



<b>Carrickfergus Grammar School policy on</b>	<b>Drugs Education</b>
<b>Date implemented</b>	<b>October 2016</b>
<b>Review date / led by</b>	<b>September 2017 / L Kane</b>
<b>Consulted</b>	<b>Pastoral Team, Board of Governors</b>
Allied School Policies on: <a href="#">Safeguarding and Child Protection, Relationships and Sexuality Education, Promoting Positive Behaviour,</a>	

This policy takes cognisance of the DE Circulars 2014/25 and 2015/23 and CCEA guidance 2015

## **RATIONALE**

The School's Drug Education Policy will have as its central focus the safeguarding of the young people in its care. The school is committed to taking action to safeguard and promote pupils' well-being, recognising in particular the importance of its role in helping them to make informed and responsible decisions. This policy should be read in the context of the School's Promoting Positive Behaviour Policy, 2015. There is a separate policy on the Administration of Medicines, 2016.

## **ETHOS**

This policy is also governed by the School's ethos of preparing all of our pupils for the wider world. It is also incumbent on us as a school community to promote and develop good relations with our stakeholders, the parents and guardians of all the pupils and outside agencies such as the ICSS and PSNI.

## DEFINITIONS

For the purpose of this policy, 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.

### **Electronic cigarettes on school premises (DE Circular 2014/25)**

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.

## **AIMS AND OBJECTIVES**

The Drugs Policy will aim to:

- Deliver a Drugs Education Programme, as part of the Personal Development programme;
- Outline links with appropriate agencies;
- Define the roles and responsibilities of school personnel;
- Establish procedures for dealing with drug-related incidents;
- Define the school's response to pupils involved in drug-related incidents;
- Establish a programme of liaison with parents;
- Establish guidelines for the management of:
  - a) prescribed medicines
  - b) solvents in school
- provide for the monitoring and review of the policy and its associated programmes.

The means by which the school intends to achieve these aims and objectives are set out below.

## **DRUGS EDUCATION PROGRAMME**

Drugs Education will be delivered via two main vehicles – the Learning for Life and Work (PD) programme, and elements of classroom teaching across the curriculum. The content and emphases of all these programmes will be in line with the statutory requirements of the NI Curriculum and be kept under review accordingly.

## **LINKS WITH OTHER AGENCIES**

The School will establish and maintain contacts with the Northern Drug and Alcohol Coordination Team (DACT) of the EA, with the PSNI and with other suitable agencies involved in dealing with any drugs problem. Counselling for drugs related problems is available through the school's counselling service, as well as through a host of outside agencies. The service best suited to each situation and pupil will be determined on a case-by-case basis negotiated with parents, pupils, the EA and agencies. These agencies will also be utilised to raise awareness among staff, parents and pupils. Relevant documents produced by CCEA are appended to this policy and can be found online.

## **ROLES AND RESPONSIBILITIES OF SCHOOL PERSONNEL**

### **All Staff should:**

- lead by example;
- present a united message on the dangers and unacceptability of substance abuse by pupils or others;
- be aware of signs and symptoms of substance abuse;
- monitor evidence of abuse by pupils in their classes, and communicate all concerns promptly. (Appendix 4 has some signs and symptoms to be aware of);
- be aware of the specified procedures for dealing with drug-related incidents or suspected substance abuse by a pupil;
- act strictly in accordance with the school's guidelines and instructions given by other agencies entitled to be involved, for their own protection and that of the pupils.

**The Principal.** It is the responsibility of the Principal to ensure that correct procedures are followed if an incident involving the misuse of drugs occurs. The role involves:

- Ensuring pupils' welfare
- Handling, storage and safe disposal of any drug/drugs related paraphernalia.
- Determining the circumstances surrounding incidents
- Contact with the parent / guardian of pupil/s involved
- Agreement on the appropriate pastoral / disciplinary response in liaison with the Head of Pastoral Care.
- Liaison with the PSNI, the EA and through the Board of Governors

**The Designated Teacher for Drugs Incidents** the designated teacher is the Head of Pastoral Care. The role involves:

- Oversight of co-ordination of planning of curricular provision in conjunction with the co-ordinator of Personal Development, \_\_\_\_\_
- Implementing procedures as outlined in this policy for dealing with an incident involving the misuse of drugs. As DTDI pro tem the Principal will be responsible for ensuring that the School's procedures are followed as defined in the attached flow diagrams.
- Receiving any substance and associated paraphernalia found in School
- Regularly updating staff on the policy and the procedures for dealing with a drug related incident
- Liaison with the principal on any drug related incident and with other staff responsible for pastoral care
- Liaison with outside agencies
- The induction of new staff and training of existing staff as appropriate

**Pastoral Care Staff** have a duty to use their contacts with pupils to:

- Counsel and encourage them to avoid the misuse of drugs;
- Make available to the DTDI such information on the "drugs scene", inside or outside of school, as they might receive while carrying out their pastoral duties;
- Assist the principal or Vice Principal in inquiries, as directed.

## **Members of staff (teaching and non-teaching)**

- Members of staff should be familiar with the School procedures for dealing with an incident of the use of suspected drug misuse

## **DRUGS RELATED INCIDENTS**

Guidelines and procedures for dealing with drug-related incidents are detailed in the attached flow diagram, Appendix 2.

### **Procedures to be followed when dealing with specific incidents of suspected drug misuse.**

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

Please note the above covers any instance of involvement in a suspected drug related incident on the School site, or when in school uniform, or when taking part in any school approved activity, including sporting fixtures, school visits and trips. When an incident occurs the member of staff involved should:

- Make the situation safe
- Send for support
- Administer first aid if necessary
- Secure any drugs/associated paraphernalia found and pass to the Vice Principal for storage in a safe place until dealt with by PSNI
- Report the incident to the Designated Teacher for Drugs Incidents
  - i. The Designated Teacher will report to the Principal, who will first contact parents to make them aware of the situation and then contact the PSNI.
  - ii. An Incident Report Form (Appendix 1) will be completed and a copy sent to the Northern Drug and Alcohol Coordination Team of the EA, the PSNI and a copy retained for the School's confidential file. The member of the Board of Governors will also be informed.

(Appendix 3 to this policy hyperlinks to relevant documents from CCEA)

### **Sanctions**

If a drug related incident occurs it will be treated with the utmost seriousness. The disciplinary response made will be dependent upon the particular circumstances of the incident. It is also the duty of the School to provide appropriate pastoral support. In brief, the following will apply in the event of a case of drugs misuse:

- Parents will be informed as soon as possible
- PSNI will be informed in the case of controlled drugs, and may be informed in the case of any other drug, depending on the circumstances
- Disciplinary action taken will include the possibility of suspension
- Governors will consider expulsion in the case of pupils found in possession of drugs with intent to supply.
- External agencies may be involved to provide counselling and other programmes of support

### **Outside Agencies**

The PSNI may be involved, either in diagnosing traces of drugs or – if laws are alleged to have been broken – in the investigation of drugs incidents. Counselling and continuing access to education will be managed in conjunction with the EA and other, relevant agencies.

## **PRESCRIBED MEDICINES AND SOLVENTS IN SCHOOL**

The school will operate safe procedures in respect of pupils taking prescribed or proprietary medicines in school. These matters are set out in a separate Administration of Medicines Policy. Any pupil found in possession of, or taking drugs or medicines, outside the terms of these arrangements will be subject to the sanctions set out in this policy. These guidelines will be updated periodically and communicated to pupils and parents.

## **REVIEW AND MONITORING**

This policy will be reviewed every two years or as circumstances require. Its effectiveness will be monitored by the school's Governors and SLT in the light of experience and developments.





## APPENDIX 1

### Drugs Incident Report Form

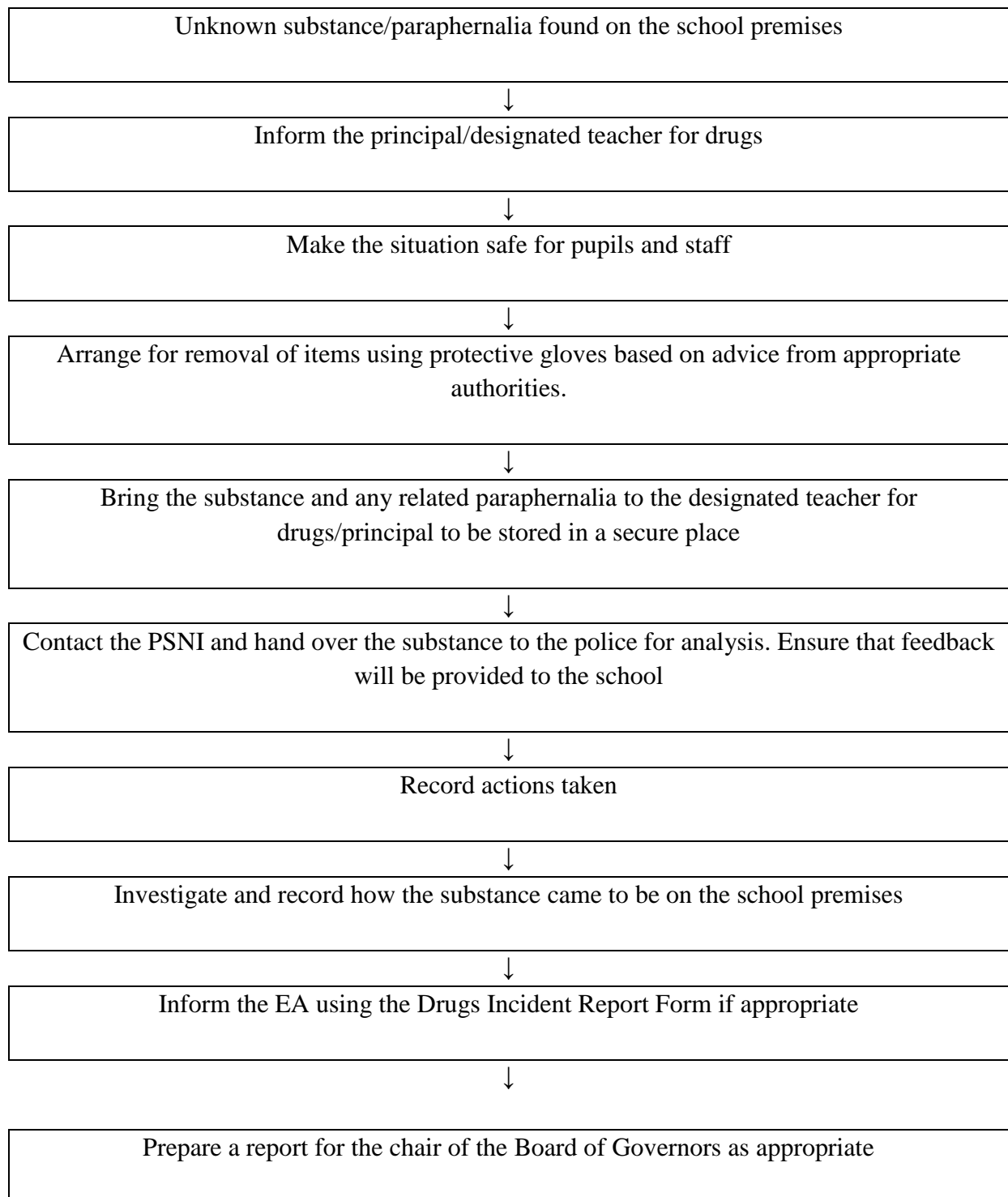
1.	Name of Pupil _____ DOB _____ Address _____ _____
2.	Date of Incident _____ Reported by _____ Time of Incident _____ Location of Incident _____ _____
3.	First Aid given YES/NO Administered by _____ Ambulance/Doctor Called YES/NO Time of Call _____
4.	Parent or carer informed YES/NO Date _____ Time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



## APPENDIX 2

### Handling Drug-Related Incidents

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



## **APPENDIX 3**

**Use these hyperlinks to access helpful information from CCEA**

[Dealing with Young Peoples Alcohol Drug Misuse. pdf](#)

[Signs of Drug Use. pdf](#)

[Summary of Legislation. pdf](#)

[Tobacco Control. pdf](#)

[Alcohol Drug Services. Pdf](#)

## APPENDIX 4

### Signs and symptoms of drug use

Recognising 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 using drugs. Below are specific physical and behavioural signs that may be associated with drug use. Some of these, however, can indicate the onset of adolescence.

#### Physical Signs

These can differ depending on the type of drug taken, for example a stimulant or hallucinogen. Below are some of the physical signs related to drugs used illicitly in Northern Ireland.

#### Solvents

Solvents include glues, butane gas refills, aerosols, typewriting correcting fluids and thinners. Signs to look out for include:

- usual signs of intoxication – unco-ordinated movement or slurred speech;
- possible odour on clothes and breath;
- redness around the mouth and nose, if using glue;
- a cough; and
- possible stains on clothing, depending on type of solvent used.

#### Cannabis

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

- a tendency to laugh easily;
- becoming talkative;
- relaxed behaviour;
- reddening of the eyes; and
- hunger.

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

#### What to look out for

<p><u>If someone is having a bad time on drugs, they may be:</u></p> <ul style="list-style-type: none"> <li>• anxious;</li> <li>• tense;</li> <li>• panicky;</li> <li>• overheated and dehydrated;</li> <li>• drowsy; or</li> <li>• having difficulty with breathing.</li> </ul>	<p><u>If they are <b>really drowsy</b>, you should:</u></p> <ul style="list-style-type: none"> <li>• sit them in a quiet place and keep them awake;</li> <li>• if they become unconscious or don't respond, call an ambulance immediately and place them in the recovery position;</li> <li>• don't scare them, shout at them or shock them;</li> <li>• don't give them coffee to wake them up; and</li> <li>• don't put them in a cold shower to 'wake them up'.</li> </ul>
<p><u>What to do</u></p> <p>The first things you should do are:</p> <ul style="list-style-type: none"> <li>• stay calm;</li> <li>• calm them and be reassuring, don't scare them or chase after them;</li> <li>• try to find out what they've taken; and</li> <li>• stay with them.</li> </ul> <p>If they are anxious, tense or panicky, you should:</p> <ul style="list-style-type: none"> <li>• sit them in a quiet and calm room;</li> <li>• keep them away from crowds, bright lights and loud noises;</li> <li>• tell them to take slow deep breaths; and</li> <li>• stay with them.</li> </ul>	<p><u>If they are <b>unconscious</b> or having difficulty breathing, you should:</u></p> <ul style="list-style-type: none"> <li>• immediately phone for an ambulance;</li> <li>• place them into the recovery position;</li> <li>• stay with them until the ambulance arrives; and</li> <li>• 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.</li> </ul>