**RIVINGTON PRIMARY SCHOOL**

**Drug**

**Policy**



**We invite you to come on an exciting learning journey.**

**Discover, create, invent, explore. Join the adventure …….**

**“*Substance misuse can have a major impact on young people’s education, their health, their families and their long-term chances in life”.***

**(Government Drugs Strategy, Supporting People to Live a Drug Free Life, 2010)**

**INTRODUCTION**

Tackling the problems of drug use among young people remains high on the agenda both for schools and for the government.

Although the use of tobacco, alcohol and drugs is not generally widespread among primary pupils, the number of children and young people using these rises sharply with age and is recognised as a cause for serious concern.

There is a consensus that early education in primary schools is vital if these trends among older children are to be addressed. The National Healthy Schools Strategy has strands that guide and accredit a drugs education programme in schools and a major element of this strand is safety and health education.

By drugs we mean all substances that affect our physical and emotional skills, this includes tobacco, alcohol, prescription and over the counter drugs, illegal drugs and volatile substances (including solvents and gas).**FRAMEWORK FOR A PRIMARY DRUGS POLICY**

No school can afford to be complacent or think that its young people are not at risk. Having an effective prevention strategy is not only important for schools but is a central part of tackling drugs use and misuse more generally in society.

“***Children will achieve most at school when their health and learning needs are met. That means achievements in their social and personal lives as well as academic results”***

#### *St Helens Healthy School Guidance 2002*

**AIMS**

At Rivington Primary School we aim to provide our children with the knowledge, understanding and skills that enable them to make the sort of choices that lead to a healthy lifestyle and develop to their full potential. Our drugs education programme teaches the children about the dangers to health posed by drug taking and aims to equip them with the social skills that enable them to make informed decisions in relation to drugs in society.

##### OBJECTIVES

The objectives of our drugs education programme are:

* To provide our children with knowledge and information about legal and illegal substances (drugs) and the harmful effects they can have on peoples lives.
* To enable our children to discuss moral questions related to drug taking and so provide a safe environment for young people to share their thoughts and ideas.
* To help children respect their own bodies and in so doing reduce the likelihood that they will be persuaded to become involved in drug misuse.
* To encourage the children to become more self-confident so that they are able to make sensible and informed choices about their lives.
* To ensure that children are taught about drugs in a consistent manner following guidelines that have been agreed by the LEA, parents, governors and staff.
  1. **BACKGROUND**

*“All young people need high quality drug and alcohol education so they have a thorough knowledge of their effects and harms and have the skills and confidence to choose not to use drugs and alcohol.*

*Schools have a clear role to play in preventing drug and alcohol misuse as part of their pastoral responsibilities to pupils”*

(Government Drugs Strategy, Supporting People to Live a Drug Free Life, 2010)

School staff are best placed to decide on the most appropriate response to tackling drugs within their school. This is most effective when:

*•* Supported by the whole school community;

*•* Drug education is part of a well-planned programme of PSHE education delivered in a supportive environment, where pupils are aware of the school rules, feel able to engage in open discussion and feel confident about asking for help if necessary;

*•* Staff have access to high quality training and support.

This policy has been developed and agreed in consultation with Senior Management Team, governors, all teaching staff, the school council, pupils, parents, the Healthy Schools Team, Merseyside Police and the St. Helens Drug and Alcohol Action Team. This policy sets out the schools approach to drug education and how the school will respond to drug related incidents within the responsibilities of the school.

This policy incorporates the multi-agency St. Helens protocols for Responding to Drug Related Incidents in Schools (September 2006) and therefore removes the need for a separate policy for managing drug related incidents.

**1.2 Local/national policy and guidance**

The policy has been updated in accordance with local and national guidance and legislation including:

• Drug Advice for schools (DfE and ACPO, 2012)

• Use of reasonable force (DfE, 2013)

• A Time for Change? Personal, Social and Health Education (Ofsted, 2007)

• Drug Education in Schools (HMI 2392, Ofsted 2005)

• The National Drug Strategy (2010)

• National Alcohol Strategy (2012)

• Mentor UK guidance (2013)

• NICE public health intervention, guidance 4 (NHS, 2007)

• Every Child Matters Outcomes Framework (2005)

• Smokefree Legislation for England (2007)

• National Healthy Schools Programme (DH/DfES, 2005)

• Drugs: Guidance for Schools (DfES/0092/2004)

This policy has obvious links with the other school policies and should be considered within the context of this policy:

* Health and Safety
* Medicines Policy
* Behaviour and Discipline
* Staff Handbook/Code of Conduct
* Smoking Policy

**1.3 Aims and objectives of this policy**

* To provide a framework for effective drug education
* To provide systems for dealing with drug related incidents within the school environment.
* To ensure that the school’s drug education programme reflects the aims and values of the school and its governing body.

**1.4 To whom does the policy apply?**

This policy applies to all of the following people when they are on the school premises: pupils, staff, governors, police officers, school nurses, parents/carers and any other visitors.

Breaches of this policy will be dealt with by the Head teacher/Governing body.

This policy also applies to pupils and staff when off-site and when the staff are acting in loco parentis. This includes all educational visits, including those that take place out of the country.

Although the school is not responsible for pupils travelling to and from school any problems identified should be addressed in accordance to this policy as appropriate. It also affects the use of school premises after normal school hours. Organisers of any after school events should be made aware of the policy and their responsibility to implement it.

**Please also see Section 14 on Managing Drug Related Incidents.**

**1.5 Definitions and Terminology**

For the purpose of this policy, a drug is defined as: “*a substance people take to change the way they feel, think or behave*” (United Nations Office on Drugs and Crime).

This broad definition allows for the inclusion of all substances, legal/illegal drugs (including alcohol, tobacco, e-cigarettes and Nicotine Containing Products), all “over the counter” and prescription medicines and volatile substances. It also includes caffeine containing products such as high energy drinks.

The consumption of alcohol is not permitted at any time on the school site or during school visits, unless by special permission of the Head Teacher when staff are not acting in loco-parentis e.g.an after school retirement party.

Alcohol should not be brought into school unless with the permission of the Head teacher e.g. for the bottle tombola, as a gift for a colleague. It should never be left in the classrooms.

**2. Context**

**2.2 National Context**

The 2010 National Drug Strategy emphasises the need for intervention with families: to reduce the harm that children experience from either their own or their parent's use of drugs, alcohol and volatile substances (glue, gas, solvents, etc.), including:

• taking a long-term view of prevention by intervening early with families at risk, improving treatment for parents with drug problems and protecting their children during and after the treatment period

• improving drugs education and strengthening the role of schools and children's services in identifying problems and intervening earlier

• services to work together to improve outcomes for children and young people

Most children and young people of school age will never have used an illegal drug. Of those who have experimented with illegal substances, very few will go on to become dependent drug users or experience significant problems as a result. Nevertheless, all pupils, regardless of age, will be exposed to the effects and influences of drugs in the wider community and may be vulnerable to situations in which they could try both legal and illegal drugs.

There is a strong correlation between the use of illegal drugs, volatile substances, misuse of prescribed or over the counter medication, tobacco and alcohol with exclusion or truancy from school, break-up of the family, risk of sexual exploitation, initiation into criminal activity and impact on emotional wellbeing and mental health.

**2.2 Local Context**

Local school based surveys undertaken during the past 10 years have indicated a reduction in overall drug, alcohol and tobacco use by young people. Whilst this is a promising indicator, there are still too many young people reporting high levels of intoxication and associated risk taking behaviour as a result.

Across St Helens, the number and types of drug incidents occurring in education establishments during 2013-14 demonstrated that cannabis and alcohol remain the most used substances, with young males more likely to use cannabis. Female students are more likely to smoke cigarettes and drink alcohol.

**2.3 Healthy Schools Enhancement**

As a school we are committed to promoting health & wellbeing of our pupils and the Government continues to recognise the importance of schools as health promoting environments.

As a healthy school we promote the health and well-being of pupils and staff through a well-planned, taught curriculum in a physical and emotional environment that promotes learning and healthy lifestyle choices.

**3. Drug Education**

Research shows that a whole school approach to drug education which addresses knowledge, skills and attitudes, challenges misconceptions and uses interactive teaching strategies can help to reduce consumption of drugs, delay onset of first use and can help to reduce the risks associated with drug use.

Drug education in schools is therefore an essential component of drug prevention and should be delivered through Personal, Social and Health Education (PSHE) and Citizenship and fulfil the National Curriculum Science Order. It should be appropriate to the age and maturity of pupils and have realistic aims.

The new Alcohol and Drug Education Prevention and Information Standards (ADEPIS) will enable schools to assess themselves against a series of standards and access a wide range of resources to assist with drug education planning and delivery.

**3.2 Aims and objectives of drug education**

“*The aim of drug education is to provide opportunities for pupils to 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*.” (DfES, 2004 in ‘Drugs: Guidance for Schools’, p18)

Our drug education programme will:

• start from the pupil’s baseline knowledge;

• increase pupils’ knowledge and understanding;

• clarify misconceptions about drugs;

• develop pupils’ personal and social skills to make informed decisions and keep themselves safe and healthy;

• develop pupils’ self-esteem and self-awareness;

• enable pupils to explore their own and other people’s attitudes towards drugs, drug use and drug users;

• enable pupils to challenge stereotypes and explore media and social influences;

• take account of pupil’s views so that it is both appropriate to their age and ability, and relevant to their particular circumstances; and

• be supported by a whole school approach that includes the schools values and ethos, staff training and the involvement of pupils, staff, parents/carers, governors and the wider community.

OFSTED states that all schools should be promoting pupils’ spiritual, moral, social and cultural development and suitably preparing pupils for life. Effective drug education provides a range of opportunities for young people to develop their resilience and confidence.

**3.3 Use of external visitors to support the delivery of drug education**

Evidence indicates that effective drug education occurs when a whole school approach is adopted, utilises appropriate interactive resources, delivered by a knowledgeable member of staff who can provide factual and credible information.

The use of external speakers will be used to enhance curriculum delivery, but will not be used in isolation or deliver key messages that are not consistent with the learning outcomes within the drug education programme of study. Their contribution will complement the teaching already taking place in the school.

Also, the use of ‘scare tactics’ or one-off lessons will be avoided as there is little or no evidence to suggest the effectiveness of these. Caution will be exercised when intending to use ex-drug user testimonials within drug education, as whilst this may meet the needs of those young people who maybe experimenting with drug use or involved within offending behaviour, it may not be useful for the universal pupil population.

Example of an external visitor checklist is found below:

[**http://mentor-adepis.org/wp-content/uploads/2013/09/Schools-checklist.pdf**](http://mentor-adepis.org/wp-content/uploads/2013/09/Schools-checklist.pdf)

**4. Equality of Opportunity and Diversity**

There is no “one size fits all” education programme. Drug education will be provided to all pupils with consideration of any particular needs.

The challenge for our school and teachers delivering drug education within a multi-cultural and multi-faith society is to develop a curriculum and methodology that is open to all young people but which recognises, respects and celebrates differences.

It is our responsibility to make sure that the needs of all pupils are met though drug education programmes. Young people, whatever their background, need to feel that drug education is relevant to them.

Teachers will deal honestly and sensitively with questions and offer support where needed.

The school will consult with parents, reassuring them of the appropriate content of the programme.

Additional information on “Making It Inclusive” can be found at Mentor UK website – briefing paper for drug and alcohol education (<http://mentor-adepis.org/wp-content/uploads/2014/07/Making-it-Inclusive1.pdf>).

**4.2 Additional Needs**

##### ADDITIONAL NEEDS

As a school, we recognise that children with Special Educational Needs have the same right to good drug education as any other pupil and will be taught alongside all other pupils. However, teachers will be aware of and respond to their needs in drug education lessons just as in any others, ensuring they achieve the learning outcomes of the lesson.

**5. Organisation, Practice and Implementation**

Alcohol and drug education is a statutory part of the science curriculum for schools in England, and this can be built on through the Personal Social and Health Education (PSHE) and Citizenship curriculum.

By building pupils’ resilience, values and skills around alcohol and drugs, teachers help young people to develop the life skills to enter adulthood healthy and avoiding harms.

Programmes of work are consistent, age appropriate and aim to build on pupils’ knowledge, skills and understanding of the subject in line with curriculum standards.

**5.2 The curriculum**

We at Rivington Primary School regard drugs education as a whole school issue, and believed that opportunities to teach about the importance of living a healthy lifestyle occur through the curriculum.

Drugs education is delivered in a clear, concise and consistent manner in line the National and Local Guidelines.

At Key Stage 1 5 – 7 year olds should be taught about the role of drugs

as medicines.

At Key Stage 2 7 – 11 year olds should be taught that tobacco, alcohol

and other drugs can have harmful effects.

The above elements represent the statutory minimum that schools must deliver to all children and young people.

The St Helens Healthy Schools Guidance endorses the PSHE Framework

(see appendix 1).

**EARLY YEARS**

The schools’ drug Education programme runs from Early Years, initially covering medicines, who keeps them safe and who looks after them. They are taught to respect themselves and others.

##### ICT LINKS

The appropriate use of ICT Resources is used to augment and enhance the children’s drug education.

We recognise that there are further opportunities available to teach drug education in the statutory Citizenship within school.

**5.3 Use of PSHE ground rules**

Drug education is delivered using a broad variety of teaching and learning strategies. Where sensitive issues are being discussed, staff and pupils will work within clearly understood and applied ground-rules.

The ground rules are negotiated with the pupils prior to embarking on the drugs education programme. Provide an example of ground rules

**5.4 PSHE teaching team, including the PSHE Coordinator**

The PSHE coordinator will provide a lead in the dissemination of information relating to drug education. They are responsible for identifying and providing good quality resources and in service training to other members of the PSHE teaching team.

Lessons will usually be delivered by the class teacher or teachers the children know. They may use external visitors to assist with delivery.

**5.5 Resources**

All resources for drug education are regularly reviewed and updated in line with the education aims of this policy. The resources are adapted to meet the needs of pupils and we use a wide range of resources and learning opportunities to ensure that all learning styles and abilities are accommodated. ICT, use of theatre-in-education and interactive resources are deployed as appropriate. The resources will support the drug education framework and avoid racism, sexism, gender and homophobic stereotyping.

To ensure that the resources are kept up-to-date, they will be reviewed regularly by both pupils and staff.

A range of up to date resources and example lesson plans and schedules of work can be found on the Mentor UK website: <http://mentor-adepis.org/resources/shared/>

**9. Monitoring, recording, assessment and evaluation of drug education**

In order to understand and demonstrate the effectiveness of drug education, the programme will be evaluated regularly.

The views of pupils and teachers are essential for evaluation of the drug education programme. Feedback will be gained through discussions and written responses when necessary. Changes, if needed, will be made to the planning and teaching of the programme in light of the evaluation and evidence of best practice.

Assessment of pupil progress will be established in accordance with the assessment policy and we will report on the development of knowledge, skills and understanding in relation to key areas of the PSHE curriculum.

**10. Role of parents/carers**

Parents and carers can play a key role in supporting the delivery of PSHE. We have provided access to information about drugs and alcohol and we encourage them to discuss these issues with their children. We have made all parents/carers aware of the school’s response to drug incident management. This is clearly displayed on the school’s website.

A range of resources and support for parents can be accessed via the Mentor UK website, including information on how to discuss issues of drugs and alcohol with their child: <http://www.mentoruk.org.uk/for-parents-and-carers/>

**11. Role of pupils**

Pupils will be fully involved in drug education policy and practice.

The school engages young people in their drug education and they are involved in evaluating, reviewing and assessing drug education to ensure that delivery is meeting their needs. The school will act upon any findings and review the delivery of drug education as a result of this.

**12. Safeguarding and Child Protection**

Working Together to Safeguard Children (2014) states: “*Safeguarding children - the action we take to promote the welfare of children and protect them from harm - is everyone’s responsibility. Everyone who comes into contact with children and families has a role to play.*

*Safeguarding and promoting the welfare of children.*

It is the responsibility of every member of staff to know and abide by the school’s Child Protection procedures. If any member of staff has a concern about the safety of a pupil they will record their concerns and pass them on to the school’s Child Protection Co-ordinator.

Not all incidents relating to drug or alcohol use will require a referral for Child Protection. However, drug or alcohol use can be symptomatic of other problems that can manifest and escalate substance misuse. Each case will to be assessed on an individual basis.

The school acknowledges that a wealth of research that has been undertaken that shows links between substance misuse, risk taking behaviours, unwanted or unplanned sexual activity, risk of criminal or child sexual exploitation, offending or anti-social behaviour, criminal activity, emotional and mental health problems, deteriorating relationships with family and friends etc. Early identification and necessary intervention is required in order prevent an escalation of these behaviours and ensure children’s wellbeing.

Children and families may need support from a wide range of local agencies. Where a child and family would benefit from coordinated support from more than one agency (e.g. education, health, housing, police) there should be an inter-agency assessment (CAF). The school will fully support any child or family if this level of support is required.

**13. Confidentiality**

Pupils in school know the rules regarding confidentiality and are reminded of them regularly. Teachers are unable to offer confidentiality in discussions in lessons.

However, it is duly accepted that health care professionals (such as the school nurse) are able, under certain circumstances, to maintain confidentiality except in circumstances where they have Child Protection or other safeguarding concerns.

If rumours of drug misuse are disclosed, the Head Teacher will be informed – the Head Teacher will assess the information sensitively and decide what further action to take.

**14. Management of Drug Related Incidents**

**14.2** In September 2006, new protocols for the management of drug related incidents in schools in St. Helens were developed and agreed by a number of agencies, including Headteachers, St Helens Council, Merseyside Police and the Local Safeguarding Children Board.

This policy provides a framework for dealing with incidents surrounding the use, suspicion of use and finding of drugs and substances. **This school does not condone the use of drugs but will endeavour to support any pupil with a drug problem in line with its pastoral responsibilities.**

Therefore, any information about drug related incidents will be recorded using the procedure indicated in Appendix 1 and the ‘Record of incident involving unauthorised drug’ form will be completed.

All staff in this school have been made aware that if they a) fail to take action in a drug-related incident or b) allow drug use to continue on school premises, they could contravene the Misuse of Drugs Act 1971.

The school will identify a Drug Incident co-ordinator who will take a lead role in managing incidents and completing an incident form. The coordinator will work closely with the headteacher to manage any incidents that occur. Miss J Speakman the Deputy Head Teacher is the Drug Incident co-ordinator.

The flowchart for the management of different drug related incidents is displayed within the school. It is on display in the main office.

**14.3****Use of Prescribed Medicines**

The school has a policy on the use and administration of prescribed medicines. Any breach of this by pupils (such as supply or sale of medicines to friends etc.) will be regarded as a drug related incident and will be dealt with under this procedure.

**14.4** **Prohibited Substances**

Staff, parents/carers and students need to be aware that no substances should be brought onto the premises. This includes alcohol, tobacco and nicotine containing products, volatile substances, unauthorised medicines and all illegal drugs. This applies to anybody using the building regardless of age or whether they are staff, visitors or pupils of the school. This also applies to any school led activity taking place off the premises including trips that may take place out of the country.

**14.5 Drug Incident Categories**

The categories of drug incidents are based on DfE guidance. These include:

● Drug or paraphernalia found on school premises

● Pupil disclosure of drug use

● Emergency/intoxication

● Disclosure of parent/carer drug use

● Pupil in possession of unauthorised drug

● Parent/carer expresses concern

● Pupil supplying unauthorised drug

● Incident occurring off school premises

14.5.1 *Drug or paraphernalia found on school premises* – a substance or equipment used for the purposes of using drugs is found on the premises but is not attributed to a particular individual. Arrangements should be made with appropriate school staff for its removal. Any substances or paraphernalia should be placed in a tamper proof bag, clearly labelled and reported to Merseyside Police for disposal. If staff dealing with the incident are uncertain as to the nature of a substance being found it should be treated in the same way as an illegal drug.

14.5.2 *Pupil disclosure of drug use* – a student informs a member of staff that they have been using drugs or alcohol and may request additional information/support etc. This information should be dealt with sensitively and the student given reassurance that they will be provided with the level of support they feel is required. In these situations, a drug incident form does not need to be completed in order to preserve the confidentiality of the individual.

14.5.3 *Emergency/intoxication* – Student/s using substances either before, during or after school hours and are under the influence of drugs or alcohol. Emergencies should be dealt with in the same way as any other medical emergency. Unless it is more dangerous to do so, students should be taken home for the rest of the day. This should apply to students who are suspected to be intoxicated and are unlikely to be able to participate in school activities for the rest of the day. However, school staff can apply discretion in these circumstances and each case assessed on an individual basis. If an ambulance or attendance at hospital is required, it is helpful to be able to ascertain as much information as possible, such as what has been taken, how much and when. School’s First Aid policy will be applied as and when required.

14.5.4 *Disclosure of parent/carer drug use* – this issue must be dealt with sensitively. Students may express that they are worried/concerned or do not wish to return home. Advice should be sought from CYPS First Response Team. Different responses will be required depending upon the age, vulnerability and needs of the student. Other support can be offered to the student through services such as Young Carers, NSPCC etc.

14.5.5 *Pupil in possession of unauthorised substance* – if school staff are concerned that a student is in possession of an unauthorised substance they may initiate the procedures laid out in 2013 ACPO guidance “Use of Reasonable Force”. Nominated staff-senior leadership team are able to search the pupil and confiscate any found substance. In addition, where schools may have access to a Safer Schools Officer, they can also undertake or support a search if they suspect a pupil is in possession. All searches will be documented fully and an incident report form completed.

Any substances that are found will be placed in a tamper proof bag, clearly labelled with a description of item. (E.g. “X amount of white tablet with smiley logo”, “brown powder in plastic wrap, size of a thumbnail”) and stored securely. Merseyside Police will be contacted on 101 to arrange for the substance to be disposed.

If school staff are unaware of what exactly the substance is that is found, it will be treated as an illegal substance.



14.5.6 *Parent/carer expresses concern* – disclosure made by a parent/carer about child’s drug or alcohol use. Provide them with information about how to discuss this with their child. Discuss available options and signpost them to parents support services (such as Footsteps). School staff can mediate concerns with parents and student in order to discuss concerns in more detail and identify what support may be required.

14.5.7 *Pupil supplying unauthorised drug* – individual is identified or suspected of supplying substances. Schools can initiate search and confiscation processes. Any substances found should be dealt with as in point 14.4.5. Students and staff need to be aware of the potential risks of the health and wellbeing of the school community and should seriously consider the involvement of Merseyside Police. Students need to be aware of the consequences of this.

14.5.8 *Incident occurring off school premises* – an incident that does not occur before or during school hours. This may be something that occurs during an evening or weekend (e.g. young person has been arrested for possession of substance or drunk and disorderly or attend hospital for a drug or alcohol matter. In cases whereby students are presenting in education displaying signs of being under the influence, this should be recorded as emergency/intoxication.

**14.6 Use of tobacco and nicotine containing products (NCP).**

The school adheres to the St Helens Council smoking policy. All contraband equipment is confiscated and disposed of appropriately. Nicotine Containing Products include E-cigarettes, chewing tobacco etc.

Tobacco and NCP education is covered in drug education lessons. Trading Standards are notified if any fake or counterfeit tobacco products are being found.

Pupils will be signposted to St Helens Smoking Support Team for support to reduce or stop smoking if they consent to this. Products that are used genuinely by students for the treatment of nicotine addiction (e.g. patches, gums, inhalators etc) are covered in the school’s medicines policy.

**14.7 Finding needles or syringes**

Unlike other drug paraphernalia found on school premises, a hypodermic needle will never be placed in an evidence bag for police. The following procedure is followed in order to protect all persons:

1. Do NOT attempt to pick up the needle.

2. Cover the needle with a bucket or other container, until it can be removed safely into a sharps box kept with the caretaker

3. If possible, cordon off the area to make it safe.

4. Headteacher or senior member of staff will be informed.

5. A trained member of staff, with the appropriate Personal Protective Equipment, will remove the discarded needles.

6. If in any doubt, the school will contact Environmental Health Services via telephone by calling the Contact Centre on 01744 456789.

7. The Headteacher/PSHE or Drug Education Coordinator will complete the appropriate ‘Record of incident involving unauthorised drug’ form and process in accordance with the protocols.

**15. Role of Merseyside Police**

Whilst there is no specific legal obligation for the school to report to the police when a drug incident has occurred, the school may contact the police to seek advice and guidance. The school recognises the role that Merseyside Police has in respect of the mutually agreed protocols for dealing with drug related incidents in schools. In cases whereby a Safer Schools Officer is available in schools, the Officer will generally be one of the first points of contact when dealing with incidents, in line with ACPO advice and guidance. Where Safer Schools officers are not present, the school will need to contact Merseyside Police via the usual channels (101 for non-emergency, 999 for emergency response).

Parent(s)/carer(s) will be notified of any incident that requires police involvement. In most cases, parents/carers will be expected to act as an appropriate adult if young people are required to attend a Police interview.

**16. Informing Parents**

Parents/carers have the right to be informed of any incident that could result in potential harm to their child. This can be a very sensitive issue for parents, and therefore, it will be handled with care and consideration. School staff will deal with issues on an individual basis and give parents an indication at initial contact what action has taken place and what will be the likely outcome.

**17. Discipline**

In most circumstances parents will be contacted when an incident has occurred. If the Head Teacher assesses that the situation is a safeguarding issue then Social Care First Response Team will be contacted in the first instance.

This school does not condone drug misuse or criminal behaviour. However, in deciding an appropriate sanction it must consider the interests of the child balanced against the best interests of the whole school community. Whilst exclusion is a possible sanction (fixed or permanent) it would only be used considered as a last resort. A range of responses may also be considered that may include:

• A targeted pastoral support programme

• Referral to an appropriate agency such as the Young People’s Drug and Alcohol Team (01744 675605)

• Home-School contract

• Behaviour support plans

• A managed move

• Fixed term exclusion

• Permanent exclusion

Consideration will be given to:

• the age of the pupil

• whether one pupil or a group of pupils is involved.

• whether there is evidence of particular peer pressure

• whether it is the pupil’s first offence.

**18. Additional Information**

Further advice on fixed or permanent exclusion will be sought from the Local Authority NIROFTE (not in receipt of full time education) officer.

All incidents will be reported to the Local Authority (Health and Wellbeing Officer) and the Young People’s Drug and Alcohol Team using a Drug Incident Form.

Support will be offered to pupils from the Young People’s Drug and Alcohol Team if the young person is consensual to this and a referral form is completed.

The Health and Wellbeing Officer for schools and the Team Manager of the Young People’s Drug and Alcohol Team will produce an annual report that presents findings from drug incidents that are reported. This will enable the school to identify current trends and manage the changing nature of drug incidents. The school will also act upon the recommendations contained within the report.

The school is aware that the report is shared with headteachers, senior management team, Merseyside Police, Chief Officers in St Helens Council and the Local Safeguarding Children’s Board.

**19. Implementation**

A copy of this policy is provided in the staff policies file in the staff room and in the governors’ policies file. A copy will be made available to any parent should they wish to see one.

Date of implementation:

This policy will next be reviewed on see front of policy.

The policy will be reviewed every two years by the lead Governor, Head Teacher, PSHCE Coordinator, pupils and other relevant outside agencies e.g. The Healthy Schools Team and the police.

Signatures: (head teacher/ Health and Wellbeing Governor):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_