

# Open Academy

## Drugs Policy

<b>Policy Type:</b>	<b>Academy Policy</b>
<b>Approved By:</b>	<b>Local Governing Body</b>
<b>Date Approved by LGB:</b>	<b>25/01/2024</b>
<b>Review Date:</b>	<b>February 2027</b>
<b>Person Responsible:</b>	<b>Principal</b>

**Summary of Changes**

The policy has been amended as follows.

<b>Page Ref.</b>	<b>Section</b>	<b>Amendment</b>	<b>Date of Change</b>
5.		Addition of General Power to Confiscate Paragraph	Feb 21
7.	Possession of Tobacco etc.	Reference to DNEAT Smoke Free Policy	April 2021
4.	Range of substances	Reference to DNEAT Smoke Free Policy	April 2021
4.	Range of substances covered	Policy updated to reflect current drugs in circulation	January 2024
7	Police Involvement	New section added	January 2024

## **General Policy Roles and Accountabilities**

The Diocese of Norwich Education and Academies Trust (DNEAT) is accountable for all policies across its Academies. All policies, whether relating to an individual Academy or the whole Trust, will be written and implemented in line with our ethos and values as articulated in our prospectus. We are committed to the provision of high-quality education in the context of the Christian values of service, thankfulness and humility where individuals are valued, aspirations are high, hope is nurtured, and talents released.

A Scheme of Delegation for each Academy sets out the responsibilities of the Local Governing Body and Principal. The Principal of each Academy is responsible for the implementation of all policies of the Academy Trust.

All employees of the Academy Trust are subject to the Trust's policies.

## **Rationale**

In the light of current evidence that young people's drug use is increasing, and shared concerns at local and national level, we wish to state that as part of its care for the welfare of its students, The Open Academy believes it has a duty to inform and educate young people on the consequences of drug abuse and misuse.

The Open Academy recognises that there will always be young people who choose to take risks. However, at no time will the Academy knowingly permit or tolerate possession, consumption, supply or offer to supply any restricted drugs on the Academy premises. If any of these offences are committed they will be fully investigated and dealt with ensuring that drugs use or misuse is challenged using a range of sanctions that are explained elsewhere in this policy.

Fundamental to our Academy's core values and practice is the principle of sharing the responsibility for the 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.

## **Aims**

- Maintain the ethos of the Academy.
- Uphold the Sanctions Policy for Dealing with Drug Related Incidents (appendix 1) [\[2\]](#)
- Reduce situations of risk for the majority.
- Deter future occurrences.
- Meet the needs of the offending student and his or her family.

## **Range of Substances Covered**

The Academy is committed to educate about all drugs and will take responsive action within all categories of drug misuse.

Categories of drug misuse: -

- Volatile (sniffable) substances (e.g. petrol, alkyl nitrites, butane, aerosols).
- Over-the-counter medicines (e.g. paracetamol, cough medicines).
- Prescription medicines (e.g. tranquillisers, amphetamines, anabolic steroids) See Appendix 10 – Sports supplements.
- Alcohol.
- Tobacco – (Please refer to DNEAT Smoke Free policy)
- Other legal drugs (e.g. caffeine, Antibiotic, Steroids).
- Illegal drugs (e.g. cannabis, methadone, Ketamine, heroin, LSD or ecstasy).

Incidents on Academy premises may involve the following or a combination of the following

- Suspected possession
- Possession
- Responding to illness/inappropriate behaviour as a result of suspected drug misuse.
- Sharing/dealing in suspected illegal substance.

*The legal classification of drugs and law relating to the Drugs Act 2005 and Misuse of Drugs Act is outlined in Appendix 3*

### **Medicines**

It is the Academy policy that the Academy must be informed in writing of any medicines that a student may need during the school day or on the school premises. It is of particular importance to discuss medicines that are used to control co-ordination or behavioural difficulties.

### **Safety of Staff and students**

To protect the health and safety of staff and young people all staff will receive training on how to identify drug use and follow procedures to deal with drug-related incidents, this will ensure the welfare of young people is maintained. (safeguarding). All students involved in drugs are exploited and considered a safeguarding risk.

*Possible signs and symptoms of drug misuse are outlined in Appendix 4*

### **Responsible Behaviour**

Academy staff should, act at all times as responsible role models and set a good example of drug related behaviour. Therefore, this policy with reference to restricted drugs will apply to any person on the school premises.

### **Boundaries and School Responsibility**

Students are expected to adhere to this policy whilst travelling to and from the Academy and once they have entered the physical boundaries of the Academy. On occasions where students leave the Academy premises during these times such as lunchtime they shall not commit any of the offences that are outlined in this policy. Students will also be expected to adhere to this policy whilst they are attending an event, on work experience placements or on a residential or Academy trip whether supervised or not. Any student involved in a drug related incident on such an occasion will be dealt with according to this policy. People concerned in the management of any venue hosting an event etc may impose additional procedures/sanctions.

### **Staffing**

The Principal and leadership team in liaison with the Inclusion team will co-ordinate the management of drug-related incidents and drug education.

### **General power to confiscate**

Schools' general power to discipline, as set out in section 91 of the Education and Inspections Act 2006, enables a member of staff to confiscate, retain or dispose of a pupil's property as a disciplinary penalty, where reasonable to do so.

Where the person finds other substances, which are not believed to be controlled drugs these can be confiscated where a teacher believes them to be harmful or detrimental to good order and discipline. This would include new psychoactive substances or 'legal highs'. If school staff are unable to identify the legal status of a drug, it should be treated as a controlled drug.'

DFE and APCO drug advice for school's Sept 2012

### **Training for staff**

General drug training on how to manage drug-related incidents and identifying young people's drug use will be given to all staff as well as how, when and why drug education should take place.

### **Needle Disposal**

*Guidelines for the disposal of needles can be found in appendix 5.*

### **Confidentiality**

Young people wishing to disclose drug use by themselves or their peers to teaching staff will be informed that staff cannot guarantee confidentiality and that if will be referred through the Academy's safeguarding procedures.

If a student wishes to discuss their own drug use or that of their friends or family confidentially, they will be referred to the school nurse, or young people's drug service. If there is any evidence that the student's safety is at risk the person providing support will work in partnership with the student to ensure that they are given appropriate support or intervention. This will be carried out in consultation with the designated Child Protection Officer or Social Services. Safeguarding procedures supersede any confidentiality agreement.

### **Drug-Related Incidents**

*Guidance on responding to drug-related incidents is outlined in appendix 2. It should be noted that this guidance is closely linked to the Academy's Policy For Dealing With Drug Related Incidents (set out in appendix 1) and Procedures for First Aid and the Administration of Medicines.*

*Statements on specific issues can be found in appendix 9.*

### **Drug Education**

The statutory provision of drug education will be taught in the science orders, which are:

- Key Stage 3; 11-14 year olds. How the misuse of solvents, tobacco, alcohol and other drugs affects health.
- Key Stage 4; 14-16 year olds. The effects of solvents, tobacco, alcohol and other drugs on body functions.

To be effective drug education will be taught throughout the curriculum although the main vehicle will be the PSHEE Curriculum. The Academy seeks to assist young people in their personal and emotional development and allow time for reflection with opportunities for exploration of attitudes and values.

### **Outside Speakers**

If outside speakers are used to complement the work in the Academy they will be properly briefed beforehand and the content of their sessions will be agreed with the teacher cofacilitating the lesson. The speaker will be incorporated into a programme of drug education and not used in isolation from the programme. A member of staff will participate in any deliveries from outside agencies and careful attention paid to follow up work. Outside speakers will be given a copy of the school drug policy prior to the visit to ensure that they are aware of the ethos of the school and how to deal with an incident if it occurs.

*Further guidelines on the use of visitors and outside agencies may be found in appendix 6.*

### **Dealing with the Media**

*Guidelines on dealing with the media may be found in appendix 7*

### **Records**

Records will be kept by the Principal of all drug-related incidents.

*Guidelines for the writing of a report on a drug-related incident are set out in appendix 8.*

### **Police involvement**

The senior member of staff responsible for the school's drugs policy should liaise with the police to agree a shared approach to dealing with any drug-related incidents.

The academy will be advised to:

- Ensure that a second adult witness is present throughout.
- Seal the substance in a plastic bag and include details of the date and time of the seizure/find and the witness present.
- Store it in a secure location, such as a safe or other lockable container with access limited to senior members of staff.
- NOT dispose of the substance.
- Notify the police without delay who will collect it and then store or dispose of it in line with locally agreed protocols.
- Record full details of the incident, including the police incident reference number if they are involved.
- Inform parents/carers, unless this is not in the best interests of the pupil.
- Identify any safeguarding concerns and develop a support and disciplinary response.

## **Appendix 1**

### **SANCTIONS FOR DEALING WITH DRUG RELATED INCIDENTS**

#### **Rationale**

The Academy believes in a sanction deemed appropriate after the assessment of the incident, which has the long-term interests of the student and the Academy as an ultimate aim. Such a response is proportionate to the offence and seeks to emphasise the significance of breaking the law and to challenge existing attitudes to drug use/misuse. There may be times when it is in the best interests of a student to be introduced to the criminal justice system, particularly if it is not a first offence or the student's attitude indicates that other sanctions would not prevent similar offences being committed in the future.

#### **Possession of Tobacco/Cigarettes/Matches/Lighters. (Please see DNEAT Smoke Free Policy)**

##### **Action:**

- Confiscation of offending item/items by member of staff.
- Offending item/items placed in an envelope (with description of contents and who they were confiscated from) and handed to Inclusion Co-ordinator.
- Member of staff to issue a Detention.

- Inclusion Co-ordinator to retain envelope until parents make contact to arrange for collection of confiscated items. If contact is not made within 5 school days the offending items should be disposed of by the Inclusion Co-ordinator.

### **Possession of Alcohol**

#### **Action:**

- Confiscation of offending item/items by member of staff.
- Offending item/items (with description of what and who they were confiscated from) handed to Inclusion Co-ordinator.
- Inclusion team to inform SLT
- Exclusion issued by Principal (the length/type of exclusion will depend on the nature of the offence.)

**N.B. If a student is found to be under the influence of alcohol /drugs the guidelines set out in column 1 of appendix 2 should be adhered to prior to the exclusion being issued.**

The following sanctions tariff is guidance for the Principal as they consider the individuals circumstances on each case by case basis as per exclusions. They already assume that there will be mitigating circumstances

### **Possession of Drugs**

#### **Action:**

- Follow guidelines set out in column 3 of appendix 2
- Exclusion issued by Principal (the length/type of exclusion will depend on the nature of the offence).

### **Suspected Dealing/Sharing**

#### **Action:**

- Follow guidelines set out in column 4 of appendix 2
- Permanent Exclusion issued by Principal.

## **Appendix 2**

### **SUMMARY OF GUIDANCE ON RESPONDING TO DRUG RELATED INCIDENTS**

Closely linked to Academy's Positive Behaviour Policy and Procedures for First Aid and the Administration of Medicines.



Issues	Actions - Don't Panic
Illness/Inappropriate Behaviour	<ol style="list-style-type: none"> <li>1. Collect relevant (what, when, how much) emergency information</li> <li>2. Call First Aider/Ambulance if serious concern</li> <li>3. Make casualty safe and comfortable until medical personnel take responsibility</li> <li>4. First Aider to check against any known medical conditions and prescriptions in records</li> <li>5. Report to SLT</li> <li>6. Inform parent/carers</li> <li>7. Subsequently collect all evidence and write report including accident form if necessary</li> <li>8. If substance is suspicious inform Police</li> <li>9. If substance misuse is proved may need punitive response and referral for support, in line with the Academy's Policy for Dealing with Drug Related incidents (set out in Appendix 1)</li> <li>10. Inform parents, discharge into parents care whilst investigating fixed term exclusion. Inform Chair of Governors</li> <li>11. Inform LA if exclusion occurs</li> </ol>
Suspected Possession Hearsay information – inform the inclusion team who will consult with SLT	<ol style="list-style-type: none"> <li>1. Cigarettes/Alcohol - confiscate. Act in line with the Academy's Sanctions Policy For Dealing With Drug Related Incidents (set out in appendix 1).</li> <li>2. Other Drugs - Inform any member of the SLT/Safer Schools Officer</li> <li>3. Stay with person preferably with a witness until a member of SLT arrives. SLT/Safer Schools Officer to remove substances or equipment (if over the counter medication note label). Use gloves, if possible, in presence of a witness seal, store securely as future evidence minimising handling. Do not pollute evidence.</li> <li>4. SLT to collect all other evidence from staff, student, write report. Consult with Principal</li> <li>5. Principal to inform parents of concerns</li> <li>6. If illegal substance involved act in line with the Academy's Sanctions Policy For Dealing With Drug Related Incidents (set out in appendix 1) for punitive response and support. Inform parents of fixed term exclusion.</li> <li>7. Inform Chair of Governors.</li> <li>8. Inform LA if exclusion occurs.</li> </ol>
Suspected Dealing/Sharing	<ol style="list-style-type: none"> <li>1. Report suspicions/allegations to any member of the SLT/safer schools officer.</li> <li>2. Stay with person preferably with a witness until a member of SLT arrives.</li> </ol>

	<ol style="list-style-type: none"> <li>3. SLT/Safer Schools Officer to remove substances or equipment using gloves and in presence of a witness seal store securely as future evidence, minimising handling. Do not pollute evidence.</li> <li>4. SLT to collect all other evidence from staff, student, write report. Consult with Principal</li> <li>5. Principal will inform/consult with parents about the allegations and decide whether to involve others.</li> <li>6. If allegations have some grounds and/or suspected illegal substances are collected contact the Police for support unless seriousness requires prompter police action</li> <li>7. If illegal substance involved act in line with the Academy's Sanctions Policy For Dealing With Drug Related Incidents (set out in appendix 1) for punitive response and support.</li> <li>8. Inform chair of Governors.</li> <li>9. Permanent exclusion. Inform LA.</li> </ol>
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### Appendix 3

#### **MISUSE OF DRUGS ACT**

**This is the main piece of legislation covering drugs and categorises drugs as class A, B and C.**

These drugs are termed as controlled substances, and Class A drugs are those considered to be the most harmful.

#### **Offences under the Act include:**

- Possession of a controlled substance unlawfully
- Possession of a controlled substance with intent to supply it
- Supplying or offering to supply a controlled drug (even where no charge is made for the drug)
- Allowing premises you occupy or manage to be used unlawfully for the purpose of producing or supplying controlled drugs

#### **Drug trafficking (supply) attracts serious punishment including life imprisonment for Class A offences.**

To enforce this law the police have special powers to stop, detain and search people on 'reasonable suspicion' that they are in possession of a controlled drug.

#### **Classification under the Act Class A drugs**

**Include:** Ecstasy, LSD, heroin, cocaine, crack, magic mushrooms (whether prepared or fresh), methylamphetamine (crystal meth), other amphetamines if prepared for injection

**Penalties for possession:** Up to seven years in prison or an unlimited fine. Or both

**Penalties for dealing:** Up to life in prison or an unlimited fine. Or both

#### **Class B drugs**

**Include:** Cannabis, Mephedrone, amphetamines, Methylphenidate (Ritalin), Pholcodine

**Penalties for possession:** Up to five years in prison or an unlimited fine. Or both

**Penalties for dealing:** Up to 14 years in prison or an unlimited fine. Or both

## **Class C drugs**

**Include:** Tranquilisers, some painkillers, GHB (Gamma hydroxybutyrate), ketamine

**Penalties for possession:** Up to two years in prison or an unlimited fine. Or both

**Penalties for dealing:** Up to 14 years in prison or an unlimited fine. Or both

## **Appendix 4**

### **Appendix 4**

#### **POSSIBLE SIGNS AND SYMPTOMS OF DRUG MISUSE**

The signs listed may indicate that individuals or groups of young people are misusing drugs. Their presence alone is not conclusive proof of drug or solvent misuse: many of them are a normal part of adolescence but the presence of several signs together may point to a need for greater vigilance.

#### **BEHAVIOUR**

- Sudden and regular changes of mood or irritability.
- Unusually aggressive or restless.
- Gradual loss of interest in school/college work, friends, hobbies etc.
- Increased evidence of lying or other furtive behaviour.
- Loss of money or other objects from the house.
- Keeping at a distance from other students and away from points of supervision.
- Being the subject of rumours about drug taking.
- Talking to strangers on or near the premises.
- Stealing, which appears to be the work of several individuals rather than one person.
- Use of drug takers slang.
- Exchanging money or other objects in unusual circumstances.
- Associating briefly with one person who is much older and not normally part of the peer group.
- Secretiveness about leisure time activities.

#### **PHYSICAL SYMPTOMS**

- Loss of appetite.
- Uncharacteristically drowsy or sleepy.
- Unusual stains, marks or smells on the body or clothes or around the house.
- No interest in physical appearance.
- Sores or rashes especially on the mouth or nose.
- Heavy use of scents, colognes etc. to disguise the smell of drugs.
- Drunken behaviour.
- Frequent and persistent headaches, sore throat or running nose (whatever the reason a visit to the GP would be wise).

#### **EQUIPMENT WHICH MAY BE USED**

- |  |                                |
|--|--------------------------------|
| ☒ Scorched pieces of tin foil.   | ☒ Twists of paper              |
| ☒ A home-made pipe   | ☒ Straws                       |
| ☒ The remains of a cannabis cigarette with small cardboard tube filter | ☒ Sugar lumps                  |
| ☒ Sunglasses worn at inappropriate times.                              | ☒ Syringes or needles          |
|  | ☒ Cigarette papers and lighter |

☒	Foil containers or cup shapes made from silver foil – perhaps discoloured by heat. Metal tins	☒	Plastic bags or butane gas containers (solvent abuse)
☒	Spoons discoloured by heat.	☒	Cardboard or other tubes
☒	Pill boxes	☒	Stamps, stickers or similar items
☒	Plastic, cellophane or metal foil wrappers Small plastic or glass files or bottles	☒	Shredded cigarettes, home-rolled cigarettes and pipes
☒	Spent matches	☒	Small squares of paper folded to make little envelopes

### Appendix 5

#### **COLLECTION OF HYPODERMIC NEEDLES**

Handling used hypodermic needles incorrectly can lead to needlestick injuries.

Two main blood borne diseases can be contracted via injuries from infected needles. Hepatitis B and HIV.

The risk of contracting these diseases however can be lowered to negligible levels if normal hygiene precautions and this Code of Practice is followed.

1. Only authorised persons are to collect needles.
2. Disposable gloves must be worn (the reason for this is to prevent material from contacting the skin). **WARNING:** gloves will not prevent needlestick injuries.
3. Needles must be placed in the sharps box provided.
5. Sharps boxes can be used until approximately half full when they must be disposed of through the local GP Clinic.

### Appendix 6

#### **GUIDELINES ON THE USE OF VISITORS AND OUTSIDE AGENCIES**

Health education is a shared responsibility: what is learned at the Academy can and should be supported by experiences at home and in the community. It is therefore sometimes appropriate to involve visitors from outside agencies, not to undertake the above but to support it.

Before involving visitors in drug education, or any aspect of health education, the Academy will ensure that: -

- The visitor shares the school's values and approach to health education.
- The contribution is consistent with the school's own theory and practice and the information impartial.

- An outsider's input is being sought for sound educational reasons and that the particular visitor is the most appropriate source of that input.
- The contribution from the visitor is an integrated element of the curriculum with appropriate planning, preparatory and follow up work.
- The visitor understands the emotional and intellectual levels of the children or young people involved and can communicate at the appropriate level.

Visitors should never be left alone to work with students. The teacher must be part of the experience so he/she can provide appropriate follow up work

The programme co-ordinator should negotiate with the teacher and visitor.

- What are the aims of the session?
- How will this agency's contributions enhance the student's experience? What drug education have the students already experienced?
- What will they experience in the future?
- How will the session be followed up?
- What is the nature of the group with whom they will work?

## **Appendix 7**

### **DEALING WITH THE MEDIA**

If the school receives a media inquiry after a drug related incident the caller should be referred only to the Principal.

When responding to the media, it is suggested that:

- The privacy of any student and his or her family is respected
- A checklist of appropriate key facts is prepared by the Principal
- That statements be short, factual and without elaboration
- That comments seek to reassure and to deal clearly with the management of the incident

If asked for embellishment of the statement, the Principal will restrict himself/herself to their original statement.

The Principal should consider carefully how information about and response to any incident will be relayed to the staff and students themselves.

## **Appendix 8**

### **GUIDELINES FOR THE WRITING OF A REPORT ON A DRUG-RELATED INCIDENT**

When writing a report on a drug related incident, take the following into account.

The nature of the incident?

- Who is suspected of being involved?
- Is the young person still under the influence or experiencing side effects?
- Was the substance for personal use?

- Was the intention to share or deal the substance with others?
- It is essential to substantiate the facts as the previous two points may have legal implications under the Mis-use of Drugs act 1971.

Establish the context of the incident

- Is bullying/peer pressure involved?
- Is it experimentation?
- Is the use of medical origin?
- Is the use to cope with the problem?
- Has the use been sustained over time?
- Is this just an isolated incident?
- Is the use recreational?

## **Appendix 9**

### **STATEMENTS ON SPECIFIC ISSUES**

- 'Advice', information and referral (individually and in the classroom). Honest and unbiased information should be given according to the agreed policy. Staff are warned that individual advice about a student's personal use of substances is not appropriate but that the provision of information about other sources of help and confidential advice is.
- Confidential/disclosure. Staff are reminded to follow the school's policy on confidentiality issues. They are reminded that if they suspect a student is in moral or physical danger they must pass that information to the Senior Designated Person to deal with such issues.
- Staff are reminded to be aware of the sensitivities of searching. Although it is permissible to invite a student to hand over or empty a bag or open their locker it is not permissible to search their person. The Childrens' Act has made schools more aware of the need to respect the personal dignity of children and to protect staff from personal contact with them.

## **Appendix 10**

### **SPORTS SUPPLEMENTS**

The use of sports supplements is not endorsed, encouraged nor recommended by The Open Academy.

The necessary requirements of healthy training for sport are an appropriate conditioning programme and a healthy lifestyle, including due regard to nutrition, hydration, sleep and recovery.

Students at the Open Academy are encouraged through PE lessons and extra-curricular activities to monitor their health and fitness through the use of fitness testing, physical exercise and a balanced diet.

In all sports, the School adheres to the guidelines of the World Anti-Doping Agency (WADA) which promotes, coordinates and monitors the fight against doping in sport in all its forms. The use of supplements needs to be treated with utmost care as it can lead to an unintentional doping offence under the WADA Code. Supplement products can become contaminated and the strict liability principle of the WADA Code means pupils are responsible for any prohibited substance found in their system regardless of fault.

Students and parents are urged to be vigilant before choosing to use any supplement. If you do chose to take a medicine or supplement product you are strongly recommended to check this website to ensure it contains no ingredients which are actually prohibited substances:

<http://www.globaldro.com/>

Further information on supplements can also be found here:

<http://www.ukad.org.uk/supplements/>

#### Advice from National Sporting Organisations

The Academy's Sports Supplements Policy is written with regard to the positions of the UK national sporting bodies in Football and Rugby in this area (as of September 2013).

Students playing football at Open Academy are made aware that The Football Association does not recommend that players take supplements and that diet, lifestyle and training should all be optimised before players consider using them. Advice from the FA is that many nutritional and/or herbal supplements have been found to contain banned substances that are not listed on any labelling, such as anabolic steroids and stimulants.

The Open Academy follows the Rugby Football Union Position Statement on the use of supplements, which states that these are no substitute for a balanced, healthy diet. Most players will gain little from their use if they have not already optimised their hydration, diet, training and recovery practices.