

# **St Luke's CE Primary School Drugs Policy**

**Agreed at Full Governors meeting, March 2024 To be  
reviewed Spring 2026**

## **Drugs Policy**

### **1 Aims**

The aims of this policy are to:

- clarify the school's approach to drugs, for staff, pupils, governors, parents or carers, and to clarify the legal requirements and responsibilities;
- give guidance to staff on the school's drugs education programme;
- safeguard the health and safety of pupils and staff in our school;
- enable staff to manage drug-related incidents properly.

### **2 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.

### **3 St Luke's CE School statement**

**3.1** The presence of unauthorised drugs in our school is not acceptable.

**3.2** We want our school to be a safe place for us all to work, and the presence of unauthorised drugs represents a threat to our health and safety.

### **4 Responsibilities**

**4.1** The headteacher will:

- ensure that staff and parents are informed about this drugs policy;
- ensure that the policy is implemented effectively;
- manage any drug-related incidents;
- ensure that staff are given sufficient training, so that they can teach effectively about drugs, and handle any difficult issues with sensitivity;
- liaise with external agencies regarding the school drugs education programme;

**4.2** The governing body will:

- establish general guidelines on drugs education;
- support the headteacher in following these guidelines;
- inform parents about the drugs education policy;

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- liaise with the LA and health organisations, so that the school's policy is in line with the best advice available;
- support the headteacher in any case conferences, or in appeals against exclusions.

### 5 Objectives of drugs education

Drugs education should enable pupils to develop their knowledge, attitudes and understanding about drugs, and to appreciate the benefits of a healthy lifestyle, relating this to their own and others' actions. It should:

- build on knowledge and understanding;
- provide accurate information, and clear up misunderstandings;
- explore attitudes and values, and examine the risks and consequences of actions relating to drugs;
- develop pupils' interpersonal skills, their understanding of rules and laws, and 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.

### 6 Drugs education – See appendix i

**6.1** We regard drugs education as a whole-school issue, and we believe that opportunities to teach about the importance of a healthy lifestyle occur naturally throughout the curriculum, but especially in Science, PSHE and citizenship, RE and PE. There are also opportunities in circle time.

**6.2** Teaching about drugs will begin in Key Stage 1, when pupils are taught about seeing the doctor, visiting the chemist, and the importance of drugs as medicines to keep us healthy, and also their safe handling.

**6.3** In Key Stage 2 pupils will learn that alcohol is the most widely used drug, and that its dangers can be overlooked. We will ensure that our pupils are aware of the risks associated with drinking. We teach pupils that smoking is a minority habit, and encourage them to consider its effects and risks. We also teach pupils about the dangers of volatile-substance abuse and other "legal highs" because of the high risk of accidental death, especially for first-time and occasional abusers.

**6.4** We acknowledge that by the time pupils are in Year 6, some of them may have had some experiences with drugs already, so we must help to equip pupils to handle risky situations, before they actually meet them.

**6.5** We recognise that learning is most effective when it addresses the development of knowledge, attitudes and skills together and when teaching and learning are participative and active. We use a variety of teaching styles that are characterised by active learning. We find out what the children know already, we pose dilemmas, and we get the

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children to discuss choices. Wherever possible the information we give is visually reinforced. We use drama, role-play or video to demonstrate various strategies and scenarios. In short, we seek to engage our pupils. We give them the opportunity to talk to groups or to the whole class. We encourage them to listen to the views of others, and we ask them to explore why drugs are such a problem for society.

**6.6** We aim to teach all pupils about drugs, however different their attainment levels, and however diverse their requirements. We recognise that pupils with special educational needs may be more vulnerable, that different communities have different attitudes towards drug abuse, and that some pupils may have drug-abusing parents.

**6.7** Drugs education takes place during normal lesson time. Sometimes a class teacher will seek support from the school nurse or another health professional. Lessons that focus on drugs education form part of a sequence of lessons that are designed to promote a healthy lifestyle.

## **7 Drugs at school**

**7.1** Most pupils will at some time have a condition requiring medication. For many the condition will be short-term – perhaps the duration of a short absence from school. However, although a child may soon be well enough to be back at school, medication may perhaps still be required during the school day for a short period. In such cases it is preferable that a parent visits school, perhaps during the lunch break, to administer the medication themselves (after first reporting to the office).

**7.2** However, where this presents a difficulty to parents, they can request that a member of staff administers the prescribed medication. Parents must give us details of the child's condition and medication. Medication must have the original pharmacy label, be in the original container and in the child's name. Medication will be stored in a locked cupboard or fridge where appropriate. Records will be kept of all medication received and given. **See appendix ii and iii**

**7.3** Where on the other hand children have long-term medical needs, we will do everything we can to enable them to attend school regularly. Parents must give us details of the child's condition and medication, and bring the medication to school in a secure, labelled container. Records will be kept of all medication received and administered by the school.

**7.4** Emergency medication may be stored securely in the classroom (for asthma); other drugs will be stored securely in the staffroom.

**7.5** Staff involved in administering the medication will receive training.

**7.6** Solvents and other hazardous chemicals must be stored securely, to prevent inappropriate access, or use by pupils. Teachers are cautious with older, solvent-based Tippex, with aerosols, with glues and with board-cleaning fluids.

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- 7.7** Legal drugs are legitimately in school only when authorised by the headteacher and must be kept securely away from pupils. Smoking, including vaping and the use of e-cigarettes, is not permitted anywhere in the school or on the school premises. Members of staff who smoke, vape or use e-cigarettes must keep these items secure. Similarly, medication brought to school by members of staff must be kept securely away from pupils.
- 7.8** Alcohol to be consumed at community or parents' events will be stored securely beforehand. To sell alcohol we must be licensed under the Licensing (Occasional Permissions) Act, 1983.
- 8 Drugs incidents**
- 8.1** An incident involving unauthorised drugs in school is most likely to involve alcohol, tobacco/vapes/e-cigarettes or volatile substances, rather than illegal drugs.
- 8.2** The first priority is safety and first aid, i.e. calling the emergency services and placing unconscious people in the recovery position. An intoxicated pupil does not represent a medical emergency, unless unconscious.
- 8.3** Pupils suspected of being intoxicated from inhaling a volatile substance will be kept calm; chasing can place intolerable strain on the heart, thus precipitating sudden death.
- 8.4** Any drug suspected of being illegal will be confiscated and stored securely, awaiting disposal; these precautions must be witnessed and recorded. Staff should not taste unknown or confiscated substances.
- 8.5** Legal but unauthorised drugs or medicines will also be confiscated, and will be returned to parents; the school may arrange for the safe disposal of volatile substances.
- 8.6** Where a pupil is suspected of concealing an unauthorised drug, staff are not permitted to carry out a personal search, but may search pupils' bags, trays etc.
- 8.7** The headteacher will decide if the police need to be called or whether the school will manage the incident internally. In all cases involving classified drugs, the LA contact and the police will be notified.
- 8.8** A full record will be made of any incident.
- 8.9** The Headteacher will report Numbers and types of incidents to the Governors on an annual basis.

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### **9 The role of parents**

**9.1** The school is well aware that the primary role in children's drugs education lies with parents. We wish to build a positive and supporting relationship with the parents of our pupils, through mutual understanding, trust and cooperation. To promote this objective we will:

- inform parents about the school drugs policy;
- answer any questions parents may have about the drugs education their child receives in school;
- take seriously any issue which parents raise with teachers or governors about this policy, or about arrangements for drugs education in the school;

**9.2** When an incident concerning unauthorised drugs has occurred in school, and a pupil is involved, we will inform the parents, and explain how we intend to respond to the incident.

**9.3** Staff will be cautious about discharging a pupil to the care of an intoxicated parent, particularly when the parent intends driving the pupil home. Staff will suggest an alternative arrangement. The focus will be the pupil's welfare and safety. Where the behaviour of an intoxicated parent repeatedly places a child at risk, or the parent or carer becomes abusive or violent, staff should consider whether the circumstances of the case are serious enough to invoke child protection procedures, and possibly the involvement of the police.

### **10 Monitoring and review**

The governing body will monitor the drugs policy every two years, or sooner if legislation or advice changes. If the policy appears to need modification, then the committee will report its findings and recommendations to the full governing body. The curriculum committee takes into serious consideration any representation from parents about the drugs education programme, and comments will be recorded. Governors require the headteacher to keep a written record detailing the content and delivery of the drugs education programme taught in this school and any incidents of illegal drugs on the premises.

Year Group	Objectives from our PSHE curriculum
R	To know not to eat things that might be harmful eg berries, mushrooms, things that look like sweets
1	To know that some things are unsafe to put onto or into my body and to ask an adult if I am not sure.
2	To know that medicine can help us when we are ill. To understand that we should only take medicines when a trusted adult says we can.
3	To understand that other people can influence our choices.
4	To understand the risks associated with smoking tobacco.
5	To know some strategies I can use to overcome pressure from others and make my own decisions.
6	To understand the risks associated with drinking alcohol.

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**Parental agreement for school/setting to administer medicine**

The school will not give your child medicine unless you complete and sign this form.

Child's Name \_\_\_\_\_

Class \_\_\_\_\_

Date \_\_\_\_\_

Name and strength of medicine \_\_\_\_\_

Expiry date \_\_\_\_\_

How much to give ( i.e. dose to be given) \_\_\_\_\_

When to be given \_\_\_\_\_

Any other instructions \_\_\_\_\_

**Note: Medicines must be the original container as dispensed by the pharmacy**

Daytime phone no. of parent or adult contact \_\_\_\_\_

Name and phone no. of GP \_\_\_\_\_

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school/setting staff administering medicine in accordance with the school/setting policy. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Parent's signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

If more than one medicine is to be given a separate form should be completed for each one.



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**Record of medicine administered to an individual child:**

Name of Child \_\_\_\_\_

Class \_\_\_\_\_

Date medicine provided  
by parent \_\_\_\_\_

Name and strength of  
medicine \_\_\_\_\_

Expiry date \_\_\_\_\_

Dose and frequency of  
medicine \_\_\_\_\_

Staff signature \_\_\_\_\_

Parent signature \_\_\_\_\_

Date \_\_\_\_\_

Time Given \_\_\_\_\_

Dose Given \_\_\_\_\_

Name of member of  
staff \_\_\_\_\_

Staff initials \_\_\_\_\_

Date \_\_\_\_\_

Time Given \_\_\_\_\_

Dose Given \_\_\_\_\_

Name of member of  
staff \_\_\_\_\_

Staff initials \_\_\_\_\_

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Date \_\_\_\_\_

Time Given \_\_\_\_\_

Dose Given \_\_\_\_\_

Name of member of staff  
\_\_\_\_\_

Staff initials  
\_\_\_\_\_

Date \_\_\_\_\_

Time Given \_\_\_\_\_

Dose Given \_\_\_\_\_

Name of member of staff  
\_\_\_\_\_

Staff initials  
\_\_\_\_\_

Date \_\_\_\_\_

Time Given \_\_\_\_\_

Dose Given \_\_\_\_\_

Name of member of staff  
\_\_\_\_\_

Staff initials  
\_\_\_\_\_