

# **Saintfield High School**



# **Drugs Policy**

**Reviewed June 2023**

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## **Saintfield High School Drugs Policy**

### **Rationale**

Saintfield High School Drugs Policy is a statutory document in accordance with DENI and EA guidelines. Research clearly indicates that many young people will be exposed to some sort of drug during their teenage years. Research findings from the 'Young Persons' Behaviour and Attitudes Survey' (2019) and 'Northern Ireland Drug Prevalence Survey' (2014-2015, Department of Health) indicate a significant number of young people are engaging with substances such as alcohol, cigarettes, including electronic cigarettes or solvents. Schools must acknowledge such findings and respond in an appropriate, measured and child-centred manner, complacency is simply unacceptable.

This policy will enable our pupils, staff, parents/carers and the wider community to become actively involved in addressing the many issues pertaining to the use and misuse of drugs. This policy is set within the context of the school ethos and mission statement which seeks to ensure that all pupils within our school community are equipped and empowered to achieve individual success:

### **MISSION**

**'Saintfield High School,  
together with the community we serve, celebrates personalised learning in a safe, caring  
and stimulating environment.'**

### **PLEDGE**

**'Individual success for *all* pupils - learning and achieving together.'**

Furthermore, the subsidiary aims of the school clearly seek to protect our young people and assist them to make wise, well informed and healthy decisions. At Saintfield High School we strive to promote the development of the 'whole person' encompassing the pupil's physical, mental, emotional, social and spiritual wellbeing. Drug misuse undermines the aims, aspirations and ethos of our school community.

### **Drugs Definition**

The Schools Drug Policy covers any substance under the Department of Education definition which states:

*“A drug is any substance which when taken, alters the way a person behaves, feels, sees or thinks.”*

Hence, 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) and unprocessed magic mushrooms;
- (Drugs Guidance for Schools Northern Ireland, Department of Education, 2015).  
See Appendix 1 page 13 – Offences under the Misuse of Drugs Act (1971).

This policy does not stand in isolation, but rather complements a range of other policies within the school community. Procedures for handling prescribed medicines and volatile substances are outlined in the school Health and Safety Policy, Medical Policy, Child Protection and Pastoral Policies within the school.

### **Procedures for Handling Alcohol, Tobacco and Electronic Cigarette Misuse**

The school premises are an alcohol and smoke-free zone (including electronic cigarettes). The school does not allow any alcohol, tobacco or electronic cigarettes to be brought onto or consumed in school premises. This applies to pupils, staff and visitors.

Adults breaking this rule will be referred to the Principal directly. Pupils breaking this rule will be dealt with under the school’s Community Code of Conduct Policy.

### **Aims and Objectives of the Drugs Policy**

- ✓ Present uniformity and consistency in the school's approach to drug related incidents, whilst always adhering to the ethos and mission statement of the school.
- ✓ Provide assurance that all drug related incidents are managed in accordance with the Pupil Well-being and Child Protection Policy.
- ✓ Clearly outline staff, both teaching and non-teaching, roles and responsibilities and the associated legalities.
- ✓ Outline the protocol and procedures to be followed if an incident of drug misuse should occur both inside school and outside of the school premises.
- ✓ Outline the provision of drug education within the curriculum to pupils.

## **Roles and Responsibilities**

“Schools have an important role to play in enabling children and young people to make informed and responsible decisions and helping them to cope with living in an increasingly substance-tolerant society.”

(Drugs Guidance for Schools Northern Ireland, Department of Education, 2015)

### **Board of Governors**

- ✓ 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 school website and that these are reviewed regularly and after a drug-related incident.
- ✓ 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.
- ✓ Incident report form to be given to the chairperson of the Board of Governors.

### **The Principal**

- ✓ Determine the circumstances surrounding the incident.
- ✓ Ensure the welfare of the pupil(s) involved and all other members of the school community.
- ✓ Implement health and safety procedures during the handling, storage and safe disposal of any drug or drug related paraphernalia, using protective gloves at all times.
- ✓ Agree pastoral and disciplinary responses including counselling services/support.
- ✓ Forward a copy of the incident report form to the chairperson of the Board of Governors and the designated officer within the E.A.
- ✓ Review procedures and amend, if necessary.
- ✓ Ensure that the following people are informed utilising a written report, where appropriate:
  - Parents/carers.
  - PSNI - the Principal must ensure that in any incident involving a controlled substance there is close liaison with the PSNI.
  - Chairperson of the School’s Board of Governors.
  - Designated Officer in Education Authority, South Eastern – telephone 02890 566200.

### **The Designated Teacher for Drugs**

- ✓ Respond to First Aider’s advice/recommendations regarding the incident.
- ✓ In the case of an emergency inform parents/guardians immediately.
- ✓ Take possession of any substance(s) and associated paraphernalia found.
- ✓ Inform Principal.
- ✓ Take initial responsibility for pupil(s) involved in suspected incident.
- ✓ Complete a Drugs Incident Report Form Appendix 5 page 22 and forward it to the Principal.

**All Staff (teaching and non-teaching)**

- ✓ All staff should be familiar with the content of the school's Drug Policy.
- ✓ Assess the situation and decide on the appropriate action to be taken.
- ✓ Notify the Principal and the Designated Teacher for drugs at the earliest opportunity.
- ✓ Deal with any emergency procedures to ensure the safety of pupils and staff, if necessary - see Appendix 3 page 18.
- ✓ Forward any information, substance or paraphernalia received to the Principal or Designated Teacher for drugs.
- ✓ Complete a Drugs Incident Report Form offering a brief factual report on the suspected incident and forward this to the Designated Teacher for drugs and the Principal.
- ✓ Consistently adhere to the safeguarding procedures and the Child Protection Policy within the school.

**Pupils and parents/carers**

Parents play a vital role in the prevention of drug misuse. They should:

- ✓ Be aware of the School Drugs Policy;
- ✓ Engage fully in the education of their child, playing an active role in homework/classwork tasks pertaining to drug use and misuse, and regularly discussing pertinent issues with their child;
- ✓ The Parent Panel play an active role in the preparation and critique of the School Drugs Policy;
- ✓ Parents/Carers are also aware of the school's procedures for dealing with drug related incidents.

### **Drugs Education within the Curriculum**

In post-primary schools, pupils have opportunities to learn how to look after their health and well-being, keep safe and cope with their environment, and explore the risks and consequences of the misuse of drugs through the Personal Development element of the Learning for Life and Work area of learning. (DENI Drugs in School guidance 2015)

Aims and objectives of the school's drug education programme:

#### **Aims**

- ✓ To promote positive attitudes towards personal health.
- ✓ To inform pupils of the effects of drug use and misuse.
- ✓ To help pupils acquire skills in managing the pressures of the youth culture in which they live.
- ✓ To build pupils' self-esteem.
- ✓ To develop decision making skills which may delay or prevent the onset of experimentation.
- ✓ To develop self-discipline and self-respect.

#### **Objectives**

Drug Education should enable pupils to develop a knowledge and understanding about drugs and drug issues, as well as the skills needed to cope with challenges pupils may encounter.

Pupils should be able to:

- ✓ Understand their own personality, needs, abilities and interests.
- ✓ Understand the process of reasoning required to make informed choices.
- ✓ Explore their own attitudes towards drugs and drug issues.
- ✓ Develop coping strategies to deal with peer pressure.
- ✓ Develop a competence in challenging attitudes and patterns of behaviour associated with drug misuse.
- ✓ Develop self-discipline.
- ✓ Understand what is meant by 'a drug' and the definition of 'addiction'.
- ✓ Understand how some drugs affect the body.
- ✓ Be aware of the benefits of healthy lifestyles.
- ✓ Recognise potential drug exploitation and how to take necessary action.
- ✓ Be aware of the current drug culture and the effect of advertising campaigns.

The approach offered in this policy is underpinned by the values implicit in the following statements:

- ✓ All human life is sacred.
- ✓ Every individual is unique.
- ✓ Everyone who has care of children has a responsibility to promote their physical, intellectual, emotional, mental, social and spiritual well-being.
- ✓ Living in a healthy society requires that all individuals share responsibility for the well-being of others.
- ✓ Self-discipline and independent thinking are necessary foundations for correct life choices.



Educating, supporting and guiding our pupils on the issue of drugs is considered to be a whole school issue involving all members of our school community. Drugs education should not be seen as a one off topic, neither should this area of learning be allocated to one department within the school, rather Saintfield High School views drug education as a continuous process which involves the development of skills, learning and attitudes enabling pupils to make informed choices.

The *New Strategic Direction for Alcohol and Drugs, Phase 2, 2011–2016*, (DHSSPS) stresses the importance of a cross-departmental approach in order to ‘promote opportunities for those under the age of 18 years to develop appropriate skills, attitudes and behaviours to enable them to resist societal pressures to drink alcohol and/or misuse drugs’. At Saintfield High School we seek to ensure, through our drug education programme, that pupils are taught about the importance of self-esteem, self-confidence and assertiveness in order to prepare them for making informed decisions about drug use, the main focus always being on safeguarding our children.

Drug education is integrated within a wide range of subjects including:

- ✓ Art & Design.
- ✓ English.
- ✓ Geography.
- ✓ Health and Social Care.
- ✓ Home Economics.
- ✓ Learning for Life and Work/Personal Development.
- ✓ Music/Performing Arts.
- ✓ Motor Vehicle and Road Users Studies.
- ✓ Physical Education.
- ✓ Science.

Please see below an outline of the drug education programme presented to pupils throughout their educational journey at Saintfield High School:

SUBJECT	YEAR 8	YEAR 9	YEAR 10	YEAR 11	YEAR 12
ART & DESIGN				Theme / topic based on individual choice.	
ENGLISH				‘Of Mice and Men’ – reference and discussion to alcohol consumption.	English Literature specification – several references to alcohol, which can elicit classroom discussion.
GEOGRAPHY					Issues facing inner circles.

SUBJECT	YEAR 8	YEAR 9	YEAR 10	YEAR 11	YEAR 12
HEALTH & SOCIAL CARE				Impact of illegal drugs, including alcohol and smoking, on physical, intellectual, emotional and social development.	
HOME ECONOMICS		'Adolescence and Life is a Rollercoaster' Unit.			
LLW	Substance abuse. Addiction.	Risks of addictions (drugs). Drugs and the law.	Warning signs of substance abuse and associated dangers.	Risks associated with drugs. Types of drugs & side effects.	
MUSIC / PERFORMING ARTS			Song writing: lyrics / topics. meanings / appropriate language.	Drama topics – Theatre In Education pieces.	
Motor Vehicle and Road Users Studies				Drink / drug driving, effects / consequential laws.	
Physical Education	After fitness test, class discussion on implications of smoking, alcohol, drug use and solvents.			GCSE P.E.: anabolic steroids; illegal drugs; alcohol; smoking.	
SCIENCE		Smoking: nicotine, pregnancy, tar, carbon monoxide and alcohol.		Smoking and the associated diseases.	

### **Outside Agencies**

Saintfield High School may use outside agencies to help deliver the drug education programme if the Designated Teacher ensures that the following criteria are met:

- ✓ The content and delivery of the programme has been jointly agreed and is in keeping with the ethos of the school.
- ✓ The programme and methods of delivery are consistent with the aims and objectives outlined in this policy.
- ✓ The Principal has given their approval for the use of the outside agency.
- ✓ The staff must be vetted in relation to Child Protection.
- ✓ The agency is familiar with the School's Drug Policy and is prepared to adhere to it.
- ✓ A referral form should be completed when involving outside agencies - Appendix 4 page 21.

Effective drug education should take account of not only the individual, but also the family, their peer groups, and the wider community. Where possible, the school promotes the partnership between the parent/carer and child, when addressing drug issues.

In Northern Ireland, the statutory curriculum for young people includes the key element of Personal Development. This provides opportunities for young people to develop their knowledge and understanding of the use, misuse, risks and effects of drugs and other potentially harmful substances, their effects upon health and lifestyle, and the personal, social and economic implications. These issues are addressed in the school Personal Development programme which pupils follow from Year 8 to Year 12. (See Pastoral Folder).

### **Counselling**

It is often the case that there can be underlying personal, social, family or emotional issues which may have contributed to a pupil misusing drugs. Hence, in addition to the drug education provided within the curriculum, and in accordance with the school pastoral procedures, the school offers counselling and support for pupils to explore their own attitudes and values as well as an opportunity to discuss any drug related concerns they may have. This is generally done through the Pupil Well-being System. Pupils are consistently informed that they can speak with any member of staff within the school; however, it is always made clear that confidentiality cannot be guaranteed. Furthermore, an appointment (a drop in service is also available) can be made with the 'Familyworks' counsellor who visits the school on a weekly basis and Mrs Bradley, the School Counsellor, is available every school day if required. Additionally, the school can avail of independent counselling support from the Independent Counselling Service for Schools (ICSS), funded by Department of Education.

### **Procedures for managing suspected drug related incidents**

A suspected drug related incident is described as:

- ✓ Suspect drugs or paraphernalia found on the school premises;
- ✓ A pupil suspected of being in possession of drugs;
- ✓ A pupil found to be in possession of drugs;
- ✓ A pupil suspected of supplying drugs;
- ✓ A pupil found to be supplying drugs;
- ✓ A pupil suspected of being under the influence of drugs.

It is important to note that the above instances refer to a suspected drug incident on the school premises, but incidents which occur whilst pupils are in school uniform or taking part in any school approved activity, including sporting events and school trips, are also included.

### **Procedures for Individual Staff Member**

- ✓ Assess situation.
- ✓ Secure first aid, if necessary and send for additional staff support.
- ✓ Make situation safe for all pupils and other members of staff by carefully gathering up any drugs and/or associated paraphernalia/evidence and detaining the pupil ~ see Appendix 1 page 14.
- ✓ Pass all information/evidence to the Designated Teacher for Drugs, Mrs Derby or the Principal – the Designated Teacher will ensure the safe keeping of the drugs until the PSNI dispose of the substances.
- ✓ A Drugs Incident Report form should be completed ~ see Appendix 5 page 22.

### **Procedures for Designated Teacher for Drugs**

- ✓ Respond to First Aider's advice/recommendations regarding the incident;
- ✓ In the case of an emergency inform parents/carers immediately.
- ✓ Take possession of any substance(s) and associated paraphernalia found and store in a safe place until the PSNI dispose of such substances.
- ✓ Inform Principal.
- ✓ Take initial responsibility for pupil(s) involved in suspected incident.
- ✓ Complete an incident report form and forward it to the Principal.

### **Procedures for Principal**

- ✓ Determine the circumstances surrounding the incident.
- ✓ Ensure that the following people are informed where relevant.
  - Parents/carers.
  - PSNI Neighbourhood Team – 101.
  - Chairperson of the School's Board of Governors.
  - Designated Officer in Education Authority – South Eastern – telephone 02890 566200.
    - ✓ Agree pastoral and disciplinary sanction/response including counselling services/support.
    - ✓ Forward a copy of the incident report form to the chairperson of the Board of Governors and the designated officer within the E.A.
    - ✓ Review procedures and amend, if necessary.

Staff should note:

- ✓ You can search school property.
- ✓ Legally any search of pupils' personal property cannot take place without the child's agreement. Ask them to turn out pockets etc. (but you cannot make them). If a pupil does give permission another member of staff should be present when the search is being carried out. If a pupil refuses to give permission their parents/carers should be contacted to deal with the situation.
- ✓ The law permits school staff to take temporary possession of a substance suspected of being a controlled drug to protect a pupil from harm and prevent the pupil committing the offence of possession ~ see Appendix 1 page 14. An adult witness should be present when staff confiscate the substance and the school should keep a record of the details, using the school's Drug Incident Report Form ~ Appendix 5 page 22.
- ✓ Physical searches of pupils should never be made by any member of staff.
- ✓ For further advice on what to do if someone is in difficulty as a result of misusing drugs please see Appendix 3 page 18.

### **Involvement of Police**

The local PSNI Designated Officer should be informed in every case where on school premises a pupil is found to have, or is suspected of having volatile substances, illegal drugs, or taking prescribed drugs for purposes other than those authorised medically, either on his or her person, or on his or her belongings. The school will endeavour to work in partnership with the PSNI Designated Officer utilising a preventative educational approach.

### **Interviewing Pupils**

In exceptional circumstances, and with the Principal's agreement, the police may interview a pupil on school premises in accordance with The Police and Criminal Evidence (Northern Ireland Order). It is important that all possible efforts have been made to inform a pupil's parents/carers before allowing a police interview to take place.

### **Drug Incidents Outside School Premises**

When in school a member of staff becomes aware, or is told of possible criminal activity outside school premises, it is expected that the local police should be informed, in the interests of safeguarding the health and safety of young people in the area. The Principal should make contact with the police.

## **Emergency Procedures**

An Emergency is:

- ✓ A situation in which a pupil or staff is in danger.
- ✓ A sequence of events which require urgent attention.
- ✓ If any pupil/s are the first to witness the situation they must inform the nearest adult immediately.
- ✓ The emergency will be dealt with by the first adult to come in contact with the situation.
- ✓ A First Aider should be sent for immediately, then the Principal /Vice-Principal.

Name of Designated Teacher for Drugs – Mrs Derby

Name of First Aiders:

- Mr S Chisholm
- Mr M Elliott
- Mrs L McClurg
- Mrs V McMordie
- Mrs Roy

## **Location of First Aid provisions:**

- Home Economics Prep Room;
- Science Prep Room;
- Resources Office/Medical Room.

For further advice on administering emergency first aid please see Appendix 3 page 18.

## **Disciplinary/Pastoral Responses**

All drug related incidents within Saintfield High School will be taken very seriously. There is no one size fits all response and each individual incident will be considered, pending the specific circumstances and details. In all of our disciplinary and pastoral responses there is always a strong desire to provide support for pupils, whilst always ensuring the protection and safeguarding of all members within the school community. Support from external counselling agencies may be sought in order to guide the young people involved to appropriate treatment ~ see Appendix 6 page 23.

## **Confidentiality**

The spirit of confidentiality is of primary importance to those who work professionally with young people in a trusting and secure environment. However, the legal requirements of drug legislation will mean that in certain circumstances there will be a change in the convention of confidentiality. If a pupil discloses to a teacher that he or she is taking drugs, the teacher should make it clear that **he or she can offer no guarantee of confidentiality**. Staff have a responsibility to make pupils aware that confidentiality in relation to drug-related events is secondary to the welfare of the individual(s) concerned and any disclosure of drug related incidents must be passed onto the Designated Teacher for Drugs. The teacher can advise the pupil of other sources of information, advice, treatment and rehabilitation services. Pupils should also be encouraged to talk to their parents/carers.

### 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;
- ✓ Supplying or offering to supply substance paraphernalia – this includes equipment for smoking cannabis or crack cocaine, but needles and syringes are exempt.

### **Powers of Arrest – Police and Criminal Evidence (Northern Ireland) Order 1989**

**Art. 26(4) -** **Any person** may arrest without warrant anyone who is, or whom he with reasonable grounds suspects to be, guilty of the offence.

**Art 26(5) -** Where an arrestable offence has been committed, **any person** may arrest without warrant anyone who is, or whom he with reasonable grounds suspects to be, guilty of the offence.

These powers of arrest are available to non-police and, as the following drug offences fall within the definition of Arrestable Offence, are available for use in such circumstance.

- (1) Possession of Controlled Drugs
- (2) Possession of Controlled Drugs with Intent to Supply
- (3) Supply of Controlled Drugs.

### Recognising Signs of Substance Use

#### What to look out for

If someone is under the influence of drugs they may be:

- ✓ Anxious;
- ✓ Tense;
- ✓ Panicky;
- ✓ Overheated and dehydrated;
- ✓ Drowsy;
- ✓ 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;
- ✓ 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;
- ✓ 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 ~ see Appendix 3 page 18;
- ✓ Don't scare them, shout at them or shock them;
- ✓ Don't give them coffee to wake them up;
- ✓ 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 ~ see Appendix 3 page 18;
- ✓ 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.



## **Recognising Drug Use**

### **Recognising drug use**

*(Reproduced from 'Illicit Drug Use in Northern Ireland - A Handbook for Professionals' designed and produced by the Health Promotion Agency for Northern Ireland - January 1996 pages 18-22 Section 4).*

The recognition of current drug use is a major issue for many professionals who work with young people. There is also the issue of identifying those young people who may be at increased risk of illicit drug use.

*This can be divided into four areas:*

- physical signs;
- behavioural signs;
- discovering drug taking paraphernalia;
- risk factor analysis.

### **Physical signs**

These can differ depending on the type of drug taken, for example, stimulant or hallucinogenic. Below are some of the physical signs related to those drugs used illicitly in Northern Ireland. There is also information concerning heroin.

*Stimulant drugs (amphetamines, butyl nitrite cocaine) can bring about:*

- increased pulse rate;
- increased blood pressure;
- agitation;
- lack of coherent speech or talkativeness;
- dilated pupils;
- loss of appetite;
- damage to nasal passages (tendency to sniff);
- increased tendency to go to the toilet;
- mouth ulcers;
- fatigue after use.

### **Ecstasy**

*Ecstasy is sometimes referred to as an hallucinogenic stimulant. Its 'effects' will therefore include those listed for stimulants.*

*In addition it can cause:*

- increased temperature;
- perhaps excessive sweating;
- very dry mouth and throat;
- jerky, unco-ordinated movements;
- clenched jaws;
- occasional nausea when first used;
- fatigue after use, but also possibly some anxiety, depression and muscle pain.

### **Hallucinogens** (LSD, magic mushrooms)

*Effects can vary depending on nature of experience. They include:*

- relaxed behaviour;
- agitated behaviour;
- dilation of pupils;
- unco-ordinated movements.

### **Cannabis**

*Cannabis can have the effect of a depressant or mild hallucinogen, depending on the amount taken and situated factors. The effects of taking cannabis include:*

- tendency to laugh easily;
- becoming talkative;
- more relaxed behaviour;
- reddening of eyes;
- hunger.

If the drug is smoked, it produces a distinctive sweet smell.

### **Heroin**

*Heroin acts as a depressant. The effects of taking heroin include:*

- slowing down of breathing and heart-rate;
- suppression of cough reflex;
- increased in size of certain blood vessels;
- itchy skin;
- runny nose;
- lowering of body temperature;
- sweating.

### **Solvents**

Solvents include glues, butane gas refills, aerosols, typewriting correcting fluids and thinners.

*Signs of solvent misuse include:*

- usual signs of intoxication;
- possible odour on clothes and breath;
- if using glue, redness around mouth and nose;
- a cough;
- possible stains on clothing etc depending on type of solvent used.

### **Behavioural signs**

Drug use can often result in behavioural changes and to recognise them demands some prior knowledge of the person in order that an accurate comparison can be made.

Such changes can be both obvious or very subtle and may be due to some other reason totally unconnected with drug use.

*Signs can include:*

- efforts to hide drug use through lying, evasiveness and secretive behaviour;
- unsatisfactory reasons for unexpected absences or broken promises;
- more time spent away from home;
- changes in friendships;
- changes in priorities, including less concern with school work, training scheme or paid employment, less care of personal appearance, non-attendance at club or usual recreational/leisure haunts;
- efforts to get money for drug use, ranging from saving dinner or allowance money, borrowing from friends and relatives and selling own possessions, stealing from friends and home and involvement in petty crime;
- secretive telephone calls.

### **Detecting drug use through risk factor analysis.**

There is a suggestion that if there is a suspicion of drug use this can be further indicated or confirmed by looking for certain behavioural characteristics.

To a certain extent this is based on the work of Jessor and Jessor and others who have examined correlates associated with 'delinquent' behaviour such as drug misuse. Swabi suggests that the likelihood of drug taking can be assessed by looking for history or signs in the young person of:

- peer group drug use;
- serious school misbehaviour;
- other forms of 'delinquent' behaviour;
- truancy;
- conflict with parents.

Weekly alcohol use and daily cigarette smoking are important additional factors or markers.

Other possible signs include:

- being very knowledgeable about drugs and the local drug scene;
- a defensive attitude towards drugs and drug taking;
- unusual outbreaks of temper;
- absence from school, training scheme, college or work on days following attendance at discos/raves etc;
- poor performance at school, work scheme or college.

These signs may often only become apparent in people who are using drugs on a regular basis. It can be difficult to see such signs in the experimental or casual drug user.

Drug-taking paraphernalia (items used for drug use). *Such objects which may indicate drug use include:*

- small bottles, pill boxes;
- twists of paper;
- cigarette lighters;
- spent matches;
- aerosols, butane gas refills;
- cigarette papers;
- roaches (ends of rolled-up cigarettes);
- the drugs themselves.

## APPENDIX 3

### **Emergency First Aid Procedures**

In an emergency situation always try to send for additional assistance immediately e.g. a member of the first aid team or the Designated Teacher for Drugs.

#### **Emergency First Aid**

##### **Dealing with a suspected drugs casualty:**

##### **Unconscious**

- ✓ Stay calm.
- ✓ Check mouth is free of obstruction and air-way is clear.
- ✓ If necessary, pull tongue forward.
- ✓ Loosen clothing and neck-line.
- ✓ Place casualty in recovery position (see page 19).
- ✓ Dial 999 ambulance.
- ✓ Collect any evidence of what has been taken e.g. pills, syringes, vomited material.

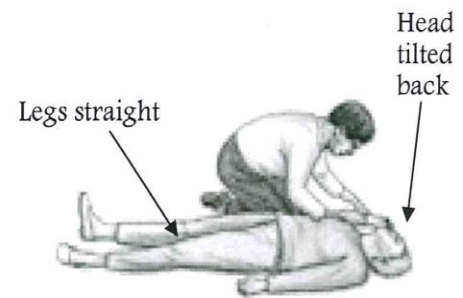
##### **Conscious**

- ✓ If restraint is necessary, follow correct procedures.
- ✓ Make sure they do not wander off and injure themselves.
- ✓ Sit them in a quiet well-ventilated room.
- ✓ Do not shout, threaten them or attempt deep discussions about drug use.
- ✓ Talk quietly and calmly.
- ✓ If distressed, calm and reassure them.
- ✓ If necessary, administer first aid.
- ✓ Parents/carers will be contacted as soon as possible.

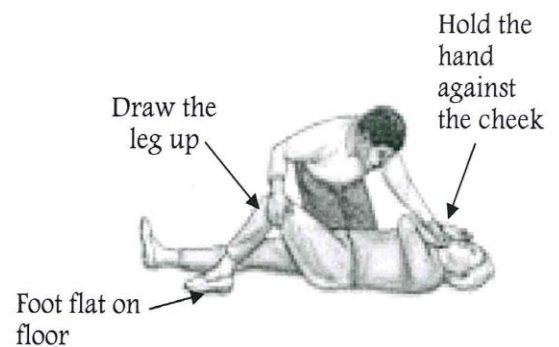
## The Recovery Position

1 Kneeling beside the casualty, tilt his/her head and lift his/her chin to open the airway.

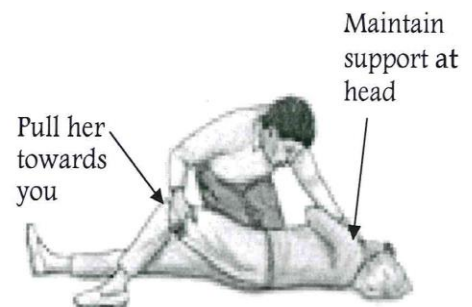
Making sure that both his/her legs are straight, place the arm nearest you out at right-angles to his/her body, elbow bent, with the palm of the hand uppermost.



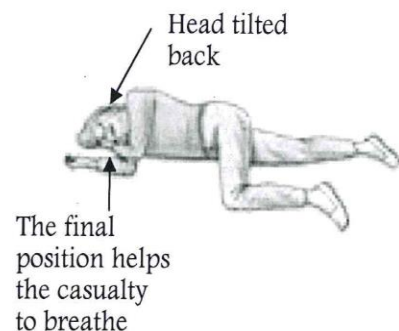
2 Bring the far arm across the chest and hold the hand against the casualty's cheek, palm outwards. With your other hand, grasp the farther thigh and pull the knee up, keeping the foot on the ground.



3 Keeping the casualty's hand pressed against the cheek with one hand, pull him/her towards you with the other at the leg.

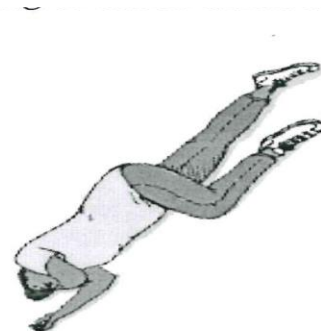


4 Tilt the head back to make sure the airway remains open. Adjust the hand, if necessary, so that the head is well supported. Adjust the uppermost leg so that both the hip and the knee are at right-angles. Check breathing and pulse regularly.



The following information provides advice of what to do if someone is in difficulty as a result of misusing drugs.

- It is important to find out what has been taken as this could affect emergency aid, for example, it will help the ambulance crew.
- If the person has taken a depressant drug, for example, solvents, alcohol, sleeping pills, 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 getting them to walk if possible, talking to them, or applying a cool damp cloth or towel to the back of their neck. They should not be given 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 airway if blocked, loosen clothing and call for an ambulance immediately. Keep checking on any changes to pulse and breathing rates ~ page 19 explains the recovery position.
- If they stop breathing, begin mouth-to-mouth resuscitation. 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 out loud slowly. If hyperventilation occurs – that is they can't control their breathing – get them to breathe in and out of a paper bag – if there is one available (not a plastic bag).
- If the person has taken LSD, they should be supervised in a darkened, quiet room to avoid sensory stimulation.
- 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 drugs and that the effects 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. This may take a long time depending on amount taken. If they show no signs of becoming calmer or they become hysterical, take them to hospital – explain calmly to the person what is happening – this will help decrease any feelings of panic.



Always complete a Drugs Incident Report form in detail immediately after the incident ~ see Appendix 5 page 22.

# Referral Pathway for Specified School Incidents

Type of incident:

## Internal Staff referral:

Refer incident to:

A \_\_\_\_\_

B \_\_\_\_\_

## External Agency referral:

Contact details of relevant agencies or personnel:

Name of Agency \_\_\_\_\_

Name of Contact \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Relevant Details \_\_\_\_\_

\_\_\_\_\_

Contact number \_\_\_\_\_

Email address \_\_\_\_\_

Name of Agency \_\_\_\_\_

Name of Contact \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Relevant Details \_\_\_\_\_

\_\_\_\_\_

Contact number \_\_\_\_\_

Email address \_\_\_\_\_

Name of Agency \_\_\_\_\_

Name of Contact \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Relevant Details \_\_\_\_\_

\_\_\_\_\_

Contact number \_\_\_\_\_

Email address \_\_\_\_\_

Name of Agency \_\_\_\_\_

Name of Contact \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Relevant Details \_\_\_\_\_

\_\_\_\_\_

Contact number \_\_\_\_\_

Email address \_\_\_\_\_

## Drugs Incident Report Form

1. Name of Pupil	DOB
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Address \_\_\_\_\_

2. Date of Incident \_\_\_\_\_ Reported by \_\_\_\_\_

Time of Incident \_\_\_\_\_ Location of Incident \_\_\_\_\_

3. First Aid given YES/NO Administered by \_\_\_\_\_

Ambulance/Doctor Called YES/NO Time of Call

4. Parent or carer informed YES/NO

Date \_\_\_\_\_ Time \_\_\_\_\_

5. Where substance is retained or

Date substance destroyed or passed to PSNI \_\_\_\_\_ Time \_\_\_\_\_

6. PSNI informed YES/NO

Date \_\_\_\_\_ Time \_\_\_\_\_

7. Education Authority or CCMS Designated Officer informed, as appropriate YES/NO

Date \_\_\_\_\_ Time \_\_\_\_\_

8. Form completed by \_\_\_\_\_ Date \_\_\_\_\_

Position \_\_\_\_\_

## Description of the Incident

### Actions taken

[illegible]

Incident form completed by \_\_\_\_\_

Date \_\_\_\_\_

### Useful Contacts in Northern Ireland

<b><u>Education Authority</u></b>		<a href="http://www.eani.org.uk">www.eani.org.uk</a>
Belfast Office	02890 564000	
Ballymena Office	02825 661111	
Dundonald Office	02890 566200	
Armagh Office	02837 512200	
Omagh Office	02882 411411	
<b><u>Department of Education</u></b>	02891 279279	<a href="http://www.deni.gov.uk">www.deni.gov.uk</a>
<b><u>Familyworks</u></b>	02891 821721	
<b><u>Health and Safety Executive</u></b>	02890 243249	<a href="http://www.hseni.gov.uk">www.hseni.gov.uk</a>
<b><u>Public Health Agency for Northern Ireland</u></b> The PHA is responsible for commissioning services to address alcohol, tobacco and drug issues across Northern Ireland.	0300 555 0114	<a href="http://www.publichealth.hscni.net">www.publichealth.hscni.net</a>
<b><u>Police Service for Northern Ireland (PSNI)</u></b>	02890 650222	Switchboard ~ ask for...
Drugs Squad		
Community Involvement		
Crimestoppers	080 0555 111	
<b><u>Treatment, Counselling and Support Agencies</u></b>		
Health and Social Care Organisations		<a href="http://www.publichealth.hscni.net">www.publichealth.hscni.net</a>
Family Support NI	0845 600 6483	<a href="http://www.familysupportni.gov.uk">www.familysupportni.gov.uk</a>
Children and Adolescent Mental Health Services, Belfast (CAMHS)	02895 040365	<a href="http://www.belfasttrust.hscni.net">www.belfasttrust.hscni.net</a>
<b><u>Local Organisations</u></b> Local Organisations that provide information and advice and/or resources about drugs		
		<a href="http://www.mindingyourhead.info">www.mindingyourhead.info</a>
		<a href="http://www.talktofrank.com">www.talktofrank.com</a>
		<a href="http://www.addictionni.com">www.addictionni.com</a>
		<a href="https://www.nhs.uk/live-well/">https://www.nhs.uk/live-well/</a>