

Shimna Integrated College

Drugs Policy

Designated Teacher for Drugs: Kevin Lambe

Designated Governor for Drugs: Denise Medea

Rationale

Tobacco, tobacco related products, electronic cigarettes, alcohol, NPS (new psychoactive substances), illegal drugs, volatile substances and prescription drugs all exist in the world of our students and their families. Our school has a responsibility to inform and protect students, to support students living with drugs related issues within their family and among their friends. Drugs are very likely to impinge directly on the life of the school.

Ethos

Our Drugs Policy is developed within the Integrated ethos of our school. We acknowledge that a wide range of opinions and beliefs in relation to drugs will exist within our school community. Safety and well-being, and not judgement, will be at the centre of our approach.

Aims and Objectives

Our aims are to inform, protect from harm, build resilience, and to enable autonomous decision making, in empathy with others, in relation to drugs.

Our Drugs Policy is developed in the light of our whole-school ethos and pastoral policies, practice and curriculum.

Consultation – students, staff, parents/carers and governors are all involved in the development and the review of policies. The following methods of consultation may be included:

- Questionnaires
- Meetings of the Student Council
- Student focus groups
- Parent Council focus groups

Training – training specific to drugs will be accessed from appropriate agencies.

Our objectives are to sustain a consistent approach to drug-related issues in line with the ethos, policies, practice and curriculum of the school; sustain, implement and review a drugs education programme within the curriculum; sustain procedures and protocols addressing

drug-related issues across all areas of school life; sustain procedures for managing specific incidents of suspected drug misuse; monitor and evaluate the effectiveness of the policy in line with whole-school self-evaluation procedures.

Communication of the policy with students, staff, parents/carers:

A copy of the full policy and appendices is available on the school website, and in hard copy from the school office. A summary policy is provided to all staff on the school intranet, to students through the pastoral programme and to parents/carers when their child joins Shimna.

Definitions

For the purpose of this document, the terms **drug** and **substance** include any product that, when taken, has the effect of altering the way the body works or how a person behaves, feels, sees or thinks. As well as everyday products such as tea and coffee, substances include:

- alcohol, tobacco and tobacco-related products, including nicotine replacement therapy (NRT), and electronic cigarettes;
- over-the-counter medicines such as paracetamol and cough medicine;
- prescribed drugs, such as antibiotics, painkillers, antidepressants, antipsychotics, inhalers and stimulants such as Ritalin;
- volatile substances such as correcting fluids or thinners, gas lighter fuel, aerosols, glues and petrol;
- controlled drugs such as cannabis, LSD, ecstasy, amphetamine sulphate (speed), magic mushrooms, heroin and cocaine;
- new psychoactive substances (NPS), formerly known as legal highs*, which contain one or more chemical substances that produce similar effects to illegal drugs and are sold as incense, salts or plant food and marked 'not for human consumption' to avoid prosecution;
- other substances such as amyl or butyl nitrite (known as poppers)
- unprocessed magic mushrooms.

*We no longer use the term legal high because it is misleading. The public perceived that 'legal' meant safe. This is not the case, as these substances are not regulated and there is no way of knowing what chemicals they contain. The UK Government has published an NPS resource pack for informal educators and practitioners. It is available on the C2k digital library, Equella. You can find further information on NPS at www.drugscope.org.uk

Controlled substances are legally classified according to their benefit when used in medical treatment or harm if misused. The Misuse of Drugs Act sets out a range of substances that are controlled under the act. It is an offence to possess, possess with intent to supply, supply, or allow premises you occupy or manage to be used unlawfully for the purpose of producing or supplying controlled drugs. The Act has four separate categories: Class A, Class B, Class C and temporary class drugs. Substances may be reclassified.

The Misuse of Drugs regulations, created under the Misuse of Drugs Act, license production, possession and supply of substances classified under the act. These include five schedules that classify all controlled medicines and drugs.

- Schedule 1 has the highest level of control, but drugs in this group are very rarely used in medicines.
- Schedule 5 has a much lower level of control.

Drug Use: refers to taking a drug; there is no value judgement, although all drug use has an element of risk.

Drug Misuse: refers to legal, illegal or illicit drug taking or alcohol consumption, which leads a person to experience social, psychological, physical or legal problems related to intoxication or regular excessive consumption and/or dependence. Drug misuse is therefore taking drugs, including prescribed drugs and NPS, that cause harm to the individual, their significant others or the wider community.

Electronic cigarettes on school premises

Electronic cigarettes are battery-powered vapour inhaler devices that generally contain nicotine, along with propylene glycol and glycerine. They were developed as an alternative to tobacco products and have become increasingly popular.

Although we perceive electronic cigarettes to be less harmful than tobacco, there are concerns about their safe use, particularly when children and young people use them, because the electronic cigarette market is unregulated. The Chief Medical Officer (CMO) for Northern Ireland has advised that schools prohibit electronic cigarettes on their premises, in line with tobacco products, because:

- nicotine is very addictive and there is a risk that using electronic cigarettes could act as a gateway into smoking for many young people;
- evidence suggests that adolescent exposure to nicotine may also have long term consequences for brain development;
- the availability and promotion of electronic cigarettes is reversing progress made by smoke-free legislation to de-normalise smoking; and
- there is insufficient evidence to determine whether the vapour produced by electronic cigarettes causes damage to users' health in the long term. The same applies to the impact of second-hand vapour the user exhales.

There is also a potential risk that users might fill the refillable cartridges used in some electronic cigarettes with substances other than nicotine. This has the potential to serve as a new and potentially dangerous way to deliver other drugs.

The CMO recommended that the Department of Education extend its current guidance to schools, which encourages them to implement a complete smoking ban on both internal and external premises, to include electronic cigarettes. Reflecting this advice, the Department issued Circular 2014/25 to all schools on 15 December 2014. You can find the Employing Authority's *Smoking Policy for Schools* (TNC 2000/3) at www.deni.gov.uk

For more information about tobacco and NRT, visit www.want2stop.info For information on electronic cigarettes visit www.publichealth.hscni.net

Smoking is prohibited on Shimna Integrated College premises, both internal and external, and the prohibition includes regular and electronic cigarettes. Where cigarettes, regular or electronic, are found on a student's person or in their belongings, they will be removed and may be collected by a parent/guardian.

Responding To Drug-Related Incidents

The problems resulting from the misuse of drugs, tobacco-related products including electronic cigarettes and alcohol affect every part of our society, including schools. Alcohol use and smoking among young people in Northern Ireland has declined. Fewer young people are receiving treatment for drug use. According to the *Young Peoples' Behaviour and Attitudes Survey* (YPBAS), few young people have been involved in incidents of being under the influence of, in possession of and/or supplying substances to others. Despite these positive indicators, school staff inevitably have to deal with situations in their classrooms and schools.

This section provides information on the management of suspected drug-related incidents on school premises, when travelling to and from school and/or when engaged in authorised school-related activities.

What constitutes a drug-related incident?

For the purposes of this guidance, a drug-related incident may include:

- a student displaying unusual or uncharacteristic behaviour;
- an allegation;
- suspicion of possession, possession with intent to supply and/or supply of any substance as defined on page 3;
- finding substance-related paraphernalia.

Suspected substance-related incidents will be dealt with sensitively and fairly. This drugs policy links with school pastoral, discipline, safeguarding and critical incident policies.

Roles and responsibilities in a school

The role of the individual staff member.

All staff should be familiar with the content of the school's drug policy. They should also be fully aware of their responsibilities, should a suspected drug-related incident occur. It is not the staff's responsibility to determine the circumstances surrounding the incident, but they should:

- assess the situation and decide on the appropriate actions to take;
- notify the principal and the designated teacher for drugs at the earliest opportunity;
- deal with any emergency procedures to ensure the safety of students and staff, if necessary (see Appendix 9);
- forward any information, substance or paraphernalia received to the designated teacher for drugs, who will respond accordingly (see Appendix 2);
- use the school's Drugs Incident Report Form to complete a brief factual report on the suspected incident and forward this to the designated teacher for drugs;
- consider the needs and safety of a student when discharging her or him into the care of a parent or carer who appears to be under the influence of alcohol or another substance (staff, who are in loco parentis, should maintain a calm atmosphere when dealing with the parent/carer and, if concerned, should discuss with the parent/carer alternative arrangements for caring for the student);
- invoke safeguarding procedures, if a parent or carer's behaviour may place a student at risk.

The role of the designated teacher for drugs

The designated teacher with responsibility for drugs and implements the procedures in place for handling cases of suspected drug misuse on the premises. Every member of the school's staff, both teaching and non-teaching, should be completely familiar with their school's procedures and know who to contact and what to do when a young person is suspected either of being in possession of drugs or being under the influence of drugs, including alcohol.

The designated teacher is responsible for:

- co-ordinating the school's procedures for handling suspected drug-related incidents and training and inducting new and existing staff in these procedures;
- ensuring that the school's disciplinary policy has an appropriate statement about any disciplinary response resulting from suspected drug-related incidents;
- ensuring that the school's pastoral care policy has an appropriate statement about any pastoral response resulting from suspected drug-related incidents;
- liaising with other staff responsible for pastoral care;
- being the contact point for outside agencies that may have to work with the school or with a student or students concerned;
- responding to advice from first aiders, in the event of an incident, and informing the principal, who should contact the student's parents or carers immediately;
- taking possession of any substance(s) and associated paraphernalia found in a suspected incident;
- student(s) involved in a suspected incident;

- completing a factual report using the schools Drug-Related Incident Form, which they forward to the principal;
- and reviewing and if required updating the policy at least annually and after a drug-related incident, where learning from the experience could improve practice.

The role of the principal

It is the principal's responsibility to determine the circumstances of all incidents, but it is the responsibility of the PSNI to investigate any criminal or suspected criminal offence. In any suspected drug-related incident, the principal should contact the parents or carers of those students involved. The principal must ensure that in any incident involving a controlled substance there is close liaison with the PSNI. **Failure to inform the PSNI of a suspected incident involving controlled drugs is a criminal offence.** After contacting the PSNI, principals should confine their responsibilities to:

- the welfare of the student(s) involved in the incident and the other students in the school;
- health and safety during the handling, storage and safe disposal of any drug or drug-related paraphernalia, using protective gloves at all times;
- informing the Board of Governors;
- agreeing any appropriate pastoral or disciplinary response;
- reporting the incident to the Education Authority if appropriate, for example if an incident:
 - is serious enough to require PSNI involvement;
 - requires that a child protection procedure is invoked;
 - or leads to the suspension or exclusion of a student;
- completing a written report and forwarding a copy to the Board of Governors and the designated officer in the Education Authority.

The role of the Board of Governors

The Board of Governors is responsible for the drugs policy and its implementation. Governors collaborate with staff, students and parents/carers in reviewing the drugs policy. The Board of Governors also:

- facilitate the consultative process where the school community can respond and contribute to the policy's effectiveness and quality, which the governors should examine and approve before implementing in the school;
- ensure details of the policy are published in the school prospectus and that these are reviewed at least annually and after a drug-related incident; and
- be fully aware of and adequately trained to deal with suspected drug-related incidents, including alcohol and tobacco, tobacco-related products, electronic cigarettes, and their appropriate disciplinary response
- appoint a designated governor for drugs, and facilitate their training.

Legal responsibilities and involving the PSNI

The principal will ensure that all staff are aware of their legal responsibilities, that a school must notify the PSNI in all instances where there is an allegation or suspicion that a crime has been committed. **Failure to notify the PSNI is a criminal offence.**

Staff must be aware of the legal implications of:

- receiving information about a controlled drug;
- discovering a young person in possession of a controlled drug;
- discovering a young person is involved in supplying a controlled drug.

A summary of relevant legislation is available at www.ccea.org.uk

Contacting the PSNI

The principal will maintain contact with the designated officer in their local PSNI area to ensure an appropriate response when dealing with suspected drug-related incidents that might arise in school. Each PSNI area has a designated officer who will advise on and agree procedures for schools to follow. The PSNI will always try to handle all incidents promptly and with discretion, understanding and tact. A non-uniformed officer will respond, wherever possible, depending on the circumstances and the nature of the suspected offence.

The principal will notify their local PSNI officer in every case where a student has or is suspected of having controlled drugs in their possession, either on their person or in their belongings, or if controlled drugs are found on the school premises. This may include new psychoactive substances or prescription medication. Schools are not legally obliged to notify the PSNI if they suspect the misuse of solvents or alcohol, although the principal reserves judgement on notifying the designated officer if appropriate. The officer will be available to work with the school, students, parents or carers and other appropriate agencies to provide support, advice and assistance to help prevent recurrence and ensure the student is no longer at risk.

Interviewing students

In certain circumstances, the PSNI may interview a student on school premises with the principal's agreement. This may be a less intrusive and upsetting option for a student than going to a police station. Where the principal takes this course of action, the PSNI will conduct the interview in accordance with The Police and Criminal Evidence (Northern Ireland) Order (PACE) 1989. This has strict guidelines about when and where to exercise this option. The principal will make all possible efforts to inform the student's parents or carers before a PSNI interview takes place. The PSNI will not conduct an interview without the correct persons being present.

Responses in the event of a suspected drug-related incident

Illness, unusual or uncharacteristic behaviour:

Young people's behaviour may be unpredictable and bizarre for many reasons during their time at school. Changes in behaviour may indicate a range of difficulties and problems and

may be related to a medical condition, rather than substance misuse. It is, however, important to note that intoxication, physical collapse or unconsciousness can also result from an initial experiment with drugs.

Staff should bring any indications of illness, unusual or uncharacteristic behaviour because of suspected substance misuse to the attention of the designated teacher for drugs. Where staff believe a student may have taken a substance they suspect is a drug, s/he should seek medical assistance immediately after following the recommended emergency procedures. The principal will inform parents/carers and the PSNI.

You can find more information about recognising signs of substance use in Appendix 4. Appendix 5 details emergency procedures. For further details, search for *Signs and Symptoms of Drug Use* at www.ccea.org.uk

Taking possession of a suspected controlled substance and/or associated paraphernalia:

The law permits school staff to take temporary possession of a substance suspected of being a controlled drug to protect a student from harm and prevent the student committing the offence of possession. The staff member will, using appropriate safety precautions, take the suspected substance and any associated equipment and/or paraphernalia to the designated teacher for drugs as soon as possible. The designated teacher for drugs will arrange for its safe storage until the school can hand it over to the local PSNI officer to identify whether it is a controlled substance. School staff will not attempt to analyse or taste an unidentified substance. An adult witness must be present when staff confiscate the substance and the designated teacher for drugs will keep a record of the details, using the school's Drug Incident Report Form.

An allegation of a suspected controlled drug-related incident:

Carrying out a search

If the designated teacher for drugs receives an allegation of possession, s/he may need to search a student's desk or locker, if s/he has cause to believe it contains unlawful items, including controlled drugs. However, staff cannot search personal belongings in the desk or locker without consent. Staff should only search the student's personal belongings, including schoolbag, coat or other items with the student's consent. Staff should carry out this search in the presence of the student and another adult witness.

If staff suspect students of concealing controlled drugs on their person or in their personal belongings, staff should make every effort to encourage the student to produce these substances voluntarily. Staff should ask students to turn out their pockets or schoolbags. If the student refuses, staff should contact their parents or carers and the PSNI to deal with the situation. **A member of staff should never carry out a physical search of a student, unless there is compelling evidence that the student has committed an offence.** If staff recover a substance or an object that they suspect has a connection with drugs, they should take possession of it and make a full record using the school's Drug Incident Report Form.

If a student refuses to be searched the school must establish whether the probability that the student has committed an offence outweighs their right to privacy, before deciding whether to carry out a search without consent. For example, if the suspicion includes student possession of drugs for distribution to others, a search will be appropriate in order to prevent harm to others who might otherwise be supplied.

Possession, Possession with Intent to Supply and Supply of Controlled Drugs:

Student involvement in suspected controlled drug-related incidents may take several forms. These may include:

- possession;
- possession with intent to supply;
- and/or the supply of controlled drugs.

It is illegal for students to be in possession of a controlled drug. If a member of staff comes across a student in possession of what they believe or suspect to be a controlled drug, the staff member should immediately attempt to take possession of the substance and detain the student. The staff member should then send for assistance from the designated teacher for drugs, who will deal with the incident as outlined in the school policy.

It is not illegal for a student to possess or use other substances that are not controlled, for example alcohol, solvents, tobacco, tobacco-related products, electronic cigarettes, over-the-counter medication or prescribed medication. Prescribed medication, however, may be considered a controlled substance if it has been prescribed for someone else. The staff member should make a preliminary enquiry to clarify who the medication is for. This will establish whether the school should contact the PSNI about the incident. Although some unknown substances may be new psychoactive substances, schools will treat all unknown substances as suspected controlled drugs and respond accordingly.

The principal will deal with a student in possession of substances that are not controlled, using the school's disciplinary or pastoral care procedures in line with the school's child protection and safeguarding policy. The principal will also notify the student's parents or carers. In these circumstances, the school has no legal obligation to notify the PSNI. Where a principal feels that there are issues about the origin of these substances, the school may notify the designated officer in the local PSNI area for advice and guidance.

Detaining a student:

When managing a suspected drug-related incident the school should invite the students concerned to remain in school under the supervision of appropriate members of staff until their parents or carers and the PSNI arrive.

If the student refuses to remain, the school cannot detain a student against their will. However, if a member of staff has reasonable grounds to suspect that the student has in their possession or has taken a controlled substance, they can make a citizen's arrest under Article 26A of the Police and Criminal Evidence (Northern Ireland) Order (PACE) 1989.

A person other than a constable may arrest without a warrant:

- anyone who is in the act of committing an indictable offence;
- anyone whom s/he has reasonable grounds for suspecting to be committing an indictable offence.

Where an indictable offence has been committed, a person other than a constable may arrest without a warrant:

- anyone who is guilty of the offence;
- or anyone whom s/he has reasonable grounds for suspecting to be guilty of it.

But the power of summary arrest conferred by paragraph (1) or (2) is exercisable only if:

- the person making the arrest has reasonable grounds for believing that for any of the reasons mentioned in paragraph (4) it is necessary to arrest the person in question;
- it appears to the person making the arrest that it is not reasonably practicable for a constable to make it instead. The reasons are to prevent the person in question:
 - causing physical injury to himself or any other person;
 - suffering physical injury;
 - causing loss of or damage to property;
 - making off before a constable can assume responsibility for him.

A summary of relevant legislation is available at www.ccea.org.uk

The member of staff will make the student fully aware of the implications before making the arrest, confirming:

- that the student is not free to leave once they have been informed by the arresting person why they are being arrested;
- that they will be detained until they are handed over to a PSNI officer who will then deal with the investigation.

Staff must be able to recognise the point where a young person becomes a danger to either themselves or others. Staff should also be aware of their duty of protection because they are in loco parentis.

Finding drug-related paraphernalia:

Paraphernalia in the school grounds is an indication of drug use or misuse. Any member of the school community who encounters any paraphernalia will use extreme care, as these items may be hazardous. Anyone who finds paraphernalia associated with drug use or misuse will report it to the designated teacher for drugs, who will assess the situation and respond accordingly. This response may include contacting the principal contacting the PSNI.

The following list is not exhaustive. It gives staff an idea of what may indicate the presence of controlled substances:

- small bottles or pill boxes;
- hypodermic needles;
- twists of paper;
- cigarette papers, lighters and spent matches;

- electronic cigarette liquid refill bottles (there is a potential risk that refillable cartridges used in some electronic cigarettes could be filled with substances other than nicotine, serving as a new and potentially dangerous way to deliver drugs);
- roaches (ends of rolled-up cigarettes);
- punctured cans, plastic bottles or containers;
- aerosols or butane gas refills; and
- drugs themselves.

Recording an incident:

If the principal considers an incident to be serious (refer to [page 13](#) for guidance), the school will call the Education Authority designated officer to alert them to the incident and then make a full written factual record of the incident.

The principal will carefully record any statements that students suspected of being involved in or witness to an incident provide. For an incident that requires only an internal school investigation, for example finding cigarettes on school property, the principal will treat any sensitive information about students in a confidential and secure manner. The school may engage the help of another adult to support both the designated teacher for drugs and the students involved in the incident, particularly when the students may need to be interviewed separately. See Drugs Incident Report Form.

For an incident that requires a PSNI investigation, the principal is responsible for determining the circumstances of all incidents. The PSNI is responsible for investigating any criminal or suspected criminal offence. Under these circumstances, the principal should not take any written statements from individuals involved in the incident. The investigating officer is responsible for dealing with the incident to co-ordinate recording all statements that could be required for a potential court case.

School response to drug-related incidents

Deciding on appropriate sanctions:

The principal will take an initial decision on how sanctions should be decided, taking into account:

- the age of the student concerned;
- whether the incident involved one student or a group of students;
- whether there has been evidence of particular peer group pressure;
- the level of involvement.

Sanctions will be decided in the best interests of the student(s) and the safety and well-being of other students.

The principal will explore the relevant factors to determine the seriousness of the incident and the needs of those involved and then respond appropriately, including potential referral to the Discipline Committee of the Board of Governors and designated governor for drugs. The principal will consider, for example:

- Does the student admit or deny the allegations?
- Is this a first offence?
- Is the substance legal or illegal?
- What quantity of the substance was involved?
- What was the student's motivation?
- Is the student knowledgeable and careful or reckless about their own or others' safety?
- Does the student have a parent or carer or family member who is misusing drugs?
- Does the student know and understand the school policy and school rules?
- Where does the incident appear on a scale from 'possession of a small quantity' to 'persistent supply'?
- If the school suspects the student of supplying, how much was supplied and was the student coerced into the supply role or the one 'whose turn it was' to buy for others, or is there evidence of organised or habitual supply?

The principal will consider a repertoire of responses, incorporating both sanctions and counselling and potentially guiding young people towards appropriate treatment and support. These responses should reflect different kinds of drug-related offences (see Appendix 1), such as:

- being under the influence of alcohol or a controlled drug;
- possession of alcohol for individual use or selling or sharing with other students;
- possession and/or possession with the intent to supply a controlled drug;
- supplying a controlled drug, either giving or selling to someone else.

Although there is no legal distinction between supply with or without money, the principal may make a distinction in her/his disciplinary responses. The principal will always consider the needs of individual students and have appropriate interventions and support mechanisms in the school's Child Protection and Safeguarding Policy.

The principal will always aim to give students the opportunity to learn from their mistakes and to develop in autonomy and empathy. The principal should be able to justify any sanction imposed according to:

- the seriousness of the incident;
- the identified needs of the student, which are most important under such circumstances;
- the needs of other students, the school and the community;
- the published school rules and expectations; and
- disciplinary action for breaches of other school rules (such as theft, violence or bullying).

The principal will take into account: whether a student involved in an incident has previously displayed good discipline and engagement with the school, and how the proposed sanction might affect the student's educational outcomes; whether there are other issues ongoing in a young person's life that perhaps leave them more vulnerable to influence from others or to making poor choices. In some cases in which exclusion is appropriate, it may be more appropriate for the principal to permit a student to remain for a period to complete their current studies, than to proceed with their immediate exclusion.

Behavioural contracts

In the case of serious breaches of discipline or while the school is investigating a suspected drug-related incident, the principal may draw up a behavioural contract and agree it with the student and the parent or carers. The contract should clearly set out the terms allowing the student to remain at school and include monitoring their progress. The principal may have to withdraw the student from normal contact with peers during the school day for a fixed period at first. This approach may require additional support from outside agencies to help facilitate change (see Appendix 6)

Suspension or exclusion

The principal will not automatically exclude a student because they have broken the law. The principal will be aware, particularly in cases of supplying, of her/his duty to protect students from exposure to potentially dangerous substances. S/he will bear this in mind when deciding how to respond to individual incidents.

The principal will consider and carry out any suspension or exclusion within the terms of schemes prepared by the Board of Governors. Where a school permanently excludes a student on a drug-related offence, the Education Authority will work to secure an alternative school place for the student. Where this cannot be secured quickly, the Education Authority will ensure that, in line with its legal obligations, it makes appropriate Education Otherwise Than at School (EOTAS) provision until a further school placement becomes available or the student is beyond compulsory school age. In either mainstream or EOTAS provision there will be a clear need to provide appropriate pastoral support for the student, including drugs awareness and counselling.

Involving parents or carers

The principal will keep parents/carers fully informed of school procedures in the event of suspected drug-related incidents.

The principal or designated teacher for drugs will contact the parent(s)/carer(s) as a matter of course for all incidents involving possession or misuse of drugs. S/he will make every effort to contact the parent(s)/carer(s) before involving the police. S/he will also consider parents or carers who may be emotionally distressed in response to a suspected drug-related incident.

Where appropriate the principal or designated teacher for drugs will direct parents or carers to the booklet *Dealing with Young People's Alcohol and other Drug Misuse – a guide for parents and carers* as a source of support. They can download this booklet from the CCEA website: www.ccea.org.uk

Pastoral care

During and after any incident, school staff will consider the individual needs of any student or students involved, and include the student or students, the principal, parents or carers, the designated teacher for drugs, appropriate pastoral care staff and the school counsellor. The

principal may also involve the PSNI officer and an education welfare officer, where appropriate.

The school will liaise with the range of specialised agencies, support and counselling services available that may support a student at risk. Schools can find specialist support for smoking at www.publichealth.hscni.net and www.want2stop.info

The school has developed referral pathways that identify specific support agencies and contacts in their local area for a range of incidents.

Role of counselling

Counselling rarely focuses on drug misuse alone. Counselling can consider more holistic needs that may underlie or indicate drug-related problems, for example the 'toxic three':

- hidden harm, where a young person is affected by their parents' or carers' substance misuse;
- domestic violence; or
- parental mental health.

Counselling will be offered in accordance with the school counselling policy. The school counsellor may also recommend additional or alternative specific sources of support.

Confidentiality

As outlined in our Safeguarding Policy, school staff cannot and do not promise total confidentiality. Staff will make the boundaries of confidentiality clear to students. In the case of controlled substances, the staff member will explain to the student that they cannot offer a guarantee of confidentiality. If the student discloses information concerning controlled substances, the staff member must pass this on to the designated teacher for drugs. The member of staff can direct the student to sources of confidential information and advice and to treatment and rehabilitation services (see Appendix 6). Further information about these services is at www.publichealth.hscni.net

Communication following a suspected or confirmed drug-related incident

Staff, students, parents or carers and governors

The principal will communicate appropriate information about a suspected or confirmed substance-related incident to staff, students, parents/carers and governors with respect for the privacy of the student(s) directly involved and their family.

The principal will advise staff in dealing with responses of students and dealing with rumour and will provide a response statement for those staffing the school phone.

Dealing with the media

The principal will make any contact with or response to the press and will respect the privacy of students and their families. The principal will liaise with the PSNI before issuing a statement.

Reporting to relevant authorities

Where the principal has concerns about a substance found in a student's possession, s/he will report to the PSNI The Drugs and Alcohol Monitoring Information System (DAMIS) operates as an early warning system in Northern Ireland. DAMIS gathers information about emerging trends in drug misuse and alerts government organisations so that they can act quickly and provide relevant information or advice to those who misuse drugs. DAMIS monitors:

- sudden increases in a particular drug being misused;
- drugs being misused in new ways;
- new drugs becoming available (for example new psychoactive substances);
- contaminated drugs or bad batches available on the streets.

Where the principal has any concern about substances found on their premises, and in particular any adverse reactions that these may have caused, s/he will contact DAMIS at damis@hscni.net.

The Department of Health, Social Services and Public Safety (DHSSPS) oversees DAMIS with support from the Public Health Agency, the Department of Justice and the Police Service of Northern Ireland (PSNI). DAMIS treats all information as confidential and does not identify the provider of information.

Drugs Education in the Curriculum

Drugs education in the curriculum includes:

- elements within the personal development curriculum in each year group;
- elements within the science curriculum;
- elements within the humanities curriculum (English, RE, history, geography);
- support within the pastoral period;
- input from external agencies as planned through LLS/RE (See appendix ?)

Evaluation of drugs education in the curriculum is included in the arrangements for evaluating the personal development curriculum within Learning for Life and Work.

Counselling within Shimna

In accordance with the Counselling Policy, students may refer themselves for support or may be referred by staff or parents/carers. The school counsellor may involve or recommend additional, external sources of support for a student and/or parent(s)/carer(s).

Administration of Prescribed Medication

Administration of prescribed medication during school hours or during authorised school activities is managed according to the Medical Policy.

Emergency First Aid Procedures

Emergency first aid procedures are managed by designated and qualified first aid staff.

Staff Use of Alcohol and smoking on school premises, on school trips and other social events

- the work place policy on smoking, drugs and alcohol at www.nibusinessinfo.co.uk;
- *Don't Mix It: A Guide for Employers on Alcohol at Work* from www.hse.gov.uk;
- *Drugs Misuse at Work: A Guide for Employers* from www.hse.gov.uk;
- the school smoking policy to include use of electronic cigarettes in school; and
- the code of conduct for use of alcohol during school events.

References

Central Survey Unit, Northern Ireland Statistics and Research Agency (NISRA), *Young Persons' Behaviour and Attitudes Survey* (2013), available at www.csu.nisra.gov.uk

Department of Education (DE),
– Circular Number 2003/15: *Education (School Information and Prospectuses)*

Regulations (Northern Ireland) 2003

- – Circular Number 2012/19
- – Circular Number 2013/01
- – Circular Number 2014/25
- – Employing Authority's *Smoking Policy for Schools*, (TNC 2000/3) (Updated 2014)

- – Employing Authority's *Alcohol and Drugs Misuse Policy and Procedures for Teachers in Grant-aided Schools*, (TNC 2005/5) (Updated 2014)
- – Your Emotional Health and Wellbeing (iMatter Programme) Available at www.deni.gov.uk

Department of Education (DE), *Guidance for Education Otherwise than at School (EOTAS)*, available at www.deni.gov.uk (September 2014)

Department of Education (DE), *Supporting Pupils with Medication Needs*, available at www.deni.gov.uk (February 2008)

Department of Health, Social Services and Public Safety (DHSSPS), *The New Strategic Direction for Alcohol and Drugs, Phase 2, 2011-2016*, available at www.dhsspsni.gov.uk (December 2011)

Drugscope (on behalf of the Recovery Partnership), *Business as usual? A status report on new psychoactive substances (NPS) and 'club drugs' in the UK*, available at www.drugscope.org.uk (May 2014)

Education and Training Inspectorate (ETI), *Together Towards Improvement*, available at www.etini.gov.uk (September 2010)

Ed Sipler, *Dealing with Young People's Alcohol and other Drug Misuse – A guide for parents and carers*, available at www.ccea.org.uk Eastern Health Board (Revised 2015)

Ed Sipler, *The Power of Teachers in a Young Person's World*, available at www.ccea.org.uk Eastern Health Board (April 2006)

Health and Safety Executive (HSE), *Don't Mix It – A Guide for Employers on Alcohol at Work*, available at www.hse.gov.uk (1996)

Health and Safety Executive (HSE), *Drugs Misuse at Work – A Guide for Employers*, available at www.hseni.gov.uk (1998)

Invest Northern Ireland and NI Direct Government Services, *Workplace Policies on Smoking, Drugs and Alcohol*, available at www.nibusinessinfo.co.uk

National Archives

- Criminal Law Act (Northern Ireland) 1967
- Education (Curriculum Minimum Content) Order (Northern Ireland) 2007 – Health and Safety at Work (Northern Ireland) 1978
- Misuse of Drugs Act 1971
- Police and Criminal Evidence (Northern Ireland) Order 1989

Available at www.legislation.gov.uk

National Drug Treatment Centre, Health Service Executive (HSE), *FAQs: Definition of Drug*

Misuse, available at www.addictionireland.ie

National Health Service (NHS), *Common health questions: What is a controlled medicine (drug)?* available at www.nhs.uk

National Institute for Health Care Excellence (NICE), *School-based Interventions on Alcohol*, available at www.nice.org.uk (November 2007)

Public Health Agency, *Stopping Smoking Made Easier*, available at www.publichealth.hscni.net (January 2015)

Resnick, M; Bearman, P; Blum, R; Bauman, K; Harris, K; Jones, J; Tabor, J; Beuhring, T; Sieving, R; Shew, M; Ireland, M; Bearinger, L; and Udry, R, *Protecting Adolescents From Harm: Findings From the National Longitudinal Study on Adolescent Health*, Journal of the American Medical Association, (JIMA), available at www.mdft.org (September 1997)

Appendix 1

Main Types Of Controlled Substances by Class

The Misuse of Drugs Act (1971)

Class	Substance	Possession	Supply and production
A	Crack cocaine, cocaine, ecstasy (MDMA), heroin, LSD, magic mushrooms, methadone, methamphetamine (crystal meth)	Up to 7 years in prison, an unlimited fine or both	Up to life in prison, an unlimited fine or both
B	Amphetamines, barbiturates, cannabis, codeine, methylphenidate (Ritalin), synthetic cannabinoids,	Up to 5 years in prison, an unlimited fine or both	Up to 14 years in prison, an unlimited fine or both

	synthetic cathinones (for example mephedrone or methoxetamine)		
C	Anabolic steroids, benzodiazepines (diazepam), gamma hydroxybutyrate (GHB), gamma-butyrolactone (GBL), ketamine, piperazines (BZP)	Up to 2 years in prison, an unlimited fine or both	Up to 14 years in prison, an unlimited fine or both
Temporary class substance*	NBOMe and Benzofuran compounds	None, but police can take away a suspected temporary class substance	Up to 14 years in prison, an unlimited fine or both

www.gov.uk/penalties-drug-possession-dealing

Please note the above table refers to some commonly available drugs. It is not a complete list of controlled drugs.

Offences under the Misuse of Drugs Act (1971)

These include:

- possession – to knowingly be in possession of a relatively small quantity of a controlled substance for personal use; the police decide what constitutes a small quantity;
- possession with intent to supply another person a controlled substance – possessing a larger quantity of a substance or packaging it in a way that indicates it is going to be supplied to others;
- supplying another person a controlled substance – giving or selling a substance to someone else, including friends; and
- supplying or offering to supply substance paraphernalia – this includes equipment for smoking cannabis or crack cocaine, but needles and syringes are exempt.

Appendix 2

Checklist of Roles and Responsibilities When Managing an Incident

Individual staff members should:

- assess the situation and decide the action;
- make the situation safe for all students and other members of staff, secure first aid and send for additional staff support, if necessary;
- carefully gather up any drugs and/or associated paraphernalia or evidence and pass all information or evidence to the designated teacher for drugs;

- write a brief factual report of the incident and forward it to the designated teacher for drugs.

The designated teacher for drugs should:

- respond to first aider's advice or recommendations;
- inform parents or carers immediately, in the case of an emergency;
- take possession of any substance(s) and associated paraphernalia found;
- inform the principal;
- take initial responsibility for student(s) involved in the suspected incident;
- complete a Drugs Incident Report Form and forward it to the principal.

The principal should:

- determine the circumstances surrounding the incident;
- ensure that the following people are informed:
 - parents or carers;
 - designated officer in the local PSNI area;
 - Board of Governors; and
 - designated officer in Education Authority.
- consult and agree pastoral and disciplinary responses, including counselling services or support;
- forward a copy of the Incident Report Form to the chairperson of the Board of Governors and the designated officer in the Education Authority if appropriate;
- review procedures and amend, if necessary.

Appendix 3

Strengthening the Partnership Between School and the Wider Community

Using outside agencies and individuals

The school will use the expertise and skills of education and health professionals from outside agencies or individuals in the wider community. Visitors from the wider community bring their specialist knowledge, expertise and experience into the classroom setting and offer a new approach, which students often welcome. Use of external agencies also increases the students' knowledge of the services available in the

local community and how to access these. Sessions delivered by outside agencies also help staff to up-date their knowledge or pedagogy. The school will use outside agencies as part of a planned programme with appropriate preparation and follow up. Local Drug and Alcohol Co-ordination Teams (DACTs) provide advice and guidance, as well as links to local community and voluntary groups. (See Appendix 6)

Supporting school policy

Any agency or individual joining the school to support any aspect of the personal development curriculum, including drugs education, is given a copy of the school's Drugs Policy and Sex Education Policy. Agencies and individuals must agree to respect the ethos of the school and are made aware of confidentiality issues. The school ensure that vetting requirements are observed as provided in DE Circular 2012/19 and DE Circular 2013/01 and the school's Safeguarding Policy.

Supporting curricular provision

Staff will be present at all times when a representative from an agency or other individual is taking a session with students. Staff should prepare students for the visit. Staff will check that students are comfortable with the topics being dealt with and the methodologies used. After the session, staff will give students the opportunity to discuss their experience and evaluate the session.

Supporting parents or carers

The school will inform parents or carers before an agency or individual comes into the school to support the personal development education programme. Contacting parents or carers and explaining the type of activities that are taking place ensures that parents/carers have the opportunity to raise any concerns they might have before the visit. This consultation has the added benefit of letting parents or carers know what is going on and strengthening ties between home and school. Where an agency or individual provides regular input into the personal development programme, the name of the agency or individual will be included in the published policy, and parents/carers will not be individually informed before each visit.

Sample questions to ask an outside agency before engagement

- What are the aims and objectives of your programme?
- How do they link to the Northern Ireland Curriculum and support the ethos of our school?
- What are the skills and experience of those delivering the programme and are these appropriate?
- How will your programme support the delivery of personal development in our school?
- What activities can the classroom teacher do to introduce your programme?
- How will staff be involved in delivering your programme?

- What information do you provide for parents about the content of your programme?

Appendix 4

Recognising Signs of Substance Use - What to look out for

if someone is having a bad time on drugs, they may be:

- anxious;
- tense;
- panicky;
- overheated and dehydrated;
- drowsy; or
- having difficulty with breathing.

What to do

The first things you should do are:

- stay calm;
- calm them and be reassuring, don't scare them or chase after them;
- try to find out what they've taken; and
- stay with them.

If they are anxious, tense or panicky, you should:

- sit them in a quiet and calm room;
- keep them away from crowds, bright lights and loud noises;
- tell them to take slow deep breaths; and
- stay with them.

If they are **really drowsy**, you should:

- sit them in a quiet place and keep them awake;
- if they become unconscious or don't respond, call an ambulance immediately and place them in the recovery position;
- don't scare them, shout at them or shock them;
- don't give them coffee to wake them up; and
- don't put them in a cold shower to 'wake them up'.

If they are **unconscious** or having difficulty breathing, you should:

- immediately phone for an ambulance;
- place them into the recovery position;
- stay with them until the ambulance arrives; and
- if you know what drug they've taken, tell the ambulance crew; this can help make sure that they get the right treatment straight away.

Appendix 5

Emergency Procedures

This is the current best advice on what to do if someone is in difficulty because of misusing drugs.

- It is important to find out what the person has taken as this could affect emergency aid, for example it will help the ambulance crew. Loosen clothing and call for an ambulance immediately.
- If the person has taken a depressant substance, for example solvents, alcohol, sleeping pills or painkillers, it is likely that they will be drowsy or

unconscious. If the person is drowsy, it is important to try to keep them awake by talking to them or applying a cool damp cloth or towel to the back of their neck. You should not give them anything to eat or drink as this could lead to vomiting or choking.

- If they are or become unconscious, put them into the recovery position, clear their airway if blocked and keep checking on any changes to pulse and breathing rates.
- If they stop breathing, begin mouth-to-mouth resuscitation, starting with chest compressions. (If you have not been trained in CPR or are worried about giving mouth- to-mouth resuscitation to a stranger, you can do chest compression-only (or hands-only) CPR). Stay with the person until the ambulance crew arrive and then tell them all the facts, including what the person has taken. This is very important as it could save his or her life.
- If the person has taken a stimulant, such as amphetamines (speed) or ecstasy, they may show various signs of distress. If the person is panicking, try to reassure them. It is important that they calm down and relax. Get them to breathe in and out, deeply and slowly. Help them by counting aloud slowly. If they start to hyperventilate – that is they can't control their breathing – ask them to breathe in and out of a paper (not a plastic) bag, if there is one available.
- If the person has taken a hallucinogen, such as LSD, magic mushrooms or cannabis in combination with ecstasy, they may become very anxious, distressed and fearful. They may act in an unusual way. It is very important to reassure the person – tell them that you will look after them, that they are in no danger, that it is the effects of the substance and that these will soon wear off. You may want to take them to a quiet place, keep other people away and continue to reassure them. Just stay with them and talk calmly to them until the ambulance arrives.

Appendix 6

National Organisations

A list of national organisations that provide information and advice and/or resources about drugs:		
Adfam, London		www.adfam.org.uk
Action on Smoking and Health (ASH), London		www.ash.org.uk
Alcohol Concern, London		www.alcoholconcern.org.uk

CAMH, UK		www.camh.org.uk
FRANK, UK		www.talktofrank.com
Drugscope, London		www.drugscope.org.uk
HIT, Liverpool		www.hit.org.uk
Lifeline, Manchester		www.lifeline.org.uk
Release, London		www.release.org.uk
Lions Lifeskills		www.lionslifeskills.co.uk
Want 2 Stop, Public Health Agency		www.want2stop.info
National Drugs Helpline	0800 776600 text 82111	
AA National Helpline	0845 769 7555	