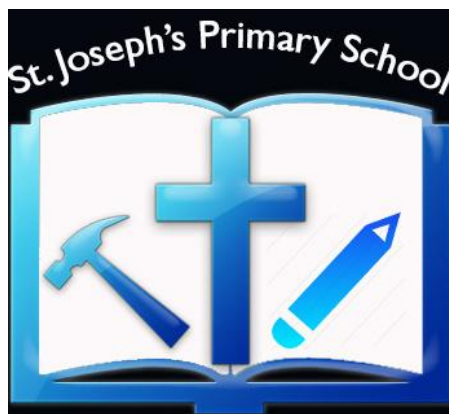


# **St. Joseph's Primary School, Meigh**



## **Misuse of Drugs Policy**

<b>Agreed by Governing Body</b>	<b>October 2018</b>
<b>Review Date</b>	<b>October 2020</b>
<b>Review Schedule</b>	<b>Biennial</b>
<b>Person(s) Responsible</b>	<b>Principal/Safeguarding Team</b>
<b>Signed (Chair of Governing Body)</b>	

# **MISUSE OF DRUGS POLICY**

## **1.0 ETHOS**

- 1.1** The care, welfare and safety of the pupils at St. Joseph's Primary School, Meigh are of paramount importance to the Board of Governors and the teaching and non-teaching staff of the school. We feel that our drugs education programme will promote that sense of well being, as well as the safety and security of pupils within our school.

This policy has been written based on the guidance provided by the Department of Education for Northern Ireland (DENI) in the following documents:

- DENI Circular 2015/23: Drugs Guidance: and
- DENI – Drugs Guidance for School's in Northern Ireland. (<http://www.deni.gov.uk/index/support-and-development-2/80-curriculum-and-assessment-drugsguidance-pg.htm>)

St. Joseph's Primary School, Meigh promotes the rights of a child based on the United Nations Convention on the Rights of a Child. This policy has been written taking into account Article 3 which states:

***'The best interests of the child must be a top priority in everything we do.'***

## **2.0 RATIONALE**

- 2.1** Children and young people are exposed to messages about drug use from an early age. Their exposure to the use and misuse of drugs may come through parents/guardians, older brothers and sisters, friends, television programmes, the media and popular music.

Research shows that by post-primary school age, some young people are likely to have tried substances such as alcohol, cigarettes or solvents, and/or to have misused prescribed medicines or other drugs. Research also shows that the age at which children and young people are being offered drugs is getting younger. The steady increase in the use of drugs by young people might also be influenced by three additional factors:

- a significant fall in the price of controlled drugs;
- an increase in the availability of a wider range of drugs within local communities; and

- an increase in the amount of spending money that children and young people have.

There also appears to be an increasing focus on the use of performance enhancing drugs in certain sports and leisure pursuits. Furthermore, the use of substances such as cannabis in a therapeutic setting provides a context in which drug use is seen as being more acceptable.

### **3.0 DRUGS DEFINITION**

**3.1** For the purpose of this document the term 'drugs' will include any substance which when taken, has the effect of altering the way the body works or the way a person behaves, feels, sees or thinks. As well as everyday substances such as tea and coffee, drugs include:

- alcohol and tobacco;
- 'over-the-counter' medicines, such as Paracetamol;
- prescribed drugs, such as antibiotics, tranquillisers, inhalers and Ritalin;
- volatile substances, such as correcting fluids/thinners, gas lighter fuel, aerosols, glues and petrol;
- controlled drugs, such as cannabis, LSD, Ecstasy, amphetamine sulphate (speed), magic mushrooms (processed), heroin and cocaine: and
- other substances such as amyl/butyl nitrite ('popper') and unprocessed magic mushrooms.

**(DENI – Drugs Guidance for School's in Northern Ireland).**

### **4.0 AIMS OF MISUSE OF DRUG POLICY EDUCATION**

**4.1** 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.

### **5.0 ROLES AND RESPONSIBILITIES**

#### **5.1 The Role of Individual 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.

#### **5.2 The Role of the Designated Teacher for Misuse of Drugs**

**Designated Teacher – Mr G Trainor;**

**Deputy Designated Teacher Mrs J Brennan**

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. 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.

### **5.3 The Role of the Principal**

It is the principal's responsibility to contact the P.S.N.I. if there are any incidents. It is the responsibility of the P.S.N.I. to investigate any criminal offence.

The principal is able to search school property but will not search a pupil's property unless the pupil agrees to this. If this happens, another member of staff will be present. However, if the pupil does not agree, the police will be called to conduct the search. The pupil will be asked to remain in the school until the police arrive. In any suspected drug-related incident the principal will make every effort to contact the parents/carers of those pupils involved.

The principal will ensure that in any incident involving a controlled drug that there is a close liaison with the police. After contacting the police the principal will confine his responsibilities to the welfare of the pupil(s) involved in the incident, the other pupils in the school and the handling, storage and safe disposal of any drugs/drugs-related paraphernalia. This will also include informing the Board of Governors, agreeing any appropriate pastoral/disciplinary response, reporting the incident to the relevant Education Authority Officer and if appropriate, completing a written report and forwarding a copy to the Board of Governors and the designated officer within the Education Authority.

The Principal will ensure that all staff (teaching and non-teaching) are aware of the school's Misuse of Drugs Policy and procedures in the event of a suspected drugs related incident. The Principal will also make any new members of staff aware regarding the contents of this policy as part of their induction training.

### **5.4 The Role of the Board of Governors**

The school governors have responsibility for St. Joseph's Primary School and will foster and support the development and on-going review of the Misuse of Drugs Policy and education programme by collaborating with appropriate staff, pupils and parents/carers. 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 the school. They will ensure that the policy is summarised and is published in the school prospectus and that it is reviewed at regular intervals. All school governors should be fully aware of and one member will be trained to deal with suspected drugs-related incidents and their appropriate disciplinary response.

## 5.5 The Role of the Parents/Carers

All parents/carers should be made aware that the school has a 'Misuse of Drugs Policy' and how it applies to them and their children. Parents/carers have a role in the creation of this policy and form part of the consultative process.

## 6.0 Responses in the event of a Suspected Drugs Related Incident

### 6.1 Illness/Inappropriate 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 drug misuse.

Details in recognising the physical and behavioural signs of drug use can be found in Appendix 3. It is, however, important to note that intoxication, physical collapse or unconsciousness can also result from an initial experiment with drugs. Any indications of illness/inappropriate behaviour as a result of suspected drug misuse should be brought to the attention of the designated teacher for drugs. No judgement should be made until the circumstances surrounding the incident have been determined.

Where it is considered that a pupil may have taken a substance suspected to be a drug, medical assistance should immediately be sought and the parents/carers and police informed if appropriate.

### 6.2 Taking Possession of a Suspected Controlled Drug and/or Associated Paraphernalia

The law permits school staff to take temporary possession of a substance suspected of being a controlled drug for the purposes of protecting a pupil from harm and from committing the offence of possession. The teacher should take the suspected drug and any associated equipment and/or paraphernalia as soon as possible to the designated teacher for drugs who should arrange for its safe storage until it can be handed over to the local police to identify whether or not it is a controlled drug. ***School staff should not attempt to analyse or taste an unidentified substance.*** An adult witness should be present when confiscations occur and a record kept of the details.

There may be cases where it is appropriate for the staff member to take immediate action. This may involve calling an ambulance, administering first aid and/or contacting parents/carers. In other cases it may be more appropriate to approach the pupil quietly and establish the particular circumstances surrounding the incident and respond accordingly.

### 6.3 An Allegation of a Suspected Controlled Drugs-related Incident

If the designated teacher for drugs receives an allegation of possession it may be appropriate to search a pupil's desk or locker if they have cause to believe it contains unlawful items, including controlled drugs. However, personal belongings within the desk or locker cannot be searched without consent. ***A search of the pupil's personal belongings, including schoolbag, coat or other items should only be made with the pupil's consent.*** Such a search should be made in the presence of the pupil and another adult witness.

Where a pupil is suspected of concealing controlled drugs on his/her person or in their personal belongings, every effort should be made to secure the voluntary production of these substances, by asking them to turn out their pockets or

schoolbags. If the pupil refuses, the parents/carers and police should be contacted, if appropriate, to deal with the situation. ***A member of staff should never carry out a physical search of a pupil.*** If a substance or object is recovered which may be linked to the allegation, this should be taken possession of and a full record should be made.

Where consent is refused, the school will need to balance the likelihood that an offence has been committed against the risk that the pupil's right to privacy may be infringed without just cause, before deciding whether to proceed with the search without consent. Procedures and circumstances for searches where there is reason for suspicion should be made explicit in the school policy.

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

In handling suspected controlled drugs-related incidents in schools, it is necessary to distinguish between cases in which the pupil(s) involvement may take several forms.

This could include possession, possession with intent to supply and the supply of controlled drugs. It is illegal for pupil(s) to be in possession of a controlled drug. If a member of staff comes across a pupil in possession of what they believe to be a controlled drug, he/she should immediately attempt to take possession of the drug and escort the pupil(s) to the designated teacher for drugs who will deal with the incident.

#### **7.0 STAFF TRAINING**

- 7.1** Staff will be trained every two years. All staff, teaching and non-teaching will be trained in drugs awareness and what to do if drugs or drug related items are found. This training will be combined with Child Protection training.

#### **8.0 OVERVIEW OF THE MISUSE OF DRUGS EDUCATION PROGRAMME**

The over-riding aim of our Drugs Education programme is to prevent the misuse/abuse of drugs and to provide an environment where our pupils benefit from a drug-free lifestyle.

The Drugs Education programme is a statutory requirement within the Northern Ireland Curriculum and it has been contained in the Area of Learning- PDMU. We believe for it to be effective such education must start early as, in our current culture, the possibility exists that some of our children may begin to experiment with drugs.

For Key Stage 1 pupils, as part of Personal Development, we cover Keeping Safe which includes looking at what we put into our bodies such as medicines etc. The resource, Living Learning Together provided by CCEA, is used to deliver this.

In KS2, also using the Living Learning Together resource and other appropriate resources, we cover tobacco, alcohol and solvents. When available the school will use the PSNI staff to deliver a specialised drugs education lessons. In the past this has been delivered through the BEE-SAFE programme.

The Drugs Programme will continue to be integrated into other curricular areas such as The World Around Us, Literacy, P.E. and R.E, where and when appropriate.

- A variety of teaching strategies appropriate to the subject matter, the maturity of the pupils and their individual circumstances will be employed.
- A range of class management techniques, incorporating whole class, group or individual teaching will be used.

- The responsibility for delivering the drugs education programme will lie with each class teacher.

We believe in the importance of developing in our children self-esteem, assertive skills and peer preference rather than peer pressure. An example, therefore, of our aims would be:

- To help young people distinguish between useful and harmful drugs
- To inform children of the effects of drug abuse and provide accurate and up-to-date information on drugs and their effects on health
- To help pupils acquire skills in managing the pressures of the youth culture they live in.
- To establish skills and behaviour which enable children to communicate effectively, assert themselves and take responsible decisions
- To help pupils come to an understanding of the inappropriateness of certain behaviours
- To help pupils acquire skills in managing peer pressure
- To create a climate where a young person feels comfortable to discuss drugs.
- To build up the self-esteem and confidence of our children
- To ensure progression and continuity in knowledge and understanding, matching these to the age, maturity and circumstances of the pupils concerned

## **9.0 STAFF POLICY ON SMOKING AND ALCOHOL**

- 9.1** St. Joseph's Primary School, Meigh is a smoke (includes e-cigarettes/vapes) and alcohol free zone. For further information, refer to the Health & Safety Executive's website.  
**[www.hse.gov.uk](http://www.hse.gov.uk)**

## **10.0 COMMUNICATING THE POLICY TO PARENTS/CARERS AND OTHER RELEVANT AGENCIES**

- 10.1** Reference will be made to the Misuse of Drug's Policy in the school prospectus and parents/carers will have access to the policy at any time. Any comments made will be taken to the Board of Governors. The Board of Governors is fully aware of the policy and discipline measures to be followed. All outside agencies will be made aware of the policy to ensure that what they offer, is part of the programme and is always appropriate.

## **11.0 CONFIDENTIALITY**

- 11.1** Should a pupil reveal any personal drugs information, which puts them, or any other pupil at risk, this has to be passed onto the principal/designated teacher. Confidentiality can never be guaranteed, as we are responsible for all the pupils in our school. The teacher will remain in the class with the pupils whenever a visitor is present, to ensure that nothing untoward could take place and that the content is appropriate.

## **12.0 PROCEDURES FOR MANAGING DRUG RELATED INCIDENTS**

- 12.1** Dealing with a suspected incidence requires extreme sensitivity on the part of all those involved. All staff should be aware of the procedures for:

### **Dealing with substances found in the school premises;**

- Finding/suspecting a pupil/adult of possessing/distributing an illegal substance;
- Pupil suspected of having taken drugs in school.

These procedures are outlined in the ‘**Department of Northern Ireland’s Drugs Guidance for Schools: Section 2 - Guidance on Managing Suspected Drugs-Related Incidents**’. By following this guidance the staff will ensure that those handling such incidents will do so fairly and consistently.

This guidance can be found on the Department of Education for Northern Ireland’s Website or on request from the school office.

Refer to Appendix 1 for a Summary on managing a drugs related incident.

**[www.deni.go.uk](http://www.deni.go.uk)**

### **13.0 DISCIPLINARY MEASURES**

**13.1** The principal will retain responsibility for deciding how to respond to a particular incident and will take into account factors such as:

- Age of pupil;
- Does the pupil admit or deny the allegations?
- Is this the first or subsequent offence?
- Is the drug legal or illegal?
- What quantity of the drug was involved?
- What was the pupil’s motivation?
- Does the pupil have a parent/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 illegal supply is suspected, how much was supplied and was the pupil coerced to buy for others, or is there evidence of organised or habitual supply?

At all times the needs of individual pupils will be considered and appropriate interventions and support mechanisms will be put in place. Any sanction imposed will be justifiable in terms of:

- The seriousness of the incident;
- The identified needs of the pupil, other pupils and the community;
- Consistency with published school rules;
- Consistency with disciplinary action for breaches of other school rules (such as theft, violence and bullying).



**14.0 PROCEDURES FOR USING OUTSIDE AGENCIES IN SCHOOL**

- 14.1** Any visitor providing an input to the drugs education programme will be given a copy of the Drugs Policy. They will have a clear set of aims and objectives as well as the lesson plan. The teacher will view these to ensure they are appropriate and will remain in class with the visitor.

**14.0 GUIDANCE FOR CONFISCATION AND STORAGE OF HARMFUL SUBSTANCES**

- 14.1** Any confiscated drugs or drug- related items would be given to the principal for storage in a locked cabinet in the principal's office and then given to the P.S.N.I.

**15.0 GUIDANCE ON THE ADMINISTRATION OF MEDICATION IN SCHOOL**

- 15.1** Medication for pupils will be stored in a locked store and can be administered by staff if agreed.

Medication will only be given school if the parent/carers has provided written consent. In the case of asthma inhalers, children may keep inhalers in their school bag and self-administer. *(see Administration of Medication policy)*

**16.0 GUIDANCE ON THE ADMINISTRATION OF MEDICATION ON SCHOOL TRIPS**

- 16.1** Medication will only be given on trips if the parent/carers has signed a consent form. If the child needs any other medication, he/she will be taken to the nearest hospital.

**17.0 MONITORING AND EVALUATING**

- 17.1** The policy will be reviewed every three years and after a drug related or suspected drugs related incident, to see if there are any weaknesses or improvements to be made.

## **APPENDICES**

1. Managing an Incident - Summary
2. Emergency Procedures
3. Recognising Signs of Drug Use
4. Incident Report Form
5. Summary of Relevant Legislation Applicable to Northern Ireland
6. Useful Flowcharts

## **APPENDIX 1**

# **MANAGING AN INCIDENT – SUMMARY**

Actions by members of staff in the event of a suspected drugs related-incident.

### **Individual Staff Member**

- Assess situation and decide action;
- Secure First Aid and send for additional staff support if necessary;
- Make the situation safe for all pupils and other members of staff;
- Carefully gather up any drugs and/or associated paraphernalia/evidence. Pass all information/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.

### **Designated Teacher for Misuse of Drugs**

- Respond to first aiders advise/recommendations regarding the incident;
- In the case of an emergency inform parents/carers immediately;
- Take possession of any substance(s) and associated paraphernalia found;
- Inform the Principal;
- Take initial responsibility for pupils(s) involved in suspected incident; and
- Complete an incident report form (Appendix 4) and forward it to the Principal;

### **Principal**

- Determine the circumstances surrounding the incident;
- Ensure that the following people are informed where relevant:
  - Parents/carers;
  - Board of Governors;
  - Designated Officer in the Education Authority (Southern Region).
- Agree pastoral and disciplinary responses including counselling services/support;
- Forward a copy of the incident report to the Chairperson of the Board of Governors and the designated officer with the Education Authority: Southern Region if appropriate; and
- Review procedures and amend if necessary.

## **APPENDIX 2**

# **EMERGENCY PROCEDURES**

**The following guidance can be found in the Department of Education's 'Drugs: Guidance for Schools in Northern Ireland' (page 40).**

The following is the current best advice of what to do if someone is in difficulty as a result of misusing drugs.

Reproduced from 'Illicit Drug Use in Northern Ireland – A Handbook for the Professionals' (2000) with the kind permission of the Health Promotion Agency for Northern Ireland.

- It is important to find out what has been taken as this could affect emergency aid, for example it will help the ambulance crew.
- If the person has taken a depressant drug, for example, solvents, alcohol, sleeping pills, 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 getting them to walk if possible, talking to them, or applying a cool damp cloth or towel to the back of their neck. They should not be given 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 airway if blocked, loosen clothing and call for an ambulance immediately. Keep checking on any changes to pulse and breathing rates.
- If they stop breathing, begin mouth-to-mouth resuscitation. 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 out loud slowly. If hyperventilation occurs – that is they can't control their breathing – get them to breathe in and out of a paper bag – if there is one available (not a plastic bag).
- If the person has taken LSD, they should be supervised in a darkened, quiet room to avoid sensory stimulation.
- 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 drugs and that the effects 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. This may take a long time depending on amount taken. If they show no signs of becoming calmer or they become hysterical, take them to hospital – explain calmly to the person what is happening – this will help decrease any feelings of panic.

## **Recognising Signs of Drug Use**

**The following information can be found in the Department of Education's 'Drugs: Guidance for Schools in Northern Ireland (pages 76-78).**

The recognition of current drug use is a major issue for many professionals who work with young people. There is also the issue of identifying those young people who may be at increased risk of drug use. Below are specific physical and behavioural signs that may be associated with drug use but it should be noted that some of these can also be confused with the onset of adolescence.

### **Physical Signs**

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

#### **Solvents**

Solvents include glues, butane gas refills, aerosols, typewriting correcting fluids and thinners.

- Usual signs of intoxication – uncoordinated movement, slurred speech;
- Possible odour on clothes and breath;
- If using glue, redness around the mouth and nose;
- A cough; and
- Possible stains on clothing etc. 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:

- Tendency to laugh easily;
- Becoming talkative;
- More 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 an hallucinogenic stimulant. Its effects will therefore include those listed for stimulants. In addition it can cause:

- Increased temperature;
- Perhaps excessive sweating;
- Very dry mouth and throat;
- Jerky, uncoordinated movements;
- Clenched jaws;
- Occasional nausea when first used; and
- Fatigue after use, but also possibly some anxiety
- depression and muscle pain.

### **Stimulant drugs (amphetamines (speed), butyl nitrite (poppers), cocaine)**

The effects can result in:

- Increased pulse rate;
- Increased blood pressure;
- Agitation;
- Lack of coherent speech or talkativeness;
- 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 experience.

They include:

- Relaxed behaviour;
- Agitated behaviour;
- Dilation of pupils; and
- Uncoordinated movements.

### **Heroin**

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

- Slowing down of breathing and heart rate;
- Suppression of cough reflex;
- Increase in size of certain blood vessels;
- Itchy skin;
- Runny nose;
- Lowering of body temperature; and
- Sweating.

### **Behavioural Signs**

Drug use can often result in behavioural changes and to recognise them demands some prior knowledge of the person in order that an accurate comparison can be made.

Such changes can be obvious or very subtle and may be due to some other reason totally 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 and relatives and selling own possessions,
- stealing from friends and home and 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 attendance at night club, bars etc; and
- a pattern of absences on a certain day, for example, Monday.

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

**APPENDIX 4**

# **INCIDENT REPORT FORM:**

## **St. Joseph's, Primary School, Meigh**

<b>1</b>  Name of Pupil _____  Address _____  School _____  Form/Class/Group _____ DOB _____	<b>2</b>  Date of Incident _____  Reported by _____  Time of Incident _____  Location of Incident _____
<b>3</b> First Aid Given <input type="checkbox"/> YES <input type="checkbox"/> NO      Ambulance/Doctor called <input type="checkbox"/> YES <input type="checkbox"/> NO      Sample Found <input type="checkbox"/> YES <input type="checkbox"/> NO  Administered by _____ Time of Call _____ Drug Involved (if known) _____	
<b>4</b> Parent Informed <input type="checkbox"/> YES <input type="checkbox"/> NO  Date _____ Time _____ By whom _____	
<b>5</b> Police informed <input type="checkbox"/> YES <input type="checkbox"/> NO  Date _____ Time _____  By _____  Name of Station/Officer _____	<b>6</b>  Where sample retained or _____  Date Sample Disposed of _____ Time _____  Witnessed by _____
<b>7</b> ELB Drug Education Officer/CCMS Informed <input type="checkbox"/> YES <input type="checkbox"/> NO  Date _____  Time _____  By Whom _____	<b>8</b> <input type="checkbox"/> Disciplinary <input type="checkbox"/> Pastoral <input type="checkbox"/> Other Response  Outline of details _____ _____ _____ _____ _____ _____ _____ Date _____
<b>9</b>  Form completed by _____ Date _____  Position _____  Countersigned by School Principal/Board Officer _____ Date _____	



**DESCRIPTION OF THE INCIDENT AND ACTION TAKEN**This image shows a single page of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

## **APPENDIX 5**

### **Summary of Relevant Legislation Applicable to Northern Ireland**

**The following guidance can be found in the Department of Education's 'Drugs: Guidance for Schools in Northern Ireland' (pages 67-69).**

#### **1 Misuse of Drugs Act (1971)**

It is an offence under the Misuse of Drugs Act (1971):

- to supply or offer to supply a controlled drug to another in contravention of the Act;
- to be in possession of, or to possess with intent to supply to another, a controlled drug in contravention of the Act.
- **It is a defence to the offence of possession that, knowing or suspecting it to be a controlled drug, the accused took possession of it for the purpose of preventing another from committing or continuing to commit an offence and that as soon as possible after taking possession of it he/she took all such steps as were reasonably open to him/her to destroy the drug or to deliver it into the custody of a person lawfully entitled to take custody of it;**
- for the occupier or someone concerned in the management of any premises knowingly to permit or suffer on those premises the smoking of cannabis; or the production, attempted production, supply, attempted supply, or offering to supply of any controlled drug.

The offences listed above are arrestable offences.

**Section 8:** A person commits an offence if, being the occupier or concerned in the management of any premises, he/she knowingly permits or suffers any of the following activities to take place on those premises, that is to say:

- Producing or attempting to produce a controlled drug in contravention of section 4 (1) of this Act;
- Supplying or attempting to supply a controlled drug to another in contravention of section 4 (1) of this Act, or offering to supply a controlled drug to another in contravention of section 4 (1) of this Act;
- Preparing opium for smoking;
- Smoking cannabis resin or prepared opium.

#### **2 Criminal Law Act (Northern Ireland) 1967**

**Section 5:** Failing to give information. Where a person has committed an arrestable offence, it shall be the duty of every other person who knows or believes:

- that the offence or some other arrestable offence has been committed; and

- that he/she has information, which is likely to secure, or to be of material assistance in securing the apprehension, prosecution or conviction of any person for that offence to give that information, within a reasonable time, to a constable and if without reasonable excuse, he/she fails to do so then that person is committing an offence.
- this places an onus on individuals to inform a constable.

### 3 **Police and Criminal Evidence (PACE) (Northern Ireland) Order 1989** **Article 26 (4)**

- **Any person** may arrest without a warrant.
  - (a) anyone who is in the act of committing an arrestable offence;
  - (b) anyone whom he/she has reasonable grounds for suspecting to be committing such an offence.

#### **Article 26 (5)**

- Where an arrestable offence has been committed, **any person** may arrest without a warrant
  - (a) anyone who is guilty of the offence;
  - (b) anyone whom he/she has reasonable grounds for suspecting to be guilty of the offence.

These powers of arrest are available to non-police and, as the following drug offences fall within the definition of Arrestable Offence, are available for use in such circumstances.

- (a) Possession of Controlled Drugs;
- (b) Possession of Controlled Drugs with Intent to Supply;
- (c) Supply of Controlled Drugs.

**NB: The above information is advisory only and does not represent legal opinion.**

### **The Medicines Act (1968)**

This Act divides medicines into three distinct categories:

- *Restricted medicines or prescription-only medicines*, which can only be supplied by a pharmacist on receipt of a doctor's prescription;
- *Pharmacy (or over-the-counter) medicines*, which can be sold without a prescription but only by a pharmacist in a pharmacy; and
- *General sales medicines*, which can be sold without a prescription by any shop.

Pharmacists and other retailers can be prosecuted and fined for offences under this Act. Possession of some prescription-only medicines, such as Temazepam, is illegal under the Misuse of Drugs Act (1971) if no prescription is held.

### **Tobacco Laws**

It is an offence under section 7 of the Children and Young Persons Act 1933 (as amended by the Children and Young Persons (Protection from Tobacco Act 1991) for a vendor to sell tobacco products to anyone under the age of 16.

Children under the age of 16 who purchase tobacco products are not themselves committing an offence. Police have the power to confiscate tobacco products from under 16s who are found smoking in a public place.

**Alcohol Laws**

It is an offence under the Children and Young Persons Act (Northern Ireland) 1968 to give alcohol to any child or young person under the age of 14. A person under the age of 14 is only allowed to consume alcohol in a private residence for medical purposes only.

It is illegal for vendors to knowingly sell alcohol to anyone under the age of 18. Police have the power to confiscate alcohol from under 18s who are found drinking in a public place.

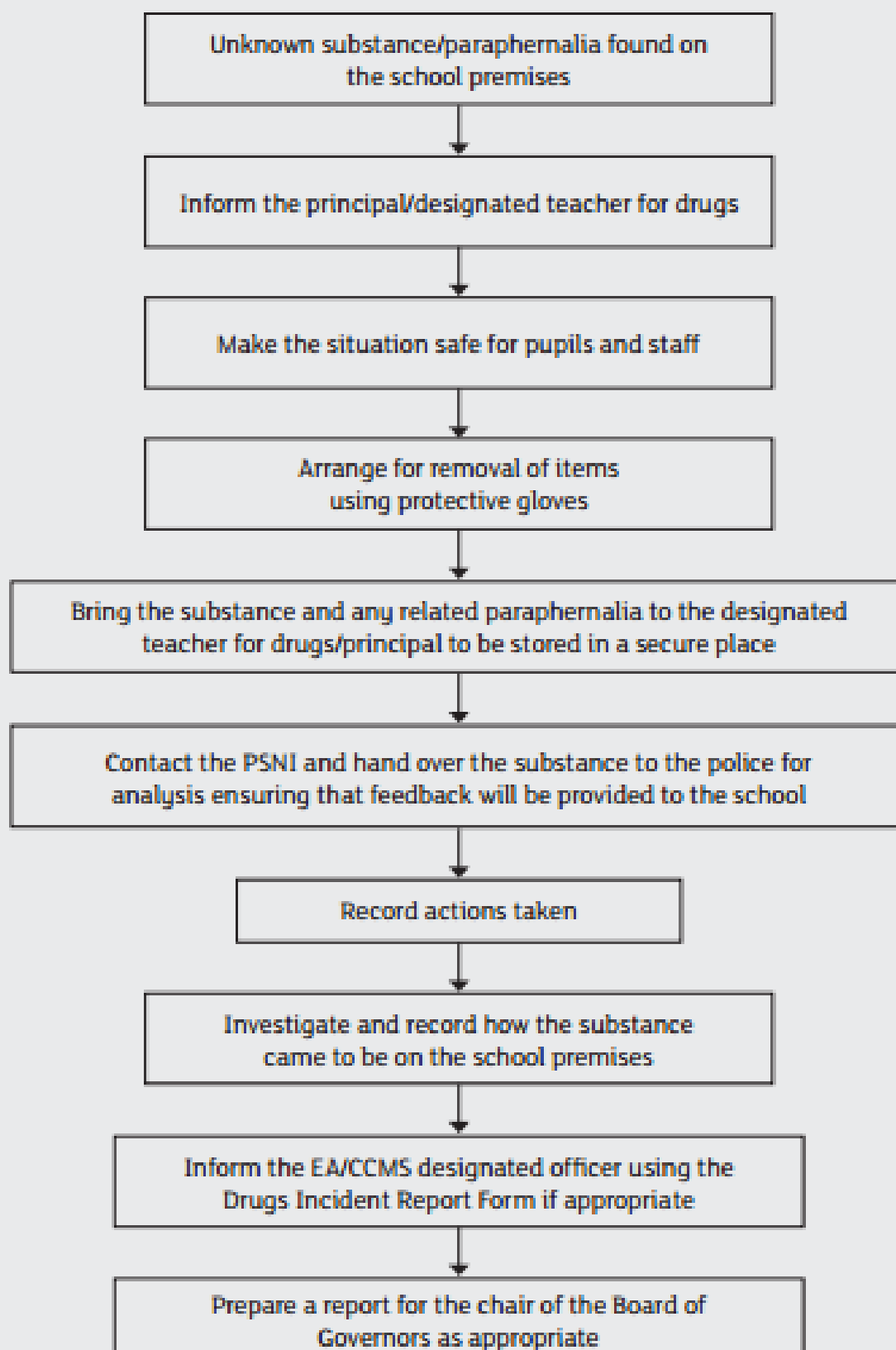
**Intoxicating Substances (Supply) Act (1985)**

Solvents (e.g. aerosols, gases, glues) are not illegal to possess, use or buy but this Act makes it an offence for a shopkeeper to sell them to anyone under the age of 18 in the United Kingdom (excluding Scotland), knowing they are to be used for intoxicating purposes.

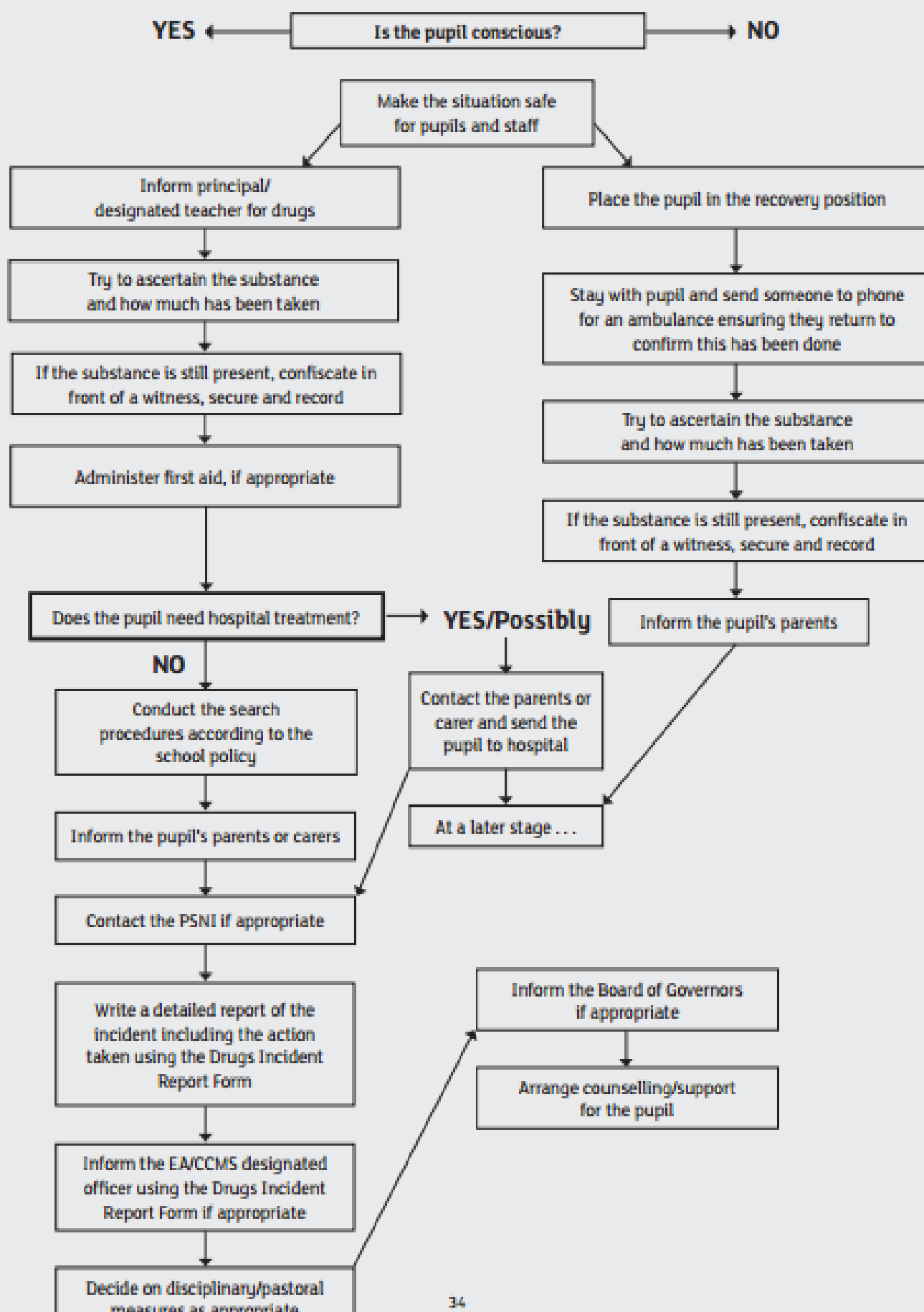
**Cigarette Lighter Refill (Safety) Regulations 1999**

In recognition of the high number of butane-related deaths, butane product sales, such as lighter refills, are further restricted under the Cigarette Lighter Refill (Safety) Regulations 1999. These regulations make it an offence for retailers to sell butane products to anyone under the age of 18, in any circumstances.

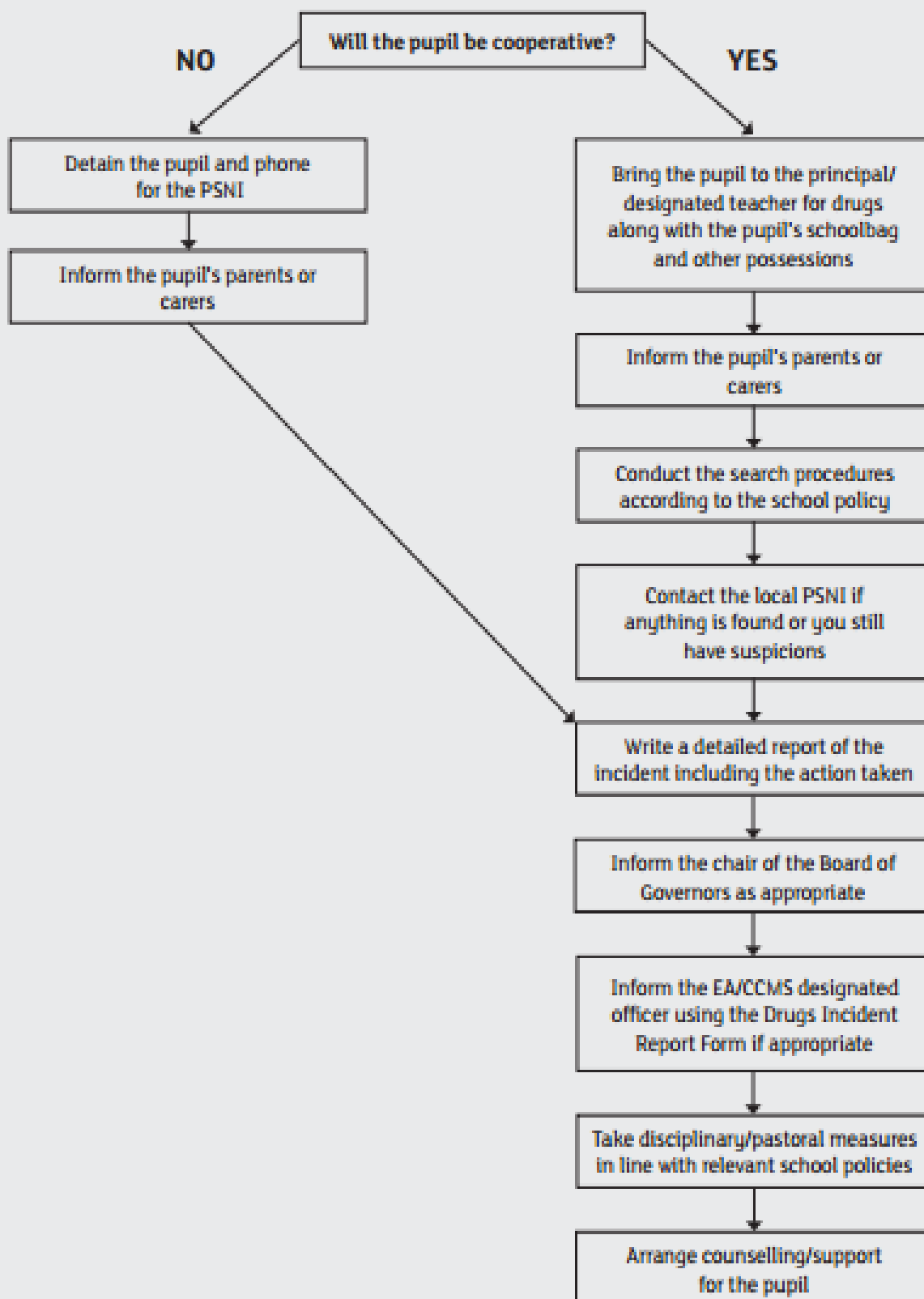
#### 4.1 Finding a suspected substance or drug-related paraphernalia on or close to the school premises



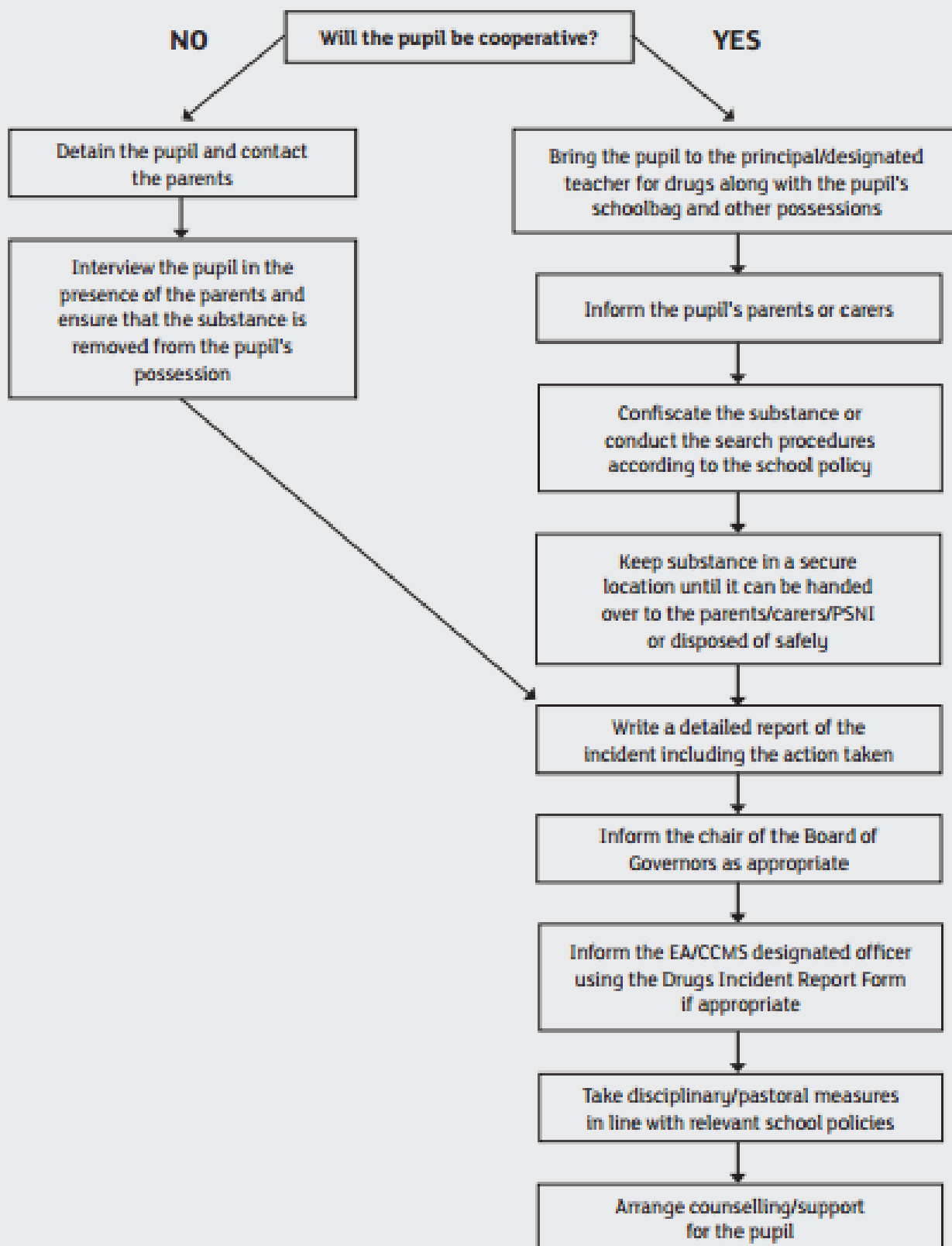
## 4.2 Pupil suspected of having taken drugs/alcohol on school premises



### 4.3 Pupil suspected of possessing/distributing an illegal substance



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





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

