



## DRUGS POLICY

Responsible: Governing Body

Agreed: January 2026

To be reviewed: (Every 2 years, or earlier if legislation changes)

Reviewed (and notes if applicable):

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### 1. Purpose and scope

All pupils, including those in primary schools, may encounter substances in the wider community. Our response is **safeguarding-led**: we balance firm boundaries with proportionate, child-centred support to reduce harm, avoid unnecessary criminalisation, and sustain education. This policy applies to pupils, staff, parents/carers, governors, contractors and visitors:

- on school premises and grounds;
- on journeys to/from school and when in uniform;
- on school visits (day/residential), work experience and school-organised events (on or off site);
- in any context where behaviour impacts the school's duty to safeguard.

This policy should be read with: **Safeguarding & Child Protection, Behaviour, Attendance, PSHE/RSE, Online Safety, Staff Code of Conduct, Health & Safety, and Administration of Medicines.**

### 2. Guiding principles

- **Safeguarding first**: any substance-related concern is treated primarily as a welfare and safeguarding matter.
- **Prevention & education**: we use universal, targeted and indicated approaches, grounded in skills-based PSHE and responsive to local trends.
- **Proportionality**: permanent exclusion is not an automatic response; decisions consider context, vulnerability, and risks of exploitation.
- **Attendance matters**: strong, consistent attendance is a protective factor and is supported through early help.

- **Partnership:** we work with families, health, Children’s Services, the Virtual School (if applicable), police, Trading Standards and local substance-misuse services.
- **Compliance:** we act in line with current safeguarding expectations.

### 3. Definitions (what we mean by “drugs/substances”)

- **Illegal drugs** (controlled under law).
- **New/psychoactive substances.**
- **Legal substances:** alcohol; tobacco; **vapes/e-cigarettes** (including illicit/THC-containing devices and liquids); volatile substances/solvents; **poppers** (alkyl nitrites); **energy drinks** (where use contravenes school rules); **CBD products** where presentation/use poses risk.
- **Medicines:** prescribed/over-the-counter when misused or improperly held/shared.
- **Unknown substances:** any unidentified substance is treated as controlled until assessed.

**Drug use** = any taking of a substance. **Drug misuse** = use causing social/psychological/physical/legal problems or breaching law/school rules.

### 4. Roles and responsibilities

- **Governing Body:** approves policy; receives an annual anonymised safeguarding/behaviour trends report (including substance-related incidents); ensures training/resources are in place.
- **Headteacher:** overall accountability; final decisions on sanctions (including exclusion); ensures early help is offered swiftly; oversees liaison with external agencies.
- **Designated Safeguarding Lead (DSL):** leads safeguarding response and risk assessment; oversees incident recording and pattern analysis; leads early help/referrals; coordinates prevention across safeguarding, attendance and PSHE.
- **PSHE/RSE Lead:** ensures a spiral, skills-based, evidence-informed curriculum; staff training/support; quality assurance of resources; adapts content to local trends and needs.
- **Pastoral/Attendance Team:** identifies vulnerability early; triggers early help; monitors reintegration/support plans; works with families.
- **All Staff & Volunteers:** follow procedures; pass concerns to DSL; do not promise confidentiality; maintain professional conduct (see §5).
- **Named Governor (substances):** links with DSL/PSHE lead; monitors implementation.

### 5. Staff conduct and expectations

- Staff must not consume alcohol or misuse substances when supervising or responsible for pupils (including visits/residentials).
- Staff must follow medicines guidance if using prescribed medication that could impair safety.
- Smoking or vaping is prohibited on site and on visits while supervising pupils.

- Staff model positive behaviours and adhere to searches/confiscation procedures.

## 6. Education, prevention and early intervention

We deliver age-appropriate, skills-based PSHE focusing on decision-making, risk management, refusal/assertiveness, help-seeking, media literacy and online risks (including social media exposure, suppliers, and grooming/exploitation). Education is inclusive, trauma-informed and adapted to need. We use assemblies, targeted small-group work and early help to prevent escalation, and we signpost to local services.

## 7. Bans, rules and prohibited items

This is a **smoke-free and vape-free** site. Pupils must not possess, use or supply any prohibited substance or paraphernalia. Energy drinks may be restricted under the Behaviour Policy. Alcohol is never permitted for pupils. Staff/visitors may be prohibited from alcohol at events where pupils are present or staff are on duty.

## 8. Managing medicines in school

Administered only in line with **Administration of Medicines**: secure storage; parent notification; pupil self-carry only where formally agreed.

## 9. Responding to concerns and incidents

### General principles

- Inform **Headteacher/DSL** immediately.
- Consider health/safety of the pupil and wider community first.
- Contact police where supply/dealing is suspected or illegal substances found; contact **Trading Standards** regarding illicit vapes/tobacco/alcohol sales to minors.
- Engage parents/carers early unless doing so places the child at risk; document rationale.
- Offer **Early Help** and referral to local substance-misuse services where appropriate.
- **Permanent exclusion is not automatic**; it is reserved for the most serious cases (e.g., supply) after considering vulnerability, exploitation and alternatives.

### Medical emergency (unconscious/collapsed/intoxicated)

- Call first-aider; do **not** leave pupil alone; place in recovery position; call **999**; inform parents; secure any evidence safely. Record and notify DSL.

### Intoxication (non-emergency)

- Move to a quiet, supervised space; call first-aider/DSL; contact parents; consider send-home or medical assessment; record and plan follow-up support/sanction.

### Discovery/observation

- If an **illegal or unknown** substance is suspected: staff may take **temporary possession** to prevent harm; do so with a witness where possible; seal and label with date/time/witness; secure in a locked container; seek police advice for collection/disposal; record actions and any incident numbers.

- **Legal but unauthorised** items (e.g., energy drinks, nicotine vapes for pupils): confiscate and store; return to parent or dispose per guidance; record.

### **Vapes and vaping paraphernalia**

- Treat **all** unverified vapes as potentially illicit or THC-containing; store securely; arrange safe disposal via approved channels; inform parents; consider Trading Standards referral.

### **Searching, screening and confiscation**

- Searches are authorised by the Headteacher (or delegate) where **reasonable grounds** exist; same-sex staff and a witness wherever possible; record **reason, consent, staff present, outcome, items found, next steps**; the DSL reviews patterns to identify safeguarding trends and exploitation risks; parents are normally informed unless this places the pupil at risk.

### **Disclosure and confidentiality**

- Staff are supportive and non-judgemental but cannot promise confidentiality; concerns are shared with DSL; only key staff are informed on a need-to-know basis.

### **Intoxicated parent/carer on site**

- Request the adult leaves; arrange alternative collection; if immediate risk to the child, call **999**; follow safeguarding procedures.

## **10. Criminal exploitation / County Lines and online risks**

We are alert to indicators of exploitation, including changes in attendance/engagement, unexplained money/tech, multiple phones, missing episodes, and online contact indicative of grooming or supply. Concerns are reported to the DSL, who coordinates early help/child protection and liaises with police as necessary. Online-safety education addresses drug marketing, encrypted messaging, location-sharing, and “drops”.

## **11. Support and harm-reduction**

We aim to **reduce harm** by sustaining education, improving attendance, and providing timely support. Possible supports: school nurse; counselling; early help; family group conferencing; referrals to young people’s substance-misuse services; reasonable adjustments for SEND/mental health.

## **12. Sanctions**

Sanctions are proportionate and consistent with the Behaviour Policy, considering: first vs repeated incident; possession vs supply; cooperation; vulnerability/exploitation; prior support. Options include: restorative tasks; community service; withdrawal of privileges; internal exclusion; fixed-term suspension; **permanent exclusion (last resort)** in the most serious cases (e.g., supplying to others).

## **13. Working with parents/carers**

We engage parents through information sessions, workshops and timely communication. Parents are informed of incidents promptly unless this would place the child at risk. The school may **refuse release** of a child to an intoxicated adult and arrange safe collection.

## **14. Recording, monitoring and evaluation**

All incidents, searches and outcomes are recorded. The DSL monitors patterns, informs SLT/governors via anonymised reports, and adapts prevention accordingly. The PSHE lead evaluates curriculum impact and updates resources in line with local trends.

### **15. Training**

Staff receive periodic training on: recognition of substances and paraphernalia, vaping/illicit vapes, exploitation indicators, safe search/confiscation, first response, early help pathways, and effective PSHE pedagogy.

## ASSESSMENT TOOL - POSSESSION OF DRUGS/USE OF DRUGS

Tick all that apply

1	Do you have reasonable grounds to believe that item <b>was</b> in the pupil's possession?	Y	N
2	The pupil was under the influence of an illicit substance/drugs		
3	The pupil had drugs paraphernalia with them		
4	The pupil made a premeditated decision to bring the Drugs into school		
5	The pupil has previously had drugs in their possession/or been under the influence of Drugs in school		
6	The pupil a CIN/TAC/CP and substance misuse is identified as a concern within the plan		
7	It was a large amount or a combination of substances		
8	It was small amount for personal consumption		
9	The pupil was carrying the drugs for the purpose of sharing with others		
10	The drugs were seen by /shown to/offered to other pupils		
11	The pupil been subject to bullying /threats from others to source the drugs		
12	The pupil bought from/was given the drugs by another pupil in school		
13	The pupil sold drugs to other members of the school community		
14	The pupil confirm their intention to take the drugs		
15	The pupil received advice/guidance in school about the risk of Drugs ( either as part of PHSE or more direct work)		
16	The young person a victim of or vulnerable to Child Criminal Exploitation (County Lines)		
17	The pupil attempted to conceal or hide the drugs from staff		
18	The pupil was un-cooperative with the school investigation		
19	The pupil has been warned about similar behaviour previously		
20	The pupil understands that possession of drugs is against school rules		
21	The pupil has not shown remorse /distress/regret about their actions or the incident		

22	The pupil does not agree to a referral to We are with you		
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The above matrix is intended as a means of evaluation a situations and to enable a rational proportional response to any incident involving illicit substances. **Wherever possible young people will be supported to remain in their current setting** and provided with help, advice and guidance from adults they know and trust. Continuity of a school placement is a significant safeguarding feature and a key factor in reducing the risk of future drug taking or Criminal exploitation.