



Ballykeel Primary School & Nursery Unit

Drug and Alcohol Policy



Updated: Sept 2023



Introduction:

The New Strategic Direction for Alcohol and Drugs, Phase 2, 2011–2016, (DHSSPS) highlights the urgency for children 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.’. It also emphasizes that ‘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.’.

Ballykeel Primary School exists to provide a focus for our children to develop to their full potential, both as individuals and as members of the school and wider community in a secure, caring and happy environment. Children, parents, school staff and governors work in partnership for the benefit of all.

As a school, we seek continually to enrich the lives of those entrusted to our care through a broad and balanced curriculum, designed to meet the needs of each child, enabling them to acquire the skills, attitudes and values necessary for life.

Rationale:

Children in our society are exposed to messages about substance misuse from an early age through parents/guardians, older brothers and sisters, friends, television programmes, the media and popular music. Key findings from the Young Persons’ Behaviour and Attitudes Survey (YPBAS) (2013) reveal that by post-primary school age, many young people are likely to have consumed, or been in the company of someone who had misused substances such as alcohol, cigarettes or solvents. This research also demonstrates that the age at which children and young people are being offered drugs is getting younger. At Ballykeel Primary School we aim to provide children with the skills, attitudes and behaviours necessary to cope with societal pressures to misuse substances.

Definitions:

In this policy 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, 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/thinners, gas lighter fuel, aerosols, glues and petrol.
- Other substances such as amyl or butyl nitrite (known as poppers) and unprocessed 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.

The term 'legal high' is no longer used, as 'legal' can be perceived as safe. This is not the case, as these substances are not regulated and there is no way of knowing what chemicals they contain.

- Controlled drugs, such as cannabis, LSD, Ecstasy, amphetamine sulphate (speed), magic mushrooms (processed), heroin and cocaine.

Controlled substances are 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.

- '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.

Aims and Objectives:

This policy is based on our school ethos which seeks to develop the whole child, encouraging them to make wise life decisions. It also aims to

- ensure that a clear and consistent approach to drugs-related issues is adopted by all members of the school community.
- define the roles, responsibilities and legal duties of the principal, the designated teacher for drugs, all staff (teaching and non-teaching), governors and parents/guardians.
- consider how drugs education is to be implemented and delivered within the curriculum.
- develop policies, procedures and protocols that address drugs-related issues across all areas of school life.
- consider the wider issues of drug use/misuse within the school community e.g. smoking on the school premises at any time by all members of the school community and staff use of alcohol.

Employees Affected by Drugs:

Employers are required to protect the health, safety and welfare of employees at work as stated in The Health and Safety at Work (NI) Order 1978. Employees also have a legal responsibility to protect their own health and safety and that of their colleagues. In the event of a member of staff using alcohol and/or other substances, Ballykeel will follow guidelines and procedures as outlined in

- Employing Authority's Alcohol and Drugs Misuse Policy (TNC 2005/5) at <https://www.education-ni.gov.uk/publications/alcohol-and-drug-misuse>
- Drugs Misuse at Work, available at www.hseni.gov.uk

- Don't Mix It: A Guide for Employers on Alcohol at Work available at www.hse.gov.uk

CTION 1: DRUGS POLICY AND EDUCATION

Drug-Related Incidents May Include;

- finding substance-related paraphernalia
- a pupil displaying unusual or uncharacteristic behaviour
- an allegation
- suspicion of possession
- possession with intent to supply and/or supply of any substance mentioned above

Roles and Responsibilities:

Dealing with a drugs related incident requires great sensitivity on the part of all those involved, and can be a traumatic experience for the staff, children or parents involved. It is essential that all staff have

'agreed identified procedures in place for managing suspected drugs related incidents on the premises. All staff should be completely familiar with their school's procedures, and know whom to contact and what to do when a suspected substance is found on the school premises or a young person is suspected either of being in possession of or under the influence of drugs, including solvents and alcohol. Care should be taken to ensure that the procedures are brought to the attention of new members of staff as part of their induction training.' (DfES/92/2004)

The designated teacher is Mrs Thompson; however, the Principal has ultimate responsibility for dealing with these situations.

Mrs Thompson will respond to and monitor any pupil(s) suspected of being involved in a drug related incident until Mrs Sheeran is present. It is the responsibility of the designated teacher to take possession of any substance(s) and associated paraphernalia found in the event of a suspected incident and complete a brief factual report which is forwarded to the Principal. Mrs Thompson will work alongside First aiders in the event of a drug related incident, ensuring school procedures are adhered to within the relevant safeguarding policies. Mrs Thompson is also responsible for reviewing the Drug and Alcohol policy and ensuring that all new or induction members of staff are made aware of the school procedures in relation to drugs/substance incidents. The designated teacher acts as the contact point, as necessary, for outside agencies that may have to work with the school or with a pupil or pupils concerned.

The Principal's role is to ensure the safety and well-being of all pupils (including the safe handling, storage and disposal of any drugs/drugs related paraphernalia) before determining the factual circumstances of the incident and informing the PSNI. Mrs Sheeran then contacts the parents/guardians of the pupil(s) involved. Mrs Sheeran will also inform (and forward a written report to) the Board of Governors, the Education Authority, and will decide on the appropriate disciplinary or pastoral response. She will continue to liaise with the Police as

they investigate the criminal offence. Sanctions within school will be made in accordance with our school Positive Behaviour Policy.

After contacting the PSNI, Mrs Sheeran will oversee

- the welfare of the pupil(s) involved in the incident and the other pupils in the school.
- the 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
- consideration of any action towards suspension or exclusion of the pupil involved

The Board of Governors support the development and on-going review of the drugs policy and education programme alongside staff, pupils and parents/guardians.

All teaching and non-teaching staff have a responsibility by law to respond to alleged or suspected drug misuse. Any teacher aware of such an incident must report this to the designated teacher and the Principal.

Parents are informed of Ballykeel Primary School's procedures in relation to drugs through this policy which is available in the entrance hall and school website. Parents are offered support through website posts and Seesaw messages with links to parental support agencies and groups.

Legal Responsibilities

The Principal will notify the PSNI in all instances where there is an allegation or suspicion that a crime has been committed as failure to notify the PSNI is a criminal offence. When dealing with a suspected drug related incident contact should be made with the local designated officer in the PSNI to obtain guidance and advice.

Procedures for Suspected Substance Abuse:

-If the school suspects a pupil of concealing controlled drugs on their person, staff should make every effort to encourage them to produce these substances voluntarily by turning out their pockets or schoolbags. If the pupil refuses, their parents or carers will be contacted, along with the PSNI to deal with the situation.

-If a child is suspected of having drug paraphernalia in their possession, a staff member is within their right to search school property. Staff should only search personal possessions (school bag, pencil case etc.) **with** the child's consent. Searches must be done with the child and another adult present. All action taken should be in keeping with our Child Protection and Critical Incident policies.

-If a pupil is displaying suspicious behaviour, the designated teacher must be informed immediately. Speak to the child in a calm and reassuring manner until her arrival.

-Teaching staff are likely to be the first to encounter a suspected drugs related incident, but it is not their responsibility to investigate the circumstances surrounding the incident. They

should deal with any emergency procedures if necessary, using their basic First Aid training, then send for a First Aider.

-Any information, substance or paraphernalia received should be forwarded to the designated teacher for drugs (Mrs JD Thompson) or to the Principal's office immediately where it will be locked safely in a drawer until the PSNI can identify it. Any drug paraphernalia must be disposed of safely, and in the presence of an adult witness.

-A brief factual report of the suspected incident should be completed and forwarded to the designated teacher for drugs. (Appendix 2)

Emergency Aid

If drugs have been consumed, summoning medical help such as the qualified first aider, or an ambulance is crucial, but in the interim period emergency aid should be applied as follows:

- Move the child or young person as little as possible
- Speak to pupil in a reassuring manner
- Place pupil in the recovery position
- Ensure the mouth is open and airway is unobstructed
- Keep them warm and quiet
- Monitor breathing, start artificial respiration if breathing stops or becomes shallow
- Apply chest compressions if there is no heartbeat (2 rescue breaths, 30 chest compressions until help arrives or pupil becomes conscious)

If staff have any suspicions that a pupil is intoxicated from inhaling a volatile substance, care should be taken not to chase or overexcite the pupil. Strenuous activity for volatile substance misusers can increase the risk of sudden death. The pupil should be kept calm until the effects have worn off.

Drug Education in the Curriculum

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). Drug education within the school is mainly delivered as part of the PDMU programme. It also forms part of the WAU programme aiming to develop the knowledge, skills and attitudes to appreciate the benefits of a healthy lifestyle, promote responsibility towards the use of drugs and relate these to their own actions, both now and in their future lives.

The learning objectives for drug and alcohol education include:

Attitudes and Values.

- to examine own opinions and values, and those of others
- to promote a positive attitude to healthy lifestyles and keeping self-safe

- to enhance self-awareness and self esteem
- to value and respect self and others
- to value diversity and difference within society
- to promote a sense of responsibility towards the use of drugs

Personal and Social Skills

- to identify risks to health
- to communicate with peers and adults, including parents/carers and professionals
- to learn how to give and secure help
- to develop decision-making, negotiation and assertiveness, particularly in situations related to drug use
- to develop an appreciation of the consequences of choices made
- to be able to cope with peer influences, and in resisting unhelpful pressures from adults and the media
- to make choices based on an understanding of difference and with an absence of prejudice
- to be able to talk, listen and think about feelings and relationships
- to develop critical thinking as part of decision-making

Knowledge and Understanding

- to develop an understanding of drugs and of the effects and risks of using drugs
- to gain an understanding of how the body functions
- to gain an understanding of what is safe and appropriate drug use
- to gain an understanding of the role of drugs in society and the laws and rules relating to their use
- to gain knowledge of people who can help if pupils have worries and an understanding of confidentiality
- to gain an understanding of the changing nature of relationships, including families and friends, and ways of dealing positively with change.

A variety of teaching and learning approaches are used in PDMU. This includes active learning approaches, such as role-play, small group work and problem solving, which more effectively engage pupils in the learning process. Teachers aim to establish a safe, secure and supportive learning environment, which emphasises the promotion of relevant personal skills. Pupils are shown respect for personal privacy and time is taken to explain the implications of personal disclosures. The teaching and learning approaches also include a variety of methods and strategies that cater for the range of attainment levels of our pupils and their diverse needs.

The dangers of drug and alcohol abuse will be taught in the context of discrete lessons and also through other curriculum areas, such as PDMU, Literacy, The Arts, RE and ICT activities.

We welcome the involvement of visitors from external agencies to compliment the core delivery by teaching staff. All visitors are supported in the classroom by a teacher and

should be informed of the school's drug education policy and the scheme of work for PDMU (Living, Learning Together resource pack).

A selection of resources can be found outside room 10, and all staff may use these resources to aid teaching and learning.

Monitoring and Evaluating

The planning for teaching and learning of substance abuse is recorded in two weekly planners and forms part of our whole school safeguarding approach. Evaluations of these lessons are monitored by the PDMU coordinator and the teacher responsible for Drug Education.

Staff are made aware of training events and new resources routinely.

The safeguarding team, who meet bi-weekly, monitor pupils who are likely to have been affected by substance abuse matters at home, and relevant staff are informed.

Safeguarding messages are posted on our school website along with relevant agencies and support groups for parents.

This policy was written in conjunction with the following safeguarding policies:

- Child Protection Policy
- Pastoral Care Policy
- Safe Handling & Use of Reasonable Force Policy
- Positive Behaviour Policy
- Intimate Care Policy
- Parental Engagement Policy
- Critical Incidents Policy
- Anti-bullying Policy
- Health and Safety Policy
- PDMU Policy
- Administration of Medication

Pastoral care and safeguarding policies are reviewed annually in consultation with pupils, staff, parents and Board of Governors. The success of this policy and procedures for handling drug related incidents will also be reviewed as and when an incident arises.

APPENDIX

Support Agencies

- NPS resource pack for educators and practitioners is available on the C2k digital library, **Equella**

- **Talk To Frank** - 0800 776600

www.talktofrank.com

- **Drinkline** – 0800 9178282

www.alcoholconcern.org.uk

- **Drugscope** – 020 7928 1211

Waterbridge House, 32 - 36 Loman Street, London SE1 0EE.

DrugScope is a UK charity that conducts research in the drugs field and provides drugs information to professionals and the public.

www.drugscope.org.uk

- **Release** – 0207 729 5255

388 Old Street, London, EC1V 9LT

Also, Drugs in Schools Helpline by RELEASE - 0345 366666

www.release.org.uk

- **RE-SOLV** – 0808 800 234530a High Street,
Stone, Staffordshire, ST15 8AW

The Society for the Prevention of Solvent Abuse

www.re-solv.org/

For Parents:

www.lifebyles.gov.uk (help
drugs/alcohol/healthy eating etc

The Hope Centre - 028 2563 2726

- **Childline** – 0800 1111.

Studd Street, London. N1 0QW

www.childline.org.uk

- National Health Service (NHS), Common health questions: What is a controlled medicine (drug)? available at www.nhs.uk

References:

- Department of Education (DE)
- Circular Number 2003/15: Education (School Information and Prospectuses)
- Regulations (Northern Ireland) 2003
- Circular Number 2012/19
- Circular Number 2013/01 Circular Number 2014/25
- Your Emotional Health and Wellbeing (iMatter Programme)
- Department of Health, Social Services and Public Safety (DHSSPS), The New Strategic Direction for Alcohol and Drugs, Phase 2, 2011-2016, available at www.dhsspsni.gov.uk (December 2011)
- Young Persons' Behaviour and Attitudes Survey (YPBAS) (2013)

APPENDIX 1 – Definition of a drug and information about drugs of misuse.

A drug is any substance which, when taken into the body, affects the chemical composition of the body and how the body functions. All medicines are drugs but not all drugs are medicines.

Therefore, drugs include legally controlled substances such as: Caffeine, alcohol, tobacco, solvents, amyl nitrate (poppers), as well as substances used for medical purposes, whether sold over the counter or prescribed, such as: antihistamines, antibiotics, tranquillisers and illegal substances such as: cannabis, ecstasy, heroin, cocaine, LSD

Possession of some prescription-only medicines, such as Temazepam and Ritalin, is illegal under the Misuse of Drugs Act if no prescription is held.

These lists are not definitive and there may be some overlap of the categories.

Substance	Effects	Risks	Legal Position
Tobacco	Relaxation, headache, bad breath, reduced appetite	Bad cough, cancer, heart attack, breathless	Illegal to sell to anyone under 16
Alcohol	Relaxation, lose inhibitions, loss of control, vomiting, violence, drowsiness	Liver damage, impairs decision making and judgement	Illegal to sell to anyone under 18 (as a general rule).
Cannabis / marijuana	Lack of co-ordination, related heart rate increase, happy loss of inhibitions, can cause panic	Long term may cause lung disease and psychotic illness. Loss of memory, impaired judgement	Class C. Illegal to grow or supply
Solvents / gas	Facial rash, stomach cramps, lack of co-ordination, aggressive behaviour, weird visions, headaches, light headed, relaxing	Death from asphyxiation or heart seizure. Psychological dependence. Choking on vomit. Possible damage to lungs, kidneys, liver, heart and central nervous system	Illegal to sell to under 18s knowing it will be abused
Amphetamines	Initially energetic and confident, but anxiety and restlessness can follow	High doses can produce delirium, panic, paranoia or depression, heart failure, damaged blood vessels	Class B. Illegal to possess or supply (unless prescribed)
MDMA / Ecstasy	Increased energy and colour perception, feelings of well-being, increased thirst, head and muscle ache	Can lead to anxiety, panic, insomnia, hypothermia and dehydration. Some evidence of liver damage	Class A. Illegal to possess or supply

Substance	Effects	Risks	Legal Position
LSD	Hallucinogenic effects, including intensified colours and sounds, or even out of body experiences. Effects are dependent on the strength of the dose.	Difficult to identify strength of dose. Experiences can be emotionally disturbing (bad trip) leading to anxiety. Flashbacks can occur.	Class A. Illegal to possess or supply.
Hallucinogenic mushrooms / magic mushrooms	Similar to LSD experience	Main risk is picking and eating a poisonous mushroom by mistake	Class A if processed - cooked, dried or made into tea
Amyl Nitrate	Blood vessels dilate causing a rushing sensation to head, lose balance, increased energy. May enhance sexual pleasure. Effects are short lived.	Vomiting, shock, unconsciousness, heart attack, dizziness, headache, palpitations	Currently no legal restrictions on use or supply
Anabolic Steroids	Increase strength, speed, aggression and competitiveness. Enables more intensive training for longer.	Restriction on growth, spinal problems, menstrual abnormalities, voice changes, increase in hair growth	Possession for personal use not illegal. Supply is illegal, with Class C penalties.
Heroin	Euphoria, reduced anxiety and pain levels. Slow heart rate and breathing. Can cause constipation. Appetite loss.	Highly addictive. Difficult to identify strength of dose and what it is mixed with. Danger of overdose. Injecting causes abscess and other infections including septicaemia and HIV	Class A. Illegal to possess or supply.
Cocaine/ Crack	Feelings of exhilaration, strength and well being. Decreased hunger, indifference to pain and fatigue. Effects relatively short term.	Comedown can bring on depression, anxiety and fatigue. Excessive doses may cause death from respiratory or heart failure. Long term use may lead to paranoid psychosis.	Class A. Illegal to possess or supply.

Appendix 2**Recording form for a drug-related situation**

Name of pupil:	Report form completed by:
Form/Class:	Senior staff involved:
Date of Incident:	Time of incident: am / pm

Brief description of symptoms / situation:

(continue on blank sheet if necessary)

Sample found? Yes / No	Drug involved (if known): Alcohol <input type="checkbox"/> . Amphetamines <input type="checkbox"/> . Cannabis <input type="checkbox"/> . Cocaine <input type="checkbox"/> . Ecstasy <input type="checkbox"/> . Heroin <input type="checkbox"/> . LSD <input type="checkbox"/> . Medicines <input type="checkbox"/> . Solvents <input type="checkbox"/> . Other <input type="checkbox"/> (please specify):
Destroyed at time: am / pm	
Witness name:	
Securely retained (prior to police collection): Yes / No	

First aid given? Yes / No If Yes, Given by:	Ambulance Called? Yes / No. If Yes, called by: at time: am / pm
	Police Contacted? Yes / No. If Yes, called by: at time: am / pm

Parent/carer informed by:

at : am / pm.

Other action taken: *(e.g. other agency involved; pupils/staff informed; sanction imposed; police consulted about drug, pastoral support plan, referral to school nurse or school counsellor)*

School action:

Referral action:

(continue on blank sheet if necessary)