



Beechcroft Infants' School Drugs Policy

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Originally written: September 2014, Updated March 2026
Updated annually

1. Rationale:

Why are we writing this policy?

It is the school's aim to prepare our pupils for opportunities, responsibilities and experiences they may encounter in their lives, and this includes enabling them to take their place in a world where a wide range of drugs exists. This policy should be read alongside: Keeping children safe in education (KCSIE) 2025, Searching, screening and confiscation (DfE, July 2022; updated 2023), First aid in schools, early years and further education (DfE, 2022), and Relationships, Sex and Health Education (DfE, current; revised guidance for implementation from 1 Sept 2026). The school will review this policy again on publication of the final RSHE (2026) and any updated DfE medical-conditions guidance.

2. Definitions & Terminology:

What does this policy cover?

We define a **drug** as being:

"A substance people take to change the way they feel, think or behave". (United Nations Office on Drugs & Crime)

Throughout this policy **drug** refers to:

- All legal drugs, including alcohol, tobacco, vapes/e-cigarettes and nicotine pouches
- All illegal drugs including cannabis, ecstasy, cocaine, amphetamines, heroin, LSD, magic mushrooms, nitrous oxide and ketamine
- Prescribed medicines – including Ritalin, tranquillisers and antidepressants
- Over-the-counter medicines

3. Aim:

What do we want to achieve by writing this policy?

As a school we recognise that some drugs have a beneficial effect, but also that all drugs have the potential for harm.

4. Objectives:

How will we achieve our aim?

This policy outlines how this school community aims to ensure that:

- Children in our school receive an education that enables them to grow up confidently, knowledgeably, competently and safely in a drug using world
- Children get consistent messages about living a healthy lifestyle which includes physical, emotional and mental health and personal safety
- Pupils have the knowledge, understanding and skills to make informed choices
- All drug related issues are treated with appropriate and responsible care and management
- Drug related incidents are addressed throughout our school in a consistent manner

- All staff, pupils and parents/carers are aware of the school's legal and statutory obligations, including those around safeguarding children (child protection)
- All members of the school community are included within this policy as part of the whole-school approach to drugs

This policy has been written with careful reference to national guidelines and LA guidance. It will be reviewed by the Healthy Schools Co-ordinator and by Governors on a regular basis.

5. Role of the School Drug Co-ordinator/Staff Responsibility:

It is recognised that schools have an important role to play within the national drug strategy, and that for many children engagement and achievement within school is a major protective factor from problematic drug use.

It is important that all staff should be confident to discuss drug issues with pupils as part of the whole school approach.

Our School Drugs Co-ordinators are: Sharon Watson / JoAnne Rutt

Our named member of staff for Safeguarding Children (Child Protection) is: Jo-Anne Rutt

Our Healthy Schools/PSHE Co-ordinator is: Sharon Watson

Our Governor with responsibility for Safeguarding Children (Child Protection) is: Ray Williams

6. Role of Parents/Carers:

The importance of the role of parents/carers is fully recognised, and we aim to consider their views and wishes carefully. We aim to ensure that parents are aware of how we deal with drug issues, including drug education, and we provide parents with the policy if they request it. Parents are welcome to come to the school and talk to us about any concerns or questions they have, as part of our open door ethos.

7. Drug Education:

The aims of drug education are: In our school, pupils are not taught about drugs. Instead, we focus on early, age-appropriate safety education, such as understanding safe vs. unsafe household items, knowing which adults help us, keeping our bodies healthy, and recognising unsafe situations. Staff remain aware of the wider influence of misinformation and online risks outlined in KCSIE 2025, but these are not taught to children.

Increase pupils' knowledge and understanding about:

- The roles that medicines and other drugs (if appropriate), have in our society
- How the body works and how to look after it
- The different professionals involved with medicines
- Simple safety rules regarding medicines and other harmful household products

Develop pupils' personal and social skills to make informed decisions and keep themselves safe and healthy, including:

- Assessing, avoiding and managing risk
- Communicating effectively
- Resisting pressures
- Finding information, help and advice
- Devising problem solving and coping strategies
- Developing self awareness and self esteem

This school delivers drug education through

- Personal, Social and Health Education (PSHE) – The Jigsaw Scheme
- A range of teaching methods
- External visitors i.e: School nurse, Police

The school delivers drug and alcohol education within statutory Health Education as part of PSHE. Teaching follows the DfE RSHE guidance (current), with planned adjustments to reflect the revised RSHE guidance for introduction on 1 Sept 2026.

- Through the Jigsaw Scheme under the “Healthy Me” Puzzle
- It will use language appropriate to their age, level of prior knowledge, culture, ethnicity and vulnerability.
- It will be relevant to the backgrounds, cultures, ethnicity and needs of our pupils.
- It will focus on relevant situations and the subsequent emotions that influence choice, thinking skills, especially risk assessment, problem solving and interpersonal skills, especially assertiveness.
- It will ensure that all pupils, regardless of background and ability, can equally access the schemes of work.

8. Pupil Welfare & Support:

It is the guiding principle of this school that:

“The welfare of the child and their peers is paramount”.

It is recognised that problems with drug use can affect any of our children and young people, and may include:

- Accidental exposure to a substance or drug equipment (e.g. discarded needles)

- Parental or sibling drug misuse – it is recognised that drug misuse within the family can have a major impact on a child or young person
- Health related problems, either immediate such as collapse or unconsciousness, or longer term such as effects on breathing
- Staff recognise, in line with KCSIE 2025, that online misinformation, disinformation and harmful content can influence family circumstances and safeguarding contexts. These issues are not taught to pupils but may be considered when assessing safeguarding concerns.
- Sudden or unexplained changes in attendance may indicate emerging safeguarding needs, as outlined in statutory guidance Working Together to Improve School Attendance.

9. Particularly Vulnerable Children:

The school recognises that children having difficulties in their lives are more likely to begin drug use at an early age, more likely to become involved in using or supplying drugs, and more likely to be in households where parents/carers have drug problems.

Risk factors for children include:

- Being looked after/in care
- Chaotic home environment
- Unstable accommodation
- Parents/carers or siblings having drug problems and/or mental health problems
- Behavioural disorders
- School truants/refusers
- Exclusion from school
- Traumatic experiences such as abuse, neglect, bereavement, loss and family break-up.
- Contact with mental health and criminal justice systems
- Friendships with anti-social or older peers

10. Confidentiality:

Complete confidentiality can never be promised to a pupil, though information given in confidence will not be disclosed to anyone else unless appropriate in line with KCSIE information sharing. If a pupil discloses that they are using a drug without medical or parent authorisation, the safety of the child will be the priority. Action will be taken to ensure the pupil comes to no serious harm, which may include one-to-one drug education, sharing information with parents/carers, the school nurse and other external services.

Disclosure of parental drug use will be treated sensitively, with consideration of the parent's confidentiality and safeguarding children (child protection) procedures.

11. Pupils with Medical Needs in School:

In accordance with Swindon Borough Council policy, the school supports inclusive education. For those pupils with specific medical needs that may require treatment, staff will receive regular training, a record of which will be kept in the School First Aid File.

Pupils will not be given medication by any staff without specific written consent from the parent/carer. Written consent will be renewed annually where medication is required long-term.

Prescribed medication must be stored in a locked medical cabinet in the school office or the medicine fridge. Emergency medications such as Asthma inhalers will be logged in and stored in a designated box. Children when appropriate can have access to medication in the classroom for example: children with severe needs such as diabetes, epi pens, asthma inhalers for chronic asthma etc.

A consent form will be completed showing the time of administration, name of medicine, dose given, the child's name and the name of the person who will administer it.

Children on long-term medical care will have an Individual Health Care Plan drawn up according to school procedures. Staff will receive training about emergency treatment.

12. First Aid Procedures:

Any pupil assessed to be under the influence of a substance will be closely monitored and be given first aid/medical intervention if necessary. The parent/ guardian(s) will be contacted.

First-aid arrangements follow DfE First aid in schools, early years and further education (2022) and HSE requirements.

Supporting pupils with medical conditions

The school complies with DfE statutory guidance (2015) and will review this section following the DfE 2026 consultation outcome.

13. Drug Related Incidents:

The definition of a **drug related incident** is:

A situation or incident that becomes known to the school.

Because infant children are unlikely to be using substances, the main risks are:

- finding substances or paraphernalia on premises
- parents/carers arriving under the influence
- older siblings or adults posing risk factors
- medical/vape products brought in by adults

14. Procedures for Responding to Drug Related Incidents:

The Drug Co-ordinator must be informed of any drug-related incident and will take the lead in deciding how to respond, in liaison with the Senior Management Team and Governors if appropriate. If the Drug Co-ordinator is not available, then either the Head Teacher or the Deputy Head Teacher should respond. Each situation will be assessed carefully to substantiate the evidence and facts.

15. Safeguarding against Drug Related Incidents on School Premises:

- Searches will be conducted in line with DfE Searching, screening and confiscation. This includes powers to search without consent for prohibited items (e.g., illegal drugs, alcohol, vapes, tobacco), recording requirements, informing parents, and procedures if police conduct a strip search.
- Filtering & Monitoring (Safeguarding Infrastructure):
In line with KCSIE 2025, our school's filtering and monitoring systems block harmful online content, including material that promotes drug use or unsafe behaviours. This protects staff and visitors as well as the school environment; it is not related to pupil access, as infant pupils have supervised and highly restricted online use.
- Alcohol and tobacco are not permitted on the school premises.
- The school is smoke-free and vape-free for pupils, staff and visitors. It is illegal to sell vapes to under-18s
- All medicines will be managed by an adult.
- Where illegal substances are suspected (including nitrous oxide), the Head/DSL may contact police. Staff must secure and store seized items safely, log decisions/actions, and follow KCSIE information-sharing principles.

16. Responding to Parents/Carers under the Influence of Drugs on School Premises:

A parent/carer attending the school under the influence should be regarded as a Safeguarding concern, and appropriate action to safeguard the child should be taken if necessary. This may include:

- Arranging for another parent/carer known to the child to look after the child
- Arranging for the child to remain in school until a responsible adult can collect them, i.e. the named contact on the emergency contacts list
- Contact Police to report incident if parent/carer is abusive, aggressive or threatening to child, staff or other members of the school community
- Designated Safeguard Lead to contact Social Services and make referral if appropriate
- Arranging an appointment for the parent/carer to meet with school staff to discuss concerns and strategies for any future incidents.

The safety of the child is paramount, and staff must follow the school's Safeguarding Policy and Procedures.

17. Monitoring & Evaluation of School Drug Policy:

How will we know we have achieved our objectives?

- The drug education delivered and the school drugs policy are evaluated as being of an appropriate standard to maintain the National Healthy Schools Status.

- The staff have access to training and support that they evaluate as enabling them to provide education on drug issues.

Appendix

Finding and disposing of substances and drug paraphernalia

All references apply to DfES Drugs: Guidance for Schools 2022

