



**Cleeve Park  
School**

# Substance Misuse (Drugs & Alcohol) Policy December 2017

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## **INTRODUCTION**

In 2009 the DfE updated its guidance to schools about drugs. This sets out the statutory position on drug education in schools and supports schools in:

- developing, implementing and reviewing a comprehensive and effective drug education programme for all students
- developing, implementing and reviewing the school drug policy
- managing drug incidents in the school community and supporting the personal, social and health needs of all students with regard to drugs.

## **TERMINOLOGY**

The term 'drugs' is used throughout this policy to refer to all drugs.

- all illegal drugs (those controlled by the Misuse of Drugs Act 1971).
- all legal drugs, including alcohol and tobacco, and also volatile substances (those giving off a gas or vapour which can be inhaled).
- all medicines, whether over-the-counter or on prescription
- legal substances that affect behaviour

**Programmes should be school-led, taking into account the views of the students: external contributors such as the Bexley Young People's Substance Misuse Strategy\*, police, health workers, charities and theatre groups can be used if they can add value.**

## **AIMS**

The aims of this policy are to:

- clarify Cleeve Park School's approach to drugs, for staff, students, governors, parents or carers
- to clarify the legal requirements and responsibilities
- reinforce and safeguard the health and safety of students and others who use the school
- give guidance on developing, implementing and monitoring the drug education programme
- enable staff to manage drugs on Cleeve Park School premises, and any drug related incidents that occur with confidence and consistency, and in the best interests of those involved
- ensure that the response to incidents involving drugs complements the overall approach to drug education and the values and ethos of the school.

## **DRUGS EDUCATION**

At Cleeve Park School, we aim to follow the statutory requirements for Key Stages 3 & 4 in PSHE (Personal, Social and Health Education) and Science.

- objectives of drug education.
- build on knowledge and understanding.
- provide accurate information, and clear up misunderstanding.
- explore attitudes and values, and examine the risks and consequences of actions relating to drugs.
- develop students' interpersonal skills, their understanding of rules and laws, their self-awareness and self-esteem.
- ensure that all children are taught about drugs in a consistent manner, following guidelines that have been agreed by parents, governors and staff.

## **RESPONSIBILITIES**

- The role of the Executive Head Teacher and Head of School is to:
- ensure that parents have access to this Substance Misuse Policy and that staff and governors are involved in its development and regular review

- ensure that the policy is implemented effectively
- ensure that drug related incidents are managed effectively
- ensure that staff have up to date information (and training where appropriate) so that they can teach effectively about drugs and handle any difficult issues with sensitivity and confidence
- ensure that staff have access to information on children who have specific medical conditions
- allow opportunities for liaison with external agencies including the Bexley Young People's Substance Misuse Strategy regarding the school drug education programme
- monitor the policy and report to governors, when requested on the effectiveness of the policy
- ensure that relevant concerns and information are provided to appropriate agencies and forums as necessary e.g. case conferences, CAFs (Common Assessment Form)
- consult, as appropriate, with relevant agencies on the management of drugs related incidents
- provide a range of ways for students, staff and parents to report their concerns and develop a school ethos which encourages the reporting of incidents

**The role of the Governing Body is to:**

- monitor the effectiveness of the policy and its regular review
- receive reports from the Executive Head Teacher or Head of School as appropriate regarding the management of drug related incidents
- support the Executive Head Teacher and Head of School in complaints procedures, or in appeals against exclusions

**The role of the teachers is to:**

- deliver the programme of PSHE and drugs education as set out by the school and any national programmes
- follow this policy and have access to information on children who have specific medical conditions
- liaise with the Deputy Head Teacher to manage drug related incidents
- keep up to date with current initiatives and training and know where and how to access help, support and share good practice
- bring any concerns relating to drugs to the attention of the Deputy Head Teacher
- answer any questions parents may have about the drugs education their child receives in school

**The role of parents / carers is to:**

- work in partnership with the school in supporting their child's drug education;
  - inform the school about any medication needs with the child's name, class and how it is to be administered, providing medication in a suitable container
  - work in partnership with the nurse attached to the school to construct an up to date care plan as appropriate
  - keep the school informed of any changes in the child's condition, health, circumstances or lifestyle.

**DRUGS KEPT AT SCHOOL**

**Prescription Medicines**

- Where clinically possible, medicines should be prescribed in dose frequencies which enable

them to be taken outside school hours. Where this is unavoidable the school should only accept prescribed medicines that are in-date, labelled, provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage. The exception to this is insulin which must still be in date, but will generally be available inside an insulin pump / pen, rather than in its storage container.

- All medicines and devices (such as asthma inhalers, blood glucose testing meters and adrenaline pens) should be stored safely in a lockable cabinet in the school office, or if indicated on the prescription label, in a labelled container in the school office fridge. The key to the cabinet is kept in the key safe in the office.
- No student should be given prescription medicines without the parent's written consent except in exceptional circumstances where the medicine has been prescribed to the child without the knowledge of the parents.
- Staff administering medicines should ensure that they are giving the medication to the correct child and that they are administering the medicine in accordance with the prescriber's instructions. Staff should also check that the medication is in date. The administration of prescription medication may be carried out by nominated staff.
- Medication for pain relief should never be administered without first checking maximum dosages, and when the previous dose was taken, with the child's parent.
- A record should be kept of all medicines administered to individual children, stating what, how and how much was administered, when and by whom. Any side effects of the medication to be administered at school should be noted on the parental consent form.
- When no longer required, medicines should be collected by the parent to arrange for safe disposal.
- Students who are deemed competent to manage their own health needs and medicines, after discussion with parents, will be allowed to carry their own inhalers, adrenaline pens and insulin and relevant devices or will be allowed to access their medicines for self-medication.

### **Schedule 2 Controlled Drugs**

- In addition, in the case of prescribed schedule 2 controlled drugs, these must be delivered to nominated staff in person by parents and should only be provided in restricted quantities, equating to the dosage required for a maximum of half a term.
- Controlled drugs should be entered in the school controlled drug register with medication received from parents counted in by the designated member of staff and the parent and recorded and signed for in the controlled drugs register.
- Schedule 2 controlled drugs are kept in a separate non-portable locked cupboard inside the main drugs cupboard.
- The controlled drugs register must be completed by the designated members of staff and a witness each time controlled drugs have been administered to show the remaining balance. In addition, a separate weekly check is carried out to check stock numbers against the controlled drugs register.
- Controlled drugs should not be held on school premises during school holiday periods and parents are required to collect any remaining controlled drugs before the end of each term. Parents will need to sign the entry in the controlled drugs register confirming the quantity of medication collected.

### **Non-prescription medication**

Non-prescription medicines should not be administered by school staff. Where appropriate, parents may allow their child to carry a single dose of paracetamol for self-medication, should pain relief be required during the school day. Parents should, however, be aware that the school will not monitor the carrying or administration of this medicine.

### **Emergency salbutamol (asthma reliever) inhalers**

- From 1<sup>st</sup> October 2014 the Human Medicines (Amendment) (No.2) Regulations 2014 allows schools to buy salbutamol inhalers, if they wish, without a prescription, for use in emergencies. The inhaler can be used by students whose prescribed inhaler is not available (for example, because it is broken or empty) and who are included on the school's asthma register.
- The school keeps an emergency asthma inhaler kit in the school office, containing a salbutamol metered dose inhaler, single-use plastic spacers (enclosed plastic vessels which make it easier to deliver asthma medicine to the lungs) and a copy of the school's asthma register. A second identical kit is also kept in the office and is available to staff for off-site trips and extracurricular activities involving students on the school's asthma register.
- The emergency inhalers and spacers should be stored separately from any child's inhaler and the emergency inhalers should be clearly labelled to avoid confusion with a child's own inhaler.
- When the emergency inhaler is to be used staff should ensure that the student is included on the school's asthma register. The asthma register should be maintained on the staff shared drive, with an up-to-date paper copy kept in the school's emergency asthma inhaler kits.
- Students should only be included on the school's asthma register where a written consent form has been completed and returned to school by a parent, providing consent to the use of the emergency inhaler and confirming that the child has been diagnosed with asthma and been prescribed an inhaler, or has been prescribed a reliever inhaler. Consent forms should be updated regularly, ideally annually, to take account of changes to a child's condition.
- Use of the emergency inhaler should be recorded, including when the attack took place, how much medication was given, and by whom.
- Following use, parents should be informed in writing.
- To avoid possible risk of cross-infection, the plastic spacers should not be reused - they can be given to the child to take home for future personal use.
- The inhaler itself can usually be reused, provided it is cleaned after use, however, if there is any risk of contamination with blood (for example if the inhaler has been used without a spacer), it should also not be re-used but disposed of.
- After use the inhaler canister should be removed and the plastic inhaler housing and cap should be washed in warm running water, and left to dry in air in a clean, safe place. The canister should be returned to the housing when it is dry, and the cap replaced, and the inhaler returned to the designated storage place.
- Spent inhalers should be returned to the pharmacy for disposal.

**Policy to be reviewed: December 2018**

**To be reviewed by: Lead Safeguarding Officer**

## **APPENDIX 1**

### **Useful contacts and resources**

[www.talktofrank.com](http://www.talktofrank.com)

bexley.gov.uk

royalgreenwich.gov.uk

lewisham.gov.uk

bromley.gov.uk

## **APPENDIX 2**

**List of some known substances with their short term and long term effects. This list is not exhaustive and further information can be found on [www.talktofrank.com](http://www.talktofrank.com)**

<b><u>NAME OF SUBSTANCE</u></b>	<b><u>SHORT TERM EFFECTS</u></b>	<b><u>LONG TERM EFFECTS</u></b>
Cannabis: weed, blow, grass, dope, spliff, joint, hash, hashish, red, black, solid, skunk, Jamaican, Moroccan, green	Apathy, lethargy, red eyes, dry mouth, poor concentration, irritable, possible dizziness, poor coordination. Short term memory loss Hunger (Munchies) Relaxed, friendly, giggly, talkative May vomit May cause aggression	Memory loss Cancer of lung, digestive tract, throat and tongue Bronchitis Psychological addiction Paranoia
Magic Mushrooms	'Spaced out', relaxed Hallucinations Colour and sound may be distorted Nausea, stomach pains, diarrhoea	Dependency Paranoia Stomach issues
Cocaine: Charlie, snow, white powder, snort, coke	Aroused, exhilaration – state of happiness and well being Decrease in appetite Indifference to pain Tiredness Talkative, confident Coming down – headache	Psychological addiction Respiratory problems Can be fatal Depression Restlessness / confusion Paranoia, anxiety, agitation

Amphetamines: speed, sulph, whiz, uppers, sweets	Increase in heart rate Increased confidence Euphoria, insomnia Irritability, lack of concentration Anxiety Dizziness Can last several hours	Blackouts Paranoia Depression Dependency
Glue, solvents, gas	Similar to being drunk Feeling happy / lacking inhibitions Euphoria , hallucinations, hangover Tiredness – lack of concentration Nausea, thick headed, dizzy Aggression	Blackouts Fatal heart problems Flooding of lungs
L.S.D. - micro, dots, transfers	Disorientated Sometimes takes half an hour to kick in Distressed Good / bad trips Anxious Alters mind perceptions	Paranoia Altered mind Dependency Psychological issues
Ecstasy: E, tabs	Alert Things seem more intense Feel in tune with people Feel very tired next day – unable to settle	Increased heart rate Depression Change in body temperature

### **APPENDIX 3**

#### **Drugs and Sanctions in School**

Repeat offenders, selling or supplying drugs to others	Permanent Exclusion Police to be contacted (Head's discretion)
First offence of selling or supplying drugs to others	Fixed Term Exclusion / Permanent Exclusion considered Police may be contacted (Head's discretion)
Smoking tobacco	Smoking sanctions according to behaviour policy Those who continue to ignore the school policy on smoking face a fixed term exclusion Those students caught with smokers face similar sanctions Any students caught selling tobacco products face a fixed term exclusion

Drinking / selling / bringing in alcohol	Use of fixed term exclusion for those consuming alcohol or bringing it into school Parents / carers to be informed and asked to come in for a meeting Review of student's progress to see if this is part of a wider picture Discretionary use of outside agencies Police may be contacted (Head's discretion)
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## **APPENDIX 4**

### **Specific Substance Misuse**

#### **Tobacco / cigarettes / legal highs / laughing gas**

Students are not permitted to smoke anywhere on the school site, including at the school gates and local bus stops. They cannot have any smoking paraphernalia e.g. lighter, Rizla type papers and e-cigarettes. Those who act as 'look outs' or who are caught with smokers will be considered guilty by association. Legal highs / laughing gas are banned from the school site.

#### **Reasons**

- Need to promote a healthy school
- Protect younger / vulnerable students
- Safety – most smoking takes place in out of bounds area, therefore students may be at risk

#### **Alcohol**

Students are not permitted alcohol on the school site at any time. Any student suspected of drinking alcohol will be asked to agree to a search (see Screening and Searching Policy, April 2013). Where students may be suspected of drinking, they will be taken to a safe room (medical room if available) and parents / carers contacted. A first aider will assess whether immediate medical attention is required. Any member of staff who suspect someone of drinking should contact a Safeguarding Officer or a member of SLT.

#### **Reasons**

- Need to promote a healthy school
- Protect younger / vulnerable students
- Risk to individual of serious harm related to alcohol
- Removal from classroom as a result of unpredictable behaviour resulting from alcohol consumption

## **APPENDIX 5**

### **Emergency procedures for a student thought to be under the influence of drugs or alcohol**

The procedures for an emergency apply when a child or young person is at immediate risk of harm. Any person who is unconscious, having trouble breathing, seriously confused, disorientated or who



is known to have taken a harmful toxic substance, should be responded to as an emergency.

**Your main responsibility is for the student at immediate risk, but you also need to ensure the wellbeing and safety of others.**

- Assess the situation
- If a medical emergency, send another person for help to the main office, giving information if an ambulance is needed.

**If the person is conscious:**

- Ask the person what has happened and to identify any substance they may have taken
- Collect any drug sample and any vomit for medical analysis
- **DO NOT** induce vomiting
- Keep the person under observation, warm and quiet

**If the person is unconscious:**

- Ensure that they can breathe and place into recovery position
- **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 student

**When medical help arrives, please pass on any information that you have including samples of vomit or the drugs that the person may have taken.**