



Jan 2011

DRUGS EDUCATION POLICY

PERSONS RESPONSIBLE:	Miss Anne Dines	[Vice-Principal]
	Mrs Wendy McBrien	[Senior Teacher]
	Dr Jane Fox-Roberts	[Health Education Co-ordinator]
	Mrs Susan Hollywood	[Head of Sixth Form]
	Mrs Linda Montgomery	[Drugs Education Programme]
	Mr Michael Rodgers	[Drugs Education Programme]

THE SCHOOL ETHOS

Sullivan Upper is a large co-educational interdenominational voluntary grammar school which provides an academic and pastoral programme designed so that every pupil may achieve their full potential - recognizing that academic achievement in itself does not produce a complete person.

The school provides a secure and stimulating environment that encourages pupils to be conscious of health and safety issues and to exercise responsibility.

There is also good liaison with parents, outside agencies and specialist services to advise, support and contribute to the promotion of health within the school.

The school formulates, implements and reviews regularly a range of pastoral policies, including its drugs education policy.

INTRODUCTION

The school's Drug Education Policy is a statutory document, in accordance with Drugs: Guidance for Schools in Northern Ireland 2004. The policy follows the guidance given in the SEELB Drug Education Policy Document.

Our school believes that the misuse of drugs endangers not only our pupils but also affects the wider community in which we live. It is the school's responsibility to ensure the child's health and safety while in our care and we also strive to promote their personal and social well-being. Drug misuse undermines this and hinders the development of the young person.

The policy provides a focus for the school to consider how drug education should be implemented and developed within the curriculum and outlines the roles, responsibilities and legal duties of key staff. From a wider perspective, it gives parents and the local community an opportunity for involvement in drug issues. The policy should form an integral part of the Personal Development for mutual understanding strand in the Primary Curriculum and the Personal Development strand in the Post-Primary Curriculum.

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DRUGS EDUCATION POLICY**RATIONALE**

Sullivan Upper School recognises that young people in today's society are exposed to the risks associated with the existing drug culture.

Young children are exposed to messages about drug use from an early age. The messages they receive from television and the media tend to glamorise the use of drugs. They are likely to have seen parents or older brothers and sisters smoking, drinking or taking pills and medicines or other drugs. Inevitably older children want to pass on their knowledge and experiences in an effort to try to influence younger children; these experiences are likely to include their experimentation with drugs.

The school wishes to promote the development of the 'whole person' which encompasses physical, mental, emotional, social and environmental health; by equipping pupils with the knowledge, skills, attitudes and values to handle their lives effectively in the present and prepare them for adulthood.

Research cites personal inadequacy, a lack of self-esteem and peer pressure as the main reasons for drug misuse among young people. This places a responsibility on the school to 'better prepare young people for adult life'. [Education Reform [NI] Order 1989]

Drugs education should therefore form an integral part of the school curriculum.

THE AIMS OF OUR DRUGS POLICY

[A] To establish a framework within which an effective drugs education programme can be developed.

and

[B] To formulate agreed procedures for dealing with drugs-related incidents.

The desired outcome of the drugs education programme is to enable our pupils to make healthy informed choices.

OBJECTIVES**PUPIL FOCUSED**

- [a] To provide opportunities for pupils to acquire knowledge and understanding about the dangers of drug abuse.
- [b] To provide opportunities for pupils to be equipped with the knowledge, attitudes and skills they need to avoid misusing drugs.
- [c] To help pupils develop positive attitudes towards themselves and develop skills needed to resist peer pressure in situations.
- [d] To make available information on sources of help.

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- [e] To enable any pupils who are misusing drugs or have concerns about the misuse of drugs to seek help.
- [f] To understand school rules and state laws relating to medicines, alcohol, tobacco, solvents and illegal drugs and responses to drug-related incidents.

TEACHER FOCUSED

- [g] To provide information and training to allow staff to become competent and confident in delivering drugs education and handling drug-related issues and incidents. New members of staff are also instructed as part of their induction.
- [h] To support staff in the development of schemes of work, teaching syllabuses and tutorial programmes which include drugs education topics.
- [i] To minimise the number of young people who engage in drug misuse.
- [j] To liaise and consult with the PSNI to ensure material delivered is up-to-date and relevant to the local situation.

PARENT FOCUSED

- [k] To provide information where appropriate to parents in the form of written materials and/or meetings.
- [l] To encourage a climate of partnership between parents, pupils and teachers which develops communication and effective action on drugs-related issues.

DRUGS EDUCATION IN CONTEXT

'The purpose of a Drugs Education Programme, is to provide opportunities for young people to acquire knowledge, understanding and skills which enable them to consider the effects of drugs and other substances on themselves and on others. It enables them to make informed and responsible decisions about the use of such substances within the context of a healthy lifestyle. [DENI Misuse of Drugs - 1996]

The programme of education is integrated within the Learning for Life and Work Programme. A life skills approach to drug prevention is essential and within the programme pupils are taught about raising self-esteem, self-confidence and assertiveness to prepare them for making informed decisions about drug use, the main focus being on knowledge, social skills, attitudes and values.

Drugs Education is specifically included within the Learning for Life and Work Programme.

In addition to the drug education provided within the curriculum, the school offers supportive environment for pupils to explore their own attitudes and values as well as an opportunity to discuss any drug-related problems they may have. This is generally done through the Pastoral System within the school and the pupils are informed that confidentiality cannot always be guaranteed.

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THE RANGE OF SUBSTANCES

The School's Policy on Drug Education covers any substance under the DENI definition.

'A drug is any substance which, when taken, has the effect of altering the way a person behaves, feels, sees or thinks. As well as everyday substances such as tea and coffee, drugs include:

- alcohol and tobacco
- 'over the counter medicine' such as paracetamol for headaches
- prescribed drugs, such as antibiotics and tranquillisers
- volatile substances such as glues and aerosols
- illegal drugs such as cannabis, LSD and Ecstasy

The school recognises that the policy focuses mainly on illicit drugs.

Procedures for handling alcohol and tobacco misuse are found in Appendix 1 and this is also included in the Positive Behaviour Policy. Procedures for handling prescribed medicines and volatile substances are also found in Appendix 1 and are outlined in the school Health and Safety Policy. This policy complements these policies and also the Child Protection and Pastoral Care Policies. It does not exist in isolation.

THE LAW IN NORTHERN IRELAND

All staff are aware of their responsibilities under the law. The law in Northern Ireland differs in certain aspects from elsewhere in the U.K. The relevant pieces of legislation are: The Misuse of Drugs Act 1971, Section 5 of the Criminal Law Act [Northern Ireland] 1967, and Powers of Arrest, Police and Criminal Evidence Order [NI] 1989.

If the Headmaster has reasonable grounds to suspect that drugs are being used or supplied on the school premises, he will inform the police immediately in order to avoid any liability as a 'manager or occupier' of premises.

If staff have taken possession of a substance for the purposes of protecting a pupil from harm and from committing an offence, they should under no circumstance try to analyse or identify it. If they suspect it to be LSD, they should wear gloves when handling it, to avoid ingestion through the skin. The drug should be immediately stored in a safe place, and the police contacted.

MISUSE OF DRUGS ACT 1971

It is an offence under the Misuse of Drugs Act 1971:

- [i] to supply or offer to supply a controlled drug to another in contravention of the Act:
- [ii] to be in possession of, or to possess with intent to supply to another, a controlled drug in contravention of the Act, it is a defence to the offence of possession that,

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knowing or suspecting it to be a controlled drug, the accused took possession of it for the purpose of preventing another from committing or continuing to commit an offence and that as soon as possible after taking possession of it he took all such steps as were reasonably open to him to destroy the drug or to deliver it into the custody of a person lawfully entitled to take custody of it

- [iii] for the occupier or someone concerned in the management of any premises knowingly to permit or suffer on those premises the smoking of cannabis, or the production, attempted production, supply, attempted supply, or offering to supply of any controlled drug

The offences listed above are arrestable offences

Section 8

A person commits an offence if, being the occupier or concerned in the management of any premises, he knowingly permits or suffers any of the following activities to take place on those premises, that is to say:

- [a] producing or attempting to produce a controlled drug in contravention of Section 4 [1] of this Act
- [b] supplying or attempting to supply a controlled drug to another in contravention of Section 4[1] of this Act or offering to supply a controlled drug to another in contravention of Section 4[1] of this Act
- [c] preparing opium for smoking
- [d] smoking cannabis resin or prepared opium

CRIMINAL LAW ACT [NORTHERN IRELAND] 1967

Section 5

Failing to give information. Where a person has committed an arrestable offence, it shall be the duty of every other person who knows or believes:

- [i] that the offence or some other arrestable offence has been committed and
- [ii] that he has information which is likely to secure, or to be of material assistance in securing, the apprehension, prosecution or conviction of any person for that offence

to give that information, within a reasonable time, to a constable and if, without reasonable excuse, he fails to do so then that person is committing an offence.

This places an onus on individuals to inform a constable.

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DRUGS EDUCATION POLICY**POWERS OF ARREST - POLICY AND CRIMINAL EVIDENCE
[NORTHERN IRELAND] ORDER 1989****Article 26[4]**

Any person may arrest without warrant anyone who is, or whom he with reasonable grounds suspects to be, guilty of the offence.

Article 26[5]

Where an arrestable offence has been committed, **any person** may arrest without warrant anyone who is, or whom he with reasonable grounds suspects to be, guilty of the offence.

These powers of arrest are available to non-police and, as the following drug offences fall within the definition of Arrestable Offence, are available for use in such circumstances.

1. Possession of Controlled Drugs
2. Possession of Controlled Drugs with Intent to Supply
3. Supply of Controlled Drugs

NB The above information is advisory only and does not represent legal opinion

PROCEDURES FOR HANDLING AND REPORTING INCIDENTS

A suspected drug-related incident is described as:

- Suspect drugs found on the school premises
- A pupil suspected of being in possession of drugs
- A pupil found to be in possession of drugs
- A pupil is suspected of being under the influence of drugs

When an incident occurs the member of staff involved should:

- Make the situation safe
- Send for support
- Administer first aid if necessary
- If an illegal drug is found it should be secured in a safe place until dealt with by the police
- Report the incident

The incident will be in the first incidence reported to the designated teacher Miss Dines and then to the Headmaster, who will contact the juvenile liaison officer from the PSNI in this area. The parents will also be contacted and made aware of the situation. The incident will be recorded by the teacher involved and by the designated teacher. A 'record of action' form will be filled out. One copy will be sent to the SEELB designated officer for

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Drug Education, and a copy will be retained for the school's confidential file. The Board of Governors will also be informed.

All staff are made aware of the procedure, which follow the guidelines issued by The Department of Education 1996 in the document 'Guidelines on Handling Suspected Incidents of Drug Misuse on School Premises'. This is outlined in Appendix 2 of this policy.

School staff are not permitted to search pupils' clothing or possessions. However, it is acceptable to ask the pupil to empty pockets and school bags. Staff **may** search **school property** such as lockers or desks.

PROCEDURES RELATING TO DISCIPLINE AND COUNSELLING

Procedures will be carried out in line with the positive Behaviour Policy and each case will be treated separately. However the school views the possessions of drugs as a serious breach of the discipline code and will treat it as such. The supplying of drugs to others is an even more serious offence and any punishment given will reflect this.

EMERGENCY PROCEDURES

For the purpose of this policy, an emergency is considered to be either:

A situation in which a pupil or staff is in danger, or

A sequence of events which requires urgent attention.

A flow chart for dealing with emergencies is contained in Appendix 3 of this policy.

CONFIDENTIALITY

The spirit of confidentiality is of primary importance to those who work professionally with young people in a trusting and secure environment. However the legal requirement of drug legislation will mean that in certain circumstances there will be a change in the convention of confidentiality. The Children [Northern Ireland] Order [1995] makes it clear that the welfare of the young person is paramount and therefore confidentiality must be included.

Where a pupil discloses to a teacher that he or she is taking drugs, the teacher should make it clear that he or she cannot offer confidentiality and report it to the teacher who is designated to deal with drug-related incidents. The teacher can advise the pupil of sources of confidential information or advice. Pupils should also be encouraged to talk to their parents.

DEALING WITH THE MEDIA

If the school receives an enquiry from the media, the caller should be referred only to the Headmaster.

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When responding to the media, the privacy of the pupil should be respected, they are only to give short, factual statements, and the concluding statement should be positive, and reassuring. No further comments should be given.

THE PLACE OF DRUGS EDUCATION WITHIN THE CURRICULUM

Drugs education should not be seen as a one-off topic but as a continuous process which involves the development of skill and attitudes enabling pupils to make informed choices. Effective drug education should take account of not only the individual, but also the family, their peer groups, and the wider community. Where possible, the school promotes the partnership between the parent and child, when addressing drug issues.

In Northern Ireland, the statutory curriculum for young people includes the cross-curricular theme of Health Education. This theme provides opportunities for young people to develop their knowledge and understanding of the use, misuse, risks and effects of drugs and other potentially harmful substances, their effects on health and lifestyle, and the personal, social and economic implications. These issues are addressed in the school's Learning for Life and Work Programme which pupils follow from Year 8 to Year 14.

Drugs education is specifically included within the Revised Curriculum as a part of Personal Development.

The Head of Department in each relevant subject area is responsible to ensure that the aspects of Drug Education outlined in the Revised Curriculum are covered as appropriate, and this is taught by subject specialists.

A full outline of the areas of study involving drug education is in Appendix 4 at the back of this policy.

THE DELIVERY AND ORGANISATION OF THE DRUG EDUCATION PROGRAMME

Drug Education is a whole staff issue. Sullivan Upper School ensures that staff are regularly updated with changes in the curriculum and changes to the policy, which have an effect on their delivery of the curriculum. Where possible staff receive in-service training on drug issues.

The programme is organised through each subject area, with the member of staff responsible for Learning for Life and Work and the Health Education Co-ordinator liaising to ensure its implementation. During the Pastoral Period teachers with a particular interest in drugs education and responsible for delivering the programme outlined, and he or she is given assistance if it is required. Each class has one pastoral period per week.

RESOURCES

The main resources used for the delivery of the drug education programme are listed

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on the final page of Appendix 4.

OUTSIDE AGENCIES

Sullivan Upper School may use outside agencies to help deliver the drug education programme if the teacher ensures that the following criteria are met:

The content and delivery of the programme has been jointly agreed.

The programme and methods of delivery are consistent with the aims and objectives outlined in this policy.

The Headmaster has given his approval for the use of the outside agency.

The staff from the agency have been vetted in relation to Child Protection.

LINKS WITH PARENTS, THE COMMUNITY AND THE POLICE

Parents play a supportive role in the drugs education programme. They are encouraged to discuss drug issues with their child whenever possible. The drugs education policy will be available for consultation in the School Office.

The school endeavours to work closely with the local community to help reduce the number of drug-related incidents.

Sullivan Upper School has developed good working relationships with the local police. This helps to ensure that if a drug-related incident is reported, it will be dealt with in a professional and discrete manner, and in keeping the best interests of the child concerned in mind.

Juvenile liaison officers offer advice and support when it is needed.

THE ROLE OF THE HEALTH EDUCATION CO-ORDINATOR

Dr Fox-Roberts is the member of staff responsible for co-ordinating all issues pertaining to drug education programme within the school. Her role includes:

- Working closely with the member of staff with responsibility for the Learning for Life and Work Programme.
- Ensuring that the programme of study is being taught effectively.
- Liaising with all staff on drug education matters, for curriculum purposes.
- Organising training for staff as appropriate.
- Liaising with outside agencies for curriculum purposes.

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THE ROLE OF THE DESIGNATED TEACHER FOR DRUG-RELATED INCIDENTS

Miss Dines is responsible for the co-ordination of the arrangements to deal with individual cases of suspected or actual drug misuse. Her role includes:

- Implementing procedures as outlined in this policy for dealing with an incident.
- Receiving any substance found in school.
- Liaison with the Headmaster on any drug-related incident.
- Regularly updating staff on the policy and the procedures for dealing with a drug-related incident.
- The induction of new staff as appropriate.
- Liaison with the member of staff with responsibility for the Learning for Life and Work Programme and the Health Education co-ordinator and staff who have responsibility for pastoral care and delivery of the drug education programme.
- Liaison with outside agencies in relation to drug-related incidents.
- Reviewing and updating the school drug policy, when required.

MONITORING AND EVALUATING

The school drug education policy is periodically reviewed to reflect changing circumstances and trends in drugs use. The programmes of study for drug education are continually reviewed and any changes deemed necessary are implemented.

The policy appears as an item on the agenda of staff meetings as required and all new staff are familiarised with it.

The policy is available to parents if they request it and it is printed in the school prospectus and school handbook. The policy can also be accessed from the school web site.

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DRUGS EDUCATION POLICY

APPENDIX 1

PROCEDURES FOR HANDLING ALCOHOL MISUSE

The school does not allow the abuse of alcohol on the premises. This applies to visitors, staff and pupils.

Adults breaking this rule will be referred to the Headmaster directly.

Pupils will be dealt with under the school's positive behaviour policy.

PROCEDURES FOR HANDLING TOBACCO MISUSE

The school is a restricted environment with no-one being permitted to smoke on the school premises except in a designated smoking area. This area is for staff only and visitors are not permitted to smoke whilst in the building.

Adults breaking this rule will be advised by other members of staff.

Pupils breaking this rule will be dealt with under the school's positive behaviour policy.

THE MANAGEMENT OF PRESCRIBED MEDICINES

At the start of the school year, parents must complete a medical form indicating any medical illness their child has. Pupils may bring to school sprays, tablets or other drugs provided they have their parents' permission and an appropriate medical prescriptions. As far as possible these should be limited to the maximum dose for one day and kept in a labelled container at all times. Larger quantities should be lodged with the School Nurse. Parents should inform the school in writing of any medical condition and treatment and a note will be made of this in the Nurse's register.

Staff should not administer drugs to pupils unless they have the authorisation of a parent. Medication prescribed for one person should not be taken by anyone else. The only exception to this may be in cases involving a severe asthmatic attack where someone's inhaler could be given to someone else in an emergency procedure.

Before embarking on school trips the teacher-in-charge should have in place a procedure with regard to the storage and administration of medication. They must also make it clear at the outset, to pupils and parents, the procedure for dealing with a pupil found smoking, drinking alcohol or misusing drugs whilst on the school trip.

THE MANAGEMENT OF SOLVENTS

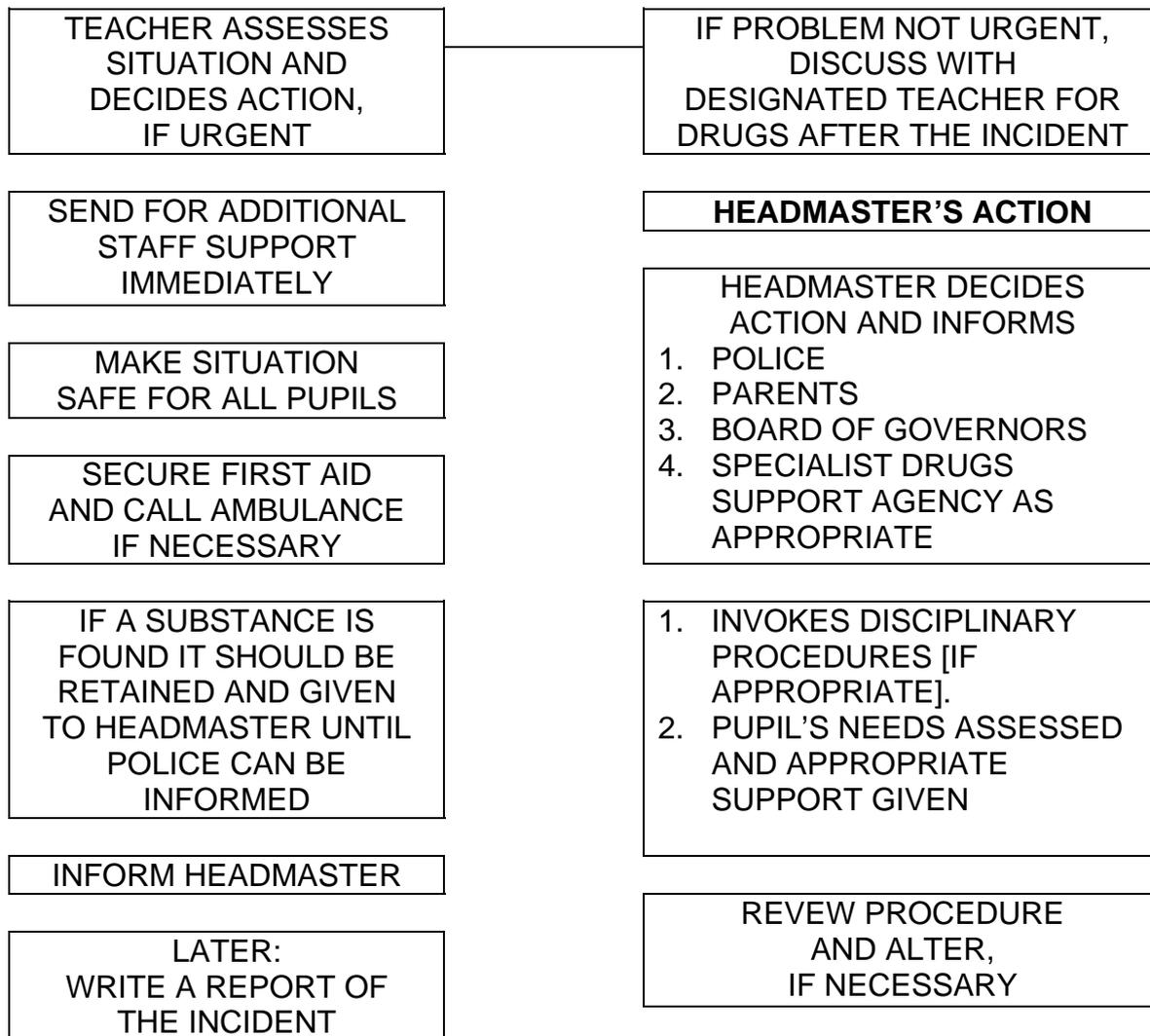
Pupils are not permitted to bring solvents or aerosols into school. This includes tippex fluid and pens, tippex thinners, solvent-based glue, permanent markers and spray deodorants. Pupils are permitted to bring felt tip pens into school.

All members of staff are responsible for the safe storage and usage of solvents in their classroom. Where possible they should be locked away when not in use. This includes white board markers, glues and paints. The cleaners and caretakers should also ensure that their stores are locked when not in use and that solvents are held in a secure place.

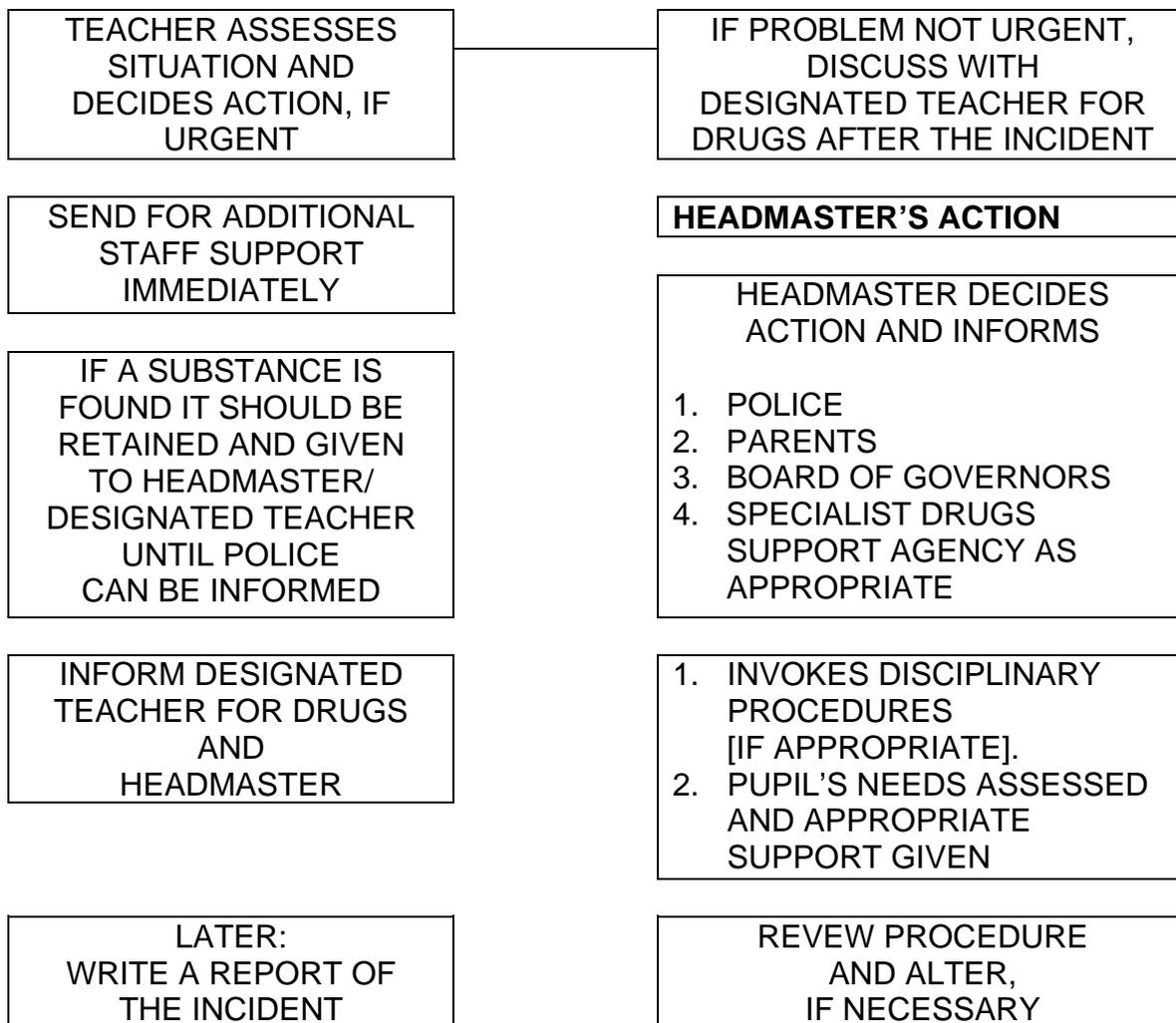
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DRUGS EDUCATION POLICY**APPENDIX 2****HANDLING INCIDENTS**

Action to be taken in the event of a suspected incident of drug misuse where the designated teacher for drug issues is the Headmaster.

TEACHER'S ACTION

Action to be taken in the event of a suspected incident of drug misuse where the designated teacher for drug issues is not the Headmaster.

DRUGS EDUCATION POLICY**TEACHER'S ACTION**

DRUGS EDUCATION POLICY**APPENDIX 3****EMERGENCY FIRST AID**

Emergency Action for all members of the school community:

In the event of finding someone collapsed and unconscious, summon help and follow these procedures until help arrives:

1. Check that the mouth is free of obstruction and the air-way clear.
2. If necessary pull the tongue forward.
3. Loosen clothing at the neck-line.
4. Place the person in the recovery position with the head forward [refer to illustrations of recovery position next page].
5. Check for chest movement and colour of face, lips and tongue; if these begin to turn blue, a person qualified in first aid should resuscitate.

A CURRENT LIST OF FIRST-AIDERS IS LODGED IN SCHOOL OFFICE.

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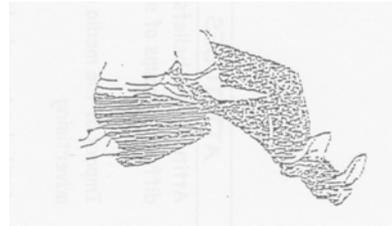
The Recovery Position

1



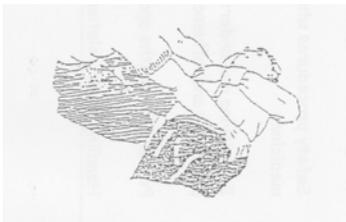
Turn the face towards you
Tilt the head backwards and move the jaw forward to ensure that the air-way remains open

2



Place the arm nearest to you by the casualty's side, then slide the hand, palm upwards, under the buttock.
Bend the other arm and lay it across the chest
Lift the far leg and bringing it towards you cross it over the leg nearest you.

3



Support the head and grip the clothing at the hip.
Roll the casualty towards you until he/she rests against your knees.

4



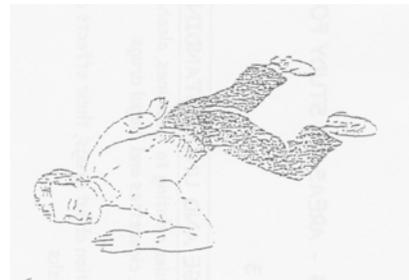
Check that the air-way remains open.
Keeping the uppermost arm bent, move it out from the body to act as a support.

5



Bend the uppermost leg and bring well forward to support the body.

6



Free the other arm to let it lie alongside the body.

DRUGS EDUCATION POLICY**APPENDIX 4****Areas of Study for Drugs Education Programmes****KEY STAGE 3**

Knowledge and Understanding	Skills	Attitudes
<ul style="list-style-type: none"> ▪ School rules relating to medicines, alcohol, solvents, cigarettes and illegal drugs ▪ Information about drugs, their effects and health risks ▪ Scientific terminology, eg abuse, addition, withdrawal, overdose ▪ Categories of drugs ▪ The misuse of drugs in sport ▪ The effect of different levels of intake of alcohol ▪ Advice and support, helplines and organisations 	<ul style="list-style-type: none"> ▪ Identifying health risks ▪ Communicating with peers, parents and professionals ▪ Decision making and consequences ▪ Requesting advice and support ▪ Giving and securing help, eg first aid ▪ Safety procedures when using medicines ▪ Identifying and understanding pressures and influences ▪ Personal strengths and weaknesses ▪ Handling social relationships 	<ul style="list-style-type: none"> ▪ Attitudes and beliefs amongst different groups of society ▪ Impact of media and advertising ▪ Attitudes towards drugs and laws relating to drugs ▪ Responsibility for your own actions ▪ Responsibility for your own and other's safety ▪ Recognition of yourself as a role model ▪ Alternative ways to spend your leisure time

DRUGS EDUCATION POLICY**KEY STAGE 4**

Knowledge and Understanding	Skills	Attitudes
<ul style="list-style-type: none"> ▪ School rules relating to medicines, alcohol, solvents, cigarettes and illegal drugs ▪ Information about drugs, their legal status, effects and appearance ▪ Personal, social, financial, biological and psychological effect of drug misuse ▪ Patterns of drug misuse and the impact on the community and wider society ▪ Dangers associated with particular drugs, mixing drugs, environment and mood ▪ Drug policy in this country ▪ Legal responsibilities and rights ▪ The services provided by local and national advice and support agencies. 	<ul style="list-style-type: none"> ▪ Personal self-appraisal ▪ Handling personal and social relationships ▪ Identifying and understanding pressures and influences ▪ Identifying and assessing risks, including emotional and lifestyle consequences ▪ Communicating with peers, parents and professionals ▪ Making choices and knowing the consequences ▪ Decision making and assertiveness ▪ Managing conflict and aggressive behaviour ▪ Requesting advice and support ▪ Giving first aid 	<ul style="list-style-type: none"> ▪ Social and cultural influences on young people ▪ Making choices and knowing the consequences ▪ Attitudes towards drugs, drug users and mis-users, drug pushers and laws in relation to drugs, including licensing laws ▪ The role of the media in influencing attitudes towards drug use ▪ Individual's responsibilities for their own actions ▪ Alternative social and leisure pursuits.

DRUGS EDUCATION POLICY**ANTI DRUGS EDUCATION**

YEAR	CONTENT	DURATION	METHODOLOGY
8	<u>Science</u> Effects of smoking on the body	2P	TB, Q, D
	<u>PE</u> Effects of tobacco on fitness	2W	D
	<u>PHSE</u> Smoking [a] Range of attitudes towards smoking [b] Damage to body [c] Why young people smoke [d] Role-play – resisting pressures/debate using Year 14	5P	TB, WS. RP, D
9	<u>PE</u> Effects of tobacco and alcohol on fitness	2W	D
	<u>Biology</u> Effect of alcohol/drugs on the body	2P	HO/Q
	<u>PSHE</u> Drugs - positive and negative use of a range of drugs and their positive and negative	5P	TB, GW, Drawing, D BS
10	<u>Biology</u> Effect of alcohol and drugs during pregnancy.	2P	N
	Smoking and Passive - effects of cancer, heart, smoking and pregnancy		V, EXB, HO
	<u>PSHE</u> Alcohol Physiology of the use of alcohol. Dangers, cost to society, individuals and family of drunkenness	4P	V, D
	<u>Biology</u> As Year 9 and 10 for smoking and pregnancy [alcohol, smoking and drugs]	4P	N, HO
	<u>PE</u> Taking legal/illegal drugs and effect on the body	4P	TB, V, HO, Q, D
	<u>PHSE</u> Drugs - range of street names, reasons for use, effects - physical and mental, LT ST effects of taking ecstasy on society, family and individual evaluation	5P	BS, D V, WS Q

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YEAR		CONTENT	DURATION	METHODOLOGY
12	<u>Biology</u>	Alcohol/drugs in general/solvents, abuse of, effects on society, effects during pregnancy, liver and detoxification by the liver	2P	N, V
	<u>PE</u>	Drugs in the relationship between performance to win/performance to participate - understanding the athletic mentality that would allow/encourage the use and misuse of drugs	4P	Q, D
	<u>RE</u>	Drug addiction and Christian morality	2-3P	TB, D
13	<u>PE</u>	As Year 12	4P	TB, V HO, Q, D
	<u>PSHE</u>	Alcohol Abuse and Addiction	3P	V, WS, OA
14	<u>PE</u>	As Year 13	2W	HO, V, TB, Q, D

Methodology abbreviations:

V	=	Video	HO	=	Handout
D	=	Discussion	EX	=	Experiment
TB	=	Text Book	RP	=	Role Play
Q	=	Questions	GW	=	Group Work
N	=	Notes	BS	=	Brain Storming

DRUGS EDUCATION POLICY**APPENDIX 4****UPDATED APPENDICES 2008****ANTI-DRUGS EDUCATION PROGRAMME**

Year 8 Chrysalis Programme Science 12 periods

All science teachers trained in the delivery of this active learning programme

Explores the effects of drugs on the body, protective and risk factors, categories drugs and investigates self-esteem, attitudes and values and decision making

Chrysalis Parents' Evening

Explanation of the programme and the involvement of parents in home tasks.
Effects of tobacco on fitness

1 hour**PE – 2 periods**

Year 9 Effects of tobacco and alcohol on fitness

PE – 2 periods

Effects of alcohol/drugs on the body
Possible use of Video "A" is for Alcohol
Handout and questions on units of alcohol and drink/driving
Handout on different types/short and long term effect of taking drugs
Active learning technique to demonstrate addiction from Chrysalis Y10
Effects on society and the concept of addiction

Biology – 4 periods

Year 10 ALCOHOL, DRUGS AND SMOKING

Biology – 4 periods

1. Effects of alcohol and drugs during pregnancy. Notes – see biology handbook.
2. Smoking/Passive – effects on heart, cancer, and in pregnancy. Video "Mummy you're killing me" and handout

KS4 Through Pastoral Programme

DRUGS EDUCATION POLICY**Taught Pastoral Programme****KS 3**

The Chrysalis Programme exhibits a spiral curriculum and progression over the 3 years at KS3. Most of the teachers involved in this have been trained at SEELB or by JFR.

Year 9 Chrysalis **9 periods**
Delivered by Form Base Tutor

Year 10 Chrysalis **11 periods**
Delivered by Form Base Tutor

KS4

Year 11 **Drugs Awareness Module** **5 Periods**

First 3 lessons delivered by Section Tutors
– all of whom have been trained in August
2008 by the Coordinator of SHAHRP

'Last Orders II'
Alcohol Related Harm
Focuses on vulnerability of young people
to other risks if they have consumed
alcohol

Last 2 sessions are taken LRM/MR
focusing on drugs in particular Ecstasy and
Cannabis

KS5

Year 13 **Alcohol – Abuse and Addition** **3 periods**
Video
Outside Agency