



# Ashfield Girls' High School



**“Each different. Each talented. All valued.”**

## Substance Misuse Policy

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## Executive Summary

At Ashfield Girls' High School, safeguarding young people and maintaining a secure learning environment is paramount. The Substance Misuse Policy underscores our commitment to providing a safe and supportive atmosphere for all students, ensuring their wellbeing both within the school premises, on the way to / from school and during school-related activities.

Key points outlined in the policy include a comprehensive definition of substance misuse, encompassing legal and illicit drugs, as well as legal substances with potential for misuse. It clarifies distinctions between drug use and misuse, emphasising the importance of understanding associated risks.

A vital component of the policy is substance misuse education, integrated into the curriculum through the Personal Development strand of Learning for Life and Work. Led by designated coordinators and the pastoral team, this educational initiative aims to equip students with the knowledge and skills necessary to make informed decisions and navigate challenges in society.

Recognising the significance of positive relationships in mitigating substance misuse, the policy underscores the role of family, school, and community connections as protective factors. Intervention strategies, led by the Designated Teacher for Drugs Incidents, are outlined to provide tailored support to students at risk, involving collaboration with parents, school staff, and external agencies, where necessary.

Ashfield Girls' High School's Substance Misuse Policy represents a proactive approach to safeguarding students and promoting their wellbeing through education, intervention, and community collaboration. It also ensures that clear processes are in place, should a substance misuse incident occur.



## Section A (Aims of the Policy)

- To have a clear and agreed understanding among everyone in the school community about the implications and consequences of substance use/misuse.
- To have a consistent approach to drugs education and managing incidents in line with Positive Behaviour, Medical Needs and Safeguarding and Child Protection policies;
- To provide all staff (teaching and non-teaching) with adequate training and support to enable them to deal effectively and confidently with incidents of suspected substance misuse, and to ensure that the procedures are sensitively and consistently applied in all situations.
- To empower teaching staff through appropriate training and support to develop and deliver an effective substance education programme.
- To provide a substance education programme which:
  - develops pupils' self-esteem and promotes positive attitudes in their relationships with others, reviewed regularly
  - gives pupils' opportunities to develop the values, skills, knowledge and understanding necessary to make informed and responsible decisions about the use/misuse of substances including tobacco, alcohol and volatile substances, within the context of a healthy lifestyle; and
  - helps pupils' develop the skills necessary to assert themselves confidently and resist negative pressures and influences.
  - provides appropriate support and assistance for those pupils affected by substance-related issues.
  - informs parents of the content of this policy and the procedures to be implemented in the management of incidents of suspected substance misuse.
  - establishes a safe learning environment.
  - engages in regular consultation with all stakeholders about this policy, education and procedures, directing children and young people to appropriate services and support, where misuse has been identified.

As outlined in the Positive Behaviour Policy, we expect all members of our school community to:

- Be Respectful
- Be Responsible
- Be Ready



## Section B (Legislative Context and Linked Policies)

The Education and Libraries Order (Northern Ireland) 2003  
The Children (Northern Ireland) Order 1995  
The Misuse of Drugs Act 1971  
Criminal Law Act (Northern Ireland) 1967  
The Health and Safety at Work Order (Northern Ireland) 1978  
Police and Criminal Evidence (Northern Ireland) Order 1989  
The Medicines Act 1968  
Education (Curriculum Minimum Content) Order (Northern Ireland) 2007

CCEA Drugs Education: Revised Guidance (October 2019)  
Central Survey Unit, Northern Ireland Statistics and Research Agency (NISRA) (2013)  
*Young Persons' Behaviour and Attitudes Survey*  
DENI Circular Number 2003/15: Education (School Information and Prospectuses) Regulations (Northern Ireland) 2003  
Deni Circular Number 2012/19  
Deni Circular Number 2013/01  
Deni Circular Number 2014/25  
Employing Authority's Smoking Policy For Schools, (TNC2000/3) (2014)  
Employing Authority's Alcohol and Drugs Misuse Policy And Procedures For Teachers In Grant-Aided Schools, (TNC 2005/5) (2014)  
Deni Your Emotional Health And Wellbeing (iMatter Programme)  
Deni Guidance For Education Otherwise Than At School (Eotas),  
Department Of Education (De), Supporting Pupils With Medication Needs, k (2008)  
Department Of Health, Social Services And Public Safety (DHSSPS), The New Strategic Direction For Alcohol And Drugs, Phase 2, 2011-2016, (2011)  
Drugscope (On Behalf Of The Recovery Partnership), Business As Usual? A Status Report On New Psychoactive Substances and 'Club Drugs' In The UK, (2014)  
Education And Training Inspectorate (ETI), Together Towards Improvement, (2010)  
Ed Sipler, Dealing With Young People's Alcohol And Other Drug Misuse – A Guide For Parents And Carers (2015)  
Ed Sipler, The Power Of Teachers In A Young Person's World  
Health And Safety Executive (HSE), Don't Mix It – A Guide For Employers On Alcohol At Work, (1996)  
Health And Safety Executive (HSE), Drugs Misuse At Work (1998)  
Invest Northern Ireland and NI Direct Government Services, Workplace Policies On Smoking, Drugs And Alcohol

### Linked Policies

Safeguarding and Child Protection Policy  
Special Educational Needs Policy  
Medical Needs Policy  
Use of Reasonable Force Policy  
Health and Safety Policy  
Behaviour for Learning and Positive Behaviour Policy  
Educational Visits Policy  
Wellbeing Policy



## Section C (Policy and Procedures)

*At Ashfield Girls' High School, we believe it is vital to protect young people and keep them safe from the harm associated with the misuse of substances. We believe that all pupils have the right to learn in a safe and supported environment.*

**The Substance Misuse Policy applies at all times whilst in school, when travelling to / from school in school uniform and whilst on Educational Visits.**

**The Medical Needs Policy outlines the management of prescribed medication.**

## Context

In today's society, most people will be exposed to and/or use substances/ drugs at some time in their lives. Substance misuse affects all communities in Northern Ireland, crossing gender, cultural and social backgrounds. No school, parent or carer can afford to be complacent or think that children and young people are not at risk.

Research continues to show that by post-primary school age a significant number of young people are engaging with substances such as alcohol, cigarettes, including electronic cigarettes, or solvents and/or have misused prescribed medicines or other substances.

The Education and Training Inspectorate (ETI) self-evaluation document Together Towards Improvement states that: Pastoral Care should have appropriate "comprehensive policies in line with the Department of Education's Guidance and schools should implement them fully". The document also states that Pastoral support should be "responsive to the needs of individual pupils addressing local and contemporary issues" to support pupils learning.

We seek to ensure that young people receive a relevant, up to date and age appropriate substance education programme at Ashfield Girls' High School, helping them to make safe and informed choices.

Following current legislation, we will reinforce that everyone in our school community has the right to be protected from drugs.

The United Nations Conventions for the Rights of the Child states in Article 33, that "Governments should use all means possible to protect children from the use of harmful drugs and from being used in the drug trade".



## What is Substance Misuse?

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

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

- alcohol, tobacco and tobacco-related products, including nicotine replacement therapy (NRT), and electronic cigarettes;
- over-the-counter medicines such as paracetamol and cough medicine;
- prescribed drugs, such as antibiotics, painkillers, antidepressants, antipsychotics, inhalers and stimulants such as Ritalin;
- volatile substances such as correcting fluids or thinners, gas lighter fuel, aerosols, glues and petrol;
- controlled drugs such as cannabis, LSD, ecstasy, amphetamine sulphate (speed), magic mushrooms, heroin and cocaine;
- new psychoactive substances (NPS), formerly known as legal highs\*, which contain one or more chemical substances that produce similar effects to illegal drugs and are sold as
- incense, salts or plant food and marked 'not for human consumption' to avoid prosecution; and
- other substances such as amyl or butyl nitrite (known as poppers) and unprocessed magic mushrooms.

We no longer use the term legal high because it is misleading. The public perceived that 'legal' meant safe. This is not the case, as these substances are not regulated and there is no way of knowing what chemicals they contain. You can find further information on NPS at [www.drugscope.org.uk](http://www.drugscope.org.uk)

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 offence 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 judgment, 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 that cause harm to the individual, their significant others or the wider community.



## Substance Misuse Education

Schools have an important role to play in enabling children and young people to make informed and responsible decisions and to help them cope with living in an increasingly substance tolerant society.

The Preventative Curriculum includes learning about substance misuse. The Personal Development strand of Learning for Life and Work will be the main vehicle for the delivery of the Substance Misuse (including drugs) Education programme at Ashfield Girls' High School, led by the Personal Development Co-ordinator (Mrs Laura Christy). Pastoral initiatives from Year 8 to Year 14 will be linked to curriculum delivery and may be reinforced at key times in line with perceived needs as identified by the pastoral teams, led by Vice Principal (Pastoral – Mrs Beverley Cripps). The Drugs Education Curriculum has been mapped and is outlined in Appendix 3. Definitions and Terminology are outlined in Appendix 4.

Positive relationships with self and others are key protective factors in preventing and reducing the impact of problematic substance misuse. Positive relationships with parents/carers, teachers and other responsible adults in a young person's life provide a sense of connectedness to family, school and the local community. Where this connection is not strong, the disconnectedness felt by the young person is a risk factor. Negative peer groups can also be another significant risk factor.

Where a young person is experiencing disconnectedness from family, teachers, and other responsible adults and is involved in negative peer groups, the risk factors are significantly increased. At this point (if drug use is identified) further individual interventions and support will be given from the Designated Teacher for Drugs Incidents (DTD – Mrs Beverley Cripps) to increase the protective factors. The DTD will work with the pupil, parents/carers, Head of Progress, Pupil Welfare Auxiliary and (if applicable) outside agencies.



## Drugs Education and Support

To meet the statutory requirement set out in the Northern Ireland Curriculum the following statements of entitlement are delivered through the Personal Development strand within Learning for Life and Work in Key Stage 3:

- Personal Health – Investigate the effects on the body of legal and illegal substances and the risks and consequences of their misuse.
- Self-Awareness – Explore personal morals, values and beliefs.
- Investigate the influences on young people.

The minimum entitlement is delivered through the Personal Development strand within Learning for Life and Work in Key Stage 4.

- Develop an understanding of how to maximise and sustain their own health and well-being.
- Recognise, assess and manage risk in a range of real-life contexts.

## Resources

Some of the Resources used to assist with the delivery of Drugs Education include:

Programme materials and DVDs:

- SHAHRP Programme (Lisburn YMCA)

Websites:

- [www.talktofrank.com](http://www.talktofrank.com)
- [www.deni.gov.uk](http://www.deni.gov.uk)
- [www.drugscope.org.uk](http://www.drugscope.org.uk)
- [www.want2stop.info](http://www.want2stop.info)
- [www.ash.org.uk](http://www.ash.org.uk)
- [www.alcoholconcern.org.uk](http://www.alcoholconcern.org.uk)

Outside agencies have been consulted within relations to Drugs Education or who provide in-school support include:

- FASA (Forum Against Substance Abuse)
- SHAHRP Programme – Lisburn YMCA
- ICSS (Independent Counselling Services for Schools)
- ASCERT



## What constitutes a substance related incident?

Under the Misuse of Drugs Act 1971 the main types of controlled drugs/substances are divided into three classes: A, B and C.

All three classes are illegal and are therefore categorised as 'controlled'. Any pupil who is 'suspected' to have **taken** or have on their **possession**, or **dealing** a controlled drug would constitute a controlled drug incident.

A substance-related incident may include:

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

Dealing with suspected substance-related incidents requires extreme sensitivity. This guidance will help and empower those charged with handling difficult and complex issues to be fair and consistent in their dealings with pupils.

Linking the Substance Misuse Policy with the school's policy on Managing Critical Incidents and Safeguarding and Child Protection will further support the school in handling substance-related situations, appropriately.

## Controlled Drug Incidents

Any incident where a pupil is 'suspected' to have **taken** or have in their **possession, or dealing** new psychoactive substances (NPS) (previously known as 'legal highs') would be considered a drug incident. These drugs are prohibited substances in school and as their signs and symptoms are similar to many illegal drugs, will be considered to be 'controlled'. Changes in the law make them illegal.

### Non-controlled (prohibited substance)

Any incident where a pupil is suspected to have **taken** or have in their **possession, or dealing** prescription medication that has been prescribed for another person would be considered a controlled drug incident.

Any incident where a pupil who is suspected to have **consumed** or have in their **possession or dealing** alcohol, would be considered a non-controlled drug incident. This is referred to as a prohibited substance.

Any incident where a pupil who is suspected to have **inhaled** or have in their **possession, or dealing** nicotine products (cigarettes, e-cigarette, nicotine replacement therapy) would be considered a non-controlled drug incident. This is referred to as a prohibited substance. Pupils who have completed the school nicotine cessation programme and whose parents/carers, DTDI and Pupil Welfare Auxiliary are aware that nicotine replacement therapy is being used, will be exempt from school procedures related nicotine replacement therapy.

A substance misuse / drug (controlled or prohibited) incident may begin with:

- The pupil displaying unusual or uncharacteristic behaviour.
- The pupil displaying the signs and symptoms of drug use.
- An allegation from another person (teacher, pupil or another person).
- Finding drug related paraphernalia.

Dealing with suspected drug-related incidents requires extreme sensitivity. All drug-related incidents must be managed in line with the agreed procedures and should be given high levels of confidentiality among staff.

If a member of staff believes the young person has taken or has in their possession, or dealing a prohibited drug there is a duty of care requirement that the member of staff takes appropriate actions as outlined in the procedures diagram.

If a member of staff believes the young person has taken or has in their possession or dealing a controlled drug, they must report this to the DTDI. Failure to report such an incident is a criminal offence.

### **Electronic cigarettes on school premises**

Electronic cigarettes are battery-powered vapour inhaler devices that generally contain nicotine, along with propylene glycol and glycerine. They were developed as an alternative to tobacco products and have become increasingly popular.

Although we perceive electronic cigarettes to be less harmful than tobacco, there are concerns about their safe use, particularly when children and young people use them, because the electronic cigarette market is unregulated.

The Chief Medical Officer (CMO) for Northern Ireland has advised that schools prohibit electronic cigarettes on their premises, in line with tobacco products, because:

- nicotine is very addictive and there is a risk that using electronic cigarettes could act as a gateway into smoking for many young people;
- evidence suggests that adolescent exposure to nicotine may also have long term consequences for brain development;
- the availability and promotion of electronic cigarettes is reversing progress made by smoke-free legislation to de-normalise smoking; and
- there is insufficient evidence to determine whether the vapour produced by electronic cigarettes causes damage to users' health in the long term. The same applies to the impact of second-hand vapour the user exhales.

There is also a potential risk that users might fill the refillable cartridges used in some electronic cigarettes with substances other than nicotine. This has the potential to serve as a new and potentially dangerous way to deliver other drugs.

The CMO recommended that the Department of Education extend its current guidance to schools, which encourages them to implement a complete smoking ban on both internal and external premises, to include electronic cigarettes. Reflecting this advice, the Department issued Circular 2014/25 to all schools on 15 December 2014. You can find the Employing Authority's *Smoking Policy for Schools* (TNC 2000/3) at [www.deni.gov.uk](http://www.deni.gov.uk)



## Pastoral Pathways

We recognise that young people live in a complex modern and more substance tolerant society. The wide variety of media devices means that young people are often immersed in 'an adult' world. We recognise the challenges they face, including peer pressures and media normalisations. When dealing with specific substance-related incidents, pupil safety (both individual and the collective group) is paramount. Initial procedures will always focus on safety. Once the specific substance incident has been managed, the 'Pastoral Pathway' process will begin with sanctions and support.

## Sanctions

Any substance-related incident (controlled and prohibited) will have a sanction in line with our Behaviour for Learning and Positive Behaviour Policy. Each incident will be dealt with individually and all information will be taken into consideration (age, intention, circumstance, particular drug, etc). Sanctions may include: (likely to be a combination of sanctions).

- Expulsion
- Suspension
- Focused Learning Days
- Parental Consultation
- Empathy/Responsibility Role
- Detention after school
- Behaviour report
- Behaviour contract
- Others as deemed appropriate for individual incidents

## Support

Any substance-related incident will have support offered/signposted. Each incident will be dealt with individually and all relevant information will be taken into consideration (age, intentions, circumstances, and particular substance involved).

Support may include: (likely to include a combination of support)

- Mentor support from DTDI/DDTDI
- Mentoring support from Head of Progress
- One-to-one intervention with the Pupil Welfare Auxiliary
- Counselling Service with Independent Council Service for Schools (ICSS)
- One-to-one intervention session/s with outside agency support
- Group intervention session with outside agency support

Both clear sanctions and appropriate support are considered 'protective factors' and reinforce the boundaries in school and the unconditional offer of support.



## Specific Issue Statements

### **Disclosure and Confidentiality**

Members of staff cannot offer confidentiality. This should be made clear to pupils. If a pupil approaches a member of staff for individual advice on drug use or misuse, the member of staff cannot guarantee confidentiality. If a pupil discloses information concerning controlled drugs/prohibited substances the member of staff **must** pass this onto the Designated Teacher for Drugs Incidents.

### **Searching school property**

If drugs or drug related paraphernalia is found in school, the member of staff should inform the DTDI/DDTDI to assist with safe 'temporary possession' or safe storage of the paraphernalia.

### **Searching pupil and pupil property**

Searching a pupil should only be carried out by a PSNI officer (in a controlled drug incident) as they are responsible for the investigation of controlled drugs incidents. If controlled drugs/prohibited drugs are suspected to be in a pupils possession they (the pupil's possessions) can only be searched by the pupil. A second adult should be there to acknowledge consent has been given. The Principal, DTDI or DDTDI may be involved in this process. If a pupil does not give consent or refuses to 'turn out' their bag/pockets the PSNI should be contacted.

### **Confiscation of controlled and prohibited drugs** (*temporary possession of a substance suspected of being a controlled drug*)

It is illegal for anyone to be in possession of a controlled drug. If the DTDI/DDTDI is involved with a pupil in possession of what they believe or suspect to be a controlled drug, they should request to take 'temporary possession' of the substance and follow procedures for handing over controlled drugs to the PSNI.

### **Storing of confiscated, controlled and prohibited drugs**

Controlled drugs will only be confiscated on a 'temporary possession' basis until they are taken by the PSNI within the same day. Prohibited Drugs will be confiscated and stored in the Designated Safe being clearly labelled by the DTDI

### **Writing statements**

In incidents where controlled drugs are involved (being taken, possession and supply) **NO** statements are to be taken. This is the responsibility of the investigating officer from the PSNI as the statements may be required for a potential court case. School may need to establish the circumstances in the first instance, and will pass this information to police.

In incidents where prohibited substances are involved the DTDI/DDTDI is responsible for gathering all required statements.



## **The completion of risk assessments**

Risk assessments are recognised as good practice and take place following a specific substance incident. The aim is to identify the risk the individual/group pose to themselves, others in the school and the local community. While we will endeavour, through the Pastoral Pathways system to support each individual through specific substance incidents, the risk to others must be considered. Possession of a controlled drug with intent to supply, actual supply or supply in an established enterprise will be considered a significant risk to others within the school.

## **Pastoral Pathway Meeting**

In all controlled drug-specific incidents and where appropriate, when the incident involves a prohibited drug, a Pastoral Pathway Meeting may be held with the DTDI/DDTDI and Head of Progress.

The purpose of the meeting is to reflect on the incident, acknowledge the subsequent need for sanctions and support and complete a risk assessment. Pupils and parents/carers should be informed about the outcome of any Pastoral Pathway meetings.

## **Reporting to the PSNI, Education Authority and the Board of Governors**

Reporting a controlled drug-related incident, involving a pupil is required by law. The information assists the Drugs and Alcohol Monitoring Information System (DAMIS) in identifying worrying and dangerous drug and alcohol trends in Northern Ireland.

DAMIS monitors:

- sudden increases in specific drug use
- drugs being misused in new ways
- new drugs becoming available (including New Psychoactive Substances)
- contaminated drugs/bad batches available on the streets

## **Communications of Specific Drug Incidents**

The DTDI/DDTDI is responsible for communication to parents/carers during and after a specific drugs incident. This should be communicated in a caring and supportive manner. The DTDI/DDTDI should only disclose information to members of staff directly concerned with the pastoral needs of the individual pupil, as with any safeguarding issue.

Individual cases should not be discussed with pupils, members of staff (not directly linked to pastoral needs) or other parents. The Principal/DTDID may feel it necessary to de-brief staff or pupils directly involved in an incident, in an attempt to de-escalate the situation or prevent an atmosphere of unsubstantiated rumours.

The Principal has the responsibility to respond to the media. If a statement is to be made it should be positive, short, factual and reassuring about the school's ability to manage the incident. Where possible statements will **not** be made.



### **Review of individual controlled drug incident after every incident**

While the Substance Misuse Policy is reviewed annually. It is good practice to reflect on any major-specific incident to evaluate the implementation of the policy.

### **Code of Conduct for senior pupils (over 18) and staff consuming alcohol at functions/social events e.g school formal**

At school events where pupils are over 18, moderate social consumption of alcohol is recognised as a choice some young people may make. Excessive consumption at such events is prohibited and pupils who appear to have consumed excessive quantities of alcohol will be requested to leave the functions. Parents/carers will be contacted and asked to pick up pupils.

Smoking nicotine outside the function venue for pupils over 18, in line with legislation, is not an issue related to school.

Consumption, possession or the dealing of controlled drugs at a school function will be dealt with directly by the PSNI in line with legalisation.

### **Pupils whose parents/carers are suspected to use controlled drugs, or abuse substances such as alcohol**

If a member of staff is concerned that a pupil is at risk from a parent/carer who they suspect to use controlled drugs or abuse substances such as alcohol; the member of staff must make a referral to the Designated Teacher for Child Protection immediately as outlined in the Safeguarding and Child Protection Policy.

### **Employees affected by controlled drugs and prohibited substances**

The Department of Education's Smoking in Schools Policy and Alcohol and Drugs Misuse Policy will be followed by the Principal if there is a problem identified by the Principal or if the member of staff voluntarily requests help. Both policies can be accessed at [www.deni.gov.uk](http://www.deni.gov.uk)



## Section D (Roles and Responsibilities)

### The schools' legal responsibilities

School must ensure that all staff are aware of their legal responsibilities. School must notify the PSNI in all instances where there is an allegation or suspicion that a crime has been committed. Failure to notify the PSNI is a criminal offence.

Staff must be aware of the legal implications of:

- receiving information about a controlled drug;
- discovering a young person in possession of a controlled drug; or
- discovering a young person is involved in supplying a controlled drug.

### Board of Governors

School governors are responsible for their individual school. They should collaborate with appropriate staff, pupils and parents or carers to foster and support developing and reviewing its Substance Misuse Policy.

They should also:

- facilitate the consultative process where the school community can respond and contribute to the policy's effectiveness and quality, which the governors should examine and approve before implementing in the school.
- ensure details of the policy are published in the school prospectus and that these are reviewed at least annually and after a drug-related incident; and
- be fully aware of and adequately trained to deal with suspected drug-related incidents, including alcohol and tobacco, tobacco-related products, electronic cigarettes, and their appropriate disciplinary response.
- As a matter of good practice, every Board of Governors should have a Designated Governor for Drugs who has received specific training in drug-related issues.

### Principal

It is the principal's responsibility to determine the circumstances of all incidents, but it is the responsibility of the PSNI to investigate any criminal or suspected criminal offence. In any suspected substance-related incident, the principal should contact the parents or carers of those pupils involved. The principal must ensure that in any incident involving a controlled substance there is close liaison with the PSNI. Failure to inform the PSNI of a suspected incident involving controlled drugs is a criminal offence.

After contact is made with the PSNI, the principal should confine their responsibilities to:

- the welfare of the pupil(s) involved in the incident and the other pupils in the school;
- health and safety during the handling, storage and safe disposal of any drug or drug-related paraphernalia, using protective gloves at all times;
- inform the Board of Governors;
- agree any appropriate pastoral or disciplinary response;
- completing a written report and forwarding a copy to the Board of Governors and the Designated Officer in the Education Authority.

- reporting the incident to the Education Authority, if appropriate, for example, if an incident:
  - is serious enough to require PSNI involvement;
  - requires that a Child Protection procedure is invoked; or
  - leads to the suspension or exclusion of a pupil; and
- Support staff who have dealt with the incident.
- Agree, in consultation with the Board of Governors, appropriate pastoral and disciplinary responses in relation to the incident, including counselling services/support.
- Retain records of the incident and ensuring a copy of the reports are submitted to Board of Governors, Education Authority as appropriate.
- Review procedures and amend.

### **Designated Teacher for Substance Misuse Incidents**

- Should have procedures in place for handling cases of suspected drug or substance misuse on the premises.
- Should be the first point of contact for all pupils who are suspected of having taken/being under the influence of any drug and in need of immediate first aid (alongside the Pupil Welfare Auxiliary, if necessary).
- co-ordinating the school's procedures for handling suspected substance-related incidents and training and inducting new and existing staff in these procedures;
- ensuring that the school's disciplinary policy has an appropriate statement about any disciplinary response resulting from suspected substance-related incidents;
- liaising with other staff responsible for pastoral care;
- being the contact point for outside agencies that may have to work with the school or with a pupil or pupils concerned;
- responding to advice from first aiders, in the event of an incident, and informing the principal, who should contact the pupil's parents or carers immediately;
- taking possession of any substance(s) and associated paraphernalia found in a suspected incident;
- pupil(s) involved in a suspected incident;
- completing a factual report using the schools Drug-Related Incident Form, which they forward to the principal; and
- reviewing and if required updating the policy at least annually and after a drug-related incident, where learning from the experience could improve practice.
- If directed by the Principal, or the Principal is unavailable, contact parents/carers of those involved.
- If directed by the Principal, or the Principal is unavailable, contact the PSNI.
- Ensure that all staff and parents are aware of and have access to a copy of the policy.
- Have oversight and liaise with those who co-ordinate the planning of curricular provision in compliance with the statutory requirements.
- Co-ordinate training and induction of all staff in the procedures for dealing with incidents of suspected substance misuse.
- Determine the circumstances surrounding the incident.
- Complete a suspected incident report form and forward to Principal.
- Ensuring the engagement and active participation of parents in all aspects of substance education.
- Act as the point of contact for outside agencies working with the school.



## **Teachers delivering the Substance Education programme will:**

In addition to the above:

- Deliver the school's substance education programme.
- Try to create an atmosphere in the classroom in which pupils can freely contribute to the discussion, safe in the knowledge that the comments, ideas and feelings of the group are valued.
- Support pupils in their class, if necessary.
- Liaise with the Designated Teacher for Substances regarding any aspect of the programme/policy, as necessary.

## **Pupil Welfare Auxiliary (Medical)**

- Provide immediate first aid to anyone suspected of being under the influence of any substance.
- Assess the risk to the pupil's health.
- Contact and liaise with the DTDI / DDTDI (if not already involved).
- Contact the Ambulance Service NI, if required.
- Perform first aid if required – until the Ambulance Service NI arrive.

## **School First Aiders**

The responsibilities of the first aiders (in the event the Pupil Welfare Auxiliary is not in school or is unable to be contacted) is to work with the DTDI/DDTDI to help provide first aid in a specific drug incident until the Ambulance Service NI arrives at school. An up-to-date list of First Aiders should always be displayed in the medical room.

## **All staff (teaching and non-teaching)**

All staff should be familiar with the content of the school's Substance Misuse Policy. They should also be fully aware of their responsibilities, should a suspected substance-related incident occur. It is not the staff's responsibility to determine the circumstances surrounding the incident, but they should:

- assess the situation and decide on the appropriate actions to take;
- notify the Principal and the Designated Teacher for Drugs at the earliest opportunity;
- deal with any emergency procedures to ensure the safety of pupils and staff, if necessary
- forward any information, substance or paraphernalia received to the Designated Teacher for Drugs, who will respond accordingly
- use the school's Substance Incident Report Form to complete a brief factual report on the suspected incident and forward this to the Designated Teacher for Drugs (Appendix 10)
- consider the needs and safety of a pupil when discharging him or her into the care of a parent or carer who appears to be under the influence of alcohol or another substance (staff, who are in loco parentis, should maintain a calm atmosphere when dealing with the parent and, if concerned, should discuss with the parent alternative arrangements for caring for the pupil); and
- invoke safeguarding procedures, if a parent or carer's behaviour may place a pupil at risk.



## **Caretaking/AMEY Staff will:**

- Be vigilant around and conduct regular checks of school grounds for substance-related paraphernalia. Inform the Designated Teacher for Drugs should any be found.
- Ensure the safe storage, handling and disposal of potentially harmful substances such as solvents and cleaning fluids.

## **Parents/Carers:**

- Support their child if they have become involved with substances.
- Support the school in the development and implementation of this policy, including the school's procedures for handling incidents of suspected substance misuse and the substance education programme.

## **Pupils**

- Be aware of and adhere to school rules in relation to substance use/misuse, including tobacco, alcohol, over-the-counter and prescribed medication, volatile substances and controlled substances.
- If a pupil is concerned about another member of the school community, they must report it to a member of staff immediately.



## **Section E (Consultation, Communication, Monitoring and Evaluation of the Policy)**

This policy has been developed in consultation with governors, staff, pupils and parents.

The policy will be monitored via a range of methods. It is based on addressing presenting issues, established by a range of methods including following Department of Education Northern Ireland guidance, pupil surveys, pupil discussions, those raised at Student Council meetings and parent discussions.

The Substance Misuse Policy will be reviewed by all stakeholders and, if required, updated:

- following any incident which highlights the need for such a review.
- when directed to by the Department of Education Northern Ireland and in light of new guidance.
- Every two-years (as identified on the front cover of this policy).
- Monitoring by the Designated Teacher for Drugs Incidents continuously.

To appropriately monitor the effectiveness of the policy, the Board of Governors shall:

- be updated regularly on any regulation changes, respective of any substance misuse incidents involving school.
- identify current issues, trends and priorities for action.
- assess the effectiveness of strategies aimed at ensuring that pupils' needs are met in relation to protection from substance misuse incidents.



## Appendix 1: Signs and Symptoms of Substance Misuse

Below are specific physical and behavioural signs that may be associated with substance misuse. Some of these, however, can indicate the onset of adolescence.

Physical Signs of substance use can differ depending on the type of drug taken, for example a stimulant or hallucinogen.

Type of substance	Description	Signs to look out for
Solvents	Solvents include glues, butane gas refills, aerosols, typewriting correcting fluids and thinners.	<ul style="list-style-type: none"> <li>• usual signs of intoxication</li> <li>• unco-ordinated movement or slurred speech;</li> <li>• possible odour on clothes and breath;</li> <li>• redness around the mouth and nose, if using glue;</li> <li>• a cough; and</li> <li>• possible stains on clothing, depending on type of solvent used.</li> </ul>
Cannabis	Cannabis can have the effect of a depressant or mild hallucinogen, depending on the amount taken and situational factors.	<ul style="list-style-type: none"> <li>• a tendency to laugh easily;</li> <li>• becoming talkative;</li> <li>• relaxed behaviour;</li> <li>• reddening of the eyes; and</li> <li>• hunger.</li> <li>• If the drug is smoked, it produces a distinctive sweet smell.</li> </ul>
Ecstasy	Ecstasy is sometimes referred to as a hallucinogenic stimulant.	<ul style="list-style-type: none"> <li>• increased temperature;</li> <li>• excessive sweating;</li> <li>• a very dry mouth and throat;</li> <li>• jerky, unco-ordinated movements;</li> <li>• clenched jaws;</li> <li>• occasional nausea, when first used; and</li> <li>• fatigue after use, but also possibly some anxiety, depression and muscle pain.</li> </ul>
Stimulants	Amphetamines (speed), butyl nitrite (poppers) or cocaine	<ul style="list-style-type: none"> <li>• increased pulse rate;</li> <li>• increased blood pressure;</li> <li>• agitation;</li> <li>• talkativeness or lack of coherent speech;</li> <li>• dilated pupils;</li> <li>• loss of appetite;</li> <li>• damage to nasal passages;</li> <li>• increased tendency to go to the toilet;</li> <li>• mouth ulcers; and</li> <li>• fatigue after use.</li> </ul>



Hallucinogens	LSD, magic mushrooms  Effects can vary depending on nature of the experience.	<ul style="list-style-type: none"> <li>• relaxed behaviour;</li> <li>• agitated behaviour;</li> <li>• dilation of pupils; and</li> <li>• unco-ordinated movements.</li> </ul>
Heroin	Heroin acts as a depressant.	<ul style="list-style-type: none"> <li>• decrease in breathing and heart rate;</li> <li>• suppression of cough reflex;</li> <li>• increase in size of certain blood vessels;</li> <li>• itchy skin;</li> <li>• runny nose;</li> <li>• decreasing body temperature; and</li> <li>• sweating.</li> </ul>

### Behavioural Signs

Substance use can often cause behavioural changes. These changes can be difficult to recognise. Some prior knowledge of the person is required to make an accurate evaluation of behaviour. The changes can be obvious or very subtle and may be due to some other reason, 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 schoolwork, 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 or relatives or selling own possessions to stealing from friends or home or involvement in petty crime; and
- secretive telephone calls.

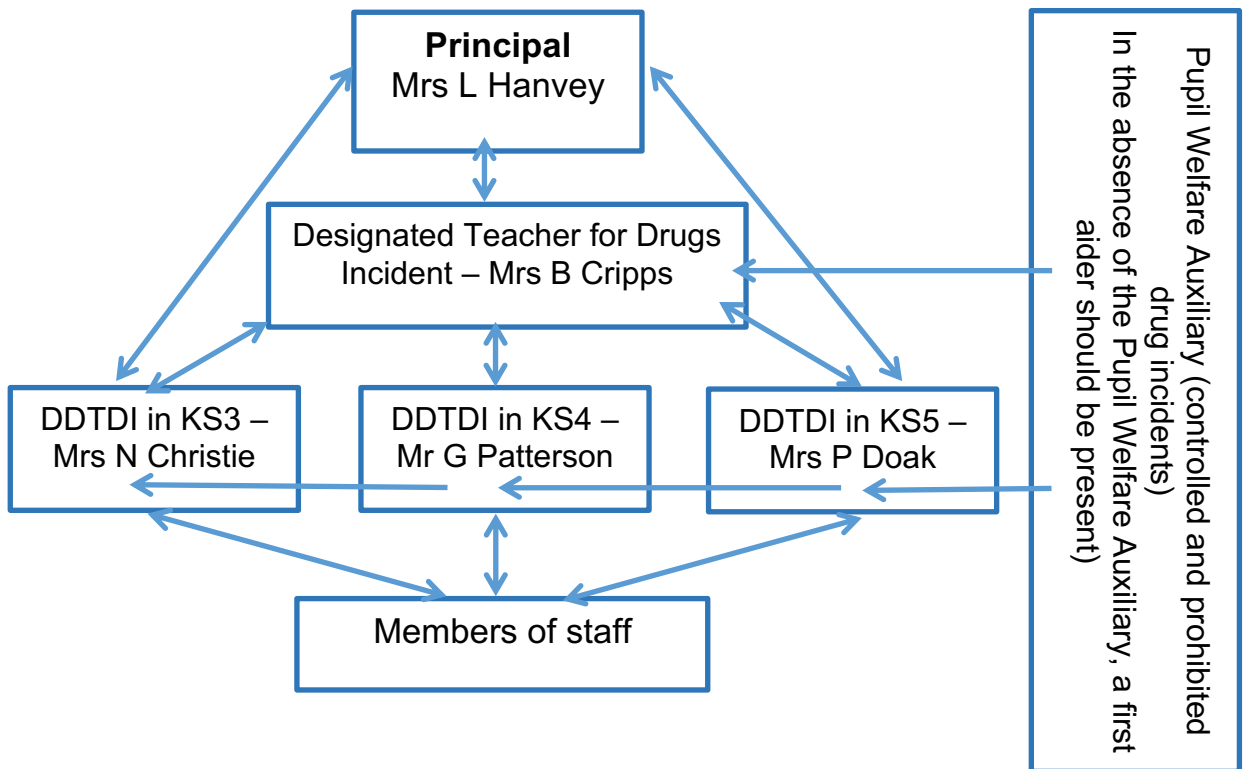
Other possible signs include:

- 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 nights out in nightclubs or bars; and
- a pattern of absences on a certain day. These signs may often only become apparent in pupils who are using drugs on a regular basis.

Such signs can be difficult to see in the experimental or casual drug user.

## Appendix 2: Management of Substance Misuse Incidents

### Roles and Responsibilities





## Appendix 3: Curriculum Overview in Learning for Life & Work

Year 8	Personal Development: To understand that decisions about using substance that affect your health have consequences, both good and bad ( Nicotine and Alcohol)
Year 9	Personal Development: Understanding the influence others have on your decisions in relation to smoking cigarettes or drinking alcohol
Year 10	Personal Development: Assessing risk – using / taking drugs Science: Substances that affect your health – Nicotine / Smoking Cigarettes
Year 11 / 12	GCSE Learning for Life and Work : The causes and consequences, including the impact on health and well-being of the following unhealthy lifestyle factors: <ul style="list-style-type: none"> <li>• Drinking alcohol</li> <li>• Smoking</li> <li>• Using drugs</li> </ul> GCSE Science: Types of Drugs
Year 13/14	Consequences of Drinking Alcohol Year 13 Induction programme Driver Safety Year 14 (PSNI)



## Appendix 4: Drug Classification Table

Class	Substance	Possession	Supply and Production
A	Crack cocaine, cocaine, ecstasy (MDMA), heroin, LSD, magic mushrooms, methadone, methamphetamine (crystal meth)	Up to 7 years in prison, an unlimited fine or both	Up to life in prison, an unlimited fine or both
B	Amphetamines, barbiturates, cannabis, codeine, methylphenidate (Ritalin), synthetic cannabinoids, synthetic cathinones (for example mephedrone or methoxetamine)	Up to 5 years in prison, an unlimited fine or both	Up to 14 years in prison, an unlimited fine or both
C	Anabolic steroids, benzodiazepines (diazepam), gamma hydroxybutyrate (GBL), ketamine, piperazines (BZP)	Up to 2 years in prison, an unlimited fine or both	Up to 14 years in prison, an unlimited fine or both
Temporary class substance	NBOMe and Benzofuran compounds	None, but police can take away a suspected temporary class substance	Up to 14 years in prison, an unlimited fine or both

**Please note the above table refers to some commonly available drugs. It is not a complete list of controlled drugs.**

**Sentences can increase if a person is found to be dealing drugs or supplying them – even if it is passed to a friend, with no money changing hands.**



## Appendix 5: Signs and Symptoms of Substance Misuse

**What to look out for** you suspect a pupil has consumed a substance to believe to be a drug (prohibited or controlled), they may be:

- anxious
- tense
- panicky
- overheated and dehydrate
- drowsy, or
- having difficulty with breathing

### What to do

Follow the procedures outlined in **Appendix 7, 8 and 9**

If they are **anxious or drowsy, tense or panicking**, you should:

- sit them in a quiet and calm room and immediately send a reliable pupil for the Pupil Welfare Auxiliary and Designated Teacher for Drugs Incidents
- stay with them

If they are **unconscious** or having difficulty breathing, you should:

- immediately phone for an ambulance
- place them into the recovery position
- stay with them
- send a reliable pupil for the Pupil Welfare Auxiliary and Designated Teacher for Drugs Incidents

## Appendix 6 Sources of Support and Help

If you think your child may be using drugs and/or alcohol, and this is causing significant problems, the five Health and Social Services' Trusts have services for young people.

Each of the Northern Ireland Drug and Alcohol Co-ordination Teams (DACTs) in the five Health Trust areas has produced a directory of services available. You can find these at [www.publichealth.hscni.net](http://www.publichealth.hscni.net). You can also consult your GP to find out where your nearest support agency is.

Education Authority (formerly Education and Library Boards)		
Belfast Region	Tel: 028 9056 4000	<a href="http://www.belb.org.uk">www.belb.org.uk</a>
North-Eastern Region	Tel: 028 9448 2200	<a href="http://www.neelb.org.uk">www.neelb.org.uk</a>
South-Eastern Region	Tel: 028 9056 6200	<a href="http://www.seelb.org.uk">www.seelb.org.uk</a>
Southern Region	Tel: 028 3751 2200	<a href="http://www.selb.org">www.selb.org</a>
Western Region	Tel: 028 8241 1411	<a href="http://www.welbni.org">www.welbni.org</a>

Department of Education		
The Department of Education has produced information and sources of help on a range of topics, including smoking and drugs, as part of the iMatter programme.		<a href="http://www.deni.gov.uk">www.deni.gov.uk</a>

Independent Counselling Service for Schools		
The Department of Education funds the Independent Counselling Service for Schools (ICSS). It is available to all post-primary aged pupils, including those in special schools, during school hours and on school premises. Contact is through the school.	Tel: 028 9127 9729 for further information from the ICSS Regional Co-ordinator	

Health and Safety		
The Health and Safety Executive	Tel: 028 9024 3249 for Northern Ireland (HSENI)	<a href="http://www.hseni.gov.uk">www.hseni.gov.uk</a>

Public Health Agency for Northern Ireland		
The Public Health Agency (PHA) is a regional organisation that aims to protect and promote the health and well-being of the population. It was established in April 2009 as part of the reforms to Health and Social Care (HSC) in Northern Ireland. The PHA addresses the causes and associated inequalities of preventable ill health and lack of well-being. It is a multidisciplinary, multi-professional body with a strong regional and local presence. The PHA is responsible for commissioning services to address alcohol, tobacco and drug issues across Northern Ireland.		<a href="http://www.publichealth.hscni.net">www.publichealth.hscni.net</a>



Local Drug and Alcohol Co-ordination Teams		
Contact details for local services in the Local Service Directories prepared by the DACTs		<a href="http://www.publichealth.hscni.net">www.publichealth.hscni.net</a>

Police Service for Northern Ireland (PSNI)		
Drugs Squad	Tel: 028 9065 0222	
Community Involvement	Tel: 028 9070 0964	
Crimestoppers	Tel: 080 0555 111	

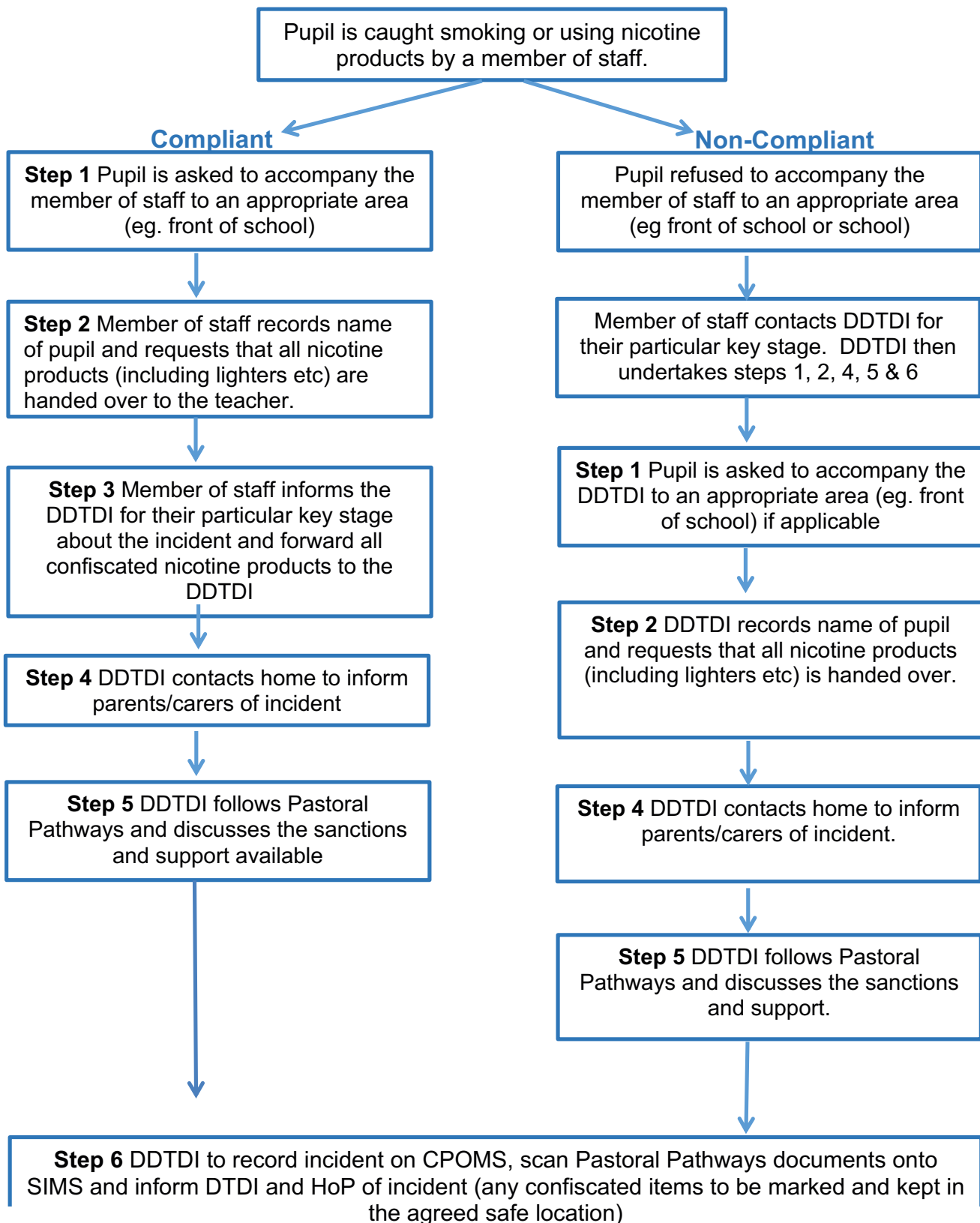
Treatment, Counselling and Support Agencies		
Health and Social Care Organisations		<a href="http://www.publichealth.hscni.net">www.publichealth.hscni.net</a>
Family Support NI		<a href="http://www.familysupportni.gov.uk">www.familysupportni.gov.uk</a>
Children and Adolescent Mental Health Services, Belfast		<a href="http://www.belfasttrust.hscni.net">www.belfasttrust.hscni.net</a>

Local Organisations		
A list of local organisations that provide information and advice and/or resources about drugs.		<a href="http://www.mindingyourhead.info">www.mindingyourhead.info</a> <a href="http://www.fasaonline.org">www.fasaonline.org</a> <a href="http://www.talktofrank.com">www.talktofrank.com</a> <a href="http://www.thesite.org/drinkanddrugs">www.thesite.org/drinkanddrugs</a> <a href="http://www.nhs.uk/Livewell/Pages/Topics.aspx">www.nhs.uk/Livewell/Pages/Topics.aspx</a>

### National Organisations

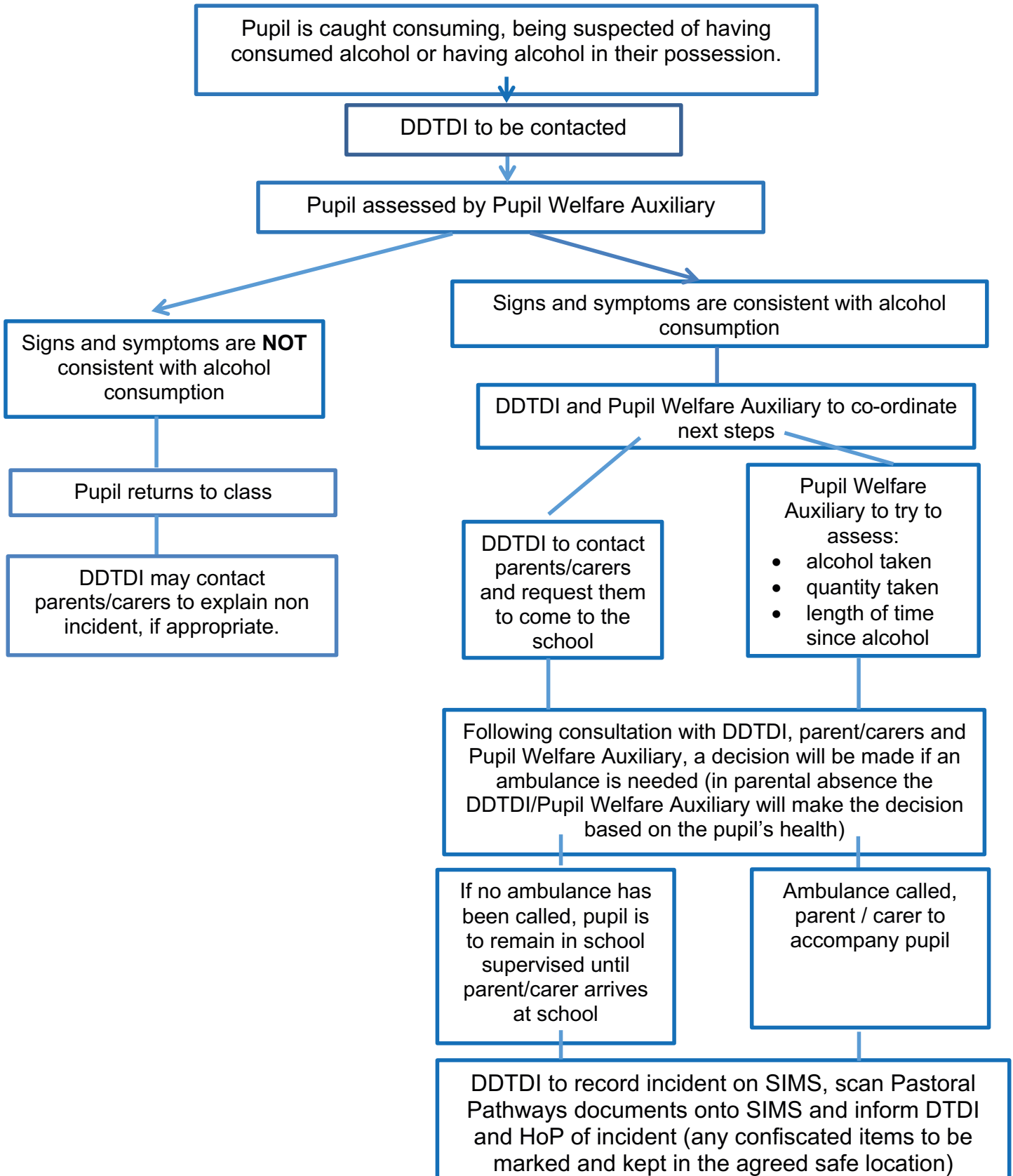
Adfam, London		<a href="http://www.adfam.org.uk">www.adfam.org.uk</a>
Action on Smoking and Health (ASH), London		<a href="http://www.ash.org.uk">www.ash.org.uk</a>
Alcohol Concern, London		<a href="http://www.alcoholconcern.org.uk">www.alcoholconcern.org.uk</a>
CAMH, UK		<a href="http://www.camh.org.uk">www.camh.org.uk</a>
FRANK, UK		<a href="http://www.talktofrank.com">www.talktofrank.com</a>
Drugscope, London		<a href="http://www.drugscope.org.uk">www.drugscope.org.uk</a>
HIT, Liverpool		<a href="http://www.hit.org.uk">www.hit.org.uk</a>
Lifeline, Manchester		<a href="http://www.lifeline.org.uk">www.lifeline.org.uk</a>
Release, London		<a href="http://www.release.org.uk">www.release.org.uk</a>
Lions Lifeskills		<a href="http://www.lionslifeskills.co.uk">www.lionslifeskills.co.uk</a>
Want 2 Stop, Public Health Agency		<a href="http://www.want2stop.info">www.want2stop.info</a>
National Drugs Helpline	0800 776600 text 82111	
AA National Helpline	0845 769 7555	

## Appendix 7 - Procedures for a pupil who has been caught smoking a cigarette, an e-cigarette or having nicotine replacement therapy products (without DTDI prior knowledge of nicotine replacement therapy products)

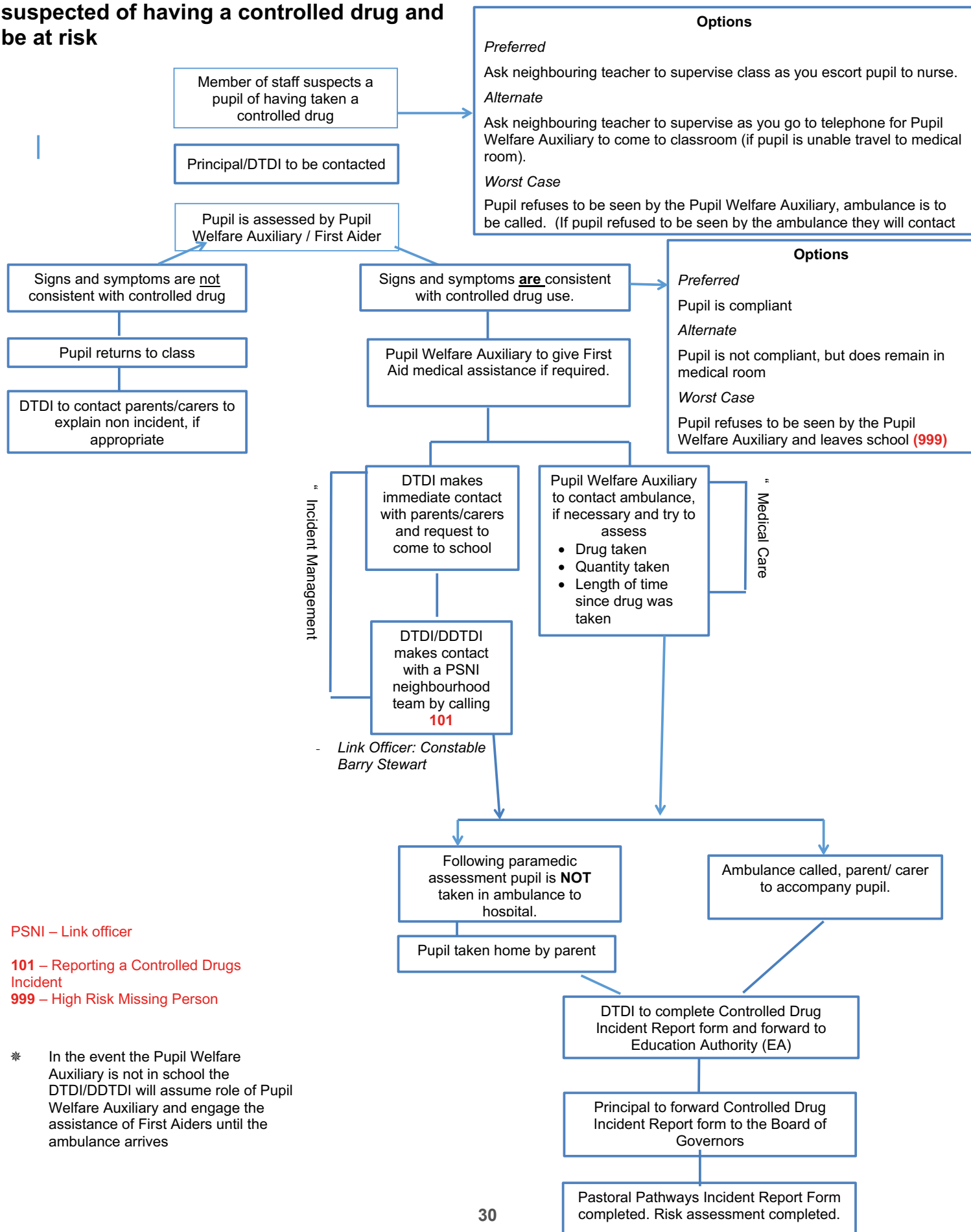




## Appendix 8 - Procedures for a pupil caught consuming or being suspected of having consumed alcohol



## Appendix 9 – Procedures for a pupil suspected of having a controlled drug and be at risk









# Challenging girls today; creating women of value in the future



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