature concerning drug misuse or possession for all members of the school community;
- to provide guidelines for all members of the school over the health and safety issues surrounding drug use and misuse;
- to clarify the legal requirements and responsibilities of the school;
- to reinforce the role of the school in contributing to local and national strategies; and
- to provide a safe and healthy school environment.

1.3 Who this policy applies to

This policy applies to all staff, pupils, parents/guardians, the governors and partner agencies and applies at all times within school boundaries. Pupils who breach the school's Behaviour Policy while taking part in any school-organised or school-related activity or while travelling to or from school or wearing school uniform or in some other way identifiable as a pupil at the school will be dealt with in the same manner as if the incident had taken place at school.

The Education Act 2006 gives Head teachers the power to impose sanctions for poor behaviour, including bringing the school into disrepute, on site or off site, and including on the internet via social media or other online forums in the public domain.

1.4 Policy context

As part of their statutory duty to promote students' wellbeing, schools have a clear role to play in preventing drug misuse. Drugs education has been developed with reference to Department for Education advice and guidance: DfE and ACPO drug advice for schools (DfE-

00001- 2012) which is non-statutory and was produced to help answer some of the most common questions raised by school staff in this area.

The drugs education of students takes into account the statutory requirements within the National Curriculum Science Order, the non-statutory framework for PSHEE at Key Stages 3 and 4 and the statutory Citizenship Programme of Study at Key Stages 3 and 4. Other related policies and documents include

- PSHE and Citizenship Policies
- Child Protection/Safeguarding Policy
- Health and Safety Policy
- First Aid Policy
- Behaviour Policy
- Exclusions Policy
- Equal Opportunities Policy
- School Visits

1.5 Rationale

Pupil welfare is of paramount importance to the school, so each member of staff is expected to be vigilant on and off site, to ensure that all pupils are safe and report any concerns to safeguarding leads as outlined in the school's safeguarding policy and procedures. All incidents of drug use and misuse are taken seriously and will be treated as a level three breach of the school's behaviour policy. However, we recognise any pupil involved with substance misuse will have considerable support needs. As a school we will work closely with the pupil and her parent/guardian to provide by whatever means support. This will include involving external agencies such as social care where appropriate.

The following support is available:

1. Counselling sessions with the school counsellor/chaplain
2. Work with community policing
3. Liaison with the school nurse
4. Links with young people's services. Please refer to **Appendix 1** for a list of agencies that support substance abuse and misuse.

If at any point a member of staff is concerned about the health of a pupil who may be under the influence of an illicit or illegal substance he/she will call 999 for an ambulance, seek the support of a first aider and inform the headteacher/associate headteacher immediately.

1.6 Definition

For the purposes of this document, 'drugs' are defined as but not limited to:-

A drug is a substance that affects the way in which the body functions physically, emotionally or mentally. For purposes of this policy, by 'drugs' we are referring to illegal substances and also legal substances such as: alcohol, tobacco, volatile substances, over the counter or

prescription medicines and new psychoactive substances. By Drugs Paraphernalia we mean items such as cannabis grinders, rolling papers, filters, matches, lighters and pipes etc.

This policy asserts that illegal drugs and illicit substances described above are not acceptable within the school boundaries as defined on page 1.

2 Drugs Education

The school adopts a proactive approach to health education including the misuse of drugs, alcohol and tobacco in an attempt to minimise their influence and misuse amongst young people. The school will ensure that there are age-appropriate elements of drug, alcohol and tobacco education in the PSHE programme at all Key Stages. In some cases, aspects of the curriculum may be delivered by external agencies. This work is intended to redress the misinformation they may have received from other sources.

2.1 Aims of Drug Education

Drug education is a major component of drug prevention. The following aims of drug education will be consistent with the values and ethos of the school and laws of society, as well as being appropriate to the age, ability and maturity of the students, and relevant to their particular circumstances:

- To increase students' knowledge and understanding and clarify misconceptions about
 - the short and long-term effects and risks of drugs
 - the rules and laws relating to drugs
 - the impact of drugs on individuals, families and communities - local and national use
 - the complex moral, social, emotional and political issues surrounding drugs
 - the risk associated with 'county lines' and gang-related drugs issues
- To 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
 - resisting pressures
 - finding information, help and advice
 - 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
- To 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
- To ensure that students have access to and knowledge of up to date information as sources of help. This includes local and national helplines (including FRANK for drugs, NHS Smoking Services for tobacco and Drinkline for alcohol), local youth and community services and drug services. These sources are used in addition to the school's own drug and alcohol education

2.2 Visitors

- Code of Practice for using visitors to support the delivery of Drugs Education
- Visitors are invited in to school because of their particular expertise or contribution they are able to make; invitations to visitors should be approved by Headteacher or Associate Headteacher. (DSL)
- All visitors must be appropriately qualified and trained to deliver work with young people in a school setting.
- All visitors must have a clear understanding of the aims and objectives of the session and have seen and understood the school's drug policy.
- All visitors must be aware of the school's protocols for dealing with any disclosures or distress shown by students during the session.

- Teachers must ensure that they reflect on the learning from particular sessions with students and visitors, assessing the learning, and building skills to support and enable pupils to make healthy choices and to avoid risk-taking behaviour.
- Teachers must follow-up any unresolved issues or concerns informing the YTL or assistant head responsible for PSHE as appropriate.
- All visitors are supervised and supported by a member of staff at all times unless alternative arrangements have been agreed with the Assistant Headteacher with responsibility for the programme.
- The input of visitors is monitored and evaluated by staff and students. This evaluation informs future planning.
- When a visitor is acting in their professional capacity in a consultation with an individual student, they will follow their own professional code of conduct.

2.3 Confidentiality

- Staff always ensure that students know that teachers cannot offer unconditional confidentiality.
- All students are offered sensitive and appropriate support as needed.
- Students are encouraged to talk to their parents and carers and supported to do so.
- Information about sources of help is made available e.g., helplines.
- If there is any possibility that a child may be at risk or putting others at risk, the school's Child Protection/Safeguarding procedure is followed. Staff will reassure students that their best interests will be maintained and any child concerned will be supported through the process.

2.4 Dealing with questions

- Ground rules established with the class set clear parameters of what is appropriate and inappropriate in a whole class setting.
- Students' questions are answered according to the age and maturity of the student concerned. Questions may be addressed individually later if more appropriate.
- Staff are given appropriate support, advice and training for dealing with questions.
- If a teacher is concerned, they will follow the Child Protection/Safeguarding procedures.

3 MANAGING DRUG RELATED INCIDENTS PROCEDURE

3.1 Defining a drug-related incident

Drug-related incidents include any or all of the following:

- drugs or drugs paraphernalia found on school premises;
- students in possession of illegal or unauthorised drugs;
- students supplying unauthorised or illegal drugs;
- students under the influence of drugs, or exhibiting signs of intoxication or illness;
- disclosure of drug use;
- information which suggests student(s) are involved in substance misuse;
- illegitimate sale/supply of drugs in the school vicinity;

- involvement in 'county line' or gang-related drug issues
- Student reports of parents, staff or students using drugs
- Hiding drugs in or around the school premises for later collection (by themselves or by third parties)
- Glamorising or encouraging the use of drugs and other substances. (including verbally or online)

We will respond to drug related incidents as recommended by: DfE and ACPO drug advice for schools:

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

If there are any suspicions, observations, disclosures or discoveries of situations involving illegal and other unauthorised drugs (possession, supply or imbibing):

- Priority will be placed on safety, meeting any medical emergencies with first aid and summoning appropriate help before addressing further issues. If in doubt, medical assistance will be sought immediately.
- The Headteacher or Associate Headteacher should be informed of the situation. Questioning will be undertaken by the Headteacher/Associate Headteacher as soon as possible in order to determine the facts. The emphasis will be on listening to what people have to say and asking open rather than closed or leading questions. Students involved in the incident will be separated as appropriate. There should be two members of staff present.
- The Headteacher or associate headteacher will inform, consult and involve others as necessary. Careful attention will be given to respecting the confidentiality of those involved.
- Where they have reasonable grounds for suspecting that a student may have an illegal or unauthorised drug, they will be escorted to a senior member of staff who will make every effort to encourage the individual to hand the item over voluntarily, in the presence of a second member of staff. Where the individual refuses, the Headteacher, Associate Headteacher, or member of staff authorised by them, may exercise their statutory power to search the student(s) or their possessions, without consent.
- The school acknowledges its duties and responsibilities under the Education Acts, of 1996 and 2011, Education and Inspections Act, 2006 and Health and Safety at Work, 1974, in respect of screening and searching pupils. As a result, senior staff may search pupils' clothing, bags or lockers without consent for any banned item we believe could cause harm. This process will be governed by internal procedures and will only be undertaken by designated staff.
- After any search involving students, parents/carers will normally be contacted by the school, regardless of whether the result of the search was positive or negative.
- Any substance suspected of being a drug will be confiscated. In taking temporary possession of a suspected substance, a second adult witness will be present, the sample will be sealed in a plastic bag with details of the date, time and witness present and then locked in the security cupboard. If the substance is suspected to be an illegal drug, the police will be notified immediately, in order that they may collect it for identification and then store or dispose of it in line with locally agreed protocols. In the

majority of cases, parents will be notified immediately unless this is not in the best interests of the student.

- A detailed record of the incident will be made by the Headteacher or Associate Headteacher (DSL). A copy of the record will be uploaded to Safeguard.

3.2 Staff and Parents/Carers

- Members of staff interviewing / meeting with parents who may be under the influence of drugs should inform a member of SLT immediately. The parent will be escorted off site by the member of the SLT and social care informed
- Any adult member of the school community involved in drug misuse will face disciplinary proceedings at the discretion of the Head Teacher.

3.3 Sanctions

In line with the DfE's guidance '[Behaviour & Discipline in Schools](#)' and as per the school's behaviour policy the school will impose Level 3 sanctions which include fixed term or permanent exclusion.

3.4 Alcohol

The school's own social calendar will inevitably involve the use of alcohol so that there will be occasions when alcohol will be available on site. Any alcohol that is authorised for use at parent, staff or community events should be stored securely and given only to adults. No sale of alcohol will take place on the school's premises unless at a special event organised by the school or PTFA in which case a licence will be applied for as required by the Licensing Act 1964

For obvious professional, moral, health and safety reasons no member of staff should consume alcohol during the school day or before directed formal occasions e.g. parents' evenings.

Pupils should not under any circumstances be allowed to consume alcohol at a school function.

Pupils should not be encouraged by adults to bring alcohol into school as prizes or donations (e.g. for PTFA raffles). These items should either be brought or collected by an adult.

Any pupil bringing alcohol onto the school premises for use will be subject to level three sanctions as per the school's behaviour policy. Where possible, the source of the alcohol should be established, including shops and off-licences, and the Police informed.

Any member of the school community under the influence of alcohol should not be seen by the pupils and should be escorted off the school premises.

Members of staff interviewing / meeting with parents who may have consumed alcohol are not to do so alone. It is left to their own professional judgement if the interview is to take place. The school will follow the procedure outlined in the safeguarding policy if it is deemed that the child may be at risk.

The SLT should be informed of any adult entering the premises who has or may have been drinking.

All social consumption of alcohol should involve a reminder to people in charge of vehicles "not to drink and drive".

3.5 Alcohol and School Trips

Staff must not compromise the duty of care they have towards pupils on trips and visits at any time. The Teachers' Standards, say that teachers are expected to "demonstrate consistently high standards of personal and professional conduct". Therefore, teachers are not allowed to consume alcohol on any school trip, local or residential.

3.6 Smoking

Sacred Heart High School is a no smoking school. No smoking (including e cigarettes) is permitted on the school premises by any party whatsoever. This includes staff, pupils, parents/guardians, the governors, visitors and contractors. Pupils are not permitted to bring to school smoking materials, including matches and lighters. These will be confiscated and parents informed. This also applies to "vaping" and the use of electronic cigarettes

Pupils caught or involved in smoking or in possession of cigarettes will be subject to level three sanction as per the school's behaviour policy. Where possible, the source of the cigarettes should be established and the Police informed.

All staff should be vigilant on and off site, and should inform a member of SLT if a pupil is found smoking.

There are considerable health and safety risks with smoking in school, including the very serious risk of fire. This should be raised when dealing with smoking issues.

3.7 Caffeine

Pupils should be encouraged to manage their time constructively and not drink coffee or take tablets high in caffeine (such as 'monster or red bull. '), in order to complete work overnight, when they should be sleeping. If pupils bring these to school they should be confiscated in line with the school's Behaviour Policy and disposed of.

3.8 Solvents / Aerosols

Solvents are used on the school premises in Technology, Science and other areas of the curriculum. The use of such solvents must always be supervised by an adult and when not in use the solvent should be kept in a locked cupboard.

Aerosol sprays and pupils' own solvent based products (i.e. Tippex) should not be brought onto school premises. Girls should be made aware of this rule. Staff should confiscate the item and inform the pastoral team of the action taken.

Solvent 'possession' is not illegal in the UK but any pupil found to be misusing solvents should be dealt with as for illegal drugs above.

3.9 Prescription Only Medicines (P.O.M.)

No pupil (in years 7-11) should be in possession of any drug during the course of the school day (Excluding life-saving medication such as inhalers for asthma, and epi-pens for anaphylactic shock.). Drugs that need to be taken throughout the day should be handed in to the General Office on arrival at school where arrangements can be made for their administration. (See 5 below)

Students in the Sixth Form are permitted to administer their own prescribed medication.

Pupils in years 7-11 found to be in possession of prescription only medicines will have them confiscated. (Excluding life-saving medication such as inhalers for asthma, and epi-pens for anaphylactic shock.)

Members of staff should ensure that any prescription drugs that they may require should not be kept in any insecure place.

General Office cannot administer any drugs unless in exceptional circumstances where written authorization has been received from the parents

3.10 Non Prescription Medicines

The school keeps its own stock of paracetamol tablets or suspension fluid. This to reduce the risk of students carrying medicines and avoids confusion over what may and may not be administered.

Express consent would need to have been received by the parents/carer and a written record retained when any such medicine is given. See **Appendix 2** (which replicates information from the school's First Aid Policy).

4 STAFF WITH KEY RESPONSIBILITY FOR DRUGS

The Head Teacher (or Associate Headteacher) is responsible for the management of drugs issues and exclusions. Management of drug issues and aiding the investigations into suspected drug use or misuse is the responsibility of the relevant Key Stage pastoral team. The Assistant Head Teacher in charge of PSHE has responsibility for the planning and coordination of drug education across the school and the monitoring of the drugs policy. We will liaise with the Police as outlined above. The Liaison officer is PC Liz DeChalain

5 INFORMATION SHARING

In order to maintain the dignity of each pupil the school will ensure that information regarding incidents of drug misuse will be kept secure; it will only be shared with staff on a need to know basis. Written logs or statements will be kept by the relevant pastoral team who may record any interventions or other appropriate information using the usual proformas, including recording information on the secure Safeguard cloud based software.

Governors will be informed of any drug incidents at the relevant committee (Ethos), and this may be shared at the full Governing Body meeting.

6 LOCAL AND NATIONAL GUIDANCE

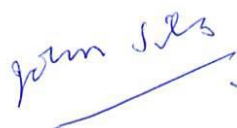
- DCFS: Drugs Guidance for Schools 2004
- DfE and ACPO drug advice for schools 2012
- Health Education Partnership DATE policy advice May 2015

7 RATIFICATION

This Policy (together with its appendix) has been approved and ratified by the Headteacher and Governing Body on 6 July 2021. The document will be reviewed in June 2023.



Mrs M Doyle
Headteacher



John Sills
Chair of Governors

Appendix 1

AGENCIES THAT SUPPORT SUBSTANCE ABUSE AND MISUSE

Addaction for specialist drug and alcohol treatment centres
www.addaction.org.uk

Adfam

Offers information to families of drug and alcohol users, and has a database of local family support services

Tel: 020 7553 7640

Email: admin@adfam.org.uk

www.adfam.org.uk

Al-Anon (for relatives of 'drinkers')

57B Great Suffolk Street, London SE1 0BB

Tel: Confidential Helpline 020 7403 0888

<http://www.al-anonuk.org.uk/contact>

Alcoholics Recovery Project

130-134 Pentonville Road,

London N1 9JE

Tel: 020 7837 0100

Alcoholic Anonymous

London Regional Telephone Service,

Jacob House

3-5 Cynthia Street,

London N1 9FJ

Tel: 020 7833 0022

<http://www.alcoholics-anonymous.org.uk/>

ASH (Action on Smoking & Health)

6th floor, Suites 59-63,

New House,

67-68 Hatton Garden,

London EC1N 8JY

Tel: 0207 404 0242

<http://www.ash.org.uk/>

Drinkline

A free and confidential helpline for anyone who is concerned about their own or someone else's drinking.

Tel: 0800 917 8282 (24 hour service)

Hammersmith & Fulham Druglink (Back on Track)

The Old Coach House

103A Devonport Rad

London W12 8PB

Tel: (Client) 0300 123 1156. (self-referral)

Online form for referring others <http://www.backontrack.nhs.uk/referrals/>

DrugScope

Centre of expertise on illegal drugs

<http://www.drugscope.org.uk/resources/goodpractice/educationandprevention/schools>

FRANK

National drugs awareness campaign.
24 hour helpline: 0800 776600 email: frank@talktofrank.com
www.talktofrank.com

Mentor UK

NGO with a focus on protecting the health and wellbeing of young people, particularly from drug abuse/misuse
Tel: 020 7739 8494 email: admin@mentoruk.org
<http://mentor-adepis.org/> #

Youth Offending Team

<https://www.gov.uk/youth-offending-team>

APPENDIX 2

Administering Paracetamol at School

It is recommended that the school keeps its own stock of paracetamol tablets or suspension fluid. This reduces the risk of students carrying medicines and avoids confusion over what may and may not be administered.

Paracetamol must be stored securely and should not be kept in first-aid boxes. Only one first aider, at any one time, should be responsible for keeping medicines, to avoid the risk of giving a double dose. They must be relieved from other duties whilst preparing or giving the medicine, to reduce the likelihood of error.

When a child is given medicine, a written record of it must be kept.

The record must include:

- The name of the medicine
- The dose given, and how (pill)
- The name of the child
- The time and date it was given
- Name and signature of the person giving the medicine to the child

The first aider responsible for giving medicines must be wary of routinely giving paracetamol to children. If a child complains as soon as they arrive at school and asks for painkillers, it is not advisable to give paracetamol straightaway. Always consider whether the child may have been given a dose of paracetamol before coming to school. Many non-prescription remedies contain paracetamol; it is recommended that if a child has had any pain or cold relief medication during the past four hours, then paracetamol is not given. If paracetamol is taken soon after taking these remedies, it could cause an unintended overdose. There should be at least four hours between any two doses of paracetamol containing medicines. No more than four doses of any remedy containing paracetamol should be taken in 24 hours.

Always ask the child what other medication they take and what has been taken recently before doing anything. If there is any doubt, seek medical advice before administering the medicine. It is recommended that school should only administer paracetamol three times in a term to an individual child. If a child requests more than this, parents should be advised to seek medical assessment, unless parents have specifically requested it because of a medical condition for a limited period of time.

Before giving the child paracetamol:

1. The child is first encouraged to get some fresh air and have a drink or something to eat, take a walk, sit in the shade, lie down (as appropriate) and paracetamol is only considered if these actions do not work.
2. There must be written parental consent, with verbal consent from the parent on the day.
3. Only standard paracetamol may be administered. Combination drugs, which contain other drugs besides paracetamol, must not be administered.

Administering paracetamol:

1. Students can only be given one dose of paracetamol during the school day. If this does not relieve the pain, contact the parent or the emergency contact.

2. The first aider responsible for giving medicines must witness the child taking the paracetamol and make a record of it. School must write in the student planner on the day, stating the time and the amount of the dose.
3. The child should be made aware that paracetamol should only be taken when absolutely necessary; that it is an ingredient in many cold and headache remedies and that great care should be taken to avoid overdosing.

The school should ensure that parents have first authorised the school, in writing, to provide paracetamol occasionally to children. The name of the child, the date, time, dose and reason should be recorded in a log. Any frequently recurring need must be reported directly to parents.

Note: Paracetamol must be kept in a secure place and not in first-aid boxes.

It must not be given:

- Following a head injury
- Where a child is already on some of the medication
- Where a child has taken paracetamol containing medicine within four hours

Aspirin or preparations containing aspirin must never be given. Aspirin should NOT be given to children under 16 years old as its use is associated with Reye's Syndrome (a severe neurological disorder).

Dosage: please follow manufacturer's guidance on the bottle or packet of paracetamol. Please be aware that if the child looks below average weight for their age, contact the school nurse for advice before giving paracetamol.

- Child 10 to 12 years - 480 to 500 MG every 4 to 6 hours - maximum four doses in 24 hours
- Child 12 to 16 years - 482 to 750 MG every 4 to 6 hours - maximum four doses in 24 hours
- Child 16 to 18 years - 500 MG to 1G every 4 to 6 hours - maximum four doses in 24 hours

After giving the child paracetamol: Send the child back to class with a note informing the teacher. If the child does not improve or gets worse, call parents to collect the child.

