



# **Ballyclare Secondary School**

## **Drugs Policy**

# **BALLYCLARE SECONDARY SCHOOL**

## **DRUGS EDUCATION POLICY**



*“Every child, regardless of intellectual ability or social background, should have a rewarding educational experience”*

### **Context**

*“Education about drugs should be developed, to the extent possible, at all stages of education at school”*

### **World Ministerial Summit on Drugs**

Such curricular provision should aim to encourage children to recognise the benefits of adopting a drug-free healthy lifestyle; and to provide them with the necessary skills to be able to resist pressures to take drugs.

Educational activities should be complemented by school policies which actively promote a drug free environment.

### **Introduction**

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 (The Young Person’s Behaviour and Attitudes Survey 2001) shows that by post primary school age, some 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 the local community.
- An increase in the amount of spending money that young people have.

The research points out the following findings: -

- One fifth of pupils have been offered solvents on at least one occasion.
- Over a quarter of pupils say they have been offered drugs, the most common being cannabis.
- Fifty-six percent of pupils have taken an alcoholic drink, with most of these drinking for the first time at age twelve.
- Thirty-five percent of pupils have smoked tobacco.

## Rationale

The European School Survey Project on Alcohol and Other Drugs found that *“The use of volatile substances was more common place among teenagers in Northern Ireland than among their peers in England, Scotland and Wales.”* Drug misuse crosses gender, cultural and social boundaries and impacts on all our communities in Northern Ireland.

Whilst recognising the problems caused by drugs in our society, it is our intention in Ballyclare Secondary School to provide a safe, conducive environment for young people to learn and develop their potential for adult life. Therefore, we have an important role to play in enabling children and young people to make informed and responsible decisions regarding drugs and help them to cope with living in an increasingly drug-tolerant society. Drugs education is a whole curriculum issue and the messages regarding these issues should be reinforced in all aspects of school life.

The purpose of this policy document is to establish a coherent framework within which the delivery of our drugs education programme will inform and support pupils, parents, Board of Governors, teaching, ancillary and secretarial staff.

## Definition

The term “drugs” includes 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. The term “drugs” includes:-

- Alcohol and tobacco.
- “Over the counter” medicines, such as paracetamol, cold and flu remedies and cough mixtures.
- 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.
- Other substances such as amyl/butyl nitrate (poppers) and unprocessed magic mushrooms.

***Ballyclare Secondary School does not condone the inappropriate use of drugs. Illicit drug use is not acceptable. Anyone found using drugs inappropriately or having drugs, other than prescribed medication, in school will be dealt with in accordance to the sanctions outlined in this policy, (see Procedures and Management) and the sanctions outlined for a serious breach of discipline in the Policy for Promoting and Sustaining Good Behaviour.***

## Aims

- To protect young people from the harm associated with the use and misuse of drugs.
- To develop a consistent approach to drugs-related issues.
- To develop and implement a drugs education programme within the curriculum.
- To develop and implement procedures and protocols for managing drugs related incidents.
- To develop strategies for dealing with pressure and anxiety.
- To encourage a healthy and critical respect for all substances taken into the body.
- To encourage a healthy lifestyle.

## Objectives

These aims will be met through the following objectives: -

- The taught element within specific subject areas on the curriculum.
- The taught element within a Drug Education Programme as delivered through Learning for Life and Work.
- Providing accurate and up-to-date information about drugs.
- Enabling pupils to acquire skills in decision making, managing and dealing with difficult situations.
- Outlining the procedures to be followed when drug related incidents occur or are suspected to have occurred.
- Providing clear guidance for dealing with parents/staff/outside support agencies, and where relevant, the press.

## Procedures and Management of Substance-Related Issues

### **1. Procedures for Handling Drug-Related Incidents**

Every member of the teaching and non-teaching staff of the school should be completely familiar with the school procedures and know whom to contact and what to do when a young person is suspected of being in possession of drugs or being under the influence of drugs, including alcohol.

For all those involved in dealing with incidents of drug misuse, the experience is likely to be traumatic. This will be true not only for the principal, teachers, other members of staff and Governors of the school, but also for the pupil involved in the incident, their parents and other pupils in the school. Dealing with suspected incidents of drug misuse will require extreme sensitivity on the part of those involved. However, it is very important that the following procedures are carried out.

#### **Action to be taken by: -**

##### **Individual member of staff**

- Assess the situation and ensure the safety of pupil(s).
- When necessary, isolate the pupil(s) concerned and supervise at all times – send for additional staff to support.
- Should medical attention be required inform the school nurse, school first aider or the ambulance service immediately.
- Inform Vice Principal, Mr A Nicholl, who is the designated teacher.
- Secure any substances or associated paraphernalia (Gloves should be worn and do not put yourself at risk. PSNI will remove items if necessary.)
- As soon as possible write a short factual report for the Designated Teacher for Drugs.

##### **Designated Teacher for Drugs – Mr A Nicholl, Pastoral Vice Principal**

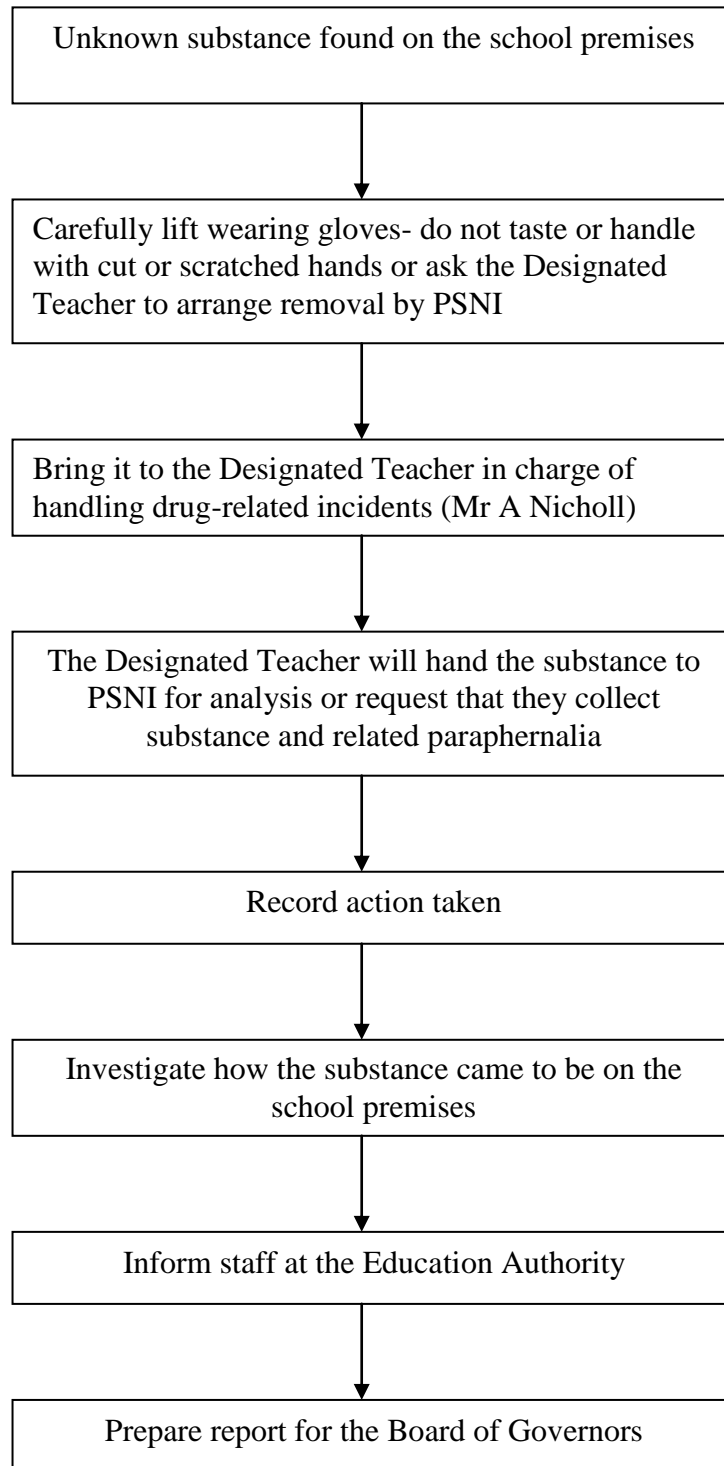
- Respond to the advice of the School Nurse or First Aider.
- In the case of an emergency inform parents/carers immediately.
- Take possession of any substances and evidence/paraphernalia.
- Inform the Principal – Mrs Bell.
- Take initial responsibility for pupil(s) involved in the suspected incident.
- Complete a short factual written report for Principal/Chairman of Board of Governors.

## **Principal**

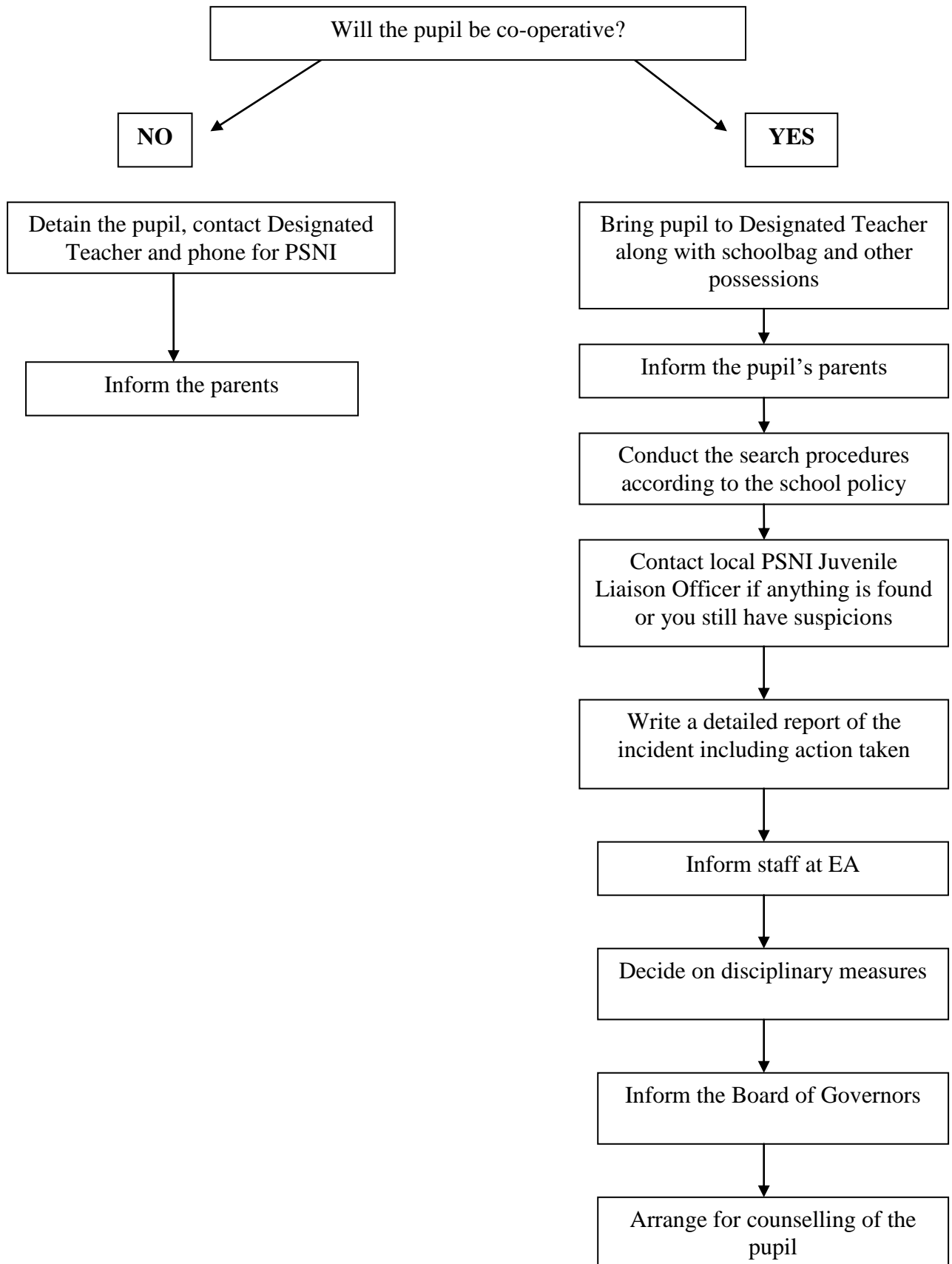
- Determine the circumstances surrounding the incident.
- Ensure following people are informed:
  - (i) Parents/Carers
  - (ii) PSNI
  - (iii) Chairman of Board of Governors
  - (iv) Designated Officer in NEELB
- Agree sanctions and disciplinary procedures including counselling support. Counselling support is available through New Life Counselling and Dunlewey Substance Advice Centre, Youth Services.
- Forward copy of incident report to the Chairman of Board of Governors and Board Officer.
- All matters relating to the media will be dealt with by the Principal.

The following 3 flow charts provide a summary for dealing with 3 types of drug-related incidents.

## 1. FINDING A SUBSTANCE ON THE SCHOOL PREMISES



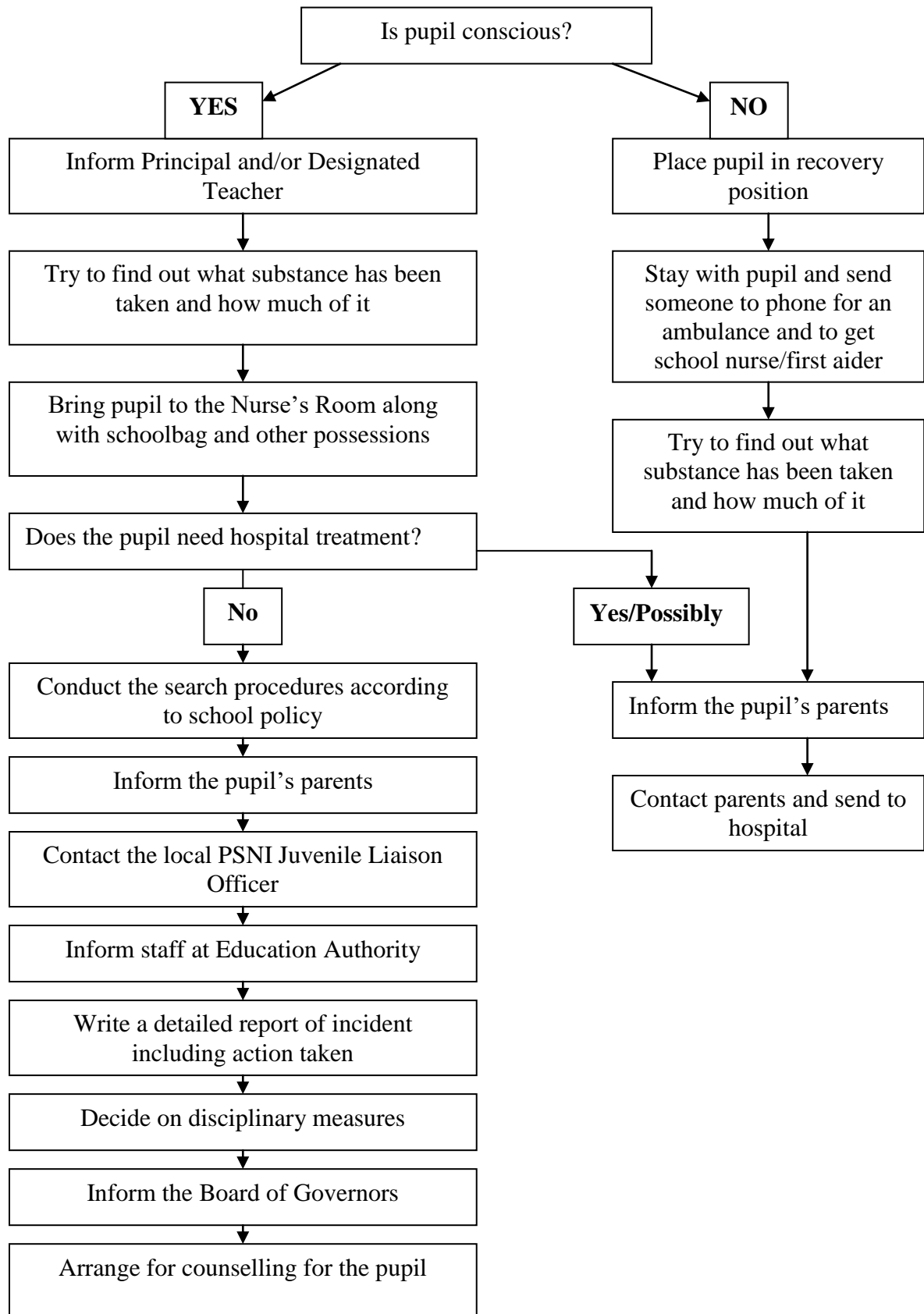
**2. PUPIL SUSPECTED OF POSSESSING/DISTRIBUTING AN ILLEGAL SUBSTANCE**





### 3. PUPIL SUSPECTED OF TAKING DRUGS IN SCHOOL

#### Instructions for all staff - Teaching and Non Teaching



## **2. Disciplinary Procedures**

Pupils suspected of possessing, supplying or using drugs on the school campus or on school trips will be dealt with in a serious manner. Incidents involving drugs may lead to suspension, pending investigation of the incident and in extreme cases, expulsion may be recommended. All cases will be dealt with sensitivity and in an individual manner.

Parents need to be aware of the school's discipline policy on drugs as:

- (i) It reassures parents that the school treats drug-related matters very seriously thus providing protection for pupils.
- (ii) It informs parent on what to expect if their child becomes involved in a drug-related incident.

## **3. Management of Solvents in School**

Within many classrooms, materials are required and used which are toxic and emit intoxicating fumes e.g. solvent based glues, aerosol sprays, paint thinners, felt-tipped pens. These materials will be kept to a minimum and need to be carefully monitored and stored in locked cupboards to which only staff have access. Rooms and laboratories where such materials are used will be kept locked when not in use.

Materials of a similar nature which are used by caretakers and cleaning staff will be kept locked in storerooms and used with care.

\* Tipp-ex may not be used in school

## **4. Management of Prescribed Medicines in School**

Pupils with ongoing medical complaints who require regular medication must have written advice from parent/carer informing the school of the complaint, prescribed medication, dosage and advising, where necessary, of emergency procedure. All information will be treated confidentially. The school will not prescribe drugs to any pupil without permission from parent/carer.

Appendix 3 provides further details of a Medication Policy and a sample of the form which parents need to complete when their child needs to take medicine in school.

## **5. Training of Staff, Parents and Board of Governors**

Periodically Drug Education Programmes will be organised for all staff to meet the training needs of staff in order to implement the Drug Education Policy. This will take the form of 'in-house' training although specialist drug education staff may also attend in-service training to keep informed of new developments.

Parents will be regularly informed about certain drug issues by receiving information leaflets from the school produced by statutory agencies e.g. Health Promotion Agency. Parents are also encouraged to contact the school if they have concerns about drug issues and will be invited to drug awareness evenings.

Governors will be kept informed of any drug-related incidents and will be encouraged to attend training on drug-related issues.

## **6. Monitoring and Reviewing the Drugs Education Programme**

The Drugs Education Programme will be monitored and reviewed on a regular basis to take account of the needs of staff and pupils, to remain focused on the local trends of drug abuse and to evaluate the effectiveness of the Programme.

*Reviewed: June 2017  
To be Reviewed: 2019*

**POSSIBLE INDICATIONS OF DRUG USE**

1. Changes in behaviour – lots of time spent in toilet.
2. Unusually sleepy or unable to sleep at night.
3. Telling lies and/or acting secretly.
4. Loss of interest in self, appearance, hair, clothing, hobbies, sports, friends, school etc.
5. Unexplained fits of anger – mood swings.
6. Loss of appetite – weight loss.
7. Short of money, items of value/money going missing.
8. Coming to the attention of the police for behaviour etc.
9. Truancy.
10. Smell of chemicals/cannabis on breath or clothing, glue rash around nose/mouth, red eyes, pin-point or dilated pupils.
11. Actually finding drugs – herbal cannabis or resin, spliffs, tablets, capsules, powders, small squares of paper with colourful cartoons, cans of glue, aerosols, butane gas, Tipp-ex etc.
12. Finding that glue/aerosols/butane gas is missing from your stock.
13. Empty containers hidden away or plastic bags/crisp packets with traces of glue inside.
14. Scorched pieces of silver paper or unusual dark brown marks on knife blades – tiny burns on bedding, carpets, small bloodstains on jeans, bent spoons, tourniquets, belts or ties, spent matches, needles, syringes, straws, mirrors, razor blades, bottle tops.
15. Roach ends, home made pipes, Rizla packets with flap torn off.

***N.B. Many of these indications are applicable to 'normal' teenage developments, they are also indicators of many other things, so do not jump to conclusions!***

## Appendix 2

### **IMPORTANT POINTS FOR DESIGNATED TEACHERS**

#### **Searching Young People; Confiscating Drugs**

1. Teachers in general should not search young people. Search without consent is unlikely to improve levels of trust or communication and forceful search of a resistant young person may amount to assault.
2. In the case of a young person who makes it evident that he/she is in possession of a small amount of drugs for his/her own use, the teacher (or any other member of the public) may receive the illegal drug from the young person in order to give it to the police.
3. Although every effort should be made to ensure the safety of the young person in their charge, staff should also have a proper regard for their own safety.
4. **Teachers cannot search pupils' property or clothing without their consent (only the police have the power to search), so ask the pupil to turn out his/her schoolbag, pockets etc. willingly and in the presence of another member of staff.**
5. If the pupil is uncooperative, call the police and the parents and detain the pupil. N.B. Teachers can use reasonable force to detain a pupil where there are 'reasonable grounds for suspicion' of drug activity.
6. Parents should be contacted in cases of confirmed and repeated use of alcohol, solvents and illegal drugs.
7. Principal should report to police immediately – where violence occurs that is a threat to the health of young people or staff.

***Failure to inform the police about a drugs-related incident is an offence.***

## Appendix 3

### Medication Policy

Legally school are not compelled to administer medication to children. Restrictions are also placed on schools regarding the contents of first-aid boxes.

Ideally, the administration of medication should be administered by parents. From time to time parents request that staff do so and the school wishes to be helpful in this regard. However certain conditions must be imposed.

- (1) Parents should ensure that all medicines are clearly marked, with the name of the child, the dosage and times that the medication should be administered all stated.
- (2) Parents should, if possible, hand the medicine directly to the School Nurse.
- (3) Parents should complete a consent form. Stocks of these will be carried by the School Nurse.

#### **Medication Consent Form**

I request that my child \_\_\_\_\_ be

given the following medication:-

Name of Medication: \_\_\_\_\_

Dosage: \_\_\_\_\_

Times to be administered: \_\_\_\_\_

Signed: \_\_\_\_\_ (Parent/Guardian)

## Appendix 4

### **Points To Consider When Inviting Visiting Speakers To School**

The Board would advise schools that as a general rule it is better to let ‘outside speakers’ address staff as part of their own professional development in this subject and let the teachers work with the pupils as:

- i. They have the professional expertise to communicate with young people;
- ii. They know the background of the pupils;
- iii. They know their pupils and their possible experience with drugs.

There are one or two exceptions to this general rule and on occasions it may be appropriate to invite a visitor to address the pupils, so the following advice is offered to maximise the benefit of such a visit and minimise any counter-productive messages.

Before inviting a visitor to the school, the following checklist should be applied to ensure that he/she complements rather than hinders the ongoing work of the school in Drugs Education:

- Is the visitor the best choice to make for the particular input being sought?
- Is the SLT agreeable with the choice of speaker and topic?
- Does the visitor share the school’s values and approach to Drugs Education?
- Has the visitor seen the school’s Drug Education Policy?
- What prior experience of teaching/Drugs Education does the visitor have?
- Can the visitor communicate at a level appropriate to the emotional and intellectual development of the pupils?
- Do you have first-hand knowledge of the type of presentation which the visitor gives? (Otherwise make enquiries about the visitor from other schools where he/she may have visited.)
- Is the visitor agreeable to work with a whole class or will they only work with a smaller group?
- Has the visitor ever held a criminal record?
- Is there a charge for the visit, and if so, how much?

Speakers who have no teaching experience should not advise schools on educational issues e.g. formulating a Drugs Education Policy, commenting on a Drugs Education Programme, teaching methods and resources.

#### **Having Invited the Speaker**

- Make sure that the visitor is made aware of the number, age, ability and background of the children in the class;
- Decide together on the exact topic for the lesson;
- Inform the visitor of any sensitive issues which may need to be avoided during the lesson;
- Make sure that the visitor is given clear instructions as to the aims, content, level and timing of the lesson, including what has already been covered to date;
- Check what resources will be required for the visit;
- Ensure that the member(s) of staff stays with his/her class(es) during the presentation;
- Ensure that appropriate follow-up work is carried out so that the visit is not left in a vacuum.