

Drugs Policy



Agree Date	Review Date	Person Responsible
2021 June	2022 Sept	Mr Smith

Rationale for the drugs policy

In today's society, most people will be exposed to and/or use some sort of drug at some time in their lives. Substance misuse affects all communities in Northern Ireland, crossing gender, cultural and social boundaries. No school, parent or carer can afford to be complacent or think that children and young people are not at risk. Research continues to show that by post-primary school age a significant number of young people are engaging with substances such as alcohol, cigarettes, including electronic cigarettes, or solvents and/or have misused prescribed medicines or other substances. Key findings from the *Young Persons' Behaviour and Attitudes Survey (YPBAS)* (2013) indicate that of 11–16 year olds surveyed in Northern Ireland:

- 38 percent had consumed alcohol;
- 38 percent had been drunk on at least one occasion;
- 82 percent had not bought alcohol themselves;
- 77 percent had received education about the dangers of alcohol;
- 56 percent were with a group of friends and a further 26 percent stated they were with a friend the last time they took drugs;
- 9 percent had been offered solvents to inhale;
- 86 percent had never smoked;
- 4 percent were regular smokers (smoking cigarettes every day or at least once a week);
- 45 percent of the regular smokers bought their cigarettes from a newsagent, tobacconist or sweet shop; and
- 28 percent of all those surveyed thought that 'smoking can help calm you down' and 31 percent thought that 'smokers tend to be more "hard" than people who don't smoke'.

The *New Strategic Direction for Alcohol and Drugs, Phase 2, 2011–2016*, (DHSSPS) describes what we need to put in place to reduce the harm that substance misuse causes in Northern Ireland. One of the aims of this cross-departmental approach is 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', with particular emphasis on those identified as potentially vulnerable. 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.

Our School ethos - Role of Education

Earlview Primary School and Nursery can provide a holistic response to substance misuse. This includes:

- helping to build the factors that protect children and young people from becoming involved in substance misuse;
- providing knowledge and skills to make healthier choices and reduce problematic behaviour and risk; and
- directing children and young people to appropriate services and support, where misuse has been identified.
 - The Northern Ireland Curriculum has a statutory requirement to deliver drugs education as part of the statutory curriculum for Personal Development and Mutual Understanding (PDMU) at primary level.

Legal

It is a statutory requirement for all schools in Northern Ireland to:

- have a drugs policy and publish details in relation to the policy in their prospectus (Education (School Information and Prospectuses) Regulations (Northern Ireland) 2003);
- deliver drugs education to include legal and illegal substances (The Education (Curriculum Minimum Content) Order (Northern Ireland) 2007); and
- inform the PSNI if they believe or suspect a pupil to be in possession of a controlled substance (Criminal Law Act (Northern Ireland) 1967) (See Appendix 1).

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; And
- other substances such as amyl or butyl nitrite (known as poppers) and 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.

Roles and responsibilities in a school

The role of the individual staff member (teaching and non-teaching) including all ancillary staff

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 pupils and staff, if necessary (see Appendix 9);
- forward any information, substance or paraphernalia received to the Principal, who will respond accordingly (see Appendix 4.1);
- 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 (see Appendix 5);
- consider the needs and safety of a pupil when discharging him or her 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 and, if concerned, should discuss with the parent alternative arrangements for caring for the pupil); and
- invoke safeguarding procedures, if a parent or carer's behaviour may place a pupil at risk (see Appendix 4.5).

The role of the designated teacher for child protection

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 Positive Behaviour 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 pupil or pupils concerned;
- responding to advice from first aiders, in the event of an incident, and informing the principal, who should contact the pupil's parents or carers immediately;
- taking possession of any substance(s) and associated paraphernalia found in a suspected incident;
- pupil(s) involved in a suspected incident;

- 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 will contact the parents or carers of those pupils involved.

The principal will 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 pupil(s) involved in the incident and the other pupils 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 pupil; and
- 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 School governors are responsible for Earlview Primary School and Nursery. They collaborate with appropriate staff, pupils and parents or carers to foster and support developing and reviewing this drugs policy.

Legal responsibilities and involving the PSNI

The schools' legal responsibilities

Earlview Primary School and Nursery staff 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; or
- 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

Schools should establish and maintain contact with the designated officer in our 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.

A member of the Senior Management will notify the local PSNI officer in every case where a pupil 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 we recommend that they notify the designated officer. The officer will be available to work with the school, pupils, parents or carers and other appropriate agencies to provide support, advice and assistance to help prevent reoccurrence and ensure the pupil is no longer at risk.

Interviewing pupils

In certain circumstances, the PSNI may interview a pupil on school premises with the principal's agreement. This may be a less intrusive and upsetting option for a pupil than going to a police station. If the school 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 school needs to make all possible efforts to inform the pupil'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. They should not make any judgement until they have determined the circumstances surrounding the incident. Where staff believe a pupil may have taken a substance they suspect is a drug, they should seek medical assistance immediately after following the recommended emergency procedures. The school must inform parents and the PSNI.

You can find more information about recognising signs of substance use in Appendix 7. For further details, search for *Signs and Symptoms of Drug Use* at www.ccea.org.uk

Appendix 9 details emergency procedures.

An allegation of a suspected controlled drug-related incident

Carrying out a search

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

If the school suspects pupils of concealing controlled drugs on their person or in their personal belongings, staff should make every effort to encourage them to produce these substances voluntarily. Staff should ask pupils to turn out their pockets or schoolbags. If the pupils refuse, 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 pupil, unless there is compelling evidence that the pupil 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 in writing.

If a pupil refuses to be searched the school must establish whether the probability that the pupil has committed an offence outweighs their right to privacy, before deciding whether to carry out a search without consent.

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

Schools must be aware that pupil involvement in suspected controlled drug-related incidents may take several forms. These could include:

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

It is illegal for pupils to be in possession of a controlled drug. If a member of staff comes across a pupil in possession of what they believe or suspect to be a controlled drug, they should immediately attempt to take possession of the substance and detain the pupil.

They should then send for assistance from the Principal, who will deal with the incident as outlined in this policy.

It is not illegal for a pupil 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 teacher 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 should treat all unknown substances as suspected controlled drugs and respond accordingly.

The school should deal with a pupil in possession of substances that are not controlled, using the school's Positive Behaviour procedures in line with the school's child protection and safeguarding policy. It should also notify the pupil's parents or carers. In these circumstances, the school has no legal obligation to notify the PSNI. Where the 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 pupil

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

If the pupil refuses to remain, the school cannot detain a pupil against their will. However, if a member of staff has reasonable grounds to suspect that the pupil 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; or
 - anyone whom 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 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; and
 - 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; or
 - 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 should make the pupil fully aware of the implications before making the arrest, confirming:

- that the pupil is not free to leave once they have been informed by the arresting person why they are being arrested, and
- 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. They should also be aware of their duty of protection because they are in loco parentis.

Involving parents or carers

Schools must ensure that they keep parents or carers fully informed of school procedures in the event of suspected drug-related incidents. The designated teacher for drugs should carefully consider their approach when contacting parents or carers. They should do this as a matter of course for all incidents involving possession or misuse of drugs. They should make every effort to contact the parents or carers before involving the police. They should also consider parents or carers who may be emotionally distressed in response to a suspected drug-related incident.

Confidentiality

Teachers cannot and should not promise total confidentiality. They should make the boundaries of confidentiality clear to pupils. Members of staff should carefully consider their response, if a pupil approaches them for individual advice on drug use or misuse. In the case of controlled substances, the staff member should explain to the pupil that they cannot offer a guarantee of confidentiality. If the pupil discloses information concerning controlled substances, the staff member must pass this on to the Principal. The member of staff can direct the pupil to sources of confidential information and advice and to treatment and rehabilitation services (see Appendix 10). You can find further information about these services at www.publichealth.hscni.net

Involving parents or carers

Earlview Primary School and Nursery will ensure that they keep parents or carers fully informed of school procedures in the event of suspected drug-related incidents.

The Principal should carefully consider their approach when contacting parents or carers. They should do this as a matter of course for all incidents involving possession or misuse of drugs. They should make every effort to contact the parents or carers before involving the police. They should also consider parents or carers who may be emotionally distressed in response to a suspected drug-related incident.

Schools may wish to 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

Dealing with the media

If the school receives an enquiry from the media, only the principal or a designated nominee should respond to the call. When responding to the media, it is essential that the school respect the privacy of pupils and their families. The principal should prepare a checklist of the appropriate key facts and decide whether to liaise with the PSNI before issuing a statement. Any statements made should be positive, short, factual and without elaboration. Concluding statements should be reassuring and restate that the school has managed the incident effectively.

Pastoral care

During and after any incident, Earlview Primary School and Nursery will consider the individual needs of any pupil or pupils involved. This should involve the pupil or pupils, the principal, parents or carers, the designated teacher for drugs and appropriate pastoral care staff. It could also involve the PSNI officer and an education welfare officer, where appropriate. Communication between staff and early involvement of parents or carers may set the scene for early, supportive, pastoral intervention.

As part of planning a pastoral care response, Earlview Primary School and Nursery will use the recommended referral pathways (Appendix 8) which identifies specific support agencies and contacts in our local area for a range of incidents.

Role of counselling

Counselling rarely focuses on drug misuse alone. It 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 is only appropriate when a pupil wishes to take advantage of what it offers. The Independent Counselling Service for Schools (ICSS), funded by DE, offers a free school-based service to post-primary aged pupils in mainstream and special schools. In any drug related incident Earlview Primary School and Nursery will refer a pupil for counselling.

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, synthetic cathinones (for example mephedrone or methoxetamine)	Up to 5 years in prison, an unlimited fine or both	Up to 14 years in prison, an unlimited fine or both
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 3

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 pupils 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; and
- 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 pupil(s) involved in the suspected incident; and
- complete a Drugs Incident Report Form (see Appendix 5) and forward it to the principal.

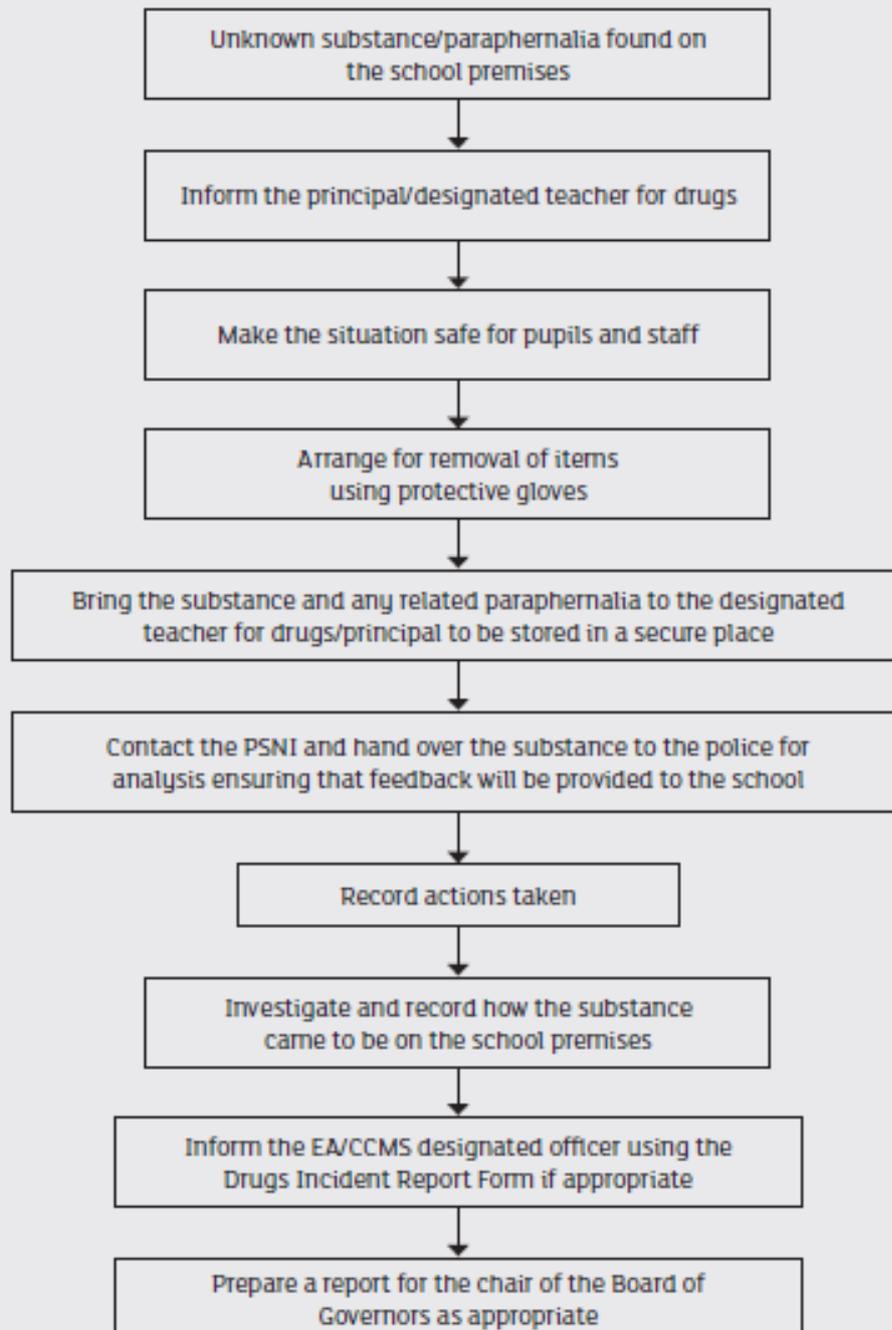
The principal should:

- 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 or CCMS.
- 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 or CCMS, if appropriate; and
- review procedures and amend, if necessary.

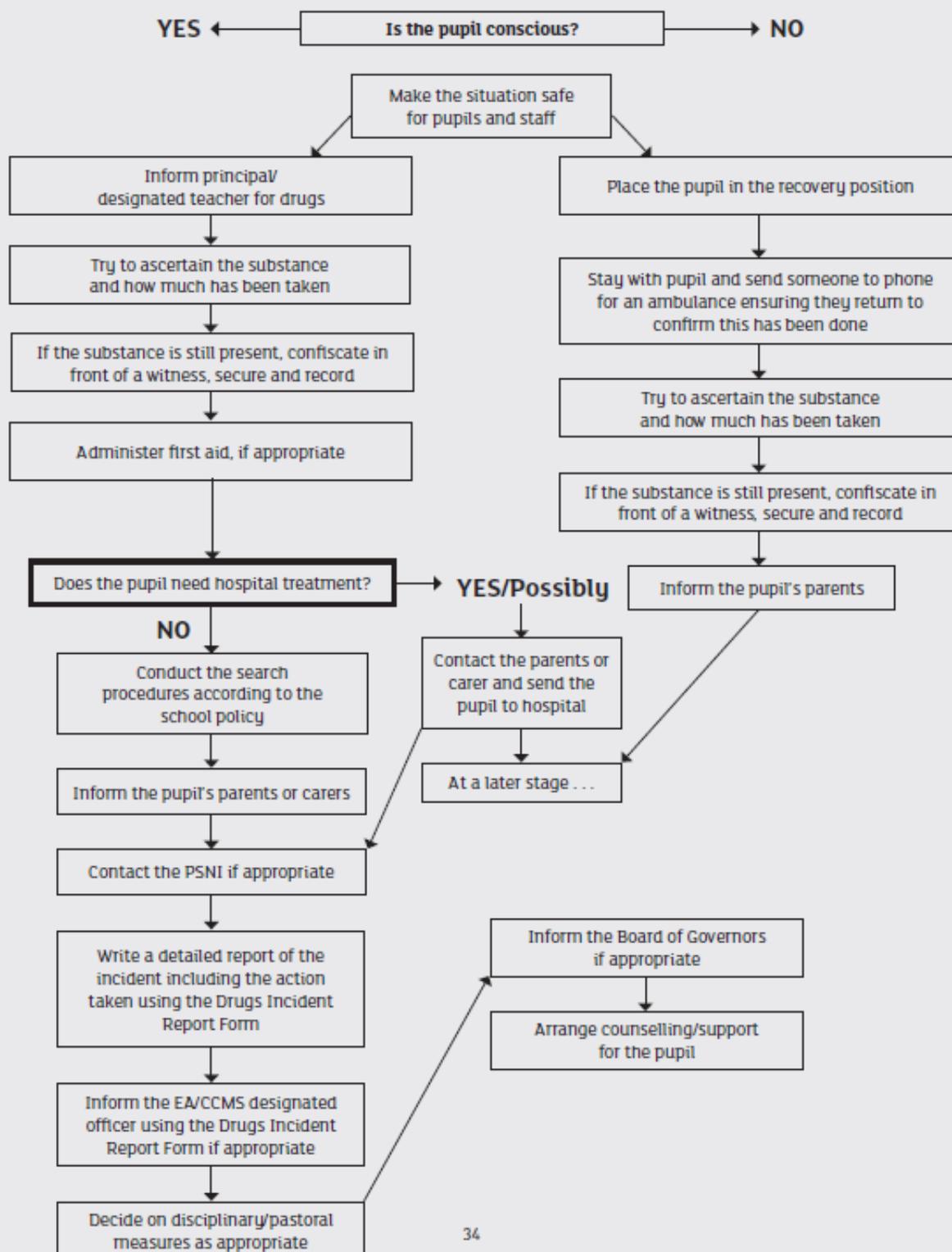
Appendix 4

Handling Drug-Related Incidents

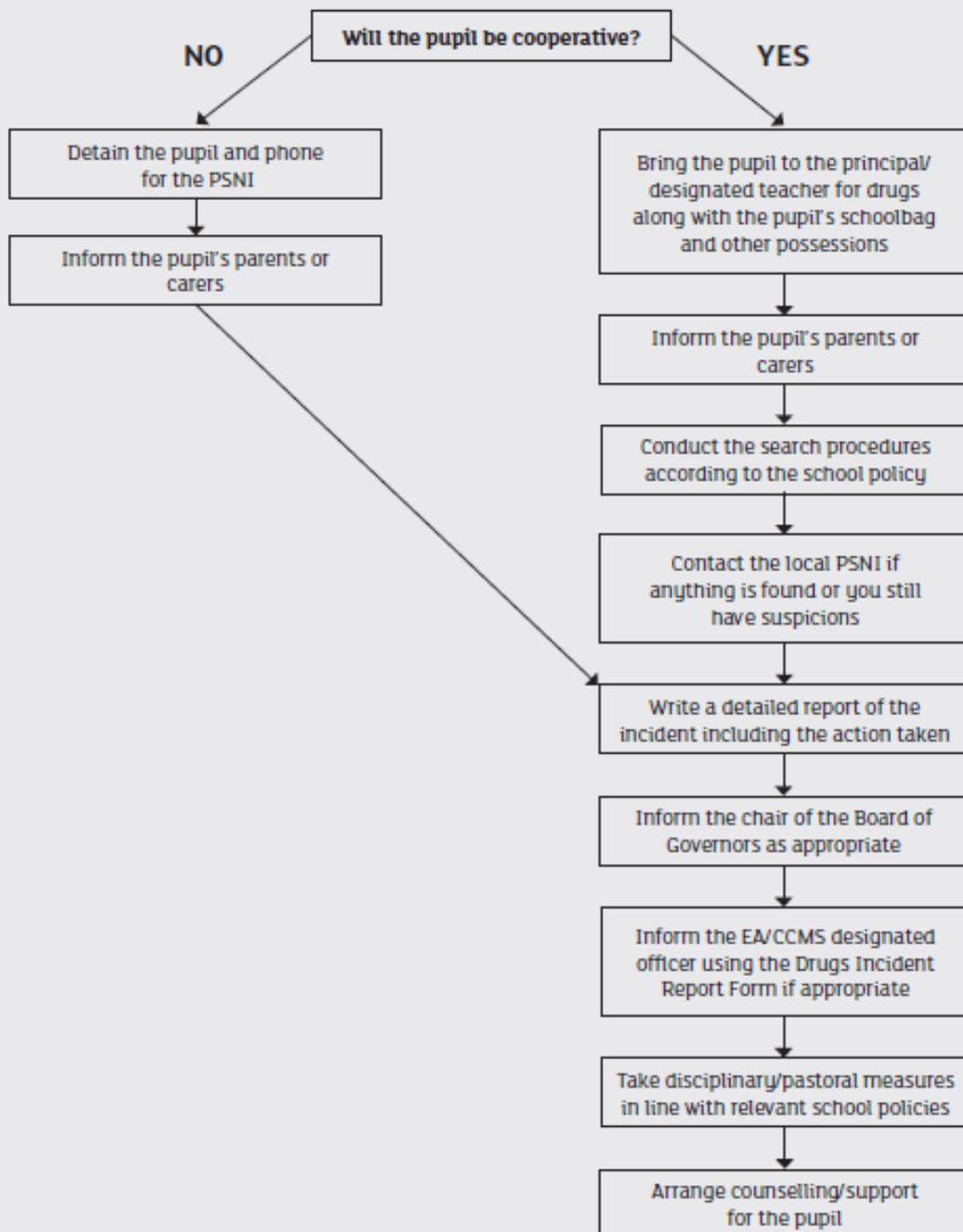
4.1 Finding a suspected substance or drug-related paraphernalia on or close to the school premises



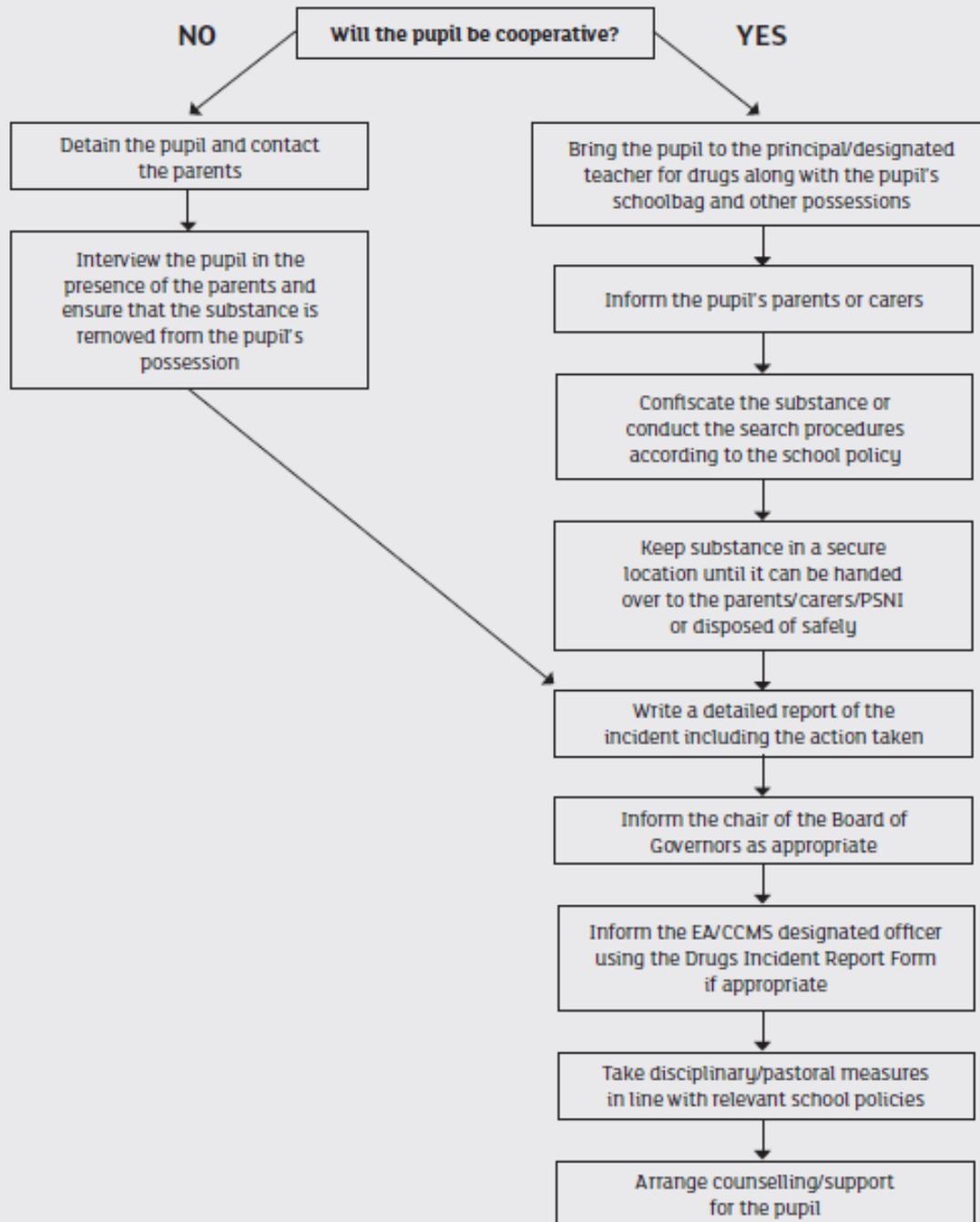
4.2 Pupil suspected of having taken drugs/alcohol on school premises



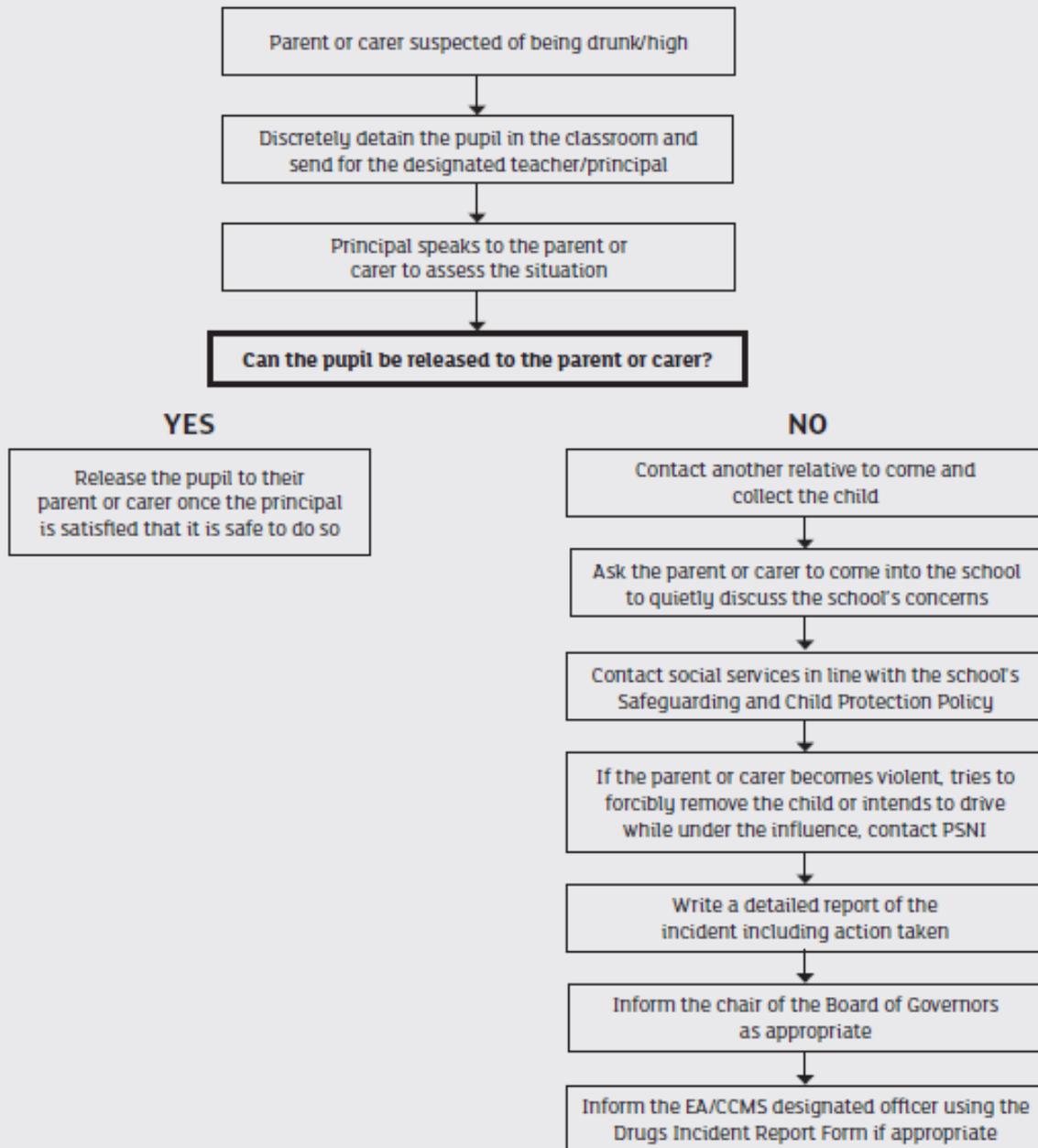
4.3 Pupil suspected of possessing/distributing an illegal substance



4.4 Pupil in possession of alcohol or unauthorised prescribed medication on the school premises



4.5 A parent or carer arrives at school to collect a child and appears to be under the influence of alcohol or another substance



Appendix 5

Drugs Incident Report Form

1.	Name of Pupil _____ DOB _____ Address _____ _____
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2.	Date of Incident _____ Reported by _____ Time of Incident _____ Location of Incident _____ _____
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3.	First Aid given YES/NO Administered by _____ Ambulance/Doctor Called YES/NO Time of Call _____
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4.	Parent or carer informed YES/NO Date _____ Time _____
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5.	Where substance is retained _____ or Date substance destroyed or passed to PSNI _____ Time _____
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6.	PSNI informed YES/NO Date _____ Time _____
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7.	Education Authority or CCMS Designated Officer informed, as appropriate YES/NO Date _____ Time _____
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8.	Form completed by _____ Date _____ Position _____
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Description of the Incident

Actions taken

Incident form completed by

Date

Appendix 6

Strengthening the Partnership Between School and the Wider Community

Using outside agencies and individuals

Schools may wish to use the expertise and skills of education and health professionals from outside agencies or individuals in the wider community. Visitors from the wider community can bring their specialist knowledge, expertise and experience into the classroom setting and offer a new approach, which pupils often welcome. This also increases the pupils' knowledge of the services available in the local community and how to access these. Sessions delivered by outside agencies can also help teachers to up-date their knowledge or pedagogy in line with that of the outside agency. Teachers should, however, only use outside agencies as part of a planned programme with adequate preparation and follow up. Local Drug and Alcohol Co-ordination Teams (DACTs) can provide advice and guidance, as well as links to local community and voluntary groups. (You can find contact details for DACTS in Appendix 10).

Supporting school policy

It is vital that any agency or individual entering a school to support any aspect of the PDMU or PD curriculum, including drugs education, is given a copy of the school's Drugs Policy. They must agree to respect the ethos of the school and be aware of confidentiality issues. Schools should ensure that they adhere to the guidance on vetting requirements provided in DE Circular 2012/19 and DE Circular 2013/01 and any separate or additional policy that the school provides.

Supporting curricular provision

Teachers must be present at all times when a representative from an agency or other individual is taking a session with a class. Teachers should prepare pupils thoroughly for the visit. They should check that pupils are not uncomfortable or unhappy with the topics being dealt with and the methodologies used. After the session, teachers should give pupils the opportunity to discuss their experience and evaluate the session.

Despite the many positives associated with using outside agencies, it is important that schools do not rely overly on their use. Schools should not use outside agencies as a vehicle for teaching aspects of drugs education that teachers do not want to teach. Teachers must also ensure the activities the agency or individual undertakes complement and support their school's ongoing drugs education programme as part of the overall provision for PDMU or PD.

Supporting parents or carers

It is important that schools inform parents or carers before an agency or individual comes into the school to support its drugs education programme. Contacting parents or carers and explaining the type of activities that are taking place will ensure that they 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.

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 PDMU or PD in our school?
- What activities can the classroom teacher do to introduce your programme?
- How will the teacher be involved in delivering your programme?
- What information do you provide for parents about the content of your programme?

Appendix 7

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 8

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 _____

Appendix 9

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 they have 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 10

Useful Contacts in Northern Ireland

Education Authority (formerly Education and Library Boards)		
Belfast Region	Tel: 028 9056 4000	www.belb.org.uk
North-Eastern Region	Tel: 028 9448 2200	www.neelb.org.uk
South-Eastern Region	Tel: 028 9056 6200	www.seelb.org.uk
Southern Region	Tel: 028 3751 2200	www.selb.org
Western Region	Tel: 028 8241 1411	www.welbni.org

Diocesan Advisers		
Diocesan Advisers provide support for maintained schools, you can contact them at the Diocesan Offices below: The Council for Catholic Maintained Schools (CCMS)	Tel: 028 9042 6972	www.onlineccms.com

Department of Education		
The Department of Education has produced information and sources of help on a range of topics, including smoking and drugs, as part of the iMatter programme.		www.deni.gov.uk

Independent Counselling Service for Schools		
The Department of Education funds the Independent Counselling Service for Schools (ICSS). It is available to all post-primary aged pupils, including those in special schools, during school hours and on school premises. Contact is through the school.	Tel: 028 9127 9729 for further information from the ICSS Regional Co-ordinator	

Health and Safety		
The Health and Safety Executive	Tel: 028 9024 3249 for Northern Ireland (HSENI)	www.hseni.gov.uk

Public Health Agency for Northern Ireland		
The Public Health Agency (PHA) is a regional organisation that aims to protect and promote the health and well-being of the population. It was established in April 2009 as part of the reforms to Health and Social Care (HSC) in Northern Ireland. The PHA addresses the causes and associated inequalities of preventable ill health and lack of well-being. It is a multidisciplinary, multi-professional body with a strong regional and local presence. The PHA is responsible for commissioning services to address alcohol, tobacco and drug issues across Northern Ireland.		www.publichealth.hscni.net

Local Drug and Alcohol Co-ordination Teams		
Contact details for local services in the Local Service Directories prepared by the DACTs		www.publichealth.hscni.net

Police Service for Northern Ireland (PSNI)		
Drugs Squad	Tel: 028 9065 0222	
Community Involvement	Tel: 028 9070 0964	
Crimestoppers	Tel: 080 0555 111	

Treatment, Counselling and Support Agencies		
Health and Social Care Organisations		www.publichealth.hscni.net
Family Support NI		www.familysupportni.gov.uk
Children and Adolescent Mental Health Services, Belfast		www.belfasttrust.hscni.net

Local Organisations		
A list of local organisations that provide information and advice and/or resources about drugs.		www.mindingyourhead.info www.fasaonline.org www.talktofrank.com www.thesite.org/drinkanddrugs www.nhs.uk/Livewell/Pages/Topics.aspx

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	