



# **Drug Education Policy**

**March 2026**

**Approved by the Governing Body Strategy Group 05/03/26**

**This Policy is due for renewal in Term 4  
2027–28**

# **DRUGS EDUCATION POLICY**

## **OF**

### **GODINTON PRIMARY SCHOOL**

#### **SECTION ONE – INTRODUCTION**

We have based our school's drug education policy on the DfE guidance document. This policy is informed by the DfE guidance 'DfE and ACPO drug advice for schools' (2012). This states that the aims of drugs education is 'to provide opportunities for pupils to develop their knowledge, skills and attitudes and understanding about drugs and appreciate the benefits of a healthy lifestyle, relating this to their own or others' actions'. Reference has also been made to the DfE Statutory Guidance for Relationships Education, Relationships and sex education (RSE) and Health Education (2019) which indicates that pupils should know, as part of their compulsory Health education, 'the facts about legal and illegal harmful substances and associated risks, including smoking, alcohol use and drug-taking' (p.34).

Drug education is firmly rooted within the personal, social and health education (PSHE) curriculum in our school as well as the curriculum for science.

Our school values the importance of its pastoral role in the welfare of our children, and through the general ethos of the school, we seek to encourage and develop children's learning and ensure support appropriate to their needs is provided. Effective drug education is an essential contributor to ensuring that all children and young people are able to reach their full potential and to ensure positive well being.

Education about drugs is not concerned merely with substance but with people in their social settings and therefore involves the development of attitudes, values and the development of skills, as much as the acquisition of appropriate knowledge.

Drug issues and concerns extend across socio-economic boundaries, and children of all ages and abilities will encounter both the positive and negative effects of drugs, as used legally in medicine to aid recovery, or illegal use. Some children will have some knowledge of illegal drugs through the media or perhaps even personal experience.

The school works in conjunction with local agencies and the police when required to support issues relating to drugs that might affect the community.

A teacher of drug education does not need to be an authority on drugs as it is the life

skills approach which is crucial to this area of learning.

In line with government guidelines, our school is a smoke free environment. This includes all buildings and external spaces. We have in place a smoke free policy which is reviewed every two years.

Drug and drug education in the context of this document are inclusive terms including tobacco, e-cigarettes, alcohol, illegal drugs, medicines and other substances such as solvents.

## **1.2 Policy Development**

A whole school approach is taken in the development of this policy. Input is made by teachers and governors, including parents, through the Strategy Group of the Governing Body. The drug education policy is shared with parents/carers on the school website. Pupils' views are expressed through informal discussion. The views of all interested groups are then taken into consideration.

## **1.3 Links with Other Policies**

The drug education policy should be read in conjunction with the policies for PSHE and Citizenship, teaching and learning, equal opportunities, medical needs, smoke-free, inclusion, health and safety and child protection. The school has a separate policy for the management of drug related incidents.

## **SECTION TWO – AIMS AND OBJECTIVES**

We aim to equip children with the knowledge, understanding and skills that enable them to make the sort of choices that lead to a healthy lifestyle. Our drugs education programme has the primary objective of helping children to become more confident and responsible young people. We teach children about the benefits of medicines and the dangers to health which drug taking can pose, and we aim to equip them with the social skills that will enable them to make informed moral and social decisions in relation to drugs in society.

2.1 The aims of our drugs education programme are:

1. To ensure all members of the school community know and understand the rules of the school, the expectations about behaviour, and the policy regarding drug incidents and concerns about individuals.
2. To encourage and enable pupils to appreciate the benefits of a healthy lifestyle now and in the future.
3. To enable pupils to make reasoned, informed choices.

4. To minimise children's experimentation with illegal or harm causing substances.
5. To address and take account of local community needs, including the differences and diversity within the school community.

2.2 objectives of our drugs education programme are:

1. To provide opportunities for children to acquire knowledge and identify the distinction between legal and illegal drugs.
2. To develop and equip children with the knowledge, attitudes and skills necessary to build their resilience and avoid peer group pressure or unwanted drug offers from others.
3. To help children become more self-confident so that they are able to make sensible and informed decisions about their lives.
4. To enable children to discuss moral questions related to drug taking, and so provide a safe environment for young people to share their thoughts and ideas;
5. To let children know what they should do if they come across drugs, or are aware of other people misusing drugs;
6. To help children respect their own bodies and, in so doing, reduce the likelihood that they will be persuaded to become involved in drug abuse;
7. To show that taking illegal drugs is a moral issue, and that choices about drugs are moral choices;
8. To ensure that all children are taught about drugs in a consistent manner, following guidelines that have been agreed by parents/carers, governors and staff.

### **SECTION THREE – CONTEXT OF DRUGS EDUCATION**

We teach children drug education in the context of our school's aims and values framework, with an awareness of the moral code and values which underpin all our work in school.

In particular we teach drug education in the belief that;

1. Drug education is part of a wider social, personal and moral education process
2. Children should learn about their responsibilities to themselves or others and about the possible consequences of their actions.
3. Children need to learn about the importance of self-control

### **SECTION FOUR – CURRICULUM ORGANISATION**

4.1 We teach drug education through different aspects of the curriculum. Predominantly this is through science and PSHE and Citizenship. We regard drug education as a whole-school issue and we believe that opportunities to teach about the

importance of living a healthy lifestyle occur throughout the curriculum.

4.2 In science lessons we follow the National Curriculum guidance for science. In Lower and Middle School children learn about the role of drugs as medicines, how these should be administered by trusting adults (parents/carers and doctors). This is also addressed through the PSHE curriculum topic of 'Healthy Me' in the summer term and includes teaching about healthy lifestyle choices and medicine safety. They learn about the potential dangers from household substances, if they are not used as instructed.

4.3 In Upper School science, children start to understand that there are legal and illegal drugs and the effects of these. They learn about the dangers of smoking and the effects of alcohol. This is reinforced in the PSHE curriculum area of 'Healthy Me' in the Summer term.

4.4 Children are supported in developing their attitudes, values and skills:

1. To value and trust in their own learning through positive reflections and development of assertiveness and coping skills
2. Confidence building and communication skills
3. About themselves and their achievements, seeing their mistakes, making positive changes and setting personal goals
4. To recognise risky behaviour and risk taking within different situations and be able to respond appropriately
5. That pressure to behave inappropriately or to take risks can come from a variety of sources, including people they know, TV and the media
6. How to seek / ask for help and use basic techniques for resisting unwanted peer pressure in order to minimise harm to themselves or others.
7. That their actions affect themselves and others, to respect and care about other people's feelings, trying to see things from their point of view.
8. Challenge stereotypes about drug users.

4.5 Most aspects of drug education are delivered as whole class lessons, taking into consideration the different needs of children where appropriate. Class teachers are responsible for the delivery of drug education to their class with support from the PSHE coordinator and science coordinator.

4.6 Our school helps our children to develop confidence in talking, listening and thinking about drugs. A number of teaching strategies are employed to assist with this:

1. establishing ground rules with pupils;
2. using 'distancing' techniques;

3. knowing how to deal with unexpected questions or comments from pupils;
4. encouraging reflection;
5. using correct terminology.
6. creating a safe learning environment.

Teachers are given support in using these by the relevant subject coordinators. Staff are also made aware of the school policy for confidentiality.

4.7 As with all lessons in school, pupils' learning in drug education is facilitated by:

1. The purpose of each lesson is made clear;
2. Appropriate learning experiences are planned and meet the needs of all the pupils in the class;
3. Learning experiences draw upon pupils' own experiences or existing knowledge and provide a range of opportunities for pupils to learn and demonstrate skills, attitudes and knowledge;
4. Time is given for pupils to reflect upon and consolidate their learning.
5. Making a needs assessment about where children are with their learning about drugs to be used as a starting point.

4.8 A variety of resources are used to support our drug education curriculum. We ensure that resources are up to date, complement our scheme of work, reflect different cultural groups in society and are balanced towards both genders. A list of resources for drug education is held by the Headteacher.

4.10 Whilst some children may have a fairly broad knowledge and insight into drug education, there are those who have little or no knowledge at all. Teachers need to be sensitive to this issue and that lessons are planned to take account of pupils/students' age, culture, experience and maturity. The needs of children with SEN will be taken into account by the teacher who may need to provide different resources, different activities or specific support to some children. Where children have targets relating to their personal development, the teacher will ensure that opportunities are planned to support children in achieving these.

## **SECTION FIVE– THE ROLE OF PARENTS AND CARERS**

5.1 Our school is well aware that the primary role in children's drug education lies with parents/carers and carers. We wish to build up a positive and supportive relationship with the parents/carers of children at our school through mutual understanding, trust and

cooperation. In promoting this we:

1. answer any questions that parents/carers may have about the drug education of their child;
2. take seriously any issue that parents/carers raise with teachers or governors about this policy or the arrangements for drug education in the school;
3. inform parents/carers about the school's drug education policy and practice;
4. inform parents/carers as required about the best practice known with regard to drug education, so that the teaching in school supports key messages that parents/carers and carers give to children at home. We believe that, through this mutual exchange of knowledge and information, children will benefit from being given consistent messages about their changing body and their increasing responsibilities.
5. Ensure that this policy is available to parents/carers;
6. Provide parents/carers with access to lists of drug support materials and support agencies which can be used to support drug education at home upon request.

## **SECTION SIX – THE ROLE OF OTHER MEMBERS OF THE COMMUNITY**

As a school, we lead our drug programme, but outside visitors have a role and we encourage other valued members of the community to work with us to provide support to the children with regard to health education. Our school has guidelines for the involvement of visitors in PSHE / drug education sessions which includes ensuring appropriate content in accordance with this policy and our scheme of work which is arranged in advance.

## **SECTION SEVEN – STAFF DEVELOPMENT**

7.1 Staff are supported in delivering drug education by the relevant subject coordinators as required. Any CPD opportunities for drug education is identified through feedback from teaching staff. This helps to identify priorities for whole staff development or where individuals may need support. Staff will attend training from outside agencies if appropriate.

7.2 The relevant subject coordinators make staff aware when required of the latest guidance for drug education, and provides staff with information on the delivery of drug education, resources which can be used and where additional information, such as support agencies, can be found.

7.3 The Headteacher provides guidance for staff on how to deal with specific issues which may arise such as confidentiality and boundaries, responding to pupils questions appropriately, and using correct terminology.

## **SECTION EIGHT – CONFIDENTIALITY**

8.1 Teachers conduct drug education lessons in a sensitive manner and in confidence. However, if a child makes a reference to being involved, or likely to be involved in drug related activity, then the teacher will take the matter seriously and deal with it as a matter of child protection. In these circumstances, if the teacher has concerns, they will draw their concerns to the attention of the Headteacher who is our Designated Safeguarding Lead (DSL). The Headteacher will then deal with the matter in consultation with relevant professionals. (See also Safeguarding Policy.) All staff are aware of our policy for safeguarding and confidentiality. We have a separate policy for managing drug related incidents.

## **SECTION NINE – MONITORING AND ASSESSMENT**

9.1 As with any learning process, assessment of pupils' personal, social and emotional development is important. It provides information which indicates pupils' progress and achievements and informs the development of the programme.

Teachers assess the children's progress in drug education lessons both by making informal judgements as they observe them during lessons and by more formal assessments made each year against suggested objectives for science objectives. We have clear expectations of what the children will know, understand and be able to do at the end of each key stage and use the key skills document to support this. Pupils also have the opportunity to reflect on their own learning.

9.2 Drug education is monitored as required by the relevant subject coordinators. This may be done through work sampling, lesson observation, discussion with pupils and staff, and feedback from parents/carers. Monitoring helps to ensure that this policy is being implemented, that pupils are making progress in this area, that areas for improvement, amendment or for staff development are identified and that staff have sufficient resources available to them.

9.3 It is the responsibility of the Headteacher to ensure that both staff and parents/carers are informed about our drug education policy, and that the policy is implemented effectively. It is also the Headteacher's responsibility to ensure that members of staff are given sufficient training, so that they can teach effectively and handle any difficult issues with sensitivity.

9.4 The Headteacher monitors this policy on a regular basis and reports to governors, when requested, on the effectiveness of the policy. The policy is reviewed by the Strategy Group of the Governing Body every two years.

## **SECTION ELEVEN – EQUALITY, DIVERSITY AND INCLUSION**

At Godinton Primary School, we are committed to ensuring equality of opportunity for all members of our school community irrespective of race, religion or belief, gender, gender reassignment, disability, sexual orientation, age, pregnancy or maternity, marriage and civil partnership or socio-economic background. We are determined to develop a culture of inclusion and diversity in which all those connected to the school feel proud of their identity and ability to participate fully in school life.

We tackle discrimination through the positive promotion of equality by challenging stereotypes and by creating an environment that champions respect for all. At Godinton Primary School, we believe that diversity is a strength that should be respected and celebrated by all those who learn, teach and visit us.

All school policies have an explicit aim of promoting equality and will be reviewed in terms of their contribution and effectiveness in achieving this aim.

## **SECTION TWELVE – CHILDREN IN CARE**

As for all our pupils, Godinton Primary School is committed to helping every Child in Care (CIC) to achieve the highest standards they can. To this end staff will ensure that in delivering the curriculum they set suitable learning challenges of CIC, respond to the diverse learning needs of CIC, and help to overcome the potential barriers to learning and assessment for CIC. The relevant subject coordinators will support staff in doing this within this subject.

## **SECTION THIRTEEN – POLICY REVIEW**

The Strategy Group of the governing body monitors our drug education policy every two years. They report their findings and recommendations to the full governing body, as necessary.

This policy will be available to all staff, governors and parents/carers.