



# Highsted Grammar School

## **Drugs and Drug Education Policy**

---

## **DRUGS AND DRUG EDUCATION POLICY**

In response to concerns at local and national level which report a growing number of school children taking drugs and the increased availability of the most popular teenage drugs, Highsted Grammar School believes it has a duty to inform and educate young people on the consequences of substance use and misuse. Highsted Grammar School defines drugs as:

- all illegal drugs, i.e. those controlled by the misuse of Drugs Act 1971.
- all legal drugs including alcohol, tobacco, volatile substances (those giving off a gas or vapour that can be inhaled). The drugs known as “legal highs” – ketamine khat, alkyl nitrites and GHB (gammahydroxybutyrate).
- all over the counter and prescription medicines.

### **Authorised Drugs**

Principally, authorised drugs include medicines and any other drugs sanctioned for legitimate use, (such as alcohol stored for a raffle/visitor receptions, smoking permitted at functions, safe storage and use of hazardous chemicals). In all other circumstances, drugs are unauthorised, whether legal or not. The definition below of a drug related incident refers to unauthorised drugs.

Highsted Grammar School defines a drug related incident as:

- drugs or associated paraphernalia are found on school premises
- a pupil is found in possession of drugs or associated paraphernalia
- a pupil is found to be a recognised source of supply of drugs on school premises
- a pupil is thought to be under the influence of drugs
- a staff member has information that the illegitimate sale or supply of drugs is taking place in the local area
- a pupil discloses that they are misusing drugs or a family member/friend is misusing drugs
- a parent or user or staff member is thought to be under the influence of drugs on school premises

This is consistent with our overall aims as a school to educate the whole pupil and to foster personal development which will prepare pupils for the opportunities, responsibilities and experiences of adult life.

In this area of Kent, with its close links to the capital city and the Continent, substance misuse is an issue with which the pupils of Highsted Grammar School will almost inevitably be confronted.

Fundamental to our school's values and practice is the principle of sharing the responsibility for education of young people with parents, by keeping them informed and involved at all Times. Effective communication and co-operation is essential to the successful implementation of this policy.

Whilst we acknowledge that the numbers of young people who use and misuse substances is rising, it is seen as important to recognise that the larger numbers of young people are choosing not to use or misuse substances. We will continue to support their differing needs.

Aspects of Drug Education will be part of the curriculum throughout the school, delivered through the broader context of personal, social and health education.

## **AIMS**

### **Drug Education**

Our Drug Education programme will provide knowledge, develop personal skills and foster attitudes which will empower pupils to make responsible decisions about their future. They should be able to make sensible, informed choices having considered physical, moral and social implications.

Specifically it should enable pupils to:-

- acquire relevant and accurate information about substances and drug use in the context of the social situations in which it takes place.
- develop effective methods of resisting social pressure to use drugs, by increasing knowledge, assertiveness and challenging attitudes.
- have an increased awareness of the legal, health and social implications and consequences of drug use.
- develop an understanding that the effects of drug use can vary under different circumstances.
- develop attitudes, skills and behaviour that will minimise the harmful consequences of drug use.
- have an understanding for those experiencing or likely to experience substance use.
- be aware of social norms against harmful drug use.
- seek help from an appropriate source if they have concerns about drug misuse in any way.
- have a sense of high personal worth.
- enhance later parenting skills in relation to prevention of drug misuse when pupils reach adulthood.
- enhance their capacity to contribute to school policies on drug misuse and wider community matters.

### **Drug management**

In responding to incidents concerning substance misuse, the school makes a commitment to:

- respond to any incident individually, in a manner appropriate to the needs of the pupil, her/his peers and the wider community.

- follow a course of action which acts in the best interest of the pupil and the school community in order to facilitate as smooth and speedy a return to normal activity and routines as possible.
- work in partnership with parents to support the pupil to effect as smooth and speedy a return to normal activity and routines as possible.
- co-operate actively as appropriate with other agencies through the Drug Intervention and Support Programme co-ordinated by the Police.
- handle media interest discreetly and with sensitivity.

### **Delivery**

The structure of the Drug Education programme will be co-ordinated throughout the school by the **Learning Mentors, in discussion with Heads of Year, Teachers and under the oversight of the SLG.**

The process should be concerned with:

- an understanding of how young people develop; and the many influences to which they are subject
- finding out what young people themselves know, feel and do in relation to the aspect of drug education which is being dealt with, to enable a base-line from which learning and teaching might proceed in a realistic and relevant manner
- providing opportunities for pupils to learn about drug related topics and their relevance to pupils' lives in ways which are appropriate to their levels of development; and nurturing an understanding of the range of human attitudes and behaviour
- providing situations which enable young people to acquire a range of skills concerning their own behaviour and that of the community. e.g. role-play, decision making, resisting peer pressure, solving problems

Most aspects of Drug Education are delivered through the Pastoral curriculum programme. However there is considerable overlap into the realms of religious and moral education, and Science.

At no time is individual advice pertaining to illegal drugs given to any pupil. However, information of a general nature could be given to either a group or individual. Individual pupils are encouraged to either discuss any problems with their parents or to use one of the many outside agencies available.

Any member of staff who believes that a pupil has embarked upon, or is contemplating, a course of conduct which is likely to place her at moral or physical risk or is in breach of the law, has a general responsibility to ensure that the pupil is aware of the implications and is urged to seek advice. In such circumstances, the teacher should inform the Headteacher.

---

## **Content\***

\*Please see the RSE curriculum document

### **Science**

When health topics related to any drug is covered in Science, such as respiratory ailments caused by smoking, the use of any drug and its effect on the brain, reference is made to work carried out in the PSHE lessons and the pupil's knowledge and understanding is reinforced.

### **English**

Issues related to substance use and misuse may be discussed in English when they arise out of textual study.

### **Religious education**

Whilst not specifically taught, pupils research moral issues such as alcohol misuse and respecting themselves and their bodies. Some pupils may also look at how other faiths view such issues.

### **Assessment of learning**

- assessment of pupils' knowledge and understanding and its relevance to them
- skills they have developed
- how their feelings and attitudes have been influenced during the programme

These could include:

- seeking feedback from pupils at the end of lessons on their progress and achievements, both individually and as a group
- more formal pupil self-assessment of their learning and its value to them
- teacher assessment of activities conducted and work completed
- inviting pupils and teachers to reflect on the overall programme

## **THE ROLES OF THE HEADTEACHER AND GOVERNING BODY**

The Headteacher takes overall responsibility for the policy and its implementation, for liaison with the governing body, parents, LEA and appropriate outside agencies and for the appointment within the school of a Learning Mentor, who will have general responsibility for handling the daily implementation of this policy. The Headteacher will ensure that all staff dealing with substance issues are adequately supported and trained.

In instances involving substance misuse or supply on the premises, and following discussion between staff members who know the pupil well, parents will be informed by the Headteacher at the earliest opportunity. The school and the parents can then work together to support the young person involved.

If a young person admits to using or supplying substances off the premises, the teacher's discretion will be involved, but the Learning Mentor must be informed. The AHT should inform the Headteacher, who will inform the parents.

There is no legal obligation to inform the police, though they may be able to give relevant support and advice. However, a school cannot knowingly allow its premises to be used for the production or supply of any controlled drug, or the preparation or smoking of cannabis or opium. Where it is suspected that a drug-related incident had taken place, details regarding those involved as well as much information as possible, will be passed to the Youth Crime Reduction Officer or Community Affairs Department.

The Governing Body will be involved in substance education and substance related incidents in the same manner as any other matter concerning the direction of the school.

The school will consider each substance incident individually and recognises that a variety of responses will be necessary to deal with incidents. The school will consider very carefully the implications of any action it may take. It seeks to balance the interests of the pupil involved, the other school members and the local community. Permanent exclusion is seen as a last resort as it may only transfer the problem.

To this end, the school has made a commitment to the Addaction programme in Year 10 which provides an intensive period of drug education, information and support delivered by a team of multi-agency professionals specially trained for this kind of work. The programme aims to equip young people who have been or are suspected of being involved with drugs with the knowledge and skills to make informed, healthy choices and in doing so reduce the risk of harm from further drug use. The programme will also create an opportunity for the needs of each participant to be fully assessed and for the referral to other sources of help as appropriate.

The Headteacher will take responsibility for liaison with the media. As the issue of substance misuse is an emotive one, and is likely to generate interest from the local and national media, the school will take appropriate advice and guidance from the LEA Press Office and Legal Department to ensure that any reporting of incidents remains in the best interests of the young people, their families and the school. The LEA should be informed as soon as possible via their Adviser for Drugs Education.

Procedures for Drug Management are in the diagram at Appendix A.

### **Guidance for staff**

All staff will be issued with the signs of specific drugs (Appendix B).

When a pupil discloses substance misuse on the premises, staff will inform the Learning Mentor or appropriate member of SLG, participate in the planning of subsequent action as described above. Where a pupil discloses substance misuse off the premises, the staff member must advise the Learning Mentor and SLG member responsible for that key stage.

Where staff discover substances which are suspected to be harmful, illegal or deserving of investigation, they should note the two circumstances in which substances may be removed from either a place or person:

a) Place

If possible, remove the substance from where it was discovered in the presence of a witness. Do not let pupils touch and do not use bare hands to remove. If this is not possible, do not leave the substance there while you enlist the support of a colleague or a witness. Continue with the procedure below.

b) Person

When receiving or retrieving substances from a pupil, do so if possible in the presence of a witness; in the absence of a witness, do not put off receiving substances. Where a pupil is suspected of concealing unauthorised drugs, it is not permissible for a member of staff to carry out a personal search. Every effort should be made to persuade a pupil to voluntarily hand over any drugs. If a personal search is needed and the drug is suspected of being illegal, the Police must be called and the Headteacher should be advised immediately. Staff may search pupils' lockers if they believe drugs to be stored there. Where pupils refuse to give consent, the matter should be referred instantly to the Headteacher.

The following guidelines should be observed at all times:

- a. Remove the substance and record the time, place and circumstance when the substance came into your possession.
- b. Do not investigate the nature of the substance, but do record its approximate size and appearance.
- c. When possible, have the recordings countersigned by a witness.



- d. Take the substance immediately to a member of the SLG, who will take it to the Headteacher. Do not keep the substance on your person or in a place of safe keeping; to do so may place you at risk.
- e. In the presence of the Headteacher, place the substance in a suitable sealed container. The Headteacher, yourself and when possible, the witness, should sign and date the package. A pupil interview slip should be completed, detailing the time, date and circumstances of the findings.
- f. The Headteacher can choose to arrange for the police to remove the substance from the premises or may choose to dispose of it in an appropriate way.
- g. In the event of a discovery of any equipment associated with substance use, especially needles and syringes, pupils should not be allowed to handle such items. All equipment found must be handled by adults with utmost care. A syringe disposal kit is to be found in the Technology Block. The Headteacher must ensure that materials are placed in a secure and rigid container to await collection by the appropriate service.

All staff will be issued with “What to do in an Emergency” (Appendix 3).

### **Links with Parents and Outside agencies**

The school actively co-operates with other agencies such as Community Police, Social Services, LEA, Health and Drug agencies and theatre companies to deliver its commitment to Drugs Education and to deal with incidents of substance use and misuse. Visitors who support the school will be informed of the values held within this policy.

Should a drug-related incident occur, the School will refer a pupil to the multi-agency referral scheme (Kent Drugs Support Programme) involving Police, Drug agencies, Health Authority, Social Services and Young Offender’s Team.

### **Resources available**

- a. Pupils
  - i. Pupils receive relevant reference sheets on all drug related topics through the PSHE programme.
  - ii. Displays are mounted at appropriate times during the school year, such as National No Smoking Day.

b. Staff

Staff receive INSET training on Substance Use and Misuse and every effort will be made to update this training as circumstances dictate and new staff join the school.

- i. All tutors can receive advice on how to deliver the drug related lessons from the Designated Safeguarding Lead.
- ii. All Personal, Social and Health lessons concerned with drugs and drug education are supported by detailed background information.
- iii. Tutors view the videos to be used in the lessons in advance.

c. Parents

All relevant leaflets specially produced to help parents understand Drug issues are available at the school, for parents who are concerned /or interested.

**Review**

The content and efficacy of the programme will be monitored by the Heads of Year on a routine basis

The delivery and content of the whole programme will be continually reviewed by Heads of Year in meetings for that purpose immediately after each topic has been covered. The views of students and parents will be gathered through student forums and questionnaires. The whole school programme will be reviewed annually by Governors in the light of feedback from SLG, Heads of Year, Parents and Pupils.

**Members of Staff Responsible:**

Heads of Year  
SLG

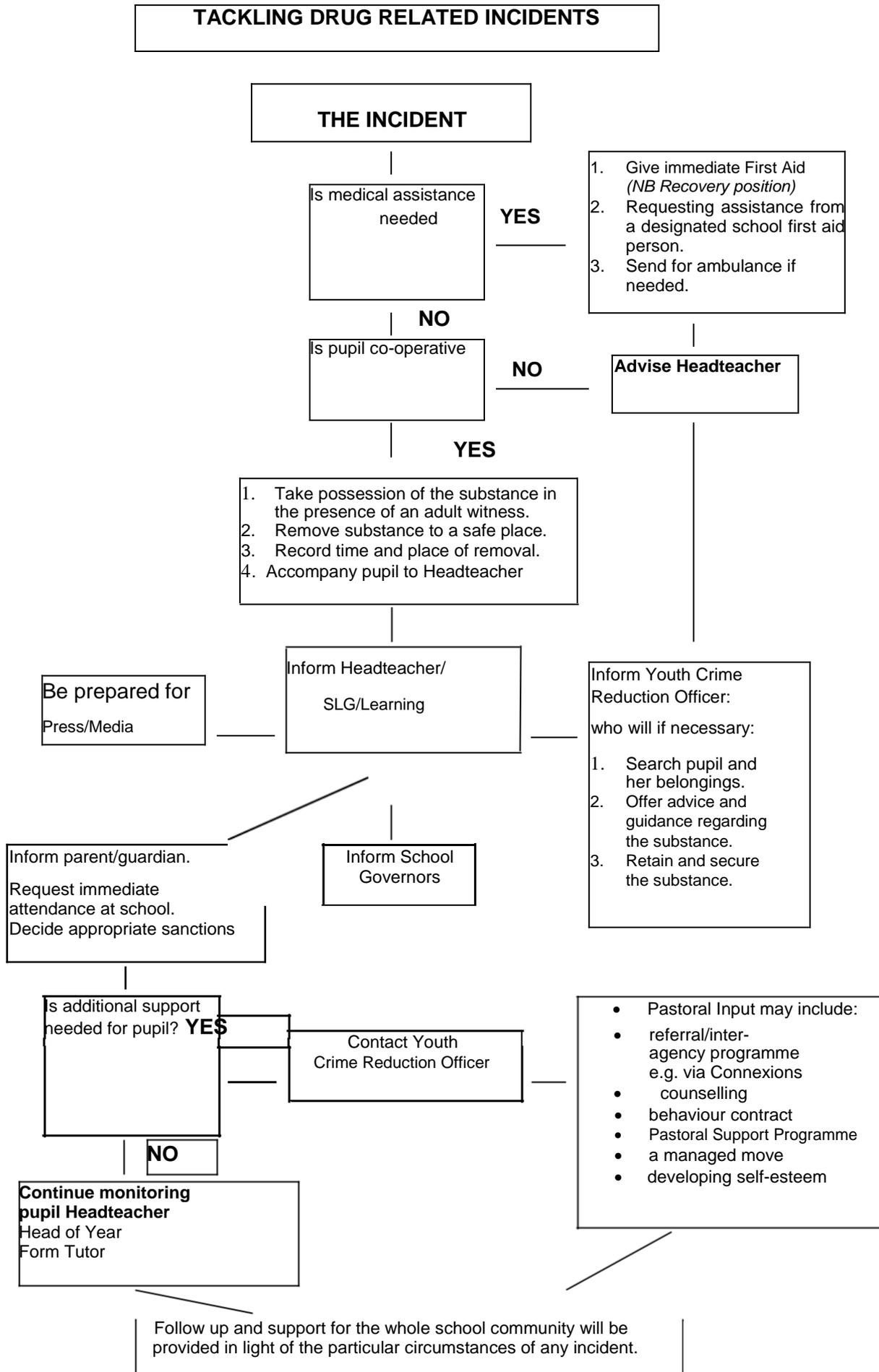
Date of Policy                      September 1995

Reviewed:                              October 1998  
    July 2002  
    July 2003.  
    July 2005

This policy was reviewed and revised in consultation with staff, parents, students, Governors and the LEA in July 2003.

Reviewed July 2008; Reviewed July 2009

Reviewed & Updated February 2015  
Reviewed & Updated February 2018  
Reviewed & Updated September 2019  
**Reviewed & Updated January 2022**



**WHAT ARE WE LOOKING FOR?  
- Signs and Symptoms  
SIGNS AND SYMPTOMS OF SPECIFIC DRUGS**

APPENDIX 2

**INHALANTS**

Odour of substances on clothing breath and body.  
Stains on clothing including shoes.  
Redness around the eyes, mouth and nose.  
Drowsiness to unconsciousness  
Complaints of headaches and dizziness.  
Coughing.  
Co-ordination is affected.  
Loss of energy and appetite  
Pallor.  
Drunken-line behaviour.  
Presence of "tools" of the habit - cans, aerosols, bottles, rags, small plastic bags.

**AMPHETAMINES**

Restlessness.  
Garrulousness.  
Dizziness.  
Irritability  
Appetite suppressed.  
Weight loss.  
Feelings of euphoria and self-confidence.  
Possibility of feelings of panic, confusion and paranoia.  
Possibility of aggressive behaviour.  
Dry mouth.  
Bad breath.  
Ulcers in mouth and nasal passages.  
Pupils dilated.  
N.B. Cocaine produces much of the same symptoms but probably of a more intense nature.

**HALLUCINOGENS (e.g. LSD)**

User experiences altered perceptions of time and space.  
Possible mild to severe panic.  
Possibility of confusion.  
Swings of mood & behaviour.  
May appear quiet and introspective, or extra vigilant.  
Inhibitions lessened.  
Increased body temperature and blood pressure.  
Sweating alternating with chills.  
Control of thinking and concentration diminished.  
Users may vividly report on their experiences.  
Motor-skills/co-ordination impaired.  
Numbness and muscle twitching.  
Feeling of exhilaration of anxiety.  
Nausea and vomiting.

**ALCOHOL**

Mild to marked disinhibition.  
Feelings of relaxation & euphoria.  
Sociability in some - hostility in others.  
Slurred speech.  
Balance, vision, hearing impaired.  
Co-ordination is affected.  
Increased reaction time.  
Concentration impaired.  
Judgement affected.  
User can look warm/flushed.  
Abrupt mood swings.  
Memory may be impaired.  
Hangover effect.  
Drowsiness, sleep, stupor and possible death.

**ECSTASY**

Rushes of exhilaration, possibly accompanied by nausea.  
Sensations are enhanced.  
Believed the experience is highly controllable.  
Sensation of understanding and acceptance of others.  
Inhibitions lessened.  
Often experience depression after.  
Possibility of overheating, inducement of heat-stroke.  
Possibility of extreme sensitivity.  
Increased energy.  
Fatigue and weight loss.  
Possibility of anxiousness or confusion.  
Co-ordination may be affected.  
Possibility of paranoia.  
Possibility of insomnia.  
Usually calm attitude.

**CANNABIS**

Tipsy-like behaviour.  
Odour of the substance if smoked.  
Spontaneous laughter.  
Talkativeness.  
Concentration becomes difficult.  
Balance impaired.  
User displays exhilaration and euphoria.  
Senses of sight, hearing, touch and taste are enhanced.  
User experiences visual and spatial distortions.  
Relaxed and/or drowsy symptoms.  
Co-ordination impaired.  
Confusion and disorientation.  
Headache and hangover effects.  
Some reddening of the eyes.  
Impairment of judgement due to disinhibition.



### BARBITURATES

Relaxed appearance.  
Brief period of heightened activity.  
Drowsiness and lethargy.  
Slurred speech.  
Lack of co-ordination.  
Feeling of well-being.  
Judgement impaired.  
Possibility of confusion.  
Disturbed vision.  
Increased libido.  
Some users experience feelings of hostility.  
Mood swings.  
Risk of overdose, coma, and death.  
Withdrawal symptoms, e.g. dizziness, insomnia, anxiety, fainting, vomiting, tremors, fits and delirium.

### HEROIN

Feelings of well being.  
Garrulousness in some users, inactivity in others.  
Drowsiness.  
Inability to concentrate.  
Slurred speech and some impairment of vision.  
User may appear apathetic.  
Head lolls, eyelids droop.  
Co-ordination is affected.  
Injection marks on arms/legs.  
Loss of appetite.  
Weight loss.  
Constipation.  
Slightly lowered body temperature.  
Sweating.  
Menstrual irregularity.  
Less sensitive to pain.  
Marked physical and psychological deterioration.

**Remember!** Some signs of drug misuse are normal signs of adolescence

### WHAT TO DO IN AN EMERGENCY APPENDIX 3

- \* In any drug related emergency always bring in a trained first aider if there is one within reach, and call for professional medical help. If there is any delay before help arrives take the following steps.

#### 1. If the young person is “high”, aroused, woozy or unco-ordinated;

- \* try to take away the drugs or solvents without a confrontation; \* do not lecture her/him; s/he will not be able to take it in;
- \* do not crowd or threaten her/him, or expect normal behaviour; s/he could react with uncharacteristic violence;
- \* do not put her/him to bed to sleep it off. Young people have died from choking on vomit in their sleep. Keep a careful watch on her/him; and
- \* write down details of the incident clearly and accurately. This will help those who are involved later.

#### If the young person is unconscious but her/his pulse rate and breathing are normal:

- \* put her/him in the recovery position and keep a close watch over her/him;
- \* open windows and loosen tight clothing around her/his neck and chest, but keep her/him warm.

#### 2. If the young person is unconscious and her/his pulse and breathing have stopped:

- \* place her/him flat on their back on a hard surface with the legs raised;
- \* tilt the head back;
- \* check the airways are not blocked;
- \* give mouth-to-mouth resuscitation as explained below: until breathing starts;
- \* close the nostrils with your fingers and blow into the mouth;
- \* if the chest does not expand, make sure the head is fully tilted back and lift the jaw upwards; make sure there is no air leaking between your mouth and his/hers;
- \* continue to blow into the mouth at 5-second intervals, alternating if necessary with compressions (see below);
- \* feel for a pulse in the neck. If there is no pulse;
- \* press the chest to get their circulation going; place both your hands on the lowest third of the breastbone and push. It should move 1½ to 2 inches:

ALTERNATE 2 INFLATIONS WITH  
15 COMPRESSIONS (this is a ‘full cycle’), PERFORMING  
4 FULL CYCLES EACH MINUTE.

- \* Keep the pupil warm to prevent shock, and stay with her/him until medical help arrives.
- \* Detailed first aid advice and information about local training is available from the St. John’s Ambulance Association.