



Drugs & Harmful Substances Education & Management Policy

June 2024

RATIONALE

This policy has been produced:

- As it is a statutory requirement to have a drugs policy;
- To promote drug education as part of the school's curricular provision;
- To detail how, as a school, we will manage suspected drug-related incidents in line with the law; and
- To explain the roles and responsibilities within our school.

CONSULTATION

On-going self-evaluation is a key aspect of Botanic Primary School. When developing and drafting this policy, staff and the Board of Governors were consulted.

INTRODUCTION

All pupils, including those in Botanic Primary School, are likely to be exposed to the effects and influences of drugs in the wider community and be increasingly exposed to opportunities to try both legal and illegal drugs. It is our belief that no school or parent/guardian can afford to be complacent or think that our children are not at risk. Every school, therefore, has a responsibility to consider its response to drugs. Botanic Primary School is committed to promoting the health and wellbeing of its pupils through an education on drugs so that they can make informed and sensible decisions throughout their lives, particularly in an increasingly substance-tolerant society. As a school, we do not condone drugs misuse and as part of this we are a smoke-free zone, internally and externally, including electronic cigarettes, as recommended by the Department of Education. This policy outlines the organisation, teaching and management of drugs at Botanic Primary School.

The policy is also based on the requirements of the Northern Ireland Curriculum (2007) and guidance from CCEA which is the starting point for planning a school curriculum that meets the needs of individual children.

WHAT ARE DRUGS?

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.

Definitions:

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.

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 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.

STATUTORY REQUIREMENTS

It is a statutory requirement for every grant-aided school to have in place a drug education policy. This is in line with the following laws: Misuse of Drugs Act (1971), Criminal Law Act (Northern Ireland) 1967, Police and Criminal Evidence (PACE) (Northern Ireland) Order 1989, The Medicines Act (1968), Children and Young Persons Act, Intoxicating Substances (Supply) Act (1985) and Cigarette Lighter Refill (Safety) Regulations 1999 (outlined on [CCEA'S Summary of Relevant Legislation Applicable to Northern Ireland \(PSNI, PHA\)](#)).

NI Curriculum

In primary schools, pupils have opportunities to learn about keeping themselves healthy and safe through the Personal Development and Mutual Understanding (PDMU) area of learning.

Rights of the Child

Northern Ireland follows the United Nations Convention on the Rights of the Child (UNCRC), thus agreeing to uphold the rights of children and young people as set out in the Convention. Through drug and harmful substances education and management, Botanic Primary School will take into account the following articles of the UNCRC:

Article 3: The best interests of the child must be a top priority in all decisions and actions that affect children.

Article 24: Every child has the right to the best possible health. Governments must provide good quality health care, clean water, nutritious food, and a clean environment and education on health and well-being so that children can stay healthy.

BOTANIC PRIMARY SCHOOL AIMS:

- To provide a continuous and progressive approach to the teaching and learning of drugs and harmful substances as part of PDMU;
- To ensure that all members of the school community adopt a consistent approach to drug- and substance-related issues;
- To 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/guardians; and
- To develop procedures and protocols that address drug- and substance-related issues across all areas of school life and deal with specific incidents of suspected drug misuse.

BOTANIC PRIMARY SCHOOL HOPES THIS WILL:

- Promote pupils' understanding of the dangers of drugs and harmful substances and so make informed decisions; and
- Ensure all drugs-related and substance-related issues are dealt with effectively to improve the safety and wellbeing of the pupils, parents/guardians and staff at Botanic Primary School, and to protect these individuals from further harm.

CHILD CENTRED PROVISION

MANAGING DRUG-RELATED INCIDENTS

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.

What constitutes a drug-related incident?

For the purpose 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; and
- finding substance-related paraphernalia.

Dealing with suspected substance-related incidents requires extreme sensitivity and consistency.

All Staff: Roles & Responsibilities

All staff should be familiar with the content of this policy. They should also be fully aware of their responsibilities, should a suspected drug- or substance-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 7);
 - 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;
- and
- invoke safeguarding procedures, if a parent or carer's behaviour may place a pupil at risk (see Appendix 4.4).

Legal Responsibilities

Botanic Primary School must notify the PSNI in all instances where there is an allegation or suspicion that a crime has been committed including having controlled drugs in their possession, or if controlled drugs are found on school premises. Failure to notify the PSNI is a criminal offence.

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 are not legally obliged to notify the PSNI if they suspect the misuse of solvents or alcohol, although CCEA recommend that we notify the designated officer. The officer will be available to work with the school, pupils, parents/guardians and other appropriate agencies to provide support, advice and assistance to help prevent reoccurrence and ensure the pupil is no longer at risk.

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. Botanic Primary School will attempt to make all possible efforts to inform the pupil's parents/guardians 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

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 experimentation 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 (Appendix 7). The school must inform parents and the PSNI.

Recognising signs of substance use can be found in Appendix 6.

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, the agreed location of which is locked within the principal's office, 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 (Appendix 5).

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 possessions, if he or she has cause to believe it contains unlawful items, including controlled drugs. However, teachers cannot search personal belongings on the desk or possessions 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/guardians 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 (Appendix 5).

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

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

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 this policy.

Prescribed medication 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. 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 child protection and safeguarding policy. We will also notify the pupil's parents/guardians. In these circumstances, the school has no legal obligation to notify the PSNI. Where the principal feels that there are issues about the origin of these substances, we 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/guardians 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 a criminal offence; or
- anyone whom he has reasonable grounds for suspecting to be committing a criminal offence.

Where an chargeable 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.

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.

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.

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:

- 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.

The caretaker should:

- Be vigilant around and conduct regular checks of school grounds for drug-related paraphernalia, informing the designated teacher for drugs should any be found; and
- Ensure the safe storage, handling and disposal of potentially harmful substances such as solvents and cleaning fluids.

Recording an incident

If the principal considers an incident to be serious, the school should call the Education Authority 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.

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.

Deciding on appropriate sanctions

The principal is 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;
- the level of involvement
- the seriousness of the incident;
- the identified needs of the pupil;
- 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.

Sanctions will consider the best interests of the pupil in the longer term while ensuring the safety and wellbeing of other pupils. Possible sanctions are listed in our Positive Behaviour Policy.

Factors that may be considered include:

- 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?

Although there is no legal distinction between supply with or without money, schools may make a distinction in their disciplinary responses.

One response may be to guide the young person towards appropriate treatment and support.

Involving Parents/Guardians

In all incidents involving possession or misuse of drugs, we will contact parents/guardians. We will make every effort to contact the parents/guardians before involving the PSNI.

Pastoral Care

During and after any incident, we will consider the individual needs of any pupil or pupils involved. This should involve the pupil or pupils, the principal, parents/guardians, 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/guardians may set the scene for early, supportive, pastoral intervention. This may include identifying counselling or other appropriate support as potentially valuable to a pupil.

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. 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 2).

Information should only be disclosed to members of staff concerned with the pastoral needs of the individual pupil. As a school, we will only inform the parents/guardians of the pupil or pupils directly involved of the incident and subsequent outcomes. The school may, however, need to make a general statement informing the school community after an incident where rumours may create a negative atmosphere.

Teachers will not discuss individual cases with other pupils.

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.

Reporting to relevant authorities

We will inform the PSNI, if the 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. If any school

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

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. Botanic Primary School's guidelines can be found in our Medical Needs Policy.

Emergency first aid procedures

All staff should be aware of procedures in the event of a medical emergency. (Appendix 7)

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.

HIGH QUALITY TEACHING AND LEARNING

Drugs and Harmful Substances Education

At Botanic Primary School, we believe schools have a key role to play in ensuring that young people understand the risks involved in taking drugs and harmful substances and have the confidence, knowledge and skills to avoid them. We have a major contribution to make in discouraging drug and substance misuse, encouraging positive attitudes and self-esteem, and promoting healthy lifestyles. However, schools alone cannot solve the problem of drug and substance misuse in society, but the implementation of an effective educational programme is essential.

Teachers should enable pupils to develop knowledge, understanding and skills to:

- Understand that medicines are given to make you feel better, but that some drugs are dangerous (Key Stage 1)
- Know about the harmful effects tobacco, alcohol, solvents and other illicit and illegal substances can have on ourselves and others (Key Stage 2).

As with all PDMU lessons, drugs and substance education will be taught in a cross-curricular way that is age-appropriate and relevant to the pupils. This education begins in Foundation Stage. Teachers should make use of active teaching methods and resources which are engaging and up-to-date. Pupils should be given the opportunity to reflect on their learning and ask questions within an environment that is positive, sensitive and non-judgemental. Largely, the teaching of direct and specific class lessons on drugs and harmful substances will be based on Unit 3 of the Living, Learning, Together, scheme. This will ensure there is a continuous and progressive approach to drugs and harmful substances education from Foundation Stage to Key Stage 2 in Botanic Primary School.

Some pupils may require more support in understanding what sorts of behaviour are and are not acceptable, and in developing the confidence and skills to resist drugs particularly in the face of peer pressure. Teachers should consider the vulnerabilities of these pupils and the sensitivities that other pupils may have (such as family history and past experiences) when planning and teaching lessons relating to drugs and harmful substances.

Where possible and appropriate, staff are encouraged to seek training on the education and management of drugs and substances in primary schools so that they are informed and up-to-date.

Using outside agencies and individuals

At times, we 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. This 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 update their knowledge or pedagogy in line with that of the outside agency. Teachers at Botanic Primary School 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 (Appendix 2).

Any agency or individual entering Botanic Primary School must support our PDMU curriculum, including drug and substance education. They must agree to respect the ethos of the school and be aware of confidentiality issues.

Teachers must be present at all times when a representative from an agency or other individual is taking a session with a class.

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 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?

EFFECTIVE LEADERSHIP

The Role of the Designated Teacher for Drugs

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;
- responding to advice from first aiders, in the event of an incident, and informing the principal, who should contact the pupil's parents/ guardians 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 school Drug-Related Incident Form (Appendix 5), which they forward to the principal; and
- reviewing and if required updating the policy every three years or after a drug-related incident, where learning from the experience could improve practice.

The Role of the Principal

It is recognised that if an incident occurs, the principal has ultimate responsibility for dealing with it appropriately.

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 guardians 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, the principal will confine his responsibilities to:

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

The Role of the Board of Governors

The Board of Governors will:

- 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 it in Botanic Primary School;
- ensure details of the policy are published in the school prospectus and that these are reviewed every three years and/or 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.

A SCHOOL CONNECTED TO ITS LOCAL COMMUNITY

In Botanic Primary School, we believe that the education of our pupils is a collaborative enterprise involving teachers, classroom assistants, parents, pupils, external agencies and the wider community. In order to maintain a low-risk environment, Botanic Primary School requires honesty and support from parents/guardians in relation to the development and implementation of this policy, including the school's procedures for handling incidents of suspected drug misuse and the drug education programme.

CONCLUSION

This policy will be in line with other school policies including:

- PDMU Policy;
- Safeguarding Policy;
- Managing Critical Issues Policy;
- Health and Safety Policy; and
- Positive Behaviour Policy

MONITORING AND REVIEW OF POLICY

Botanic Primary School will ensure that procedures are put in place to monitor and evaluate the effectiveness of all aspects of this policy. Information will be regularly collected from pupils and staff as part of the monitoring process, and this will then be evaluated against the aims and objectives of the policy at appropriate intervals.

This policy and accompanying procedures will be reviewed every three years or after any drug-related incident to ensure best practice for all pupils, staff and the wider community.

The Drugs & Substance Education & Management Policy is:

- Agreed with the Board of Governors;
- Shared with parents via the school office and website; and
- Regularly reviewed and updated in consultation with school stakeholders: staff, children, parents and governors.

Policy written by: H.Barnes (Designated Teacher for Drugs/PDMU Coordinator)

Date for the policy to be reviewed: June 2027

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

This is not an infinite list of controlled drugs.

Offences under the Misuse of Drugs Act (1971) 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.

Alcohol & Drugs Services for Young People

*Available at the time the policy was written

If you think your child may be using drugs and/or alcohol, and this is causing significant problems, the five Health and Social Services' Trusts have services for young people.

Each of the Northern Ireland Drug and Alcohol Co-ordination Teams (DACTs) in the five Health Trust areas has produced a directory of services available. You can find these at www.publichealth.hscni.net

You can also consult your GP to find out where your nearest support agency is.

If you need more urgent support and advice, contact:

- your GP or the out of hours GP service;
- the emergency department of your local hospital; and/or
- Lifeline: 0808 808 8000

ASIST (Applied Suicide Intervention Training) deals with the issue of suicide in communities. Contact your local Health Development Department for further information.

Support for you: in the Belfast or South Eastern Trust areas, Alcohol and You and the Belfast Alcohol Service provide one-to-one help for adult family members affected by someone else's alcohol misuse or addiction. Contact ASCERT at 028 92 604422

The person misusing alcohol does not need to be seeking help for a family member to use this service.

Support for young people affected by parental alcohol misuse: Steps to Cope offers support for young people aged 11–18 years in Northern Ireland, who are living with parental alcohol misuse. Young people can receive support from:

- face-to-face contact with a Steps to Cope worker;
- the dedicated interactive website; or
- a range of trained practitioners across Northern Ireland.

Telephone: 0800 254 5123

Website: www.stepstocope.co.uk

The Alcohol and You Partnership has useful information for parents and family members as well as a self-help section to help people address their drinking. Website: www.alcoholandyouni.com

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

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

A list of national organisations that provide information and advice and/or resources about drugs:		
Adfam, London		www.adfam.org.uk
Action on Smoking and Health (ASH), London		www.ash.org.uk
Alcohol Concern, London		www.alcoholconcern.org.uk
CAMH, UK		www.camh.org.uk
FRANK, UK		www.talktofrank.com
Drugscope, London		www.drugscope.org.uk
HIT, Liverpool		www.hit.org.uk
Lifeline, Manchester		www.lifeline.org.uk
Release, London		www.release.org.uk
Lions Lifeskills		www.lionslifeskills.co.uk
Want 2 Stop, Public Health Agency		www.want2stop.info
National Drugs Helpline	0800 776600 text 82111	
AA National Helpline	0845 769 7555	

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.

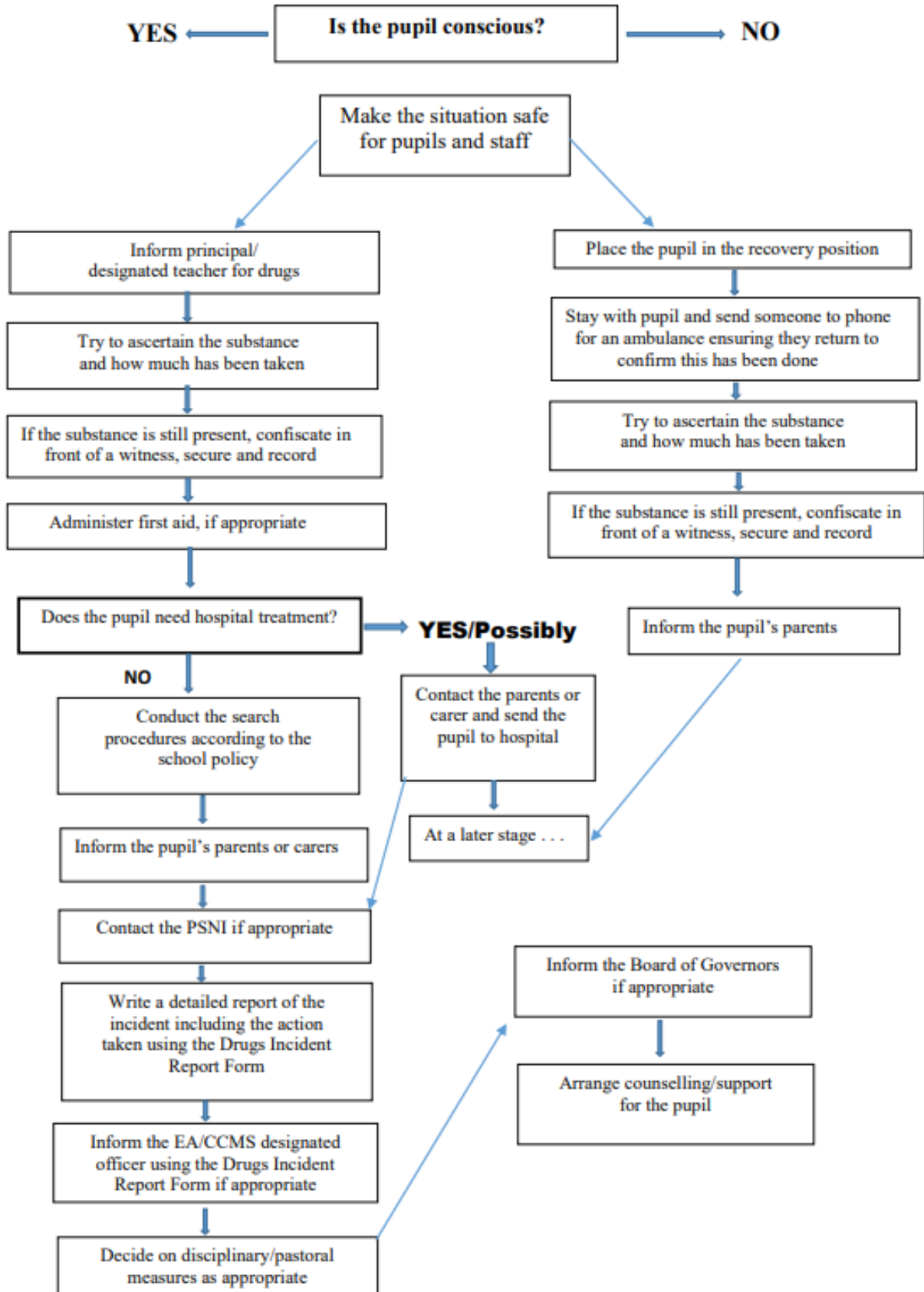
The designated teacher for drugs should:

- respond to first aider's advice or recommendations;
- inform parents/ guardians 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.

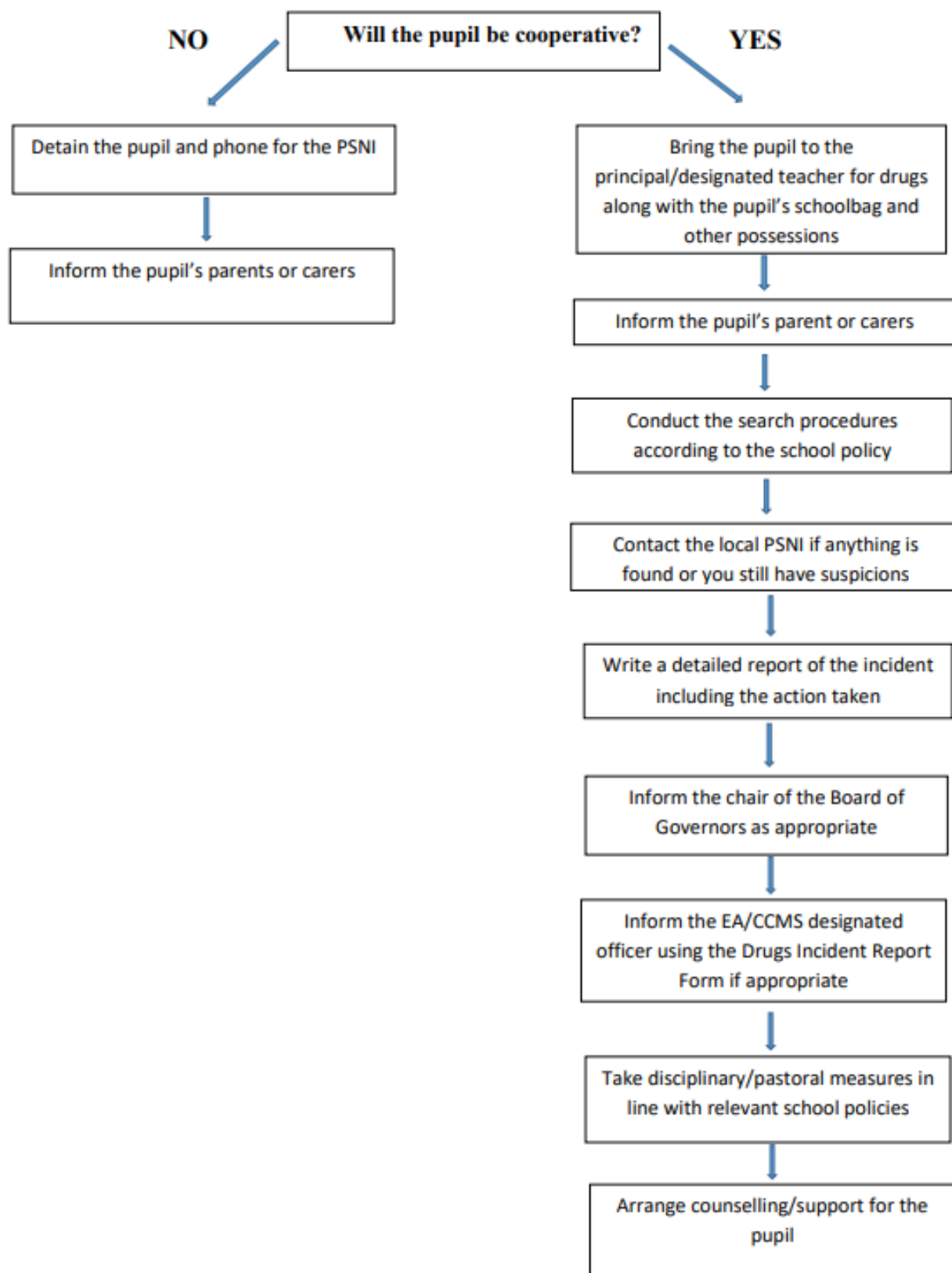
The principal should:

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

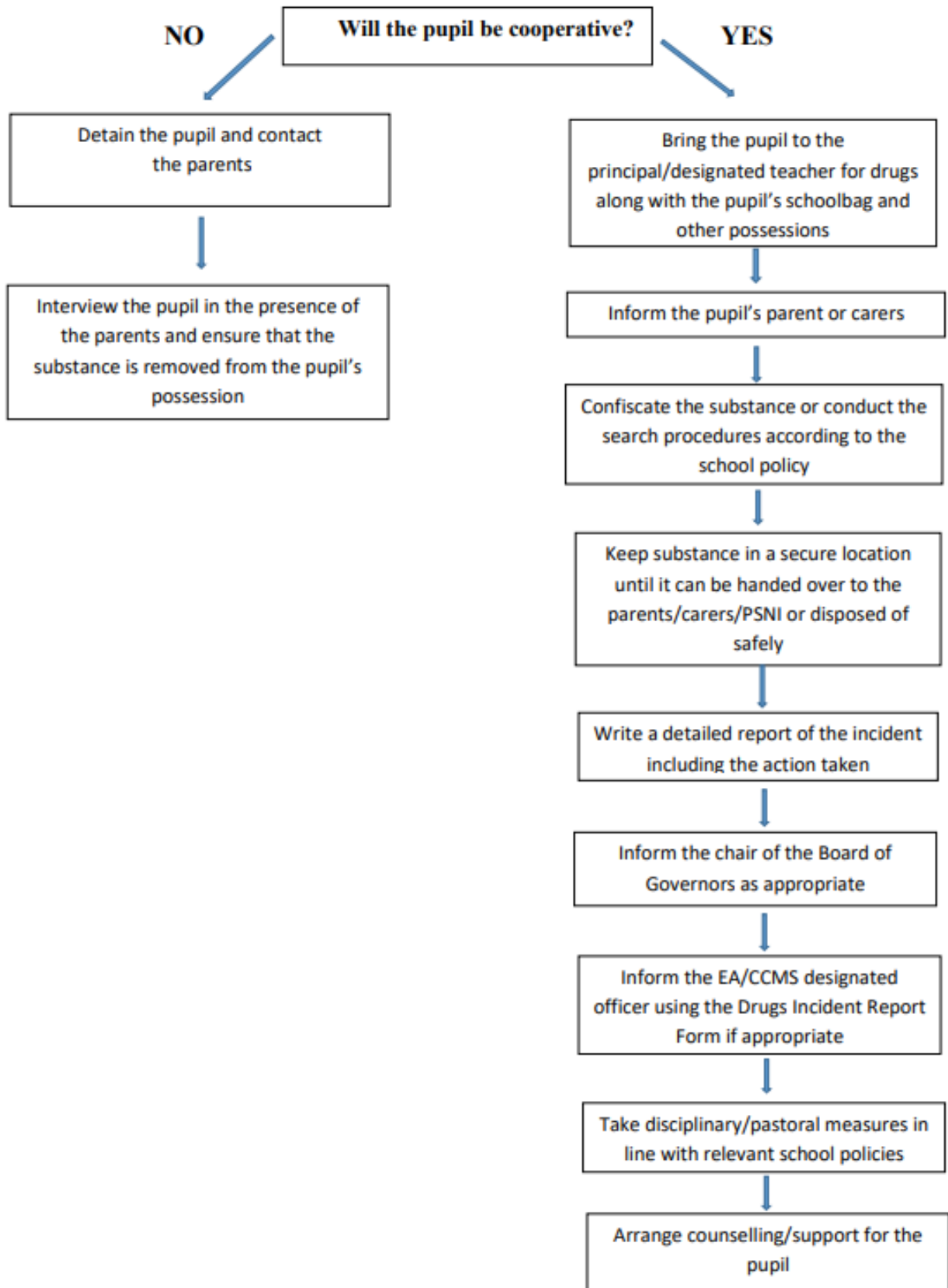
4.1 Pupil suspected of having taken drugs/alcohol on school premises



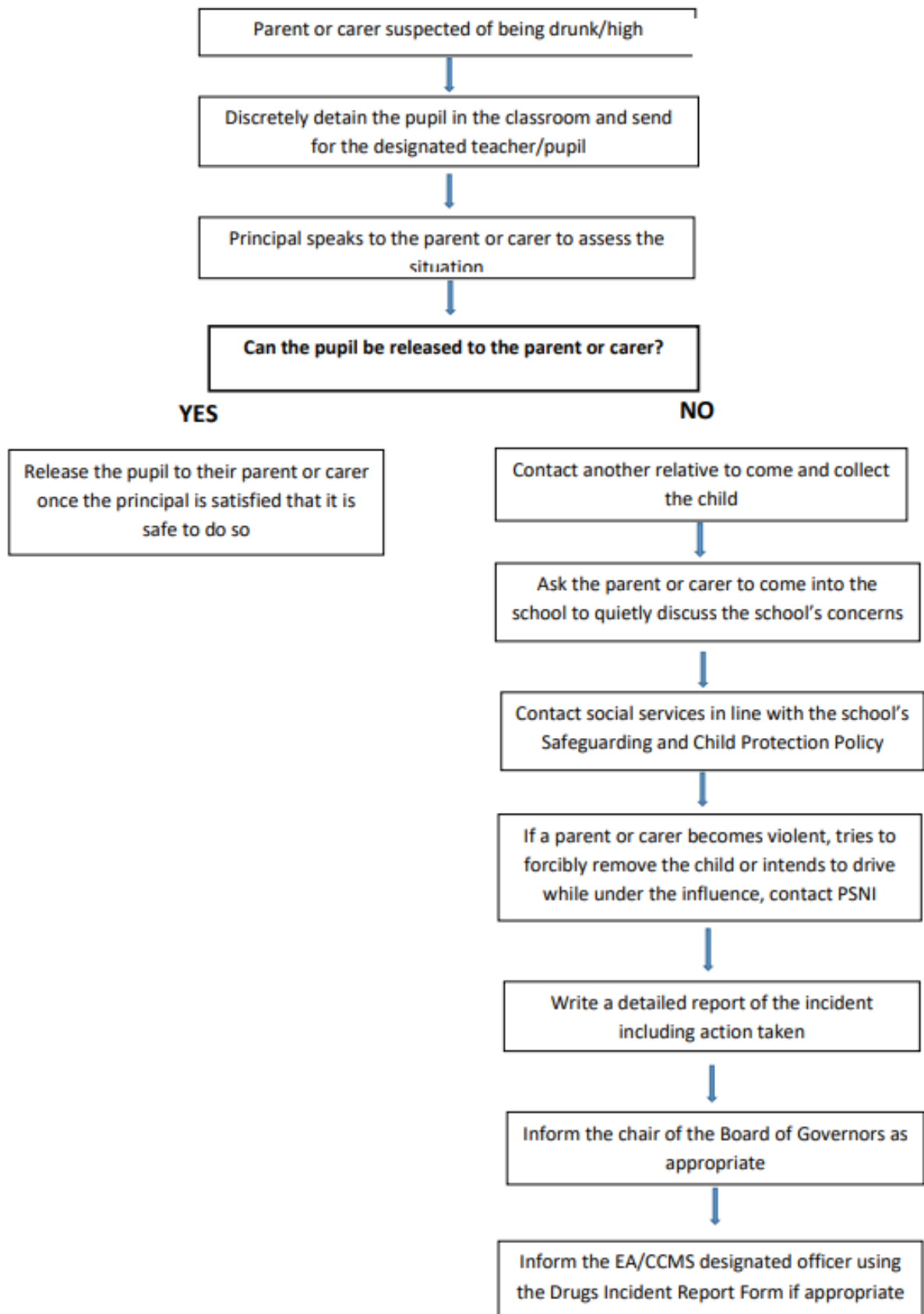
4.2 Pupil suspected of possessing/distributing an illegal substance



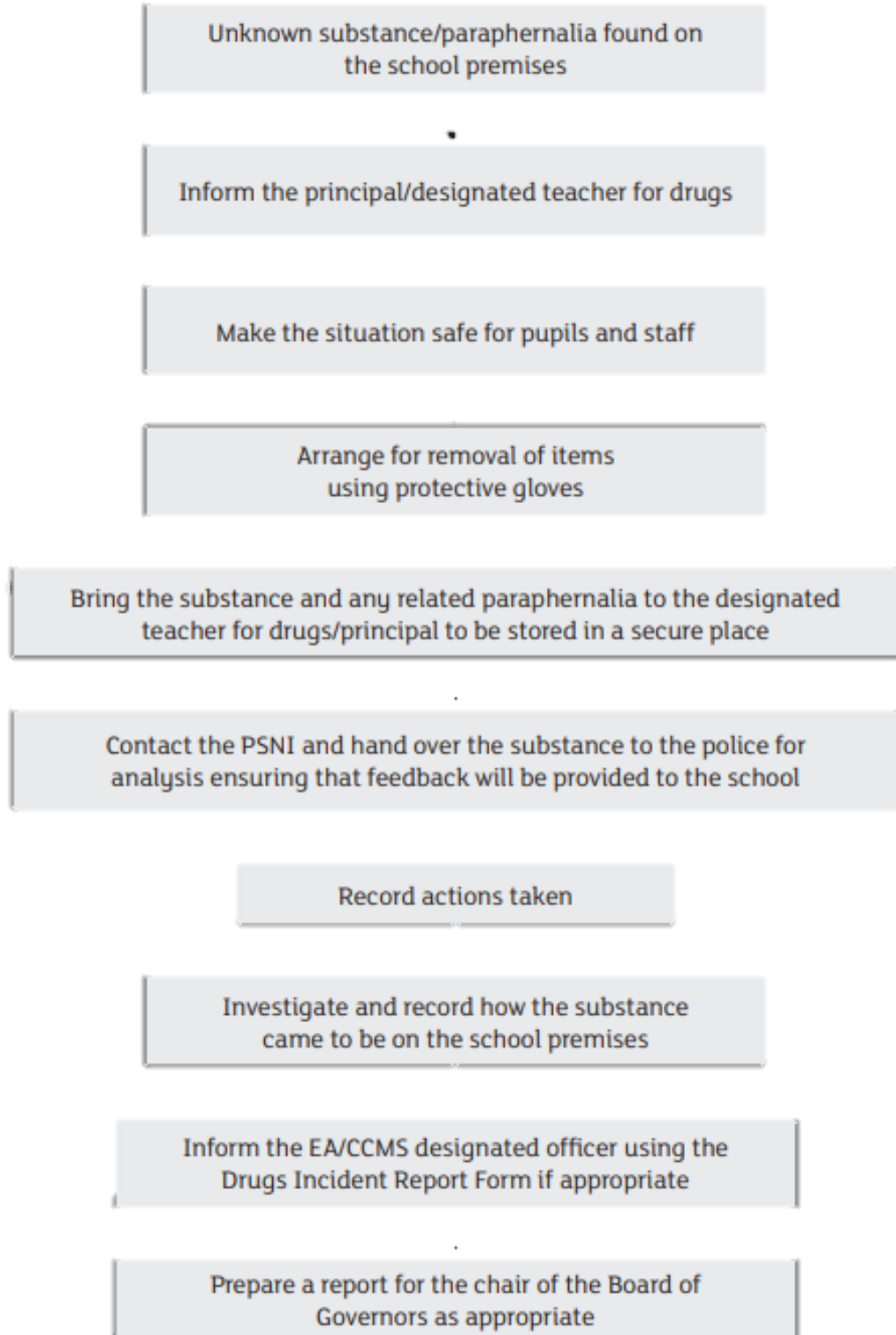
4.3 Pupil in possession of alcohol or unauthorised prescribed medication on the school premises



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



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



Drugs Incident Report Form

Appendix 5

1. Name of Pupil _____ DOB _____
Address _____
Class _____

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 By _____
Date _____ Time _____

5. Where substance is retained _____ or
Date substance destroyed or passed to PSNI _____ Time _____

6. PSNI informed YES/NO By _____
Date _____ Time _____

7. Education Authority Designated Officer informed, as appropriate YES/NO Date
_____ Time _____

8. Form completed by _____ Date _____
Position _____

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.

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.

Ecstasy

Ecstasy is sometimes referred to as a hallucinogenic stimulant. Its effects will therefore include those listed for stimulants. It can also cause:

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

Stimulants (amphetamines (speed), butyl nitrite (poppers) or cocaine)

The effects can result in:

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

Hallucinogens (LSD, magic mushrooms)

Effects can vary depending on nature of the experience. These include:

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

Heroin

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

- decrease in breathing and heart rate;
- suppression of cough reflex;
- increase in size of certain blood vessels;
- itchy skin;
- runny nose;
- decreasing body temperature; and
- sweating.

Drug use can often cause behavioural changes. These changes can be difficult to recognise. Some prior knowledge of the person is required to make an accurate evaluation of behaviour. The changes can be obvious or very subtle and may be due to some other reason, unconnected with drug use.

Signs can include:

- efforts to hide drug use through lying, evasiveness and secretive behaviour;
- unsatisfactory reasons for unexpected absences or broken promises;
- changes in friendships;
- changes in priorities, including less concern with school work, less care of personal appearance, non-attendance at extra-curricular activities;
- efforts to get money for drug use, ranging from saving dinner or allowance money, borrowing from friends or relatives or selling own possessions to stealing from friends or home or involvement in petty crime; and
- secretive telephone calls.

Other possible signs include:

- being very knowledgeable about drugs and the local drug scene;
- a defensive attitude towards drugs and drug taking;
- unusual outbreaks of temper;
- absence from or poor performance at school or work experience on days following nights out in nightclubs or bars; and
- a pattern of absences on a certain day.

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

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.
- 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 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.
- **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.