



Barrowby Church of England Primary School

Drugs In Education Policy

1. Introduction

- 1.1 At Barrowby School, we believe that drug education is a vital part of preparing children to lead safe, healthy lives. From the earliest years, we teach pupils how to care for themselves, and this continues throughout their primary education.
- 1.2 We aim to fully comply with statutory requirements for drug education. The National Curriculum programme of study for Science includes:

Key Stage 1: Pupils learn “about the role of drugs as medicines.”

Key Stage 2: Pupils learn “that tobacco, alcohol and other drugs can have harmful effects.”
- 1.3 The policy was compiled with the help of all staff.
- 1.4 Drug education is delivered through our Science and PSHE curriculum. The Science/PSHE coordinator monitors implementation and consults staff and governors on revisions. Any complaints or press enquiries will be handled by the Headteacher.
- 1.5 Should the need arise, the school will follow Lincolnshire Drug and Alcohol Partnership’s multi-agency protocols for managing drug-related incidents, in line with the county’s 2021–2025 strategy.

2. The nature of drug education

- 2.1 Drug education is taught through our PSHE programme and linked to Science. Pupils in Reception, Years 1, 2, 4, and 6 receive focused lessons, supported by audiovisual materials, guest speakers, and group discussions.
- 2.2 Our aims:
 - Equip pupils with knowledge, skills, and attitudes to make informed choices.
 - Promote a healthy lifestyle and personal responsibility.Our aims for drug education:

3. Administering medicines

- 3.1 Staff may administer medication with written parental consent via the Medication in School form.
- 3.2 Photographs of children with Epipens are displayed in the medical room, not the staffroom.
- 3.3 All staff receive regular training in administering Epipens.
- 3.4 Asthma inhalers may be supervised by staff at a parent’s request, with usage recorded.

- 3.5 Medication is stored securely in a labelled cupboard in the medical room.
- 3.6 For long-term medication, a healthcare plan is developed with the school nurse or case worker.

- 4. **Pastoral care and support for pupils at risk.**
- 4.1 Staff are trained to recognise signs of drug misuse. If a pupil is suspected of substance misuse:
- 4.2 The Headteacher and parents will be informed.
- 4.3 First aid and medical support will be sought if necessary.
- 4.4 Confidentiality cannot be guaranteed in disclosures involving drug misuse.
- 4.5 Support may involve external agencies such as social services, educational welfare, and police liaison officers.
- 4.6 Teachers, and non-teaching staff, should be alert to the warning signs which may indicate that a pupil is misusing drugs. Some of the main signs which may be associated with drug misuse are summarised in:

Annex 1

Acute intoxication, physical collapse or unconsciousness can result from even one experiment with drugs, solvents or alcohol. Our trained first aider and professional medical help will be called up. The headteacher will always be notified and the school will attempt to contact the pupils' parents immediately.

Where a pupil has been identified by the school as having experimented with illegal drugs or as being at particular risk of doing so appropriate support will be provided. This will involve the headteacher, class teacher and parent(s). Outside agencies such as the educational welfare service, local and social services and a police liaison/community officer may be in a position to help support an at risk pupil.

Where a pupil discloses to a teacher that he or she is taking drugs the teacher should make it clear to the pupil that she/he can offer no guarantee of confidentiality given the seriousness of drug misuse.

Good practice and procedures regarding incidents involving children affected by substance misuse will be followed (see file: guidance for dealing with drug related incidents – available in the Medical Room).

5. Implementation

- 5.1 There are 3 basic aspects to our drug education programme:
 - i) knowledge and understanding
 - ii) skills
 - iii) attitudes

By using the programme outlined below the statutory requirements are met.

Knowledge and understanding

Key stage 1

- School rules relating to medicines
- Basic information about how the body works and ways of looking after the body
- The role of medicines (both prescribed and over the counter) in promoting health and the reasons people use them.
- Understanding that all drugs can be harmful if not used properly.
- Simple safety rules about medicines and other substances used in the home, including solvents.
- Consideration of alcohol and tobacco, their general effects on the body and on behaviour.
- People who are involved with medicines (such as health professionals, pharmacists, shopkeepers).
- People who can help children when they have questions or concerns.

Key stage 2

- School rules relating to medicines, alcohol, tobacco, solvents and illegal drugs.
- More detailed information about the body, how it works and how to take care of it.
- Different types of medicines (both prescribed and over the counter), legal and illegal drugs including their form, their effects and their associated risks.
- People who can help children when they have questions or concerns.
- Dangers from handling discarded syringes and needles.

Skills

Key stage 1

- Communicating feelings such as concerns about illness and taking medicines.
- Following simple safety instructions.
- When and how to get help from adults.

Key stage 2

- Identifying risks.
- Coping with peer influences.
- Communicating with adults.
- Decision-making and assertiveness in situations relating to drug use.
- Giving and getting help.
- Safety procedures when using medicines.

Attitudes

Key stage 1

- Valuing one's body and recognising its uniqueness.
- Attitudes towards medicines, health professionals and hospitals.
- Attitudes towards the use of alcohol and cigarettes.
- Responses to media and advertising presentations.

Key stage 2

- Valuing oneself and other people.
- Attitudes and beliefs about different drugs and people who may use or misuse them.
- Responses to media and advertising presentations of alcohol, tobacco and other legal drugs.
- Taking responsibility for one's own safety and behaviour.

5.2 Although different aspects of drug education will be dealt with in particular years it is important that all teachers are committed to it and opportunities to link it to related elements in other subjects are not lost.

5.3 The general approach

The programme will be implemented through the LEA DIPSI materials, Smart Learning P.S.H.E and Citizenship scheme, outside speakers - community policeman and school nurse and other class based activities linked to our Science and PSHCE Curriculum.

5.4 The classes are grouped according to age. The drug education will utilise a variety of approaches: whole class teaching, class and group discussions, group work and individual work. Ability will obviously be considered and material and or resources may need to be differentiated as appropriate.

5.5 Resources

The health education programme which includes drug education will utilise DIPSI and S.E.A.L. materials, Smart Learning P.S.H.E. and Citizenship scheme, Science and Health education resources and outside expertise, particularly the school nurse and community policeman.

6. Partnership with Parents

Parents are informed when appropriate and encouraged to support the school's approach to drug education.

5. Monitoring, Evaluation and Review

The Senior Leadership Team will, through discussion at staff meetings, monitor the programme. The pupils'/parents' response will be considered. Any changes to the policy will have to be approved by the staff and governors.

6. Background documentation

- DfE Circular: Drug Prevention and Schools
- PSHE Association Guidance
- DIPSI Handbook – Lincolnshire County Council
- Lincolnshire Drug and Alcohol Partnership Strategy (2021–2025)

7. Drugs in Education Policy Review

This policy is reviewed by the Head teacher, staff and Governors in accordance with Barrowby School's Policy and Review Cycle for approval by the Full Governing Body, every 3 years.

Last reviewed: September 2025

Next review: September 2028