



Northern Ireland
Curriculum

Drugs Guidance for Schools in Northern Ireland

Revised Edition 2015

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Introduction

Setting the context

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.

Role of education

The education system 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.

Bonding is a key protective factor shown to prevent problematic substance misuse. It strengthens relationships with family members, teachers or other socially responsible adults and provides a sense of connectedness. Resnick et al (1997) found that parent–family connectedness and perceived school connectedness were protective factors against a range of health risk behaviours.

You can find further details on risk and protective factors in *The Power of Teachers in a Young Person's World*, available at www.ccea.org.uk

The purpose of this guidance

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).

We have designed this revised guidance to help schools to develop, implement, evaluate and review their:

- drugs policy to ensure it supports and complements other related school policies; and
- procedures for managing suspected drug-related incidents and issues.

Schools must respond to the challenges of substance misuse. 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. At post-primary level, schools deliver drugs education through the Personal Development (PD) strand of Learning for Life and Work. You can find these requirements, as well as guidance and advice on planning, implementing, delivering, evaluating and monitoring PDMU, in the Key Stages 1 and 2 Areas of Learning at www.ccea.org.uk

You can also find guidance and advice for Personal Development in the Key Stage 3 area of the website.

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 offense to possess, possess with intent to supply, supply, or allow premises you occupy or manage to be used unlawfully for the purpose of producing or supplying controlled drugs. The Act has four separate categories: Class A, Class B, Class C and temporary class drugs. Substances may be reclassified.

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

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

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

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

Electronic cigarettes on school premises

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

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

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

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

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

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

A School Drugs Policy

A policy on drugs, which should include prescription drugs, NPS, tobacco, tobacco-related products, electronic cigarettes and alcohol, enables schools to:

- ensure that all members of the school community adopt a consistent approach to drug-related issues;
- define the roles, responsibilities and legal duties of different people, including the principal, the designated teacher for drugs, all staff (teaching and non-teaching), governors, pupils and parents or carers;
- identify how they will implement and deliver drugs education as part of the overall provision for PDMU or PD in the curriculum;
- develop procedures and protocols that address drug-related issues across all areas of school life and deal with specific incidents of suspected drug misuse; and
- consider the wider issues of drug use or misuse as part of a whole-school approach.

Key principles in policy development

The school should not consider its drugs policy in isolation from other curricular and pastoral policies. The policy should reflect an integrated and consistent approach to the overall education and well-being of the school community. Knowledge alone will not change behaviour but, taken in context, effective Personal Development can shape attitudes, values and aspirations that bring about resilience in young people. Supporting pupils' social, emotional and behavioural needs helps to build on the protective processes identified in the introduction. You can find resources supporting the iMatter programme, which deals with pupils' emotional health and well-being, at www.deni.gov.uk

The National Institute for Health and Care Excellence (NICE) recommends that schools take 'a "whole-school" approach' to substance misuse, covering everything from policy development and the school environment to staff training and involving parents and pupils in developing and supporting this.

Figure 1 is a representation of how the school's drugs policy can relate to and complement other school policies.



Monitoring and self-evaluation

Schools should put mechanisms in place to monitor, evaluate and review the policy, curricular provision and the procedures for handling drug-related issues to take account of changing circumstances and trends in the school and local community. The Education and Training Inspectorate (ETI) publication *Together Towards Improvement* provides a process for self-evaluation, including key questions with quality indicators addressing issues such as pastoral care and safeguarding.

As part of this process, the school's drugs policy should identify and address the training needs and support that all staff (teaching and non-teaching) need to implement the policy, as appropriate.

Consultation

Schools should evaluate and review their policy at appropriate stages during development. Staff, pupils, governors and parents or carers should discuss any issues that arise. Schools may also invite comment from representatives of the wider community.

Consultation ensures that:

- pupils develop a strong sense of the school's direction on substance misuse;
- curricular provision is credible and responsive to pupil needs and expectations;
- parents or carers are clear about the school's drugs policy as it applies to them and their children; and
- the school's stance, approach and disciplinary response to drugs issues are appropriate, taking into consideration the school's duty of care.

Schools can facilitate consultation by:

- forming school councils, focus and discussion groups and providing online questionnaires for pupils;
- hosting parents' or carers' evenings or drugs awareness evenings; and
- providing questionnaires for parents or carers to complete.

Structure of the Policy

The drugs policy should link to and be consistent with other relevant school policies. It should include:

Rationale: giving an explanation for having this policy and a statement on the degree to which pupils in the school are likely to have experiences with substances, including tobacco and tobacco-related products, electronic cigarettes, alcohol, NPS, illegal drugs, volatile substances and prescribed medications;

Ethos: reflecting, as all school policies, the ethos and values of the school and its wider community;

Definitions: of what the school means by terms such as 'drug', 'substance' and 'drug use' and 'drug misuse'; and

Aims and objectives: promoting the schools' ethos and values.

The policy should aim to protect young people from the harm associated with the use and misuse of substances.

To support this aim, schools should have clear objectives to:

- develop a consistent approach to drug-related issues in line with the school's pastoral care provision that all members of the school community can adopt;
- develop, implement and review a drugs education programme as part of the provision of PDMU and PD within the curriculum;
- develop procedures and protocols that address drug-related issues across all areas of school life;
- establish procedures for managing specific incidents of suspected drug misuse; and
- monitor and evaluate the effectiveness of the policy in line with whole-school self-evaluation procedures.

Issues to consider

When developing and implementing this policy, the school should discuss:

- the process they have adopted for developing the policy;
- the roles, responsibilities and legal duties of:
 - the Board of Governors;
 - the principal;
 - the designated teacher for drugs;
 - pupils;
 - staff (teaching and non-teaching); and
 - parents or carers;
- training and information sharing arrangements for staff, governors and parents or carers;
- arrangements for communicating information about the school's response to an incident to staff, pupils, parents or carers and the media;
- arrangements for implementing and reviewing an appropriate drugs education programme, including any engagement with outside agencies, as part of the provision of PDMU or PD (see Appendix 6);
- implementing procedures for managing and reporting specific incidents of suspected substance misuse, including the sanctions that schools may apply (schools should include an outline of these procedures as an appendix to the policy, see Appendix 4);
- how to monitor, review and evaluate the policy;
- how to communicate the policy to all staff, pupils, parents or carers and other relevant agencies; and
- where to keep the policy.

The school should inform parents or carers of its procedures in the school prospectus. It should also make a copy of the full policy available on request.

Content requirements

The policy should:

- designate a teacher for drugs who will have responsibility for overseeing and monitoring the policy and for managing incidents of suspected drug use;
- outline procedures for managing suspected drug use incidents, including tobacco, tobacco-related products, electronic cigarettes, alcohol, new psychoactive substances, illegal drugs, prescription medication and volatile substance misuse;
- plan the school's response to drug-related incidents, which should be consistent with the disciplinary policy;
- provide a clear statement of circumstances where searching school and pupil property is acceptable;
- identify emergency first aid procedures for suspected drug-related incidents;
- outline procedures for managing the confiscation of substances;
- provide a specified secure location for storing a confiscated substance;
- create guidelines for administering prescribed medication (schools should refer to the DE publication *Supporting Pupils with Medication Needs* at www.deni.gov.uk);
- provide information on smoking cessation programmes and using licensed NRTs on school premises (see the fact sheet on our website or go to www.publichealth.hscni.net to find the publication *Stopping Smoking Made Easier*);
- provide training for all staff, including induction for new staff members, to support the full implementation of the policy;
- provide adequate and appropriate resources to support the policy;
- agree referral pathways for a range of scenarios when the school needs support from outside agencies;
- identify sources of support at the policy writing stage and keep contact details with the policy document (Appendix 8);
- draw up a Code of Conduct about senior pupils (aged 18) and staff using alcohol on school trips, at school functions such as formal dinners for final year students and the after dinner social events;
- make post-primary pupils aware of the Independent Counselling Service for Schools (ICSS), an independent, confidential, school-based professional counselling service funded by the Department of Education, which uses a process of talking, listening and empowerment to help pupils to make their own decisions; and
- make primary pupils aware of other independent counselling services available.

Employees affected by drugs: The Health and Safety at Work (Northern Ireland) Order 1978 requires employers to protect the health, safety and welfare of employees at work. Employees also have a legal responsibility to protect their own health and safety and that of their colleagues. You can find the Employing Authority's *Alcohol and Drugs Misuse Policy* (TNC 2005/5) at www.deni.gov.uk

For problems with staff using alcohol and/or other substances, schools should refer to *Drugs Misuse at Work*, available at www.hseni.gov.uk and *Don't Mix It: A Guide for Employers on Alcohol at Work* available at www.hse.gov.uk. Both the Teachers' Negotiating Committee (TNC) and the Joint Negotiating Committee (JNC) have revised their existing *Smoking Policy for Schools* (TNC 2000/3) to include electronic cigarettes. You can find the policy at www.deni.gov.uk

Monitoring, Evaluation and Review

Schools should put in place procedures and protocols, consistent with the self-evaluation processes outlined in *Together Towards Improvement*, to ensure that they monitor all aspects of the policy and its aims and objectives.

Schools need to:

- develop self-evaluation criteria for evaluating the success of the policy and its implementation;
- review the policy regularly, for example annually, and in particular after a suspected substance-related incident, to ensure that they use what they learn from actual incidents to inform future practice and they reflect changing circumstances and trends in substance use;
- involve appropriate members of the school community to assess and review the policy as part of the self-evaluation process; and
- have the policy ratified by the Board of Governors.

Responding To Drug-Related Incidents

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

This section provides information and direction to schools on how to manage suspected drug-related incidents on school premises, when travelling to and from school and when engaged in authorised school-related activities.

What constitutes a drug-related incident?

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

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

Dealing with suspected substance-related incidents requires extreme sensitivity. This guidance will help and empower those charged with handling difficult and complex issues to be fair and consistent in their dealings with pupils. Linking the drugs policy with the school's policy on managing critical incidents and safeguarding and child protection will further support the school in handling drug-related situations appropriately.

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 designated teacher for drugs, 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 drugs

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

The designated teacher is responsible for:

- co-ordinating the school's procedures for handling suspected drug-related incidents and training and inducting new and existing staff in these procedures;
- ensuring that the school's disciplinary policy has an appropriate statement about any disciplinary response resulting from suspected drug-related incidents;
- ensuring that the school's pastoral care policy has an appropriate statement about any pastoral response resulting from suspected drug-related incidents;
- liaising with other staff responsible for pastoral care;
- being the contact point for outside agencies that may have to work with the school or with a 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;
- completing a factual report using the schools Drug-Related Incident Form, which they forward to the principal; and
- reviewing and if required updating the policy at least annually and after a drug-related incident, where learning from the experience could improve practice.

In view of the responsibilities involved, the designated teacher should be a member of the school's senior management. In the absence of the designated teacher, the school should appoint a recognised deputy.

The role of the principal

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

After contacting the PSNI, principals should confine their responsibilities to:

- the welfare of the 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 or CCMS 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 or CCMS.

The role of the Board of Governors

School governors are responsible for their individual school. They should collaborate with appropriate staff, pupils and parents or carers to foster and support developing and reviewing its drugs policy. They should also:

- facilitate the consultative process where the school community can respond and contribute to the policy's effectiveness and quality, which the governors should examine and approve before implementing in the school;
- ensure details of the policy are published in the school prospectus and that these are reviewed at least annually and after a drug-related incident; and

- be fully aware of and adequately trained to deal with suspected drug-related incidents, including alcohol and tobacco, tobacco-related products, electronic cigarettes, and their appropriate disciplinary response.

As a matter of good practice, every Board of Governors should have a designated governor for drugs who has received specific training in drug-related issues.

Legal responsibilities and involving the PSNI

The schools' legal responsibilities

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

Schools must notify their 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.

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

The law permits school staff to take temporary possession of a substance suspected of being a controlled drug to protect a pupil from harm and prevent the pupil committing the offence of possession. The teacher should, using appropriate safety precautions, take the suspected substance and any associated equipment and/or paraphernalia to the designated teacher for drugs as soon as possible. They should arrange for its safe storage until the school can hand it over to the local PSNI officer to identify whether it is a controlled substance. School staff should not attempt to analyse or taste an unidentified substance. 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.

An allegation of a suspected controlled drug-related incident

Carrying out a search

If the designated teacher for drugs 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 using the school's Drug Incident Report Form.

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. The school drugs policy should clearly explain the procedures and circumstances for searches where there is reason for suspicion.

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 designated teacher for drugs, who will deal with the incident as outlined in the school 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 disciplinary or pastoral care 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 a principal feels that there are issues about the origin of these substances, the school may notify the designated officer in the local PSNI area for advice and guidance.

Detaining a 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.

Finding drug-related paraphernalia

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

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

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

Recording an incident

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

Schools should carefully record any statements that pupils suspected of being involved in or witness to an incident provide. For an incident that requires only an internal school investigation, for example finding cigarettes on school property, schools must treat any sensitive information about pupils in a confidential and secure manner. Schools may need to engage the help of another adult to support both the designated teacher for drugs and the pupils involved in the incident, particularly when the pupils may need to be interviewed separately. We have provided an exemplar of a Drugs Incident Report Form in Appendix 5.

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

School response to drug-related incidents

Deciding on appropriate sanctions

It is not appropriate in this document to prescribe specific sanctions that schools should apply to suspected drug-related incidents. Principals are responsible for deciding how to respond to particular incidents, taking account of factors such as:

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

Schools should not take a zero tolerance approach that leads to immediate exclusion as a suitable response to a drug-related incident. They should consider what sanctions or actions would be in the best interests of the pupil in the longer term, while ensuring the safety and well-being of other pupils.

Schools should explore the relevant factors to determine the seriousness of the incident and the needs of those involved and then respond appropriately. The school should consider, for example:

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

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

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

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

Schools should develop a range of options for responding to the identified needs of those involved in a drug-related incident. Whatever response the school puts in place, it should always aim to give pupils the opportunity to learn from their mistakes and to develop as individuals. The school should be able to justify any sanction it imposes, according to:

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

Schools should take into account whether a pupil involved in an incident has previously displayed good discipline and engagement with the school, and how the proposed sanction might affect the pupil's educational outcomes. Are there other issues ongoing in a young person's life that perhaps leaves them more vulnerable to influence from others or to making poor choices? In some cases, it would be more appropriate for a school to permit a pupil to remain for a period to complete their current studies, than to proceed with their immediate exclusion.

Behavioural contracts

In the case of serious breaches of discipline or while the school is investigating a suspected drug-related incident, it may draw up a behavioural contract and agree it with the pupil and the parent or carers. The contract should clearly set out the terms allowing the pupil to remain at school and include monitoring their progress. The school may have to withdraw the pupil from normal contact with peers during the school day for a fixed period at first, until their behaviour has improved. This approach may require additional support from outside agencies to help facilitate change (see Appendix 10).

Suspension or exclusion

The school should not automatically exclude a pupil because they have broken the law. It should be aware, particularly in cases of supplying, of its duty to protect pupils from exposure to potentially dangerous substances. It should bear this in mind when deciding how to respond to individual incidents.

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

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.

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

Pastoral care

During and after any incident, the school must 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.

In some instances, either before or following a drugs incident, schools should identify counselling or other appropriate support as potentially valuable to a pupil.

Schools should be aware of the range of specialised agencies, support and counselling services available that may support a pupil at risk. Schools can find specialist support for smoking at www.publichealth.hscni.net and www.want2stop.info

As part of planning a pastoral care response, schools should consider developing referral pathways (Appendix 8) that identify specific support agencies and contacts in their local area for a range of incidents.

Role of counselling

Counselling rarely focuses on drug misuse alone. 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. Pupils can refer themselves or a parent or member of school staff can refer them.

It is usually neither constructive nor effective to attempt to impose counselling on a pupil. The school counsellor, where present, and/or the school's pastoral lead may assess appropriate support needs for individual pupils and identify who is in the best position to meet these.

Schools should always seek the pupil's consent before referring them for counselling. They should explain the purpose and benefits of counselling or other appropriate support. Schools should ensure confidentiality in line with the school's Child Protection and Safeguarding Policy.

Where the school has identified a pupil as having experimented with a controlled substance or as being at risk of doing so, it should offer the pupil appropriate counselling or support within the school's general arrangements for the pastoral care of its pupils. The school should also inform the pupil's parents.

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 designated teacher for drugs. 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

Communication following a suspected or confirmed drug-related incident

Staff, pupils and parents or carers

Schools should carefully consider how they communicate any information about a suspected or confirmed substance-related incident to staff, pupils and parents or carers. They should only disclose information to members of staff concerned with the pastoral needs of the individual pupil. They should inform only the parents or carers of the pupil or pupils directly involved of the incident and subsequent outcomes.

Teachers should not discuss individual cases with other pupils. The school may, however, need to make a general statement informing the school community after an incident where rumours may create a negative atmosphere.

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.

If any further comments are necessary, the principal should reiterate the original statement.

Reporting to relevant authorities

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

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

If schools have any concerns about substances found on their premises, and in particular any adverse reactions that these may have caused, they can contact DAMIS at damis@hscni.net.

The Department of Health, Social Services and Public Safety (DHSSPS) oversees DAMIS with support from the Public Health Agency, the Department of Justice and the Police Service of Northern Ireland (PSNI).

DAMIS treats all information as confidential and does not identify the provider of information.

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- Employing Authority's *Alcohol and Drugs Misuse Policy and Procedures for Teachers in Grant-aided Schools*, (TNC 2005/5) (Updated 2014)
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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 2

Exemplar Drugs Policy Template

Schools should consider the following points when developing a drugs policy.

Rationale for the drugs policy

This should include:

- the statutory requirement to have a policy and provide drugs education as part of the school's curricular provision;
- the school environment and that of its pupils; and
- providing drugs education and why it is important.

School ethos

This should set out the school's values and beliefs as a context for its approach to substance use and the drugs education programme.

Definitions of 'drugs or substance', 'use' and 'misuse' in the context of this policy

This should include clear definitions of terminology the school uses in its drug policy.

Aims and objectives

The school should clearly state its aims and objectives. It should include:

- a clear statement of the school's view on drug use or misuse and the role of drugs education;
- an outline of the need for a consistent approach to drugs education and managing incidents in line with its pastoral care and child protection and safeguarding policies;
- an outline of the need for procedures and protocols to be in place that the school will evaluate and review in line with all other school policies; and
- the processes of monitoring, evaluation and review to adopt within a defined timeframe.

The roles, responsibilities and legal duties of:

- the Board of Governors;
- the principal;
- the designated teacher for drugs;
- all staff (teaching and non-teaching); and
- pupils and parents or carers.

Drugs education in the curriculum

Schools should provide:

- information about how they will deliver drugs education as part of PDMU at primary or PD at post-primary;
- links to the pastoral care programme throughout the school;
- links with other areas of learning; and
- advice on using external agencies to delivery drugs education (Appendix 6).

Procedures for managing suspected drug-related incidents

Schools need to:

- define what constitutes an incident from the school's perspective;
- provide a range of responses based on the nature of the incident in question, which could involve:
 - pupils,
 - parents or carers, or
 - a member of teaching or non-teaching staff.
- outline the circumstances and procedures for searching and detaining pupils;
- give guidance on confiscating suspected substances;
- advise on handling, storing and disposing of suspected substances; and
- provide links to policy details.

Confidentiality

Schools should:

- explain to pupils that they can never guarantee confidentiality; and
- pass on any information about suspected criminal activity associated with drugs to the designated teacher, PSNI and the Education Authority or CCMS.

Disciplinary or pastoral care responses

Schools need to:

- align any response to a drug-related incident with the school's Discipline Policy and Pastoral Care Policy; and
- consider the pupil's health and well-being when making an appropriate response to a drug-related incident.

Provision of counselling services in the school

Schools should identify:

- the counselling services available for pupils;
- how to access, monitor and evaluate counselling services;
- the support services available for parents or carers (Appendix 10); and
- the referral pathways for a range of scenarios (Appendix 8).

Guidelines for administering prescribed medication

When schools are responsible for administering prescribed medication, they must refer to the DE publication *Supporting Pupils with Medication Needs*, available from www.deni.gov.uk

This should include how schools will manage pupils engaged in smoking cessation programmes and who may be using licensed NRT in school. Electronic cigarettes do not constitute NRT, unless they are licensed products that a health professional has specifically prescribed for smoking cessation.

Emergency first aid procedures

School staff should be aware of procedures in the event of a medical emergency. These procedures should be included in appendices (Appendix 9).

Staff use of alcohol and smoking on school premises, on school trips and other social events

Schools should refer to:

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

Procedures for communicating to staff, parents or carers or other relevant agencies

Schools should explain how they would communicate:

- the policy to staff, parents or carers and other relevant agencies; and
- information about the school's response to specific incidents to staff, pupils, parents or carers and the media.

Procedures for monitoring and evaluating the policy

Schools should:

- develop criteria for evaluating the success of the policy and associated procedures;
- implement timescales for monitoring and evaluating the policy;
- emphasise the importance of post-incident evaluation and review;
- consider who will be involved in the monitoring and evaluation of the policy and associated procedures; and
- provide resources to gather feedback from pupils, teachers and parents or carers.

Procedures for evaluating the drugs education programme

Schools should evaluate their drugs education programme within school evaluation of the PDMU or PD curriculum.

Training

Schools should provide staff training on:

- implementing the school's drug policy;
- delivering drugs education as part of the PDMU or PD programme; and
- responding to a suspected drug-related incident.

They should also provide:

- training to the Board of Governors; and
- information for parents or carers (Appendix 10).

Creating a summary policy for inclusion in the school prospectus

Consider including:

- the rationale for the policy;
- the school ethos;
- the aims and objectives of the policy,
- key roles and responsibilities;
- a brief outline of curricular provision;
- an overview of the school's response to a drug-related incident;
- reference to sources of support available in the community; and
- information on where to find a copy of the full policy.

Appendices

Include appendices relevant to the interpretation of the policy.

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.

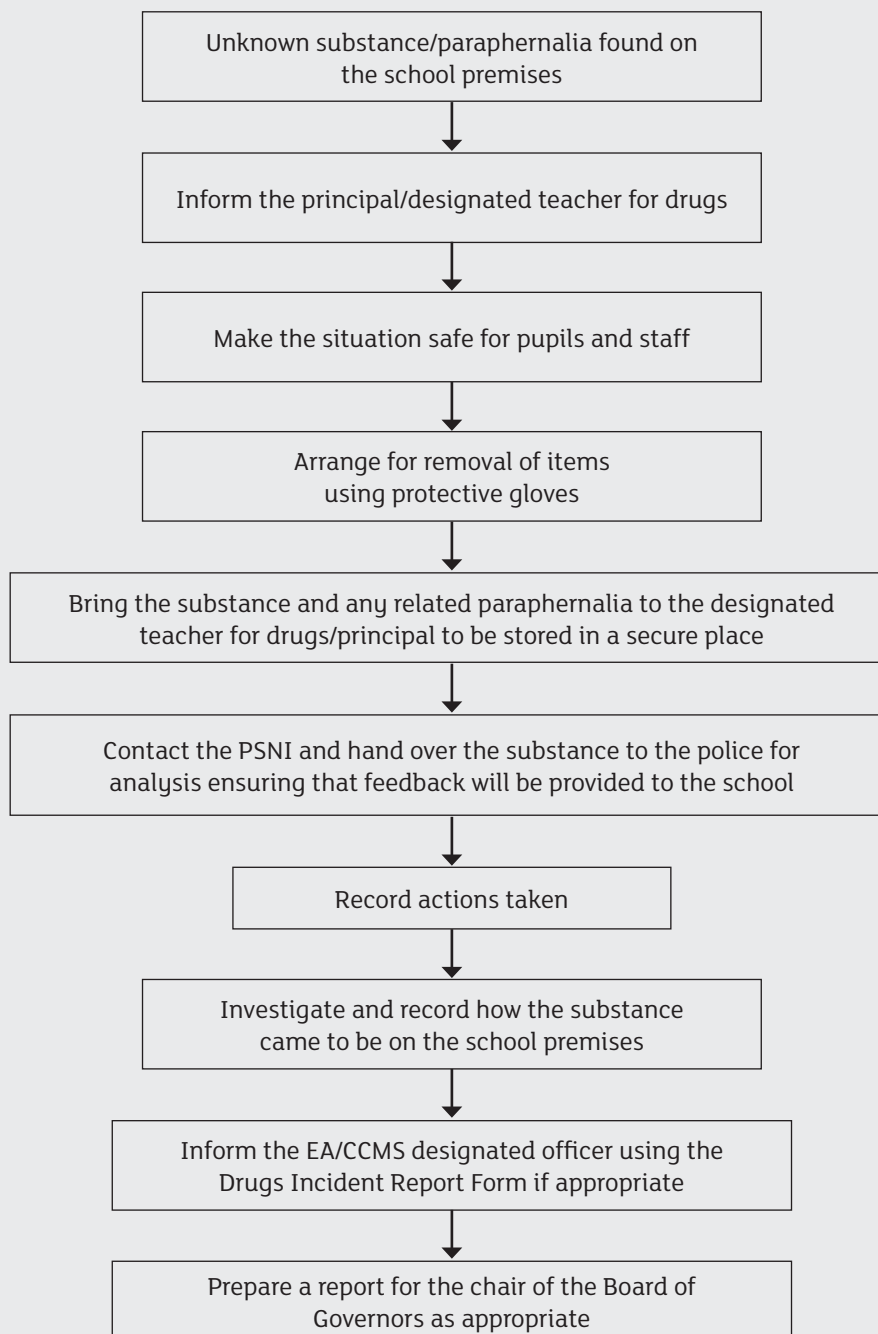
The principal should:

- 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.

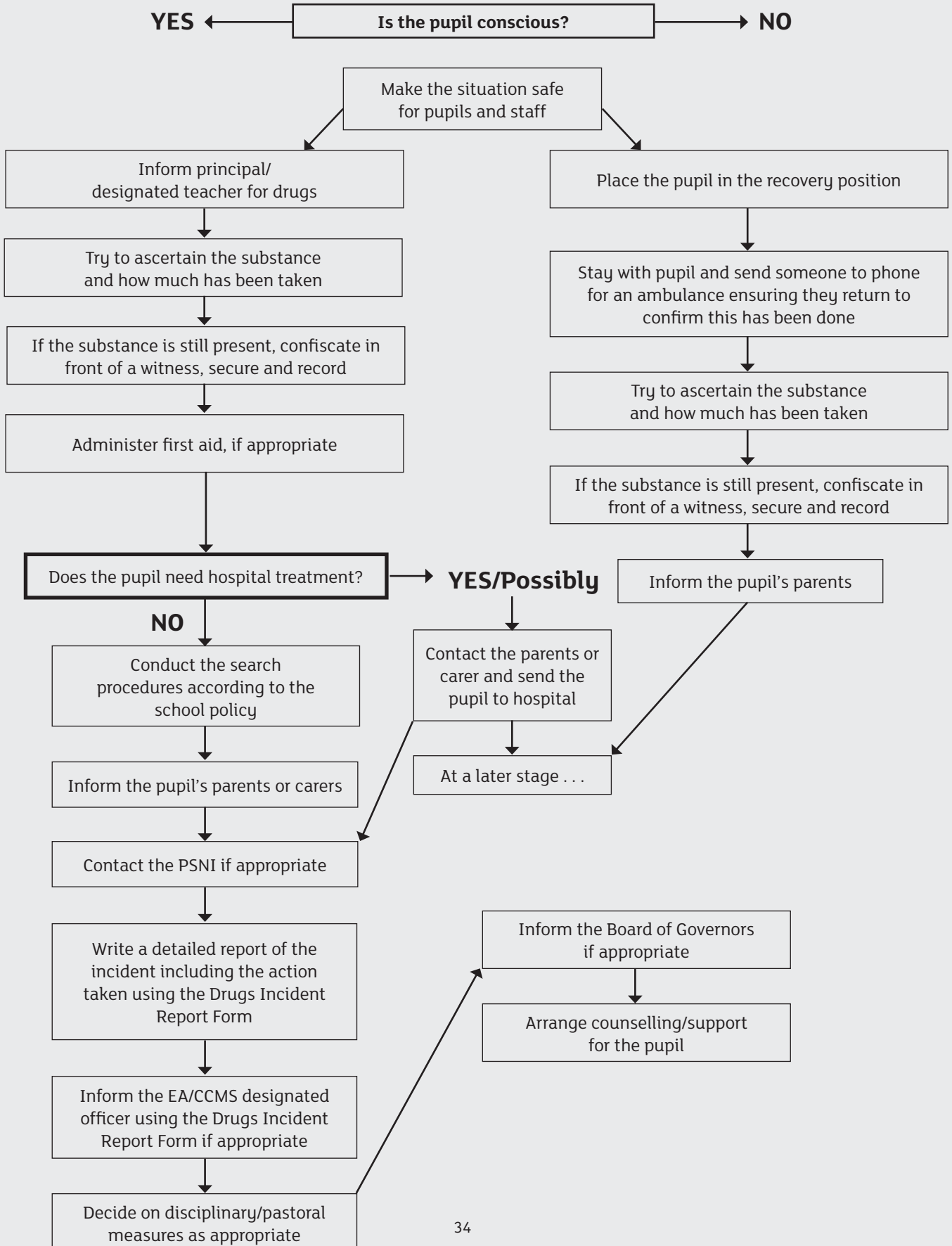
Appendix 4

Handling Drug-Related Incidents

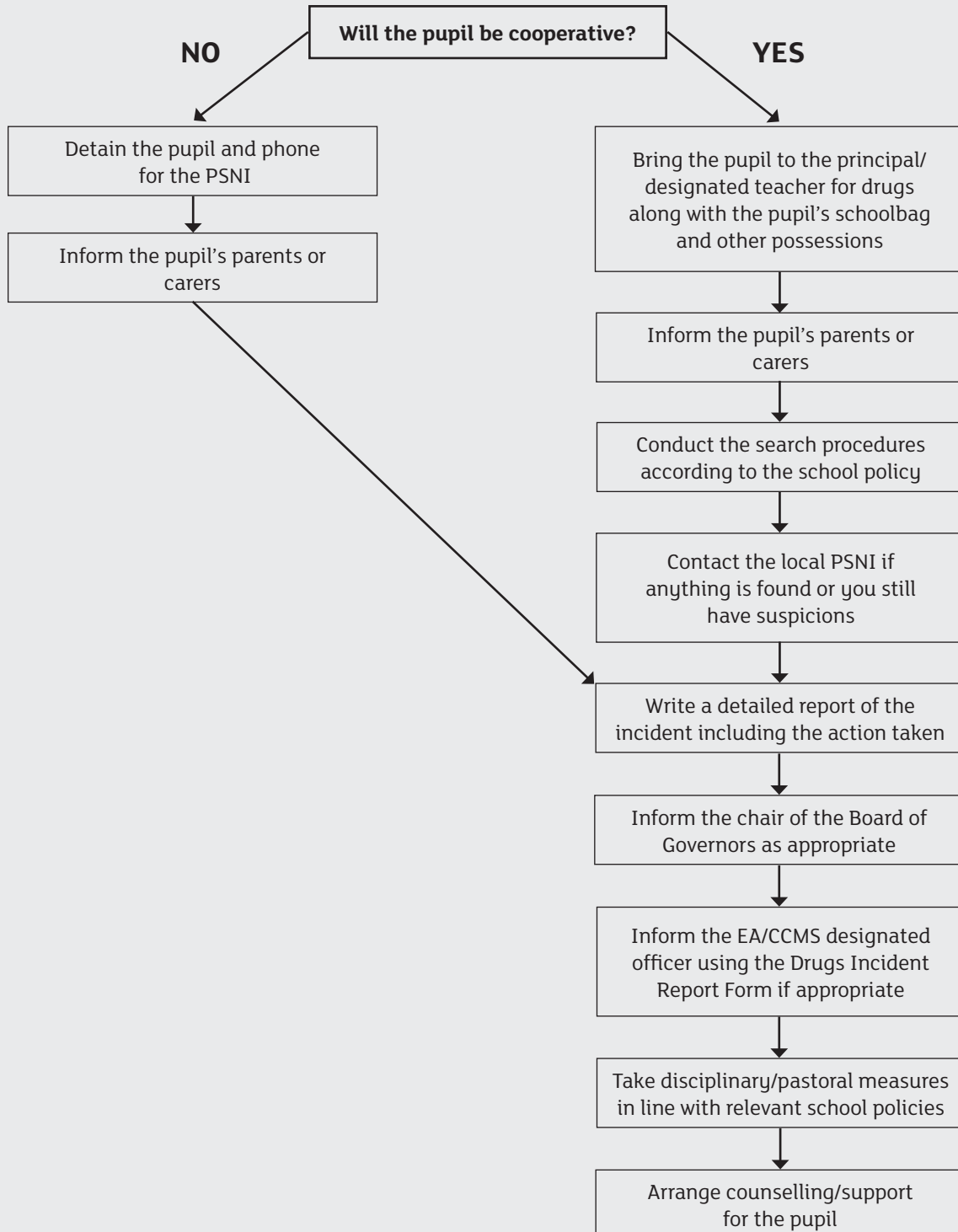
4.1 Finding a suspected substance or drug-related paraphernalia on or close to the school premises



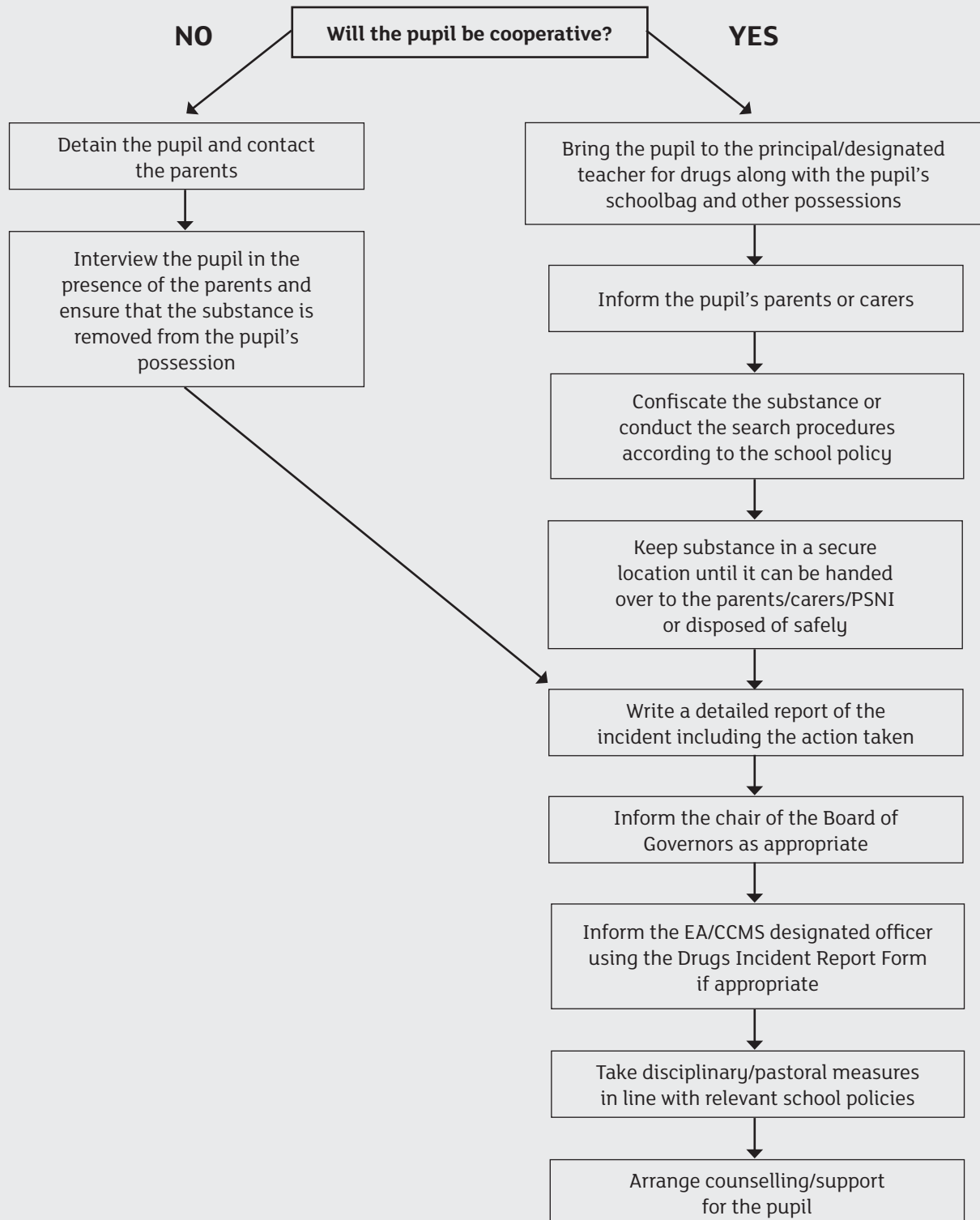
4.2 Pupil suspected of having taken drugs/alcohol on school premises



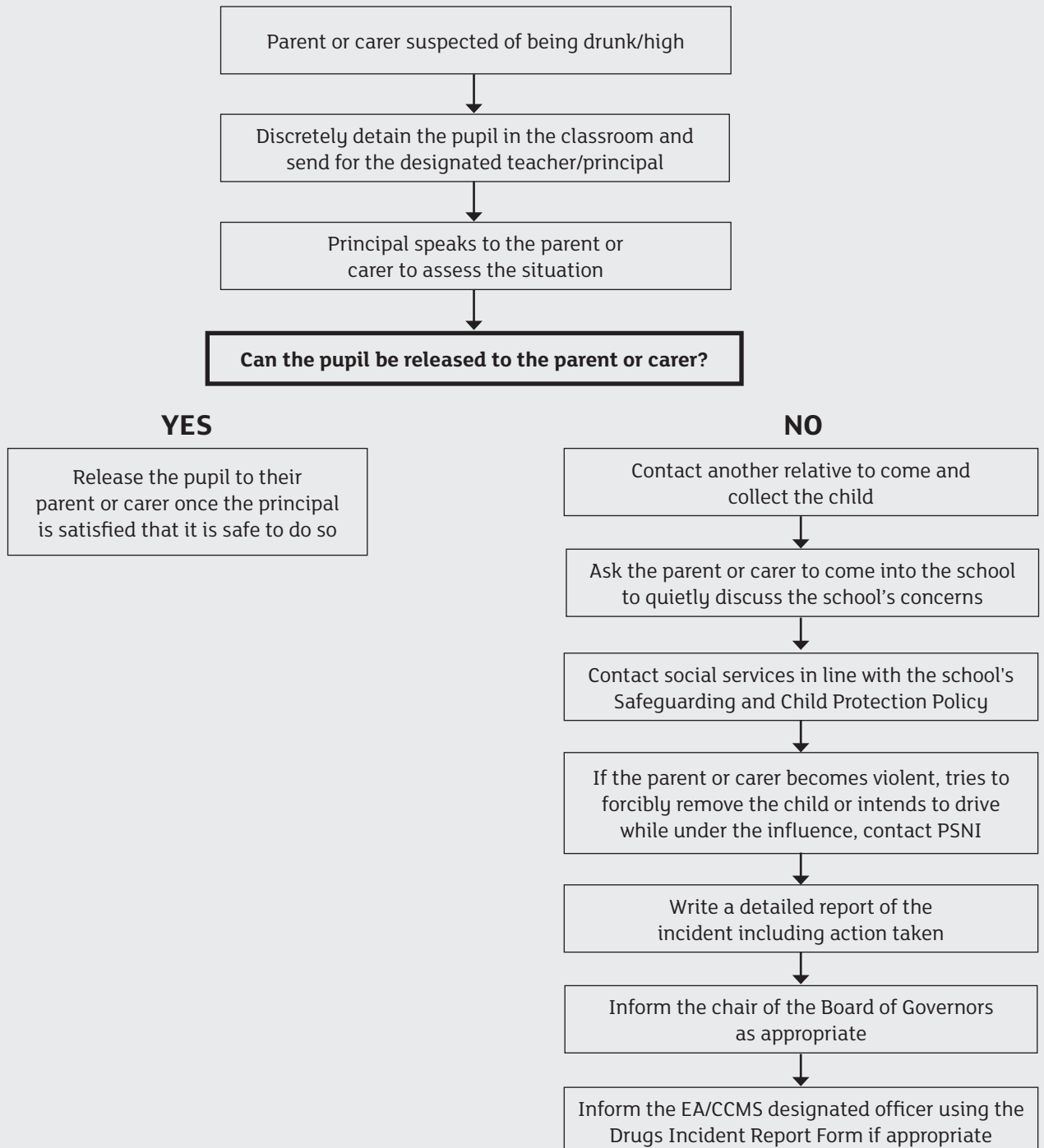
4.3 Pupil suspected of possessing/distributing an illegal substance



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 _____

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 _____

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.lionslifefskills.co.uk
Want 2 Stop, Public Health Agency		www.want2stop.info
National Drugs Helpline	0800 776600 text 82111	
AA National Helpline	0845 769 7555	



