

drugs policy consultation January to March 2020

Carr’s Glen Primary and Nursery School

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**Rationale**

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.

We believe that this school has a vital preventative role to play in combating the misuse of drugs by young people and we therefore include a drugs education programme as part of the statutory curriculum for Personal Development and Mutual Understanding (PDMU).

This school sees its role as that of a caring community committed to the physical, mental, social, emotional, moral and spiritual health, safety and wellbeing of our pupils and staff. We want our pupils to make informed and responsible decisions about drugs, by increasing their knowledge and by developing in them appropriate values, attitudes and skills. However, we recognise that drug misuse is a whole community issue and that schools alone cannot solve the problem; the school is only one of a number of groups and agencies which must play a part in the education of young people, and we make use of their expertise where possible in the delivery of the programme.

## **Ethos**

##  In Carr’s Glen Primary School the welfare and safety of our pupils is paramount. We feel that our drugs’ education programme will promote that sense of wellbeing, as well as the safety and security of the pupils within our school.

## This policy is based on the guidance provided by the Department of Education for Northern Ireland in the following documents:

* DE Circular 2015/23 Drugs Guidance
* CEA Drugs Guidance for Schools in Northern Ireland (Revised Edition 2015) [http://ccea.org.uk/sites/default/files/docs/curriculum/area\_of\_learning/pdmu/drugs/Drugs \_Guidance\_for\_Schools.pdf](http://ccea.org.uk/sites/default/files/docs/curriculum/area_of_learning/pdmu/drugs/Drugs_Guidance_for_Schools.pdf)

# Definitions

For the purpose of this policy, the term ***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 medicines;
* 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 marked ‘not for human consumption’ to avoid prosecution; and
* other substances such as amyl or butyl nitrite (known as poppers) and unprocessed magic mushrooms

\*The term ‘legal high’ is no longer used as it is misleading. The public perceived that ‘legal’ meant safe, but as these substances are not regulated there is no way of knowing what chemicals they contain.

# Aims and Objectives

* To provide a clear statement of the school’s view on drug education.
* To ensure a consistent approach from staff to drug education and in the handling of drug related incidents.
* To safeguard good practice in the future.
* To inform pupils of the effects of drug use and abuse.
* To provide a drug education programme which:
	+ Develops pupils’ self-esteem and promotes positive attitudes in their relationships with others;
	+ Gives pupils opportunities to develop the values, skills, knowledge and understanding necessary to make informed and responsible decisions about the use

/ misuse of drugs, including tobacco, tobacco related products, alcoholic, ecigarettes, volatile substances etc within the context of a healthy lifestyle; and

* + Helps pupils develop the skills necessary to assert themselves confidently and resist negative pressures and influences.
* To provide appropriate support and assistance for those pupils affected by drug-related issues.
* To inform parents / guardians of the content of this policy and the procedures to be implemented in the management of incidents of suspected drug misuse.
* To establish an environment in which the school is free from the misuse of all drugs.

# Roles and Responsibilities

## The Role of the Board of Governors

The school governors have responsibility for Carr’s Glen Primary School and will foster and support the development and on-going review of the Drugs Policy and education programme by collaborating with appropriate staff, pupils and parent / careers. They will facilitate the consultative process where the school community can respond and contribute to the effectiveness and quality of the policy and programme, which the governors will examine and approve prior to their implementation in school. They will ensure that the policy is referred to in the school prospectus and reviewed at regular intervals.

## 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 / 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, the principal should 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 EA 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 EA.

## The Designated Teacher for Drugs – Mrs J Fulton

The duties of the designated teacher will include the oversight and co-ordination of the planning of curricular provision, in compliance with the statutory requirements and liaison with other staff responsible for pastoral care.

The designated teacher is responsible for the co-ordination for the school’s procedures for handling suspected drugs-related incidents and the training and induction of these procedures with new and existing staff.

The designated teacher will act as a contact point for outside agencies that may have to work with the school or with a pupil(s). In the absence of the designated teacher a deputy will be available. It is the responsibility of the designated teacher for drugs to take possession of any substance(s) and associated paraphernalia found and complete a factual report.

## All Staff (teaching and non-teaching)

Individual staff members are likely to be the first to encounter a suspected drugs related incident. It is not their responsibility to determine the circumstances surrounding the incident. However, they should deal with any emergency procedures, if necessary. Any information, substance or paraphernalia received should be forwarded to the designated teacher for drugs. A brief factual report of the suspected incident should be forwarded to the designated teacher for drugs.

## The Role of Parents / Carers

All parent / carers should be made aware that the school has a ‘Drugs Policy’ and how it applies to them and their children. Parents / carers form part of the consultative process.

# Drugs Education in the Curriculum

The Provision of PDMU in the curriculum at Carr’s Glen primary enables teachers to talk about drugs in an educational context:

* PDMU focuses attention on children’s emotional development, health and safety,

relationships with others and development of moral thinking, values and

actions.

* PDMU educates children about risks and how to protect themselves from danger

has a significant impact on their health and well-being. Young people are less likely to endure substance abuse, when risk factors are reduced and protective factors are enhanced. PDMU also develops:

* emotional and social health and life skills
* self-esteem
* resilience
* CCEA describes PDMU as:

‘Encouraging each child to become personally, emotionally, socially and effective to lead healthy, safe and fulfilled lives and to become confident, independent and responsible citizens, making informed and responsible choices and decisions throughout their lives.’

Pastoral – Our pastoral programmes at Carr’s Glen Primary provide a positive environment to discuss issues such as drugs.

PSNI -When available, the school will use the PSNI to deliver specialised drugs education lessons.

**Procedures for Managing Drug Related Incidents**

***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 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.

• 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.

# Confidentiality

Should a pupil reveal any personal drugs information, which puts them or any other pupil at risk, this must be passed on to the designated teacher / principal / PSNI. Confidentiality can never be guaranteed, as we are responsible for all of the pupils in our school.

**Pastoral Interventions**

* The principal will determine and appropriate course of disciplinary action within the context of the positive behaviour policy;
* Counselling will be made available through the Family Works Counselling Service for the pupil involved;
* Access to outside agency support will be accessed for pupils where appropriate.

# Guidance on the Administration of Medication in School

Please refer to the school policy on the Administration of Medications.

# Monitoring and Evaluation

The Board of Governors will review this policy every two years. The policy will also be reviewed after any drug related incident.

# Recognising Signs of Substance Abuse Appendix 1

The following guidance can be found in ‘CEA Drugs Guidance for Schools in Northern Ireland (Revised Edition 2015)’ page 42.

**What to look out for:**

If someone is having a bad time on drugs, they may be:

* Anxious
* Tense
* Panicky
* Overheated and dehydrated
* Drowsy
* Having difficulty 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 have 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 in 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 they get the right treatment straight away.

# Emergency Procedures Appendix 2

The following guidance can be found in ‘CEA Drugs Guidance for Schools in Northern Ireland (Revised Edition 2015)’ page 44.

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-tomouth resuscitation to a stranger, you can do chest compressions 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 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.

**Drugs Incident Report Form Appendix 3**

|  |  |
| --- | --- |
| 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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ orDate 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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |