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1 Introduction

As many as 50% of children experiment with illegal drugs but it is only when drugs affect a child's performance that we may become aware. Drug taking can be a symptom of abuse and needs to be seen in a wider context. This involves education of pupils, parents and staff, and should begin at an early age.

- 1.1 We regard drug related incidents as being serious and therefore will deal with them accordingly. Any pupil caught supplying or inciting the use of controlled drugs, or being in possession of them with intent to supply, will be expelled.
- 1.2 The main aim of this policy is to establish clearly defined modes of behaviour and response for all members of the school, and to provide a programme of education to enable them to be achieved.
- 1.3 We believe that drug education programmes which rely on fear arousal techniques are unlikely to change pupils' behaviour. We firmly believe that the most successful education programmes emphasise information and social skills approaches, such as peer resistance and improvement in self-esteem and self-awareness.

2 Proscribed Substances

The policy covers the following substances:

- 2.1 Volatile substances and Illegal drugs
- 2.2 Alcohol and Tobacco
- 2.3 Prescription medicines and Over the counter medicines
- 2.4 Other legal drugs

3 School Boundaries

To avoid confusion it is necessary to define the areas and times in which school rules apply:

- 3.1 At school during term time
- 3.2 At school during the holidays
- 3.3 Outside school when engaged in:
 - 3.3.1 School transport to and from school
 - 3.3.2 Local visits – into local community and away matches
 - 3.3.3 Academic visits – conferences, theatre trips etc
 - 3.3.4 Overnight visits – exchanges, field trips, outdoor activities

4 Lifeskills (PSHE) Programme

This is an essential part of the education process and must be given the importance it deserves. Parents should receive information about our PSHE programme each year in order to inform them about what their child is learning. It will include a note of encouragement for parents to contact WHIS with any questions, and to talk to their children at home about the topics being discussed.

5 Staff Education

- 5.1 Staff need up-to-date information on:
 - 5.1.1 The nature of drugs – recognition of substances is not essential
 - 5.1.2 The recognition of the symptoms of drug abuse
 - 5.1.3 The steps to be taken when confronted with a substance related problem
 - 5.1.4 The need for confidentiality, although that is not guaranteed if there is concern for the pupil's safety
 - 5.1.5 The need for prompt and accurate written records
 - 5.1.6 Current drug education strategies, including knowledge of our PSHE programme and the inclusion of topics in other academic lessons.
- 5.2 **Advice to members of staff:** If you have reason to suspect, or are aware, that a pupil is involved in any way with drugs you should report the fact immediately. This applies to suspicion of a pupil being:
 - 5.2.1 In the company of a suspicious group
 - 5.2.2 In contact with drugs off the premises
 - 5.2.3 In possession of drugs off the premises
 - 5.2.4 In possession of drugs on the premises. If drugs are evident you should confiscate them immediately and hand them over as soon as possible.
 - 5.2.5 Involved in dealing drugs
 - 5.2.6 Under the influence of drugs (see Appendix B)
- 5.3 **Incident Management:** All members of staff (& pupils) should be aware of the procedure to be adopted whenever there is a suspicion of substance abuse. At all stages careful notes must be taken.
 - 5.3.1 Copies of an emergency medical notice should be readily available to both staff and pupils.
 - 5.3.2 Whilst a member of staff should be sympathetic no guarantee of confidentiality can be made.

6 Parent Education

Parents and guardians should be involved at all stages, wherever possible. However, some contact is with education agents, rather than with parents. Usually, the School Counsellor will be the best person to communicate difficult information to parents via education agents. In this way, parents may receive information about the School's approach that will enable them to deal with potential problems with their own children. Conferences and seminars, with outside speakers, should be employed as well as more informal contact with relevant staff to enable the school to benefit from the parents' areas of expertise.

7 Outside Agencies

Whilst the policy should be capable of standing on its own within the school, it should nevertheless be outward looking and prepared to take full advantage of assistance offered by outside sources.

- 7.1 Gloucestershire Safeguarding Children's Board
- 7.2 Gloucestershire Police
- 7.3 Local Authority Education Officers
- 7.4 Local Health Service
- 7.5 Other schools



Appendix A - What to do if you find a pupil under the influence of drugs

1. MEDICAL EMERGENCY Applicable when the pupil is:
 - a.i. Unconscious
 - a.ii. Having difficulty in breathing
 - a.iii. Seriously confused or disoriented
 - a.iv. Having taken a toxic substance
 - b. Step 1 – assess the situation
 - c. Step 2 – in an emergency arrange for someone to phone for an ambulance (using emergency phone number 999)
 - d. Step 3 – contact the nurse

2. IF THE PUPIL IS UNCONSCIOUS
 - a. Send for help – shout
 - b. Ensure that he/she can breathe and place in recovery position
 - c. Do not move if a fall is likely to have led to spinal injury
 - d. Do not attempt to make them stand
 - e. Do not give anything by mouth
 - f. Do not leave the person unattended or in the charge of another pupil.

3. IF THE PUPIL IS CONSCIOUS
 - a. Ask what has happened, and try to identify any drug used
 - b. Do not induce vomiting
 - c. Keep under observation, warm and quiet until help arrives.

4. IN BOTH CASES
 - a. Collect any drug samples and preserve vomit for medical analyses.
 - b. Take written details from witnesses and anyone who may have information
 - c. Pass on samples and any relevant information to medical authorities
 - d. Inform Housemaster/mistress (who will then immediately inform Principal) or Principal
 - e. Make detailed notes of the incident plus witness evidence, and give them to Principal as soon as possible.
 - f. Your main responsibility is to the patient, but you should also ensure the well-being and safety of others and yourself.

5. IF THE PUPIL IS IN NO IMMEDIATE DANGER
 - a. Escort the pupil to the medical room
 - b. Inform Housemaster/mistress or Principal and provide all relevant information.
 - c. Contact school nurse (if there is one).

Appendix B - Search Procedures

1. NOTES ON SEARCHING AND INVESTIGATION OF PUPILS IN RELATION TO DRUGS OR OTHER PROHIBITED SUBSTANCES

- a. Prior to search of a pupil's room or person, the pupil should be asked if they have in their possession anything which is not theirs or which they did not bring onto school premises. If so what is it, and where is it?
- b. The pupil should be present throughout when the room is searched, as should any person who shares that room..
- c. **At least two members of staff** should be present during the search, and the search should be carried out in the most sympathetic, thorough and efficient manner possible.
- d. During the search as little as possible should be said by those carrying out the search. There should be no attempt to make light-hearted remarks, threats or any references to the possible consequences of the search.
If anything suspicious is found, a detailed record should be made of what is found and where.
- e. A detailed note of the search should be kept from the start of the search. It should include times, persons present, anything said and by whom, and if for any reason the search has to be interrupted, the reason for interruption and the times of interruption and resumption. The scene should be preserved in the meantime.
- f. If anything suspicious is found then the pupil should be asked two questions only: Is this yours? What is it?
- g. The answers should be carefully noted and the pupil invited to initial the answers as being correct.
- h. No attempt to question the pupil further should be made until a parent, guardian, or other appropriate adult (not associated with the school) is present.
- i. On completion of the search, if anything further is to be done the pupil should be given the opportunity to telephone parents or guardian in private.
- j. Both members of the staff who have carried out the search should afterwards read the notes one or both of them have made and if they agree that the notes are a correct record of the search they should sign them as such. Any alterations or additions to the notes should be noted and signed as such.

2. Other matters

- a. At any stage in any investigation, those who receive information should note it together with dates and times.
- b. Statements should be made as soon as possible thereafter, so as to give the fullest information to the Principal before he/she acts.

Appendix C – Signs and Symptoms

1. Symptoms: Early detection of drugs misuse is extremely important. If a young person's drug misuse is identified at an early stage, it is easier for action to be taken to prevent his or her further misuse of drugs. Therefore teachers need to be vigilant, particularly when they are in charge of activities that take groups of pupils away from school premises. Research has shown that first experiments with drugs by young people almost always involve a substance provided by friends.
2. The signs listed in *Lists 1 and 2* **may** indicate that pupils are misusing drugs. **Their presence alone is not conclusive proof of drug misuse: many of them are a normal part of adolescence**, but the presence of several signs together may point to a greater need of vigilance. *List 3* lists equipment which, if found in certain circumstances, **might** give grounds for concern.
3. **List 1: Warning signs in individuals:**
 - a. Changes in attendance, and being unwilling to take part in school activities
 - b. Decline in performance in school work
 - c. Unusual outbreaks of temper, marked swings of mood, restlessness or irritability
 - d. Reports from parents that more time is being spent away from home, possibly with new friends or with friends in older age groups
 - e. Excessive spending or borrowing of money
 - f. Stealing money or goods
 - g. Excessive tiredness without obvious cause
 - h. No interest in physical appearance
 - i. Sores or rashes especially on the mouth or nose
 - j. Lack of appetite
 - k. Heavy use of scents, colognes etc. to disguise the smell of drugs
 - l. Wearing of sunglasses at inappropriate times to hide dilated or constricted pupils
4. **List 2: Warning signs in groups:**
 - a. Regular absence on certain days
 - b. Keeping at a distance from other pupils, away from supervised points
 - c. Being the subject of rumours about drug taking
 - d. Stealing which appears to be the work of several individuals rather than one person
 - e. Use of drug takers' slang
 - f. Exchanging money or other objects in unusual circumstances
 - g. Associating briefly with one person who is much older and not normally part of the peer group
5. **List 3: Objects which *may* indicate drug misuse:**
 - a. Metal tins
 - b. Spoons discoloured by heat
 - c. Pill boxes
 - d. Plastic, cellophane or metal foil wrappers
 - e. Small plastic or glass phials or bottles
 - f. Twists of paper, straws
 - g. Sugar lumps
 - h. Syringes and needles
 - i. Cigarette papers, lighters and spent matches
 - j. Cardboard and other tubes

Revision Control Table	
Drawn up by	Nick Shaw
Date	22/09/17
Review schedule	Annual
Reviewed & revised	01/06/18 by DS
Reviewed	03/06/19 by DS
Reviewed	05/06/20 by DS
Next review	01/06/21