



**St Cuthbert's  
Catholic High School**

*Live life in all its fullness*

# Drugs Education Policy

(Under Review)

<b>Person responsible for Policy:</b>	Assistant Headteacher (PDBW)/Senior Leadership Team
<b>Committee responsible for Policy:</b>	Pastoral and Personal Development
<b>Date To Governors:</b>	November 2023
<b>Date Agreed:</b>	September 2023
<b>Review Due:</b>	September 2025 and bi-annually thereafter
<b>Is this Policy to appear on school website:</b>	Yes

***“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)**

**Date Completed: July 2015**

**Reviewed: September 2020, September 2022, September 2023**

**Date of Next Review: September 2025**

**Approved by: Mrs C Twist/Mr J McAuley**

## INTRODUCTION

# Our mission

St Cuthbert's is a Catholic High School, in which students, staff, governors and friends will work together as a Christian family to live the message of the Good News of Jesus Christ to love God and our neighbour (Mark 12:29-31) by:

- ❖ learning to know and accept the love of God by the way we treat each other and work together (Matthew 7:12)
- ❖ respecting and embracing all cultures and recognising that as individuals we are unique (Genesis 1:26)
- ❖ developing the gifts, talents and aspirations of all students and staff (Matthew 25:14-30)
- ❖ providing the best education for all students and helping them to live life in all its fullness (John 10:10)
- ❖ accepting the support of those in our community who work for the good of the school (Luke 10:25-37)
- ❖ reaching out to those who need our help in our world (Mark 1:39-42)
- ❖ protect and take pride in all aspects of our environment so that we become stewards of God's creation (Psalm 8)

**“Treat others as you would like to be treated!”**  
**The Golden Rule (Matthew 7:12)**

## 1.1 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 students”*

(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 students 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, students, 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:

School behaviour policy  
School PSHE policy  
School medical 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: students, 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 students 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 students 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. Except for communion wine, which is securely stored, alcohol is not permitted at any time on the school site or during school visits. However, there may be times, at the discretion of the head teacher, when alcohol may be acceptable and staff are not acting in loco-parentis.

## **2. Context**

### **2.1 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 students, 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, tobacco and alcohol, exclusion or truancy from school, break-up of the family, risk of sexual exploitation and initiation into criminal activity.

## **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 students 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 students 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 students 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 students 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 student's baseline knowledge;
- increase students' knowledge and understanding;
- clarify misconceptions about drugs;
- develop students' personal and social skills to make informed decisions and keep themselves safe and healthy;
- develop students' self-esteem and self-awareness;
- enable students to explore their own and other people's attitudes towards drugs, drug use and drug users;
- enable students to challenge stereotypes and explore media and social influences;
- take account of student'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 students, staff, parents/carers, governors and the wider community.

OFSTED states that all schools should be promoting students' spiritual, moral, social and cultural development and suitably preparing students 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 student population.

Example of an external visitor checklist is found below:

<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 students 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 students are met through 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**

As a school, we recognise that children with Special Educational Needs have the same right to good drug education as any other student and will be taught alongside all other students. 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.

Drug education providers within the school will adapt the resources and delivery to best suit additional needs, where necessary in consultation with SENCO.

## **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 students' 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 students' knowledge, skills and understanding of the subject in line with curriculum standards.

## **5.2 The curriculum**

The Personal Development curriculum covers a wide range of drug related topics, refer to Personal Development curriculum map. In summary:

Year 7 – energy drinks, smoking, alcohol

Year 8 – Healthy Lifestyles

Year 10 /Year 11- Legal highs, cocaine, cannabis.

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

## **5.3 Use of Personal Development ground rules**

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

The ground rules are negotiated with the students prior to embarking on the drugs education programme.

An example of this is the Personal Development Leader informing parents prior to embarking on a sensitive subject or clear exit paths and follow up points set by teacher if a student is distressed re a certain subject matter-such incidents will also be reported to the school's Lead Safeguarding Officers, Mr J. McAuley and Miss D. Anderson.

## **5.4 Personal Development teaching, including the Personal Development Leader**

The Personal Development Leader (Miss N Ward) will provide a lead in the dissemination of information relating to drug education which is delivered and during ad-hoc presentations/workshops by external agencies such as Police and Young People's Drug & Alcohol Team from the local authority. Each Year Team is responsible for delivery of this area of the scheme of work.

The scheme of work has been developed in conjunction with the drugs coordinator, safer schools officer and Personal Development Leader. Teachers of drug education will do so on a class rotation system with the class alternating every six weeks and teacher of the topic remaining the same the teachers have in service training regarding the subject and have the opportunity to develop a confident and successful approach to drug education.

## **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 students 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 students 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/>

## **6. 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 students 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 student 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.



## **7. 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/>

## **8. Role of students**

Students will be fully involved in drug education policy and practice.-

*"We appreciate the opportunity to contribute to the drug education policy as it is such an important part of keeping us all knowledgeable and safe"*

*Beth Gerrard – Head Girl 2015-2016*

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.

## **9. Safeguarding and Child Protection**

[Working Together to Safeguard Children \(2018\)](#) 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 in 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 student they will record their concerns and pass them on to the school's Child Protection Co-ordinator (J. McCauley).

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 be assessed on an individual basis using the CYPs Thresholds Document and LSCB Continuum of Need for further advice when necessary.

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 behaviour and 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.

## 10. Confidentiality

Students 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.

## 11. Management of Drug Related Incidents

**11.2** 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 student 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 (PC M Pender) who will take a lead role in managing incidents and completing an incident form. The co-ordinator will work closely with the Headteacher and relevant Heads of Year to manage any incidents that occur

The flowchart for the management of different drug related incidents is displayed within the school in the Year 9 office and Mr McAuley's office

### 11.3 Use of Prescribed Medicines

The school has a policy on the use and administration of prescribed medicines. Any breach of this by students (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.

### 11.4 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 students 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.

### 11.5 Drug Incident Categories

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

- Drug or paraphernalia found on school premises
- Student disclosure of drug use
- Emergency/intoxication
- Disclosure of parent/carer drug use
- Student in possession of unauthorised drug

- Parent/carer expresses concern
- Student supplying unauthorised drug
- Incident occurring off school premises

11.5.1 *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.

11.5.2 *Student 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. The drugs coordinator will complete a screening tool with the young person to enable professional intervention and support from the young person drug and alcohol team (YPDAAT). The screening tool is confidential unless there are safeguarding concerns raised which need then referring on further. The screening tool will be used as a referral access form to gain support for the young person.

11.5.3 *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.

11.5.4 *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.

11.5.5 *Student 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 (J. McAuley, Heads of Year and the wider pastoral team) are able to search the student and confiscate any found substance. In addition, the Safer Schools Officer, can also undertake a search if they suspect a student is in possession. 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.

[LINK TO USE OF REASONABLE FORCE ADVICE](#) from the Department for Education

11.5.6 *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.

**11.5.7 Student 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.

**11.5.8 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.

### **11.6 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.

Students 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.

### **11.7 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. – located in nurses office.
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.

## **12. Role of Merseyside Police**

Whilst there is no legal obligation for the school to contact the police when a drug incident or offence 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 most circumstances, the Safer School's Officer will be one of the first points of contact when dealing with incidents.

In the event of a serious incident the police may request to interview a student(s). If this is the case then the parent(s)/carer(s) will be notified. If they refuse to give consent or prefer the interview to take place in their own home, we will instruct the police to make the necessary arrangements. Parents/carers may give authority to the school to act as the responsible adult and we will organise for an appropriate member of staff to be present during the interview.

## **13. 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.

#### 14. 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 CYPS 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) following completion of screening by the drugs co-ordinator
- Home-School contract
- Behaviour support plans
- A managed move
- Suspension
- Permanent exclusion

#### Consideration will be given to:

- the age of the student
- whether one student or a group of students is involved.
- whether there is evidence of particular peer pressure
- whether it is the student's first offence.

#### 15. Additional Information

Further advice on fixed or permanent exclusion will be sought from the Local Authority.

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 students 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.

#### 16. Implementation

A copy of this policy is provided in the staff policies file in the staff room and in the governors' policies file. It is also available as a download on the school website for parents to access.

Date of implementation: **JULY 2015**

This policy will next be reviewed on **September 2025**.

The policy will be reviewed every two years by the lead Governor, Head Teacher, Personal Development Leader, students and other relevant outside agencies e.g. The Healthy Schools Team and the police.

Signatures: (Headteacher/ Health and Wellbeing Governor):

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

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