Drugs Policy



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| Agree Date | Review Date | Person Responsible |
| 2020 Sept | 2021 Sept | Mr Smith |

**Rationale for the drugs policy**

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

• 38 percent had consumed alcohol;

• 38 percent had been drunk on at least one occasion;

• 82 percent had not bought alcohol themselves;

• 77 percent had received education about the dangers of alcohol;

• 56 percent were with a group of friends and a further 26 percent stated they were with a friend the last time they took drugs;

• 9 percent had been offered solvents to inhale;

• 86 percent had never smoked;

• 4 percent were regular smokers (smoking cigarettes every day or at least once a week);

• 45 percent of the regular smokers bought their cigarettes from a newsagent, tobacconist or sweet shop; and

• 28 percent of all those surveyed thought that ‘smoking can help calm you down’ and 31 percent thought that ‘smokers tend to be more “hard” than people who don’t smoke’.

The *New Strategic Direction for Alcohol and Drugs, Phase 2, 2011–2016*, (DHSSPS) describes what we need to put in place to reduce the harm that substance misuse causes in Northern Ireland. One of the aims of this cross-departmental approach is to ‘promote opportunities for those under the age of 18 years to develop appropriate skills, attitudes and behaviours to enable them to resist societal pressures to drink alcohol and/or misuse drugs’, with particular emphasis on those identified as potentially vulnerable. Schools have an important role to play in enabling children and young people to make informed and responsible decisions and helping them to cope with living in an increasingly substance-tolerant society.

**Our School ethos - Role of education**

Upper Ballyboley can provide a holistic response to substance misuse. This includes:

• helping to build the factors that protect children and young people from becoming involved in substance misuse;

• providing knowledge and skills to make healthier choices and reduce problematic behaviour and risk; and

• directing children and young people to appropriate services and support, where misuse has been identified.

* The Northern Ireland Curriculum has a statutory requirement to deliver drugs education as part of the statutory curriculum for Personal Development and Mutual Understanding (PDMU) at primary level.

**Legal**

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

• have a drugs policy and publish details in relation to the policy in their prospectus (Education (School Information and Prospectuses) Regulations (Northern Ireland) 2003);

• deliver drugs education to include legal and illegal substances (The Education (Curriculum Minimum Content) Order (Northern Ireland) 2007); and

• inform the PSNI if they believe or suspect a pupil to be in possession of a controlled substance (Criminal Law Act (Northern Ireland) 1967) (See Appendix 1).

**Definitions**

For the purpose of this document, the terms **drug** and **substance** include any product that, when taken, has the effect of altering the way the body works or how a person behaves, feels, sees or thinks.

As well as everyday products such as tea and coffee, substances include:

• alcohol, tobacco and tobacco-related products, including nicotine replacement therapy (NRT), and electronic cigarettes;

• over-the-counter medicines such as paracetamol and cough medicine;

• prescribed drugs, such as antibiotics, painkillers, antidepressants, antipsychotics, inhalers and stimulants such as Ritalin;

• volatile substances such as correcting fluids or thinners, gas lighter fuel, aerosols, glues and petrol;

• controlled drugs such as cannabis, LSD, ecstasy, amphetamine sulphate (speed), magic mushrooms, heroin and cocaine;

• new psychoactive substances (NPS), formerly known as legal highs\*, which contain one or more chemical substances that produce similar effects to illegal drugs and are sold as incense, salts or plant food and marked ‘not for human consumption’ to avoid prosecution;

And

• other substances such as amyl or butyl nitrite (known as poppers) and unprocessed magic mushrooms.

\*We no longer use the term legal high because it is misleading. The public perceived that ‘legal’ meant safe. This is not the case, as these substances are not regulated and there is no way of knowing what chemicals they contain. The UK Government has published an NPS resource pack for informal educators and practitioners. It is available on the C2k digital library, Equella. You can find further information on NPS at www.drugscope.org.uk

Controlled substancesare 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.

**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 at the earliest opportunity;

• deal with any emergency procedures to ensure the safety of pupils and staff, if necessary;

• forward any information, substance or paraphernalia received to the Principal, who will respond accordingly;

• Write a written account and forward this to the Principal;

• 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

**The role of the designated teacher for child protection**

The designated teacher is responsible for:

• co-ordinating the school’s procedures for handling suspected drug-related incidents and training and inducting new and existing staff in these procedures;

• ensuring that the school’s Positive Behaviour policy has an appropriate statement about any disciplinary response resulting from suspected drug-related incidents;

• ensuring that the school’s pastoral care policy has an appropriate statement about any pastoral response resulting from suspected drug-related incidents;

• liaising with other staff responsible for pastoral care;

• being the contact point for outside agencies that may have to work with the school or with a pupil or pupils concerned;

• responding to advice from first aiders, in the event of an incident, and informing the principal, who should contact the pupil’s parents or carers immediately;

• taking possession of any substance(s) and associated paraphernalia found in a suspected incident;

• pupil(s) involved in a suspected incident;

• reviewing and if required updating the policy at least annually and after a drug-related incident, where learning from the experience could improve practice.

**The role of the principal**

It is the principal’s responsibility to determine the circumstances of all incidents, but it is the responsibility of the PSNI to investigate any criminal or suspected criminal offence. In any suspected drug-related incident, the principal will contact the parents or carers of those pupils involved.

The principal will ensure that in any incident involving a controlled

substance there is close liaison with the PSNI. **Failure to inform the PSNI of a suspected incident involving controlled drugs is a criminal offence.** After contacting the PSNI, principals should confine their responsibilities to:

• the welfare of the pupil(s) involved in the incident and the other pupils in the school;

• health and safety during the handling, storage and safe disposal of any drug or drug related paraphernalia, using protective gloves at all times;

• informing the Board of Governors;

• agreeing any appropriate pastoral or disciplinary response;

• reporting the incident to the Education Authority if appropriate, for example if an incident:

– is serious enough to require PSNI involvement;

– requires that a child protection procedure is invoked; or

– leads to the suspension or exclusion of a pupil; and

• completing a written report and forwarding a copy to the Board of Governors and the designated officer in the Education Authority.

**The role of the Board of Governors**

The School governors are responsible for Upper Ballyboley Primary School. They collaborate with appropriate staff, pupils and parents or carers to foster and support developing and reviewing this drugs policy.

**Legal responsibilities and involving the PSNI**

**The schools’ legal responsibilities**

Upper Ballyboley must ensure that all staff are aware of their legal responsibilities. We 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.

**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.

**Procedures for managing suspected drug-related incidents**

**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 Principal. 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.

**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 written record of the details.

**An allegation of a suspected controlled drug-related incident**

**Carrying out a search**

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

If the school suspects pupils of concealing controlled drugs on their person or in their personal belongings, staff should make every effort to encourage them to produce these substances voluntarily. Staff should ask pupils to turn out their pockets or schoolbags. If the pupils refuse, staff should contact their parents or carers and the PSNI to deal with the situation. **A member of staff should never carry out a physical search of a pupil, unless there is compelling evidence that the pupil has committed an offence.** If staff recover

a substance or an object that they suspect has a connection with drugs, they should take possession of it and make a full record in writing.

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

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

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

• possession;

• possession with intent to supply; and/or

• the supply of controlled drugs.

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

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

It is not illegal for a pupil to possess or use other substances that are not controlled, for example alcohol, solvents, tobacco, tobacco-related products, electronic cigarettes, over the counter medication or prescribed medication. Prescribed medication, however, may be considered a controlled substance if it has been prescribed for someone else. The teacher should make a preliminary enquiry to clarify who the medication is for. This will establish whether the school should contact the PSNI about the incident. Although some unknown

substances may be new psychoactive substances, schools should treat all unknown substances as suspected controlled drugs and respond accordingly.

The school should deal with a pupil in possession of substances that are not controlled, using the school’s Positive Behaviour procedures in line with the school’s child protection and safeguarding policy. It should also notify the pupil’s parents or carers. In these circumstances, the school has no legal obligation to notify the PSNI. Where the principal feels that there are issues about the origin of these substances, the school may notify the designated officer in the local PSNI area for advice and guidance.

**Detaining a pupil**

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

If the pupil refuses to remain, the school cannot detain a pupil against their will. However, if a member of staff has reasonable grounds to suspect that the pupil has in their possession or has taken a controlled substance, they can make a citizen’s arrest under Article 26A of the Police and Criminal Evidence (Northern Ireland) Order (PACE) 1989.

• A person other than a constable may arrest without a warrant:

– anyone who is in the act of committing an indictable offence; or

– anyone whom he has reasonable grounds for suspecting to be committing an indictable offence.

• Where an indictable offence has been committed, a person other than a constable may arrest without a warrant:

– anyone who is guilty of the offence; or

– anyone whom he has reasonable grounds for suspecting to be guilty of it.

• But the power of summary arrest conferred by paragraph (1) or (2) is exercisable only if:

– the person making the arrest has reasonable grounds for believing that for any of the reasons mentioned in paragraph (4) it is necessary to arrest the person in question; and

– it appears to the person making the arrest that it is not reasonably practicable for a constable to make it instead.

• The reasons are to prevent the person in question:

– causing physical injury to himself or any other person;

– suffering physical injury;

– causing loss of or damage to property; or

– making off before a constable can assume responsibility for him.

A summary of relevant legislation is available at www.ccea.org.uk

The member of staff should make the pupil fully aware of the implications before making the arrest, confirming:

• that the pupil is not free to leave once they have been informed by the arresting person why they are being arrested, and

• that they will be detained until they are handed over to a PSNI officer who will then deal with the investigation.

Staff must be able to recognise the point where a young person becomes a danger to either themselves or others. They should also be aware of their duty of protection because they are in loco parentis.

**Involving parents or carers**

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

**Confidentiality**

Teachers cannot and should not promise total confidentiality. They should make the boundaries of confidentiality clear to pupils. Members of staff should carefully consider their response, if a pupil approaches them for individual advice on drug use or misuse. In the case of controlled substances, the staff member should explain to the pupil that they cannot offer a guarantee of confidentiality. If the pupil discloses information concerning controlled

substances, the staff member must pass this on to either the designated or deputy designated teacher for Child Protection.

**Role of counselling**

Counselling rarely focuses on drug misuse alone. It can consider more holistic needs that may underlie or indicate drug-related problems, for example the 'toxic three':

• hidden harm, where a young person is affected by their parents’ or carers’ substance misuse;

• domestic violence; or

• parental mental health.

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

