

Cambridgeshire School

Drug Policy



Subscribing Schools

Drug Policy

Contents

Section 1 The Context of our Drug Policy

Our shared view of drug education
Our school ethos
Role of governors
Implementation and review of our policy
Glossary

Section 2 Policy for Drug Education in our school

Introduction
Our aims for drug education
Delivering the drug education curriculum
Responsibilities for curriculum delivery
Teaching methodologies
Inclusion
Resources
Visitors and community agencies supporting drug education
Staff training
Children's participation
Working with parents/carers and our community
Monitoring and evaluating drug education

Section 3 Preventing, Reducing and Responding to Drug-related Situations and Incidents in our School

Drug-related situations and incidents
Responding to drug-related situations and incidents
Responsibility for preventing and responding to drug-related incidents
Confidentiality
School boundaries and visits

Section 4 Monitoring, Review and Evaluation

Section 5 Appendices

The drug education curriculum
Entitlements for all members of our school community

Section 1

The Context of our Drug Policy

Our shared view of drug education

'We believe that drug education should help children and young people develop their knowledge about drugs, their skills in taking decisions, and to develop a positive attitude towards their own health.' Drug Education Forum

At our school, we believe that good drug education is supported by a consistent, whole school approach and promoted by the provision of excellent PSHE. It is part of the entitlement for all our children, whatever their age, level of development or social, cultural or religious background. It is planned for and taught in the context of our comprehensive PSHE programme.

We see drug education as an important component in the wider area of risk education. We recognise that giving information about drugs alone will have a minimal impact on children's abilities to keep themselves safe with drugs. We will therefore address issues of peer and media influence and will explore with children their different responses to risk and challenge, develop assertiveness, improve communication with peers and adults and enable them to reflect on the factors that influence their decisions.

Drug education is part of the wider agenda of promoting positive relationships and healthy lifestyles for children to which many individuals and organisations in our community contribute. Our work in drug education contributes to meeting local and national priorities as described in strategies such as: [Safeguarding and Child Protection](#), [Every Child Matters](#) and [National Drug Strategy](#)

In whatever capacity we work with children, we recognise our shared responsibilities regarding their health and wellbeing. We also recognise that this policy has a bearing on children's whole lives, not just their time in school. Therefore this policy describes our strategies for keeping children safe in relation to drugs, both on and off the school premises.

Our school ethos

We have a duty to promote children's wellbeing and their spiritual, moral, social and cultural development (Education and Inspection Act 2006). In fulfilling this duty, we enable children to learn a range of life skills through our PSHE curriculum. However, this is only part of the way we endeavour to protect children from later harm associated with drug use. In our school, we aim to ensure all children feel engaged with school, that they trust the adults who care for them, that they feel some control over what happens in school and that they feel supported. Positive engagement with school is a major protective factor against later drug misuse. We hope to set this positive engagement firmly in place.

Role of governors

The governors will take an overview of this policy and the effectiveness of the programme of drug education. A link governor will be encouraged to take a special interest in drug education and its place within our broader PSHE provision.

Implementation and review

Monitoring and evaluation of the policy is the responsibility of [the Head Teacher/ PSHE Co-ordinator](#). Information will be gathered from the [Head Teacher](#), [the PSHE Co-ordinator](#), [staff](#), [parent/carers](#) and [where appropriate children](#) to inform judgements about effectiveness. Records of drug-related incidents will be reviewed to assist with the development of robust procedures.

The policy will be reviewed every three years. The next review will take place in [2016](#).

Definition of 'drug'

Throughout this policy we use the following definition:

A drug is any substance which affects how a person thinks, feels or behaves (World Health Organisation). The term includes medicinal, non-medicinal, legal and illegal drugs. Therefore, 'drug' refers to alcohol, nicotine, volatile substances (solvents, aerosols etc.), medicines, illegal drugs and new psychoactive substances (legal highs).

Section 2

Policy for Drug Education in our school

Introduction

Our work in drug education is set in the wider context of our school values and ethos:

- We promote a healthy, safe and caring environment for all pupils and staff.
- We provide a broad and balanced curriculum for all our pupils, having considered gender, ability and culture.
- We promote pupils' self-esteem and emotional well-being and help them to form and maintain worthwhile and satisfying relationships, based on respect for themselves and for others, at home, at school, at work and in the community.
- We prepare our pupils to engage confidently with the challenges of adult life.
- We provide high quality information and support to enable our pupils to make safe choices.
- Through an enriched curriculum, we provide young people with opportunities to develop the necessary skills to manage their lives effectively.
- We help our young people to learn to respect themselves and others and move safely from childhood, through adolescence, into adulthood.
- We create a wider awareness of religious and moral values within a Christian framework and promote respect for other races, religions and ways of life.

Other school policies are relevant to our provision of drug education: PSHE and Citizenship, Wellbeing, Safeguarding and Child Protection, Smoke Free, Medicines, Science, Confidentiality, Behaviour, Inclusion, Equality, Staff Health and Wellbeing.

This drug policy will be made available to staff in their policy folders, on the school network, on the school website.

This policy is consistent with current national legislation (Education and Inspection Act 2006 and Learning and Skills Act 2000). It is also consistent with current national guidance (DfE and ACPO drug advice for schools 2012). Our policy also reflects recommendations from OfSTED (PSHE in Schools 2012) and the Drug Education Forum (Principles of Good Drug Education 2011)

We are engaged in the following areas of work, which support this policy and the delivery of

effective Drug Education: Social and Emotional Aspects of Learning (SEAL) Programme, development as a healthy school

Our drug education policy has been developed through discussion with staff/by a working party representing staff, parents and governors/by the PSHE Co-ordinator with the support of the PSHE governor and Head teacher and reviewed by staff. It was discussed and ratified by the school governors on 1/1/13.

Our aims for drug education

All adults will work towards achieving these aims for drug education in our school. We seek to enable our children to:

- Understand that drugs are any substance which affects how a person thinks, feels or behaves
- Understand that that all drugs have potential benefits and harms
- Understand how to keep safe around drugs and household substances
- Recognise risky situations associated with drugs and substances and know appropriate ways to respond
- Consider attitudes to drugs and people who use them
- Assess accuracy of information about drugs
- Consider their perceptions of drug use amongst young people and compare this with actual levels of use
- Develop their decision-making skills in risky situations
- Develop their ability to gauge the reliability of information
- Learn how to be assertive in social situations
- Distinguish between different drugs and consider their use, misuse, benefit and harm
- Consider how friends and the media might influence decision making
- Develop interpersonal and communication skills with peers and adults
- Develop positive values and a moral framework that will guide their decisions and behaviour
- Value and care for their own bodies

Delivering the Drug Education Curriculum in our School

We understand the importance of ensuring that all children in school gain similar information and experiences through drug education. We will therefore follow the progressive, spiral curriculum for drug education illustrated in this document. (Appendix 1)

The objectives of the curriculum for drug education will mainly be delivered in [designated PSHE lessons/Circle Time/ focused health topics](#).

Some aspects of drug education will be delivered in other subjects, such as [Science/ RE](#).

Some objectives of drug education will also be met in enrichment activities. For example [Visits from the Life Education Centre, our work as a Healthy School, social skills groups, curriculum enrichment days, residential trips provision](#)

Responsibilities for Curriculum Delivery

We regard it as the shared responsibility of all adults working within the school to model responsible drug-related attitudes and behaviour and to respond appropriately to a pupil's request for information or guidance.

Teaching and support staff will have the same responsibility for contribution to the delivery of the taught drug education curriculum as they have for other components of the curriculum.

The [PSHE Co-ordinator](#) is responsible for reviewing and evaluating drug education at our school. The [PSHE Co-ordinator](#) will report to the Head Teacher.

Staff will be assisted in their planning and delivery of the curriculum by the [PSHE Co-ordinator](#) who will, with support, [develop long and medium term planning, provide lesson plans and activities for colleagues, collate assessments, access support from out of school where necessary and plan INSET to meet staff needs](#).

Governors have the responsibility to update their own knowledge and awareness, so that they can contribute to monitoring and evaluation of policy and practice. The [PSHE Co-ordinator/Staff governor/Head teacher](#) will support with this.

Teaching Methodologies

Ground Rules: Drug education is taught in a safe, non-judgemental environment where adults and children are confident that they will

be respected. Teachers and children together will ensure there are ground rules in place which ensure that every child feels safe and is able to learn in a supportive and caring environment. These will cover, in particular, the asking and answering of personal questions and strategies for checking or accessing information.

Answering Questions: We acknowledge that sensitive and potentially difficult issues will arise in drug education, as children will naturally share information and ask questions. When spontaneous discussion arises, it will be guided in a way which reflects the stated school aims and curriculum content for drug education. As a first principle, we will answer questions relating to the taught, planned curriculum for that age group (or younger) to the whole class. We will answer questions relating to areas beyond the taught, planned curriculum for that age group, in a sensitive and age appropriate way only to the child or children who have asked the question. If a member of staff is uncertain about the answer to a question, or indeed whether they wish to answer it, they will seek guidance from the PSHE leader. Questions may be referred to parents/carers. We may use a 'Question box', where questions may be asked anonymously.

When answering questions, we shall ensure that sharing personal information by adults, pupils or their families is discouraged. Where a question or comment from a pupil in the classroom indicates the possibility of abuse, teachers will pass this information to the designated person for child protection, in line with school policy.

Staff may also refer to external sources of information such as www.talktofrank.com to check information about drugs.

Distancing Techniques: In order to protect children's privacy, we will employ teaching and learning strategies which enable them to discuss issues without disclosing personal experience. For example, we will use [fiction, puppets, case studies, role-play, videos/DVD, theatre in education](#) to enable young people to share ideas and opinions and to practise their decision-making skills in a safe learning environment.

Inclusion

We understand the importance of ensuring that all children in our school receive their entitlement to drug education. We will carefully consider gender, culture, learning needs and background when planning and delivering it.

In relation to ethnicity, religion and cultural diversity, we value the different backgrounds of

our children and, in acknowledging and exploring different views and beliefs, seek to promote respect and understanding.

In order to ensure the drug education curriculum meets the needs of all:

- We will encourage respect and discourage abuse and exploitation.
- We will not ask young people to represent the views of a particular religious or cultural group to their peers, unless they choose to do so.

In relation to those with special educational needs, we will review our drug education programme to ensure that provision is made for those with additional needs. When working with children with additional needs we will consider:

- Their level of vulnerability
- Their use of medication
- Their need to develop self-esteem and positive body image
- The need to involve all staff and carers in policy development, planning and training
- Sources of support for pupils.

Drug Misuse in Our Community

Many pupils will have parents, carers or family members who use, misuse or abuse drugs, including medicine, alcohol and nicotine. Some will experience problematic alcohol use or illegal drug misuse by family members. We will take care to ensure that our drug education programme takes into account possible misuse of drugs by family members. We will work to ensure that the content of our programme does not stigmatise children or heighten their anxieties about their family members' welfare. It will be a high priority to determine and address the additional needs of children who experience the effects of drug misuse and abuse in their homes.

Resources

We will refer to national guidance when planning our drug education activities. For example, *OfSTED guidance, Drug Education Forum*

All staff will primarily use the Cambridgeshire Primary Personal Development Programme when planning and delivering drug education. Resources to support our drug education programme can be found in [name location](#). We will refer to 7A Checklist for Selecting

Resources (click [here](#) for the Drug Toolkit) when selecting new resources.

Visitors and Community Agencies Supporting Drug Education in our School

We may also make use of the expertise of visitors from the community and experts from outside agencies eg [Coram Life Education](#), [school nurse](#), but this will be seen as an enrichment of our programme and not a substitute for our core provision which is based upon the strong relationships between teachers and pupils. Such visitors will be made aware, in advance, of our policy and will be expected to work within it. They will work in collaboration with appropriate staff to ensure continuity and that the needs of the children are met.

We will use, if appropriate, 6D Working with Visitors – Planning Checklist (click [here](#) for the Drug Toolkit) when planning and reviewing such enrichment activities in drug education.

Staff Training

We understand that, in order to feel confident in teaching drug education, staff need opportunities to develop knowledge, skills and attitudes and to share good practice. We recognise that all adults have different personal beliefs about and attitudes to drugs and drug education. We will discuss relevant issues and, where appropriate, arrange training to enable staff members to feel confident in delivering the drug education curriculum. [Those with special responsibility for the development of drug education will be supported in developing the necessary knowledge and skills, where appropriate.](#)

Children's Participation

As well as recognising that an interactive approach to drug education will better develop the skills of our children, we will involve young people in the evaluation and development of their drug education in ways appropriate to their age.

- We will refer to local/countywide/national data e.g. Health-related Behaviour Survey for our school/district.
- We will engage the children in assessment activities to establish their development needs, for example 4A 'Dogs and Rugs' –Assessing Drug Education in the Primary School (click [here](#) for the Drug Toolkit)
- We will encourage children to ask questions as they arise by providing anonymous question boxes.
- We will ask children to reflect on their learning using appropriate success criteria and set goals for future learning.
- We will consult children, through School Council, about their perception of the strengths of our drug education programme and the areas to be further developed.

Working with Parents/Carers and our School Community

Parents and carers are the key figures in supporting their children through the emotional and physical aspects of growing up. Therefore we seek to work in partnership with parents and carers when planning and delivering drug education. We will encourage this partnership by:

- Informing parents and carers by letter of forthcoming drug education topics
- Inviting parents to learn more about resources and activities used in drug education
- Gathering parents' views on the drug policy and taking these into account when it is being reviewed
- Providing supportive information about parents' role in drug education and how they can develop protective factors with their children
- Inviting parents to discuss their views and concerns about drug education on an informal basis.

Parents and carers will be given access to this policy on request. It will be available at the Annual Governors' Meeting. It will also be available on the school website/in the Parents' Policy folder in the school office.

Monitoring and Evaluating Drug Education

We are committed to the development of Drug Education in our school. When carrying out a review we will refer to 2A Drug Policy Audit (click [here](#) for the Drug Toolkit). We will use the following indicators to monitor and evaluate our progress:

- a co-ordinated and consistent approach to curriculum delivery has been adopted
- a flexible approach to delivering drug education that responds to children's needs (identified through consultation, research or observation) is in place
- there are clearly identified learning outcomes for all drug education activities
- opportunities for cross-curricular approaches are being used where appropriate
- the impact of training for staff and governors on practice is evaluated
- policy and practice is regularly revised and involves staff, governors and where appropriate young people
- opportunities for parents, carers and members of our community to consider the purpose and nature of our Drug Education, for example, through drug awareness parents evenings
- a variety of methods are employed to communicate the key points of the policy and curriculum to the community

Section 3 Preventing, Reducing and Responding to Drug-related Situations and Incidents in our school

Drug-related Situations and Incidents

In the following section we will use these terms:

Drug use: The consumption of any drug.

Drug misuse: Drug taking which harms physical, mental or social wellbeing. This could, for example, include physical or psychological dependence, improper use of medicines, intoxication, breach of school rules or the law.

Authorised drug use: Where drug use is accepted by the school. Reference might be made to these in other of the school's policies e.g. [Smoke Free Policy](#), [Medicines Policy](#).

Unauthorised drug use: Where use is restricted or prohibited e.g alcohol, tobacco, medicines or new psychoactive substances

Drug-related Situations

A drug-related situation is one involving the use of any authorised drug by a child or adult in school. A situation might be ongoing, but will have been discussed and planned for.

Drug-related situations might include:

- the storage or use of alcohol on the premises by staff, parents or other users of our premises
- the sale or award of alcohol *e.g. raffle prizes*
- the storage or use of medicines on the premises by staff, parents or children
- the use of tobacco or alcohol by staff, away from the premises, while taking part in events or residential trips

Drug-related Incidents

A drug-related incident is one where there is evidence or suspicion of specific events involving unauthorised or illegal drug possession, use or supply. We will need to react to this event, in order to prevent or reduce harm. We will refer to 3G Responding to Drug-related Situations and Incidents in the Primary School ([click here for the Drug Toolkit](#)).

Drug-related incidents include:

- Disclosure by a child of their own unauthorised or illegal drug use or alleged use by another person
- Unauthorised or illegal drugs being possessed or used on the school premises
- Physical evidence of unauthorised or illegal drug use being found on or around the school premises
- Supply or intended supply of unauthorised or illegal drugs on the school premises
- Community concerns about unauthorised or illegal drug use by an adult working with children
- Community concerns about unauthorised or illegal drug use by children
- Children disclose they are adversely affected by the drug use or misuse of others
- The intimidation of a child by peers or others in relation to drug use.

Responding to Drug-related Situations and Incidents

The use, possession or supply of illegal drugs will not be tolerated on our school site, neither will the unauthorised use of legal drugs, such as alcohol, tobacco and new psychoactive substances.

All staff will be aware of the basic procedures for dealing with a drug-related incident. The [Head Teacher](#) will take responsibility for any required action.

Responses to situations or incidents involving any drug will seek to balance the interests and safety of the individual and others involved.

We will refer to 3G Responding to Drug-related Situations and Incidents in the Primary School ([click here](#) for the Drug Toolkit) when considering our response to any drug-related

incident. We will record each drug-related incident using 3F Recording an Unauthorised Drug Incident (click [here](#) for the Drug Toolkit). If we are considering the involvement of the Police in an incident, we will refer to 3I Considering Drug Issues and the Police.

The likelihood of a child being the instigator of a drug-related incident in school is extremely low. However, where an incident involves a child at our school, we will seek to involve parent/carers, if appropriate, and gain advice and support from specialist services and Children's Services. Exclusion may be a final option, if other sanctions have not been successful.

In the very unlikely event that a child's person or property must be searched for a prohibited item, such as an illegal or unauthorised drug, we will refer to 'Screening, Searching and Confiscation' DfE 2012

Following every drug-related incident, procedures will be reviewed and evaluated. [The Head Teacher will lead this review and will involve a link governor.](#)

Responsibility for Preventing and Responding to Drug-related Incidents

- Solvents and hazardous chemicals will be stored in accordance with our [Health and Safety policy](#), which refers to Control of Substances Hazardous to Health (COSHH) Guidelines. The person responsible for overseeing this policy is the [Site Manager/Head Teacher](#).
- If a substance is found on our premises, it will initially be reported to the [Head Teacher](#), who will record the nature of the incident and complete 3F Recording an Unauthorised Drug Incident with reference to 3G Responding to Drug-related Situations and Incidents in the Primary School and 3I Considering Drug Issues and the Police (click [here](#) for the Drug Toolkit), where procedures for taking temporary possession of an illegal substance are described.
- In a situation where a child is involved in unauthorised drug use on school premises, the [Head Teacher](#) will normally inform the child's parents. If a decision is made not to inform parents, this will be documented.
- If the [Head Teacher](#) believes an offence has been committed by staff or pupils, he or she will consider informing the

police. He/she will refer to 3I Considering Drug Issues and the Police. If the decision is made not to inform the police this will be documented using 3F Recording an Unauthorised Drug Incident (click [here](#) for the Drug Toolkit). On most occasions the Police Community Support Officer (PCSO) will be the first contact.

Should the press contact the school regarding a drug-related [incident or situation](#), [a press release will be issued in collaboration with the County Press Office. The Chair of Governors/ Head Teacher will be the main contact for the press. We will refer to our 'Critical Incidents' policy.](#)

Confidentiality

Confidentiality guidance is not altered by the fact that a case involves drugs. Where there is a genuine risk to the safety of the child, information must be passed on to individuals and/or organisations responsible for protecting the child. It is likely that such responses will fall within the remit of other policies such as [Safeguarding and Child Protection](#), [Behaviour](#) and [Health and Safety](#).

Staff may have to pass on information to fulfil their professional and moral duties in relation to:

- child protection
- co-operating with a police investigation
- referral to external services, such as drug agencies.

Any information disclosed to a staff member or other responsible adult, which is deemed to be of a serious nature, will be communicated to the designated person as soon as possible and always within 24 hours.

The designated person may choose to respect a child's wish for confidentiality only in cases where:

- there is no cause to believe that confidentiality will endanger or put the child or others at risk
- disclosure itself may place the child at risk.

It is our policy to inform parents and carers as soon as possible, when a child has been involved in a drug-related incident, except in situations where such information could prejudice their safety. The person responsible for Child Protection will be asked for guidance in this instance.

Children will be told clearly what information is to be passed on and to whom and their

agreement will be sought. We will support the child in dealing with possible consequences.

School Boundaries and School Visits

We will make clear to staff and parent/carers the rules which apply to individual visits or group trips, including other areas where direct responsibility lies with the parent/carer (primarily, school/home transport and the close environment of the school). In these situations we will work in partnership with parents/carers and, where appropriate, the wider community. Clear guidance will be given to staff regarding their supervision responsibilities and their own drug use (e.g. of alcohol, tobacco and medicine). We will refer to 3J Considering Drug Issues and Primary Educational Visits (click [here](#) for the Drug Toolkit)

Section 4 Monitoring, Review and Evaluation

This Policy is regularly monitored and evaluated to ensure its effectiveness.

The Policy review is coordinated by [the SMT / Headteacher / PSHE Coordinator / Governing Body](#) and includes collecting data and gathering the perceptions of the whole school community.

The results of the review are used to inform areas for school development, which are included in the School Development/Improvement Plan and other appropriate action plans.

This Policy is reviewed [annually/every two years](#).

Next review date:

Section 5 Appendices

Appendix 1: Curriculum for Drug Education

	Healthy and Safer Lifestyles 2 - Keeping Safe (inc Drug Education)	Other areas of Personal Development
Foundational	<p>Do I understand simple safety rules for when I am at home, at school and when I am out and about?</p> <p>Can I say 'No!' if I feel unsure about something and it does not feel safe or good?</p> <p>Can I ask for help and tell people who care for me if I am worried or upset?</p> <p>Who are the people who help to keep me safe?</p> <p>What goes on to and into my body and who puts it there?</p> <p>Why do people use medicines?</p> <p>What are the safety rules relating to medicines and who helps me with these?</p>	<p>What things can I do when I feel good and healthy?</p> <p>What can't I do when I am feeling ill or not so healthy?</p> <p>What do I think I have to keep safe from?</p> <p>How do I know if something is safe or unsafe?</p>
	Healthy and Safer Lifestyles 8 - Drug Education	Other areas of Personal Development
KS1 / 2	<p>What happens when things enter the body?</p> <p>What are medicines and why do some people use them?</p> <p>What do I understand about the roles of doctors, nurses and hospitals?</p> <p>What can I do if I feel poorly?</p> <p>What are the potentially risky substances at home and at school?</p> <p>How can I keep safe from harm if I come across risky substances?</p> <p>What is it like to be persuaded?</p>	<p>How can I get the attention of an adult if I need to?</p> <p>Who are the people who help keep me safe?</p> <p>How can I be responsible for my own personal safety?</p> <p>Do I understand how amazing my body is?</p> <p>What does it feel like to be healthy?</p> <p>How can I stay healthy?</p> <p>What is an emergency and who helps?</p> <p>How can I help in an emergency?</p>
	Healthy and Safer Lifestyles 15 - Drug Education	Other areas of Personal Development

K S 2 Y 3 / 4	What medical and legal drugs do I know about, and what are their effects?	How can I be responsible for my own personal safety?
	Who uses and misuses legal drugs?	Who is responsible for my lifestyles choices and how are they influenced?
	Why do some people need medicine and who gives it?	How can I have a healthy lifestyle?
	What are the safety rules for storing medicine and other risky substances?	What can my body do and how is it special?
	What should I do if I find something risky, like a syringe?	What risks are there to my safety, my friendships and my feelings?
	What do I understand about how friends and the media influence me?	What action is it okay for me to take in an emergency?
		Who would I ask for help if things went wrong?

	Healthy and Safer Lifestyles 22 - Drug Education	Other areas of Personal Development
K S 2 Y 5 / 6	<p>What do I know about medicines, alcohol, nicotine, solvents and illegal drugs and how they affect people who use them and others?</p> <p>How does drug use affect the way a body or brain works?</p> <p>How do medicines help people with a range of illnesses?</p> <p>What does misusing a drug mean?</p> <p>What are some of the laws about drugs?</p> <p>What risks should I look for around substances?</p> <p>How do my friends influence my behaviour and decision making?</p> <p>How and why do companies advertise drugs?</p> <p>When and how should I check information I am given?</p>	<p>When might it be good to take a risk?</p> <p>What are the different consequences of taking physical, emotional and social risks?</p> <p>How risky are different situations?</p> <p>When am I responsible for my own safety?</p> <p>How can I keep myself and others safe?</p> <p>How can I get the attention of an adult if I need to?</p> <p>Where can people go for help?</p> <p>How can I help people who need support?</p> <p>Can I carry out basic first aid?</p> <p>What does being healthy mean and what are the benefits?</p> <p>Who or what influences me when I am making lifestyle choices?</p> <p>How am I responsible for a healthy lifestyle?</p>

Appendix 2: Entitlements for all Members of our School Community

We are committed, with other individuals and organisations in our community, to working towards the implementation and development of these entitlements.

Everyone is entitled to have access to information which is accurate and up-to-date; appropriate to their needs and sensitive to cultural, ethnic, religious and gender differences.

Children are entitled:

- to a planned, varied and cohesive drug education programme which enables them to increase their knowledge and explore and practise relevant skills and attitudes, and which gives them time to reflect
- to have access to support when they need it, in an appropriate setting
- when seeking advice, to have confidentiality guidelines explained, and to be treated honestly and with respect and sensitivity
- to have the opportunity to participate in the shaping and evaluation of their drug education programme using methods appropriate to their maturity, for example, through classroom activities or research

Adults working with our children are entitled:

- to relevant and appropriate training
- to opportunities to develop personal skills and confidence in delivering drug education and managing drug-related situations and incidents
- to a clear definition of issues concerning boundaries and confidentiality in school
- to an environment which provides opportunities to express their and share concerns openly
- to have access to independent advice and support, in both personal and professional capacities
- through representatives, to be involved in the formulation and/or evaluation of drug policy

Parents, carers and other adults in our community are entitled:

- to expect a safe and secure environment for their child
- through representatives, to be involved in the formulation and/or evaluation of our drug policy
- to express their opinions and to be offered time and privacy to share any concerns
- to be offered information about other services or support available to parent/carers locally