

RATIONALE

We at Queen Elizabeth II Primary School recognise that drug misuse has an impact on all communities within Northern Ireland, crossing gender, social and cultural boundaries. We believe that we have an important role to play in enabling children to make informed and responsible decisions and helping them to cope in an increasingly drug-tolerant society.

We recognise that children are exposed to drugs at a much earlier age through the media, siblings, friends etc. We accept, despite our best efforts, that some of our pupils may at some time use or experiment with drugs. Through a preventative Drugs Education programme, we endeavour to help our children and young people to say no and not to bow down to peer pressure.

Therefore, the over-riding aim of our Drugs Education Programme is to acquire and develop skills, knowledge and understanding within a young person to live a drugs free life in a drug-orientated society.

The aim of this policy is to ensure a consistency of approach across the wider school family, including parents, all staff and visitors to our school.

DRUGS – A DEFINITION

The term '**drug**' and '**substance**' will 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.

*legal highs – Public perception is that 'legal' means safe. This is not the case as there are no regulation of these substances and therefore no way of knowing what chemicals they contain.

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.

OUR SCHOOL ETHOS

We strive to promote primary education of the highest quality for all children, in a stimulating, safe, caring and supportive, small school setting. Our ethos is based on Christian values while promoting the social, moral, spiritual, cultural, intellectual and physical development of the children in our school.

AIMS OF DRUG POLICY

- To provide a clear statement reflecting the school's view on drug education
- To ensure a consistency of approach by all staff (and visitors to the school), ensuring that everyone is delivering the same programme

- To ensure every member of staff is aware of the correct procedure to deal with a drug related incident
- To safeguard good practice in the future

AIMS OF DRUG EDUCATION PROGRAMME

- To promote positive attitude towards personal health
- To inform pupils of the effects of drug use and abuse
- To help pupils acquire skills to manage the pressures of the youth culture they live in
- To develop skills of decision making, problem solving and analyzing and disseminating information
- To help pupils build up self-esteem
- To create a climate where pupils feel comfortable to discuss his/her drug use
- To encourage a participative approach in which pupils are actively involved
- To encourage a healthy and critical respect for all substances taken into the body
- To develop skills to empower pupils to take responsibility for their own health and safety

ROLES AND RESPONSIBILITIES

- BOARD of GOVERNORS

The BOG supports the development and on-going review of the drugs policy and education programme within our school. The BOG ensures that every family receives a copy of the Start of Year Parent Booklet included in which is the schools Drugs Policy.

- THE PRINCIPAL

It is the Principal's responsibility to determine the circumstances of all incidents. It is the responsibility of the PSNI to investigate any criminal offence. In any suspected drugs-related incident, the Principal should make every effort to contact the pupil's parents. The Principal should ensure that in any incident involving a controlled drug, there is close liaison with the PSNI. After contacting the PSNI, the Principal should confine her 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 include informing the BOG, agreeing any pastoral/disciplinary response, reporting the incident to the Education Authority and if appropriate, completing a written report and forwarding a copy to the BOG and the designated officer within the Education Authority.

- THE DESIGNATED TEACHER

- Overseeing and co-ordination of the planning of curricular provision
- Co-ordination of the school's procedures for handling drugs-related incidents
- Training of all staff
- Contact point for outside agencies
- Take possession of any substance and associated paraphernalia found in the event of a suspected incident and complete a factual report

- ALL STAFF

- Deal with any emergency procedures if necessary
- It is NOT their responsibility to determine the circumstances surrounding the incident
- Forward any information, substance or paraphernalia received to the designated teacher
- Complete a brief factual report of the suspected incident and forward to designated teacher

STAFF TRAINING

- All staff will be trained in the recognition of drugs and the correct procedures every two years
- This training will be provided by either the local PSNI Community and Schools Involvement Officer or NEELB staff

OVERVIEW of OUR SCHOOL'S DRUG EDUCATION PROGRAMME

Drugs Education will be taught through a programme within the Personal Development and Mutual Understanding area of the curriculum.

All teaching staff will be responsible for delivering the Drugs Education Programme. The Key Stage Two children will follow the EA programme. We may at times invite an outside speaker to assist.

The main thrust of our programme is to discourage the use of drugs. However, we recognize that counseling provision may be necessary in the case of drug usage. Outside agencies may be called in to assist and provide advice.

We believe that it is most important that a pupil centered approach is used when delivering the programme. We recognize that initially, we need to assess the knowledge and experience our pupils have of drugs and use this as a baseline. In an effort to develop critical thinking skills, a variety of teaching methodology will be used, including group work, role play, games, etc.

MONITORING AND EVALUATION OF DRUGS EDUCATION PROGRAMME

Teachers will monitor the teaching of the programme within their class. Evaluation will be carried out through teacher and pupil evaluations including oral feedback from pupils and parents. The questionnaires accompanying the EA's Drug File will also be used.

The Policy will be reviewed every two years and appropriate changes made where necessary. However, it will be immediately reviewed after a drug-related incident.

Staff will be made aware of any local/neighbourhood trends in drugs culture.

USE OF OUTSIDE AGENCIES TO SUPPORT DRUGS EDUCATION PROGRAMME

The school may periodically use other individuals and outside agencies to support the delivery of the Drugs Education Programme. The activities which the outside agency is to undertake

will complement the school's programme. Pupils will be prepared for such a visit and the teacher will be present during the lesson.

STAFF AND VISITOR USE OF TOBACCO AND ALCOHOL

The school is a smoke and alcohol free zone. (Refer to Appendix 5 'Drugs and Alcohol in the Workplace Guidance')

PROCEDURES FOR MANAGING A DRUGS RELATED INCIDENT

- Finding a substance on the school premises – see Appendix 1
- Pupil suspected of having taken drugs in school – see Appendix 2
- Pupil suspected of possessing/distributing drugs – see Appendix 3

SEARCHING of a PUPIL

The child's own property can NOT be searched. However, school property used by the pupil can be searched eg desk. Pupils can be asked to empty their school bags and turn out their pockets. The PSNI will be informed if they refuse. If a teacher suspects possession of drugs, PSNI is to be contacted immediately. We recognize that the Principal can only determine the circumstances, he/she can NOT investigate – that is the role of PSNI.

In the event of an emergency, ie pupil's health is at risk, their possessions may be searched to aid treatment, in the case of hospitalization. Any substance found must be kept for identification. Witnesses must be present.

SCHOOL RESPONSE TO DRUG-RELATED INCIDENT – DISCIPLINARY MEASURES

The Principal retains responsibility for deciding how to respond to the incident, taking account of the individual needs of the pupil(s) concerned (e.g. the age of the pupil, level of involvement, is this a first offence etc.) Bearing these needs in mind, an appropriate intervention and/or support mechanism will be put in place. The disciplinary measure will differ depending on possession of drugs or supplying of drugs.

CONFIDENTIALITY

Teachers nor visitors to the school can NOT and should NOT promise confidentiality. Any information concerning controlled drugs or any criminal activity disclosed to a member of staff must be passed on to the designated teacher who then follows the correct procedures.

EMERGENCY FIRST AID PROCEDURES

See Appendix 4

DRUGS INCIDENT REPORT FORM

See Appendix 5

STORAGE, HANDLING AND DISPOSAL OF HARMFUL AND HAZARDOUS SUBSTANCES

The management and use of solvents will be closely supervised in this school. Any pens or correction fluids containing solvents will be kept in a secure place ie in the teacher's desk drawers.

The teacher or classroom assistant will dispatch any materials during lessons and supervise their use. These will then be collected, counted and stored appropriately.

The caretaker must ensure the safe storage of all cleaning substances. He/she must ensure that all substances used are in their original containers and clearly labeled.

MANAGEMENT OF PRESCRIBED MEDICINES IN SCHOOL

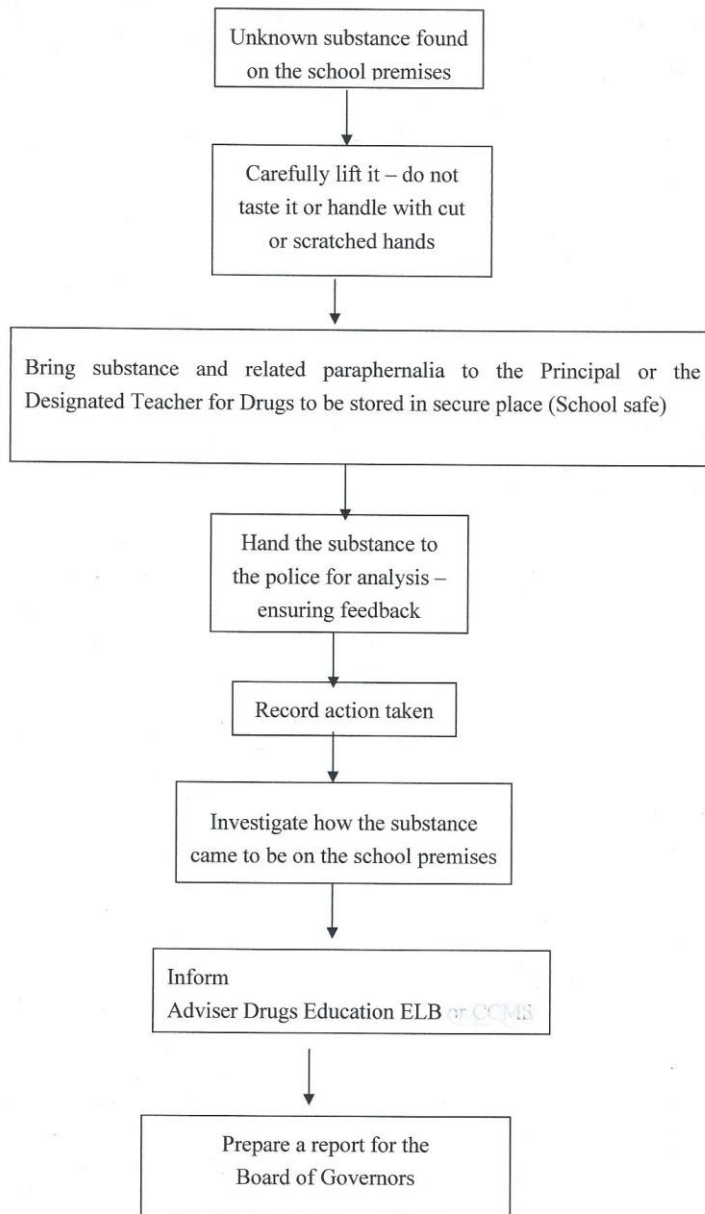
The school recognizes that there are different forms of prescribed medication required. In the case of on-going medication e.g. Diabetes or Asthma, the school requires advice and information from parents. Depending on each individual case, a care plan may be required.

Some children may need a one-off medication eg antibiotics. The Principal must have written information from the parent of the name, time and amount of the drug to be administered.

Any medication will be kept in the Principal's office as will a record of when it was administered

APPENDIX 1

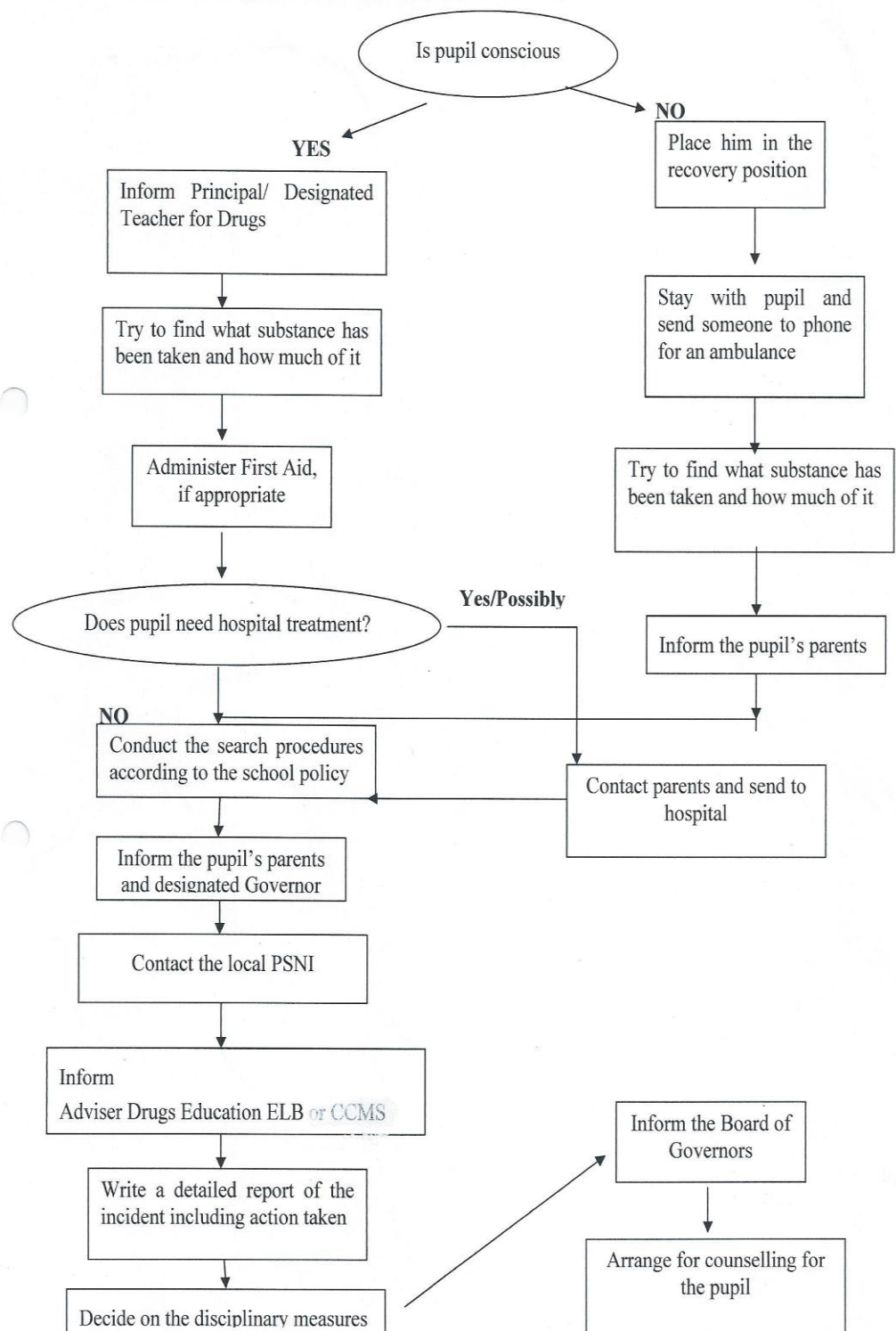
Finding a substance on the school premises



Revised Nov 2017

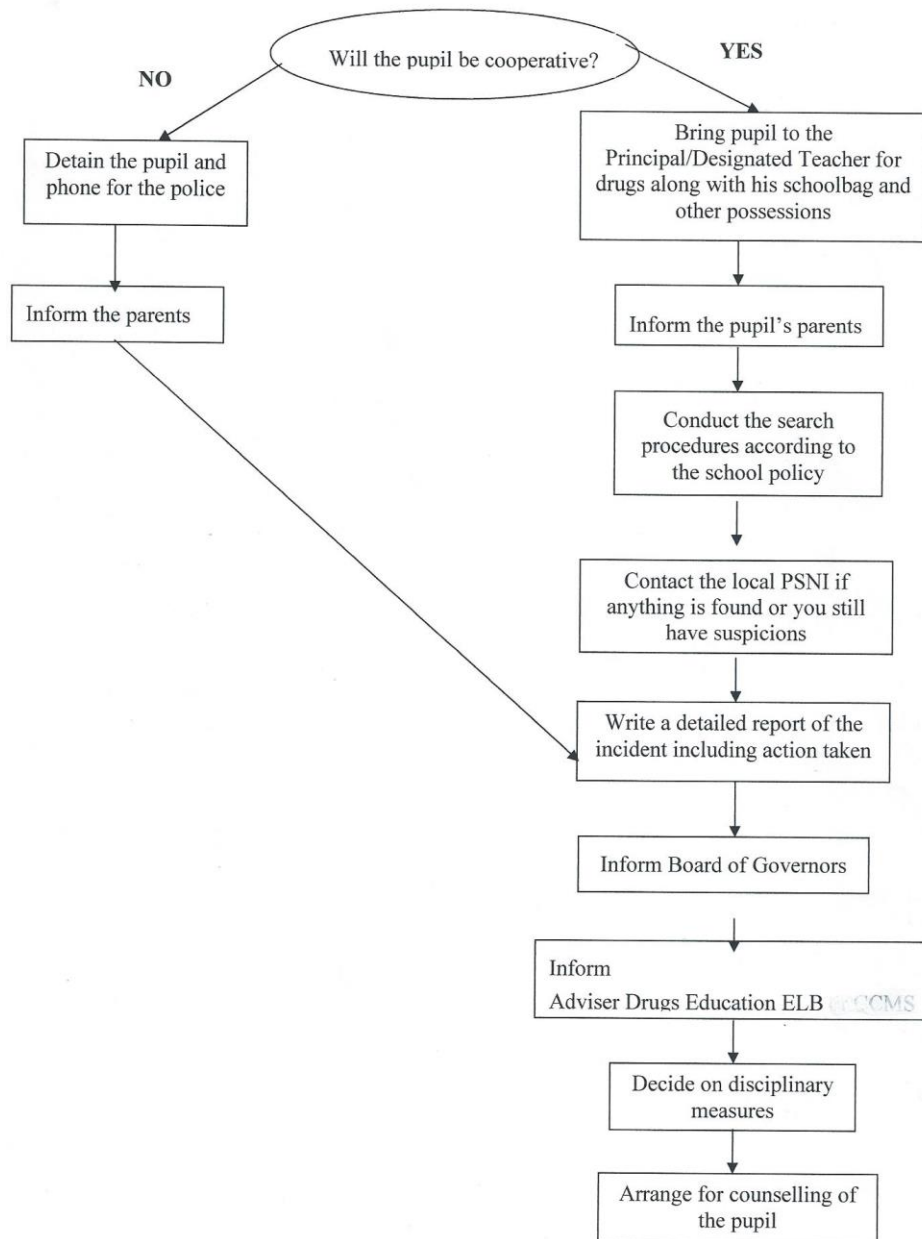
APPENDIX 2

Pupil suspected of having taken drugs in school



APPENDIX 3

Pupil suspected of possessing/distributing an illegal substance



APPENDIX 4

Emergency Procedures

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.

APPENDIX 5

Drugs Incident Report Form

Name of Pupil _____ **Class** _____

Address _____

Date/time of Incident _____

Reported by _____

First Aid given by _____

Details _____

Police Informed _____

NEELB informed _____

Disciplinary/pastoral/other response

Details _____

