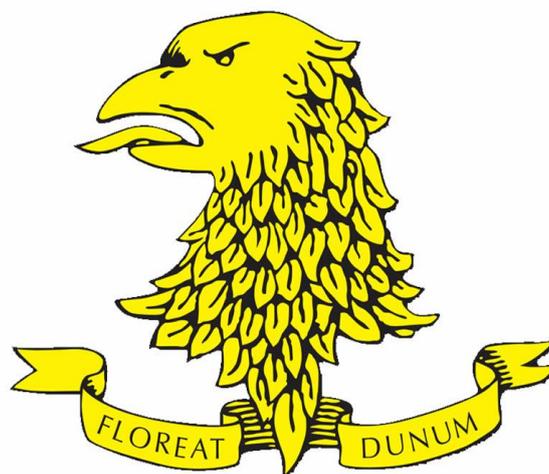


# DOWN HIGH SCHOOL

## DRUGS POLICY



**Updated: June 2022**

### **“NOTHING ACHIEVED WITHOUT EFFORT”**

#### **ETHOS AND RATIONALE**

*According to Drugs Guidance for Schools in Northern Ireland (CCEA, Revised Edition 2015), “In today’s society, most people will be exposed to and/or use some sort of drug at some time in their lives. Substance misuse affects all communities in Northern Ireland, crossing gender, cultural and social boundaries. 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.”*

At Down High School we are committed to promoting wellbeing by providing a safe, caring and supportive environment for every member of our school community. We value respect, responsibility and trust, believing that every member of the school community will act with integrity, reliability and fairness. Alongside parents, the school has an important role to play in enabling young people to make informed and responsible decisions, helping them to cope with the demands of living in today’s society.

Our drugs policy has been written in accordance with Drugs Guidance for Schools in Northern Ireland (revised edition 2015, CCEA). This policy should be considered alongside other

relevant pastoral policies including; Safeguarding and Child Protection, Anti-Bullying, Health and Safety, Promoting Positive Behaviour and Managing Critical Incidents.

### Designated Teacher for Drugs

The Designated Teacher for Drugs has responsibility for overseeing and monitoring this policy and for coordinating the school's procedures for handling suspected drug-related incidents.

Designated Teacher for Drugs	Mr G McKillen
Deputy Designated Teacher for Drugs	Miss W Bell
Deputy Designated Teacher for Drugs	Mrs H Hamilton

### DEFINITIONS

For the purposes 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 vapes/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;
- other substances such as amyl or butyl nitrite (known as poppers) and unprocessed magic mushrooms.

**Controlled Substances** are legally classified according to their benefit when used in medical treatment or harm if misused. The Misuse of Drugs Act (1971) 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.

## **AIMS OF THE DRUGS POLICY**

1. To meet the statutory requirement in accordance with Drugs Guidance for Schools in Northern Ireland (revised edition 2015, CCEA) and ensure that all members of the school community adopt a consistent approach to drug related issues.
2. To define the roles, responsibilities and legal duties of the Board of Governors, the Principal, the Designated Teacher for Drugs, all staff, pupils and parents.
3. To establish pastoral procedures that address drug-related issues.
4. To develop protocols that deal with specific incidents of suspected drug misuse.
5. To identify how the school will implement and deliver drugs education as part of the overall provision for Personal Development in the curriculum.
6. To recognise how the school's Drugs Policy can complement other policies including, Safeguarding and Child Protection, Anti-Bullying, Health and Safety, Positive Behaviour and Managing Critical Incidents.

## **THE ROLES, RESPONSIBILITIES AND LEGAL DUTIES OF ALL INVOLVED IN THE SCHOOL COMMUNITY WITH REGARD TO DRUGS EDUCATION AND MANAGING A DRUG-RELATED INCIDENT (APPENDIX 1 SUMMARY OF ROLES AND RESPONSIBILITIES WHEN MANAGING A DRUG-RELATED INCIDENT)**

### **The Board of Governors**

The School governors should;

- ensure a rigorous Drugs Policy is in place to effectively deal with any drug related incident in school;
- ensure that the Drugs Policy is reviewed every four years and be fully aware of how the school deals with suspected drug-related incidents, including alcohol and tobacco, tobacco-related products, vapes/electronic cigarettes, and also the school's appropriate disciplinary response.

### **The Principal-Mrs Perry**

It is the Principal's responsibility to determine the circumstances of all drug-related incidents, but it is the responsibility of the PSNI to investigate any criminal or suspected criminal offence. In any suspected drug-related incident, the Principal should contact the parents 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; this may include NPS or prescription medication. Schools are not legally obliged to notify the PSNI if they suspect**

**the misuse of alcohol or solvents, although the Designated Teacher (Mr. McKillen) must be informed of this and he, with the Principal, will decide on an appropriate course of action.**

After contacting 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;
- informing the Chair of the Board of Governors;
- agreeing any appropriate pastoral or disciplinary response;
- 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;
    - completing a written report and forwarding a copy to the Board of Governors and the designated officer in the Education Authority.

### **The Designated Teacher for Drug-Related Incidents-Mr McKillen**

The Designated Teacher is responsible for:

- co-ordinating the school's procedures for handling suspected drug-related incidents (Appendix 2 contains flow charts detailing specific actions in light of specific incidents) and training and inducting new and existing staff in these procedures;
- ensuring that the school's Positive Behaviour Policy has an appropriate statement about any disciplinary response resulting from suspected drug-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, so that she can contact the pupil's parents immediately;
- taking possession of any substance(s) and associated paraphernalia found in a suspected incident;
- dealing with pupil(s) involved in a suspected incident;
- completing a factual report using the school's Drug Incident Form (Appendix 3); with the cooperation of other staff directly involved, which they forward to the Principal;
- reviewing the provision of drugs education in the school and ensuring staff have relevant training to deliver the programme effectively;
- reviewing and, if required, updating the policy at least every four years and after a drug-related incident, where learning from the experience could improve practice.

In the absence of the Designated Teacher, the Deputy Designated teacher is **Miss Bell or Mrs Hamilton**.

### **Individual staff members (teaching and support staff):**

All staff should be familiar with the content of the school's Drug Policy. They should also be fully aware of their responsibilities should a suspected drug-related incident occur. It is not their 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 (Appendix 5);
- forward any information, substance or paraphernalia received to the Designated Teacher for Drugs, who will respond accordingly (Appendix 2);
- use the school's Drugs Incident Report Form (Appendix 3) to complete a brief factual report on the suspected incident and forward this to the designated teacher for drugs.
- consider the needs and safety of a pupil when discharging him or her into the care of a parent who appears to be under the influence of alcohol or another substance;
- invoke safeguarding procedures if a parent or carer's behaviour may place a pupil at risk (Appendix 2);
- staff must attend training in relation to drugs education as provided by the school or outside agencies and deliver drugs education as outlined in the Personal Development programme and other related schemes of work e.g. Science and LLW.

### **Parents**

Parents should be encouraged to:

- discuss the issues of drugs, including alcohol and other drugs, with their children;
- do their best to ensure their child participates in all events run by the school to educate young people with regard to drugs;
- inform the Designated Teacher (Mr. McKillen) or Principal if they believe a pupil at the school is misusing drugs, including supplying these to others;
- do their best to ensure that their child does not bring illegal drugs, NPS (new psychoactive substances, formerly known as legal highs), alcohol, tobacco and tobacco-related products and vapes/electronic cigarettes to school or at any event or activity organised or facilitated by the school for pupils;
- ensure that an AM2 Form is completed and signed by the Principal for any prescribed medications to be administered in school by the School Nurse (AM2 Forms can be obtained from the Medical Room);
- Ensure that their child does not bring over-the-counter medication, such as paracetamol and ibuprofen into school. (These may be administered by the School Nurse following verbal parental consent).

## Pupils

Pupils must ensure that they:

- do not bring (or use) illegal drugs, NPS (new psychoactive substances), alcohol, solvents, tobacco and tobacco related products and electronic cigarettes/vapes into school or to events sanctioned by the school;
- participate in all events run by the school to educate young people with regard to drugs;
- inform the Designated Teacher (Mr. McKillen) or Principal (Mrs. Perry) if they believe a pupil at the school is misusing drugs, including supplying these to others;
- only bring a prescribed medicine into school, with the permission of the Principal (AM2 Form) and ensure that this is kept and administered as directed by the School Nurse;
- do not bring into school over the counter medication, such as paracetamol and ibuprofen (these may be administered by the School Nurse following verbal parental consent).

## DRUGS EDUCATION IN THE CURRICULUM

The school has important role to play in enabling young people to make informed and responsible decisions and helping them to cope with living in today's society. In accordance with the statutory requirement of the Northern Ireland Curriculum, drugs education is delivered through the Personal Development strand of Learning for Life and Work, to shape attitudes, values and aspirations that bring about resilience in young people. The Personal Development programme will also promote healthy lifestyles, encouraging positive attitudes and self-esteem. Drugs education is also actively promoted through:

- Personal Development lessons in Year 13/14;
- Personal Development programme as part of Learning for Life and Work (Key Stage 3 and 4);
- Drama groups/workshops;
- Assembly Programme;
- Talks by external agencies;
- English/Home Economics/Science/PE.

## PROCEDURES FOR MANAGING SUSPECTED DRUG-RELATED INCIDENTS

All procedures noted below follow the guidance provided by CCEA, in their 2015 publication, *Drugs: Guidance for Schools in Northern Ireland*, including the relevant flow charts detailing essential actions for staff contained in Appendix 5.

### **What constitutes a drug-related incident?**

For the purposes of this guidance, a drug-related incident may include:

- suspicion of being under the influence of drugs – owing to a student displaying unusual or uncharacteristic behaviour (Appendix 4);
- an allegation;
- suspicion of possession, possession with intent to supply and/or supply of any substance as defined at the beginning of this policy;
- finding substance-related paraphernalia.

### **Controlled Substances**

It is illegal for pupils to be in possession of a controlled drug, including NPS. Any instances of possession, use or supply of controlled drugs on school premises will be regarded with utmost seriousness. Pupils found with controlled substances in their possession, either for their own use or for supply to others, face serious sanctions in line with the school's disciplinary procedures.

Prescribed medication may be considered a controlled substance if it has been prescribed for someone else and pupils in possession of such may be dealt with accordingly. This also applies to drugs purchased via the internet, which may have been sourced outside of the UK (where it may not be illegal to supply prescription drugs).

### **Other substances that are not controlled**

While it may not be illegal for a pupil to possess or use other substances that are not controlled (i.e. alcohol, solvents, tobacco, tobacco-related products, electronic cigarettes/vapes), these are banned anywhere on the school grounds and at any event or activity organised or facilitated by the school for pupils. They will be confiscated from the pupil and parents will be informed.

The school will deal with a pupil in possession of substances that are not controlled, using the school's Positive Behaviour Policy and in line with the school's Safeguarding and Child Protection policy. Where there are issues about the origin of these substances, the school may notify the PSNI.

Pupils should not bring over-the-counter medications to school. If a pupil becomes unwell while in school, they should report to the Medical Room and, if necessary, parents will be contacted and permission sought to administer paracetamol or other suitable medication.

In all instances, Safeguarding and Child Protection procedures will be adhered to. Pupils who are victims of substance misuse, or considered to be at risk, will as far as possible be supported by the school's Pastoral Care system, counselling and the involvement of specialised agencies, but the safety and wellbeing of the whole pupil body is of paramount importance and will take precedence over all other considerations.

### **Illness, unusual or uncharacteristic behaviour**

Staff should bring any indications of illness or unusual or uncharacteristic behaviour due to suspected substance misuse to the attention of the Designated Teacher for Drugs. Where staff believe a pupil may have taken a substance they suspect is a drug, they should seek medical assistance immediately. The school must inform the parents and the PSNI. (See Appendix 4 for signs and symptoms and Appendix 2 for emergency procedures).

When these duties have been addressed, the Drug Incident Report Form should be completed with the Designated Teacher.

Note: Changes in behaviour may indicate a range of difficulties and may be related to a medical condition, rather than substance misuse. However, intoxication, physical collapse or unconsciousness can also result from an initial experiment with drugs.

### **Taking possession of a suspected controlled substance/Carrying out a search**

If the school suspects a pupil of concealing controlled drugs on their person or in their personal belongings, the Designated Teacher, the Principal or the Deputy Designated Teacher, should make every effort to encourage him/her to produce these substances voluntarily; staff should ask the pupil to turn out his/her pockets or schoolbags.

**However, teachers cannot search personal belongings (including desks and lockers) without consent.** The Designated Teacher, Principal, or Deputy Designated Teacher should carry out this search in the presence of the pupil **and another adult witness**. If the pupil refuses at this stage, staff should contact their parents and the PSNI to deal with the situation. **A member of staff should never carry out a physical search of a pupil, unless there is compelling evidence that the pupil has committed an offence.**

If staff recover a substance or an object that they suspect has a connection with drugs, they should take possession of it, send for the Designated Teacher and make a full record using the school's Drug Incident Report Form.

School staff will take temporary possession of a substance suspected of being a controlled drug to protect a pupil from harm and prevent the pupil committing the offence of possession. The teacher should, using appropriate safety precautions, take the suspected

substance and any associated equipment and/or paraphernalia to the Designated Teacher for Drugs as soon as possible. The Designated Teacher will arrange for its safe storage, in a locked cabinet in the Pastoral Vice-Principal's office, until the school can hand it over to the local PSNI officer to identify whether it is a controlled substance. School staff should not attempt to analyse or taste an unidentified substance. An adult witness should be present when a member of staff confiscates the substance and the school should keep a record of the details, using the school's Drug Incident Report Form.

### **Drug-related paraphernalia**

The following list is not exhaustive, but it gives teachers an idea of what may indicate the presence of controlled substances:

- small bottles or pill boxes;
- hypodermic needles;
- twists of paper;
- cigarette papers, lighters and spent matches;
- electronic cigarette/vape liquid refill bottles (there is a potential risk that refillable cartridges used in some electronic cigarettes could be filled with substances other than nicotine, serving as a new and potentially dangerous way to deliver drugs);
- roaches (ends of rolled-up cigarettes);
- punctured cans, plastic bottles or containers;
- aerosols or butane gas refills; and
- drugs themselves.

Such paraphernalia in the school grounds is an indication of drug use or misuse. Any member of the school community who encounters any paraphernalia should use extreme care, as these items may be hazardous. Anyone who finds paraphernalia associated with drug use or misuse should report it to the Designated Teacher for Drugs, who will assess the situation and respond accordingly. This response may include contacting the PSNI.

### **RECORDING AN INCIDENT**

When actions to ensure the safety of all involved have been taken and the Principal, PSNI, and the relevant parents have been informed of the incident, the member of staff who discovered the incident will complete the Drugs Incident Form, alongside the Designated Teacher. This will be forwarded to the Principal, who will use this to write a report on the incident for the Board of Governors. The Principal will store, in a locked cabinet, all completed Drug Incident Forms. The Principal and Designated Teacher will ensure all necessary agencies are contacted.

For an incident that requires a PSNI investigation, the Principal is responsible for determining the circumstances of all incidents. The PSNI is responsible for investigating any criminal or suspected criminal offence. **Under these circumstances, schools should not take any written statements from individuals involved in the incident.** The investigating officer is responsible for dealing with the incident and for co-ordinating and recording all statements that could be required for a potential court case.

If the PSNI has been contacted or if the Principal considers an incident to be serious, they will contact the Education Authority to alert them to the incident and then make a full written factual record of the incident. Staff will carefully record any verbal statements provided by students suspected of being involved in or witness to an incident.

## **CONFIDENTIALITY**

Confidentiality is of primary importance to those who work professionally with young people in a trusting and secure environment. However, the legal requirements of drug legislation mean that in certain circumstances, information must be shared with other parties. The Children (Northern Ireland) Order (1995) makes it clear that the welfare of the young person is paramount and, therefore, confidentiality cannot be guaranteed. Any information about suspected criminal activity, associated with drugs or substance misuse must be forwarded to the PSNI and the Education Authority. Where safeguarding and child protection issues are raised, Social Services may be informed.

Where a pupil discloses to a teacher that he or she is taking drugs or misusing substances, the teacher should make it clear that he or she **cannot** offer confidentiality; the Designated Teacher for Safeguarding and Child Protection must be informed. However, the teacher can advise the pupil of other sources of confidential information and advice and of treatment and rehabilitation services. Pupils should also be encouraged to talk to their parents. The school will, as a matter of course, inform the pupil's parents.

Information regarding a drug-related incident will be disclosed only to members of staff concerned with the pastoral needs of the pupil(s) involved. The Principal or Designated Teacher will inform only the parents of pupil(s) directly involved in the incident and subsequent outcomes.

Staff will not discuss individual cases with other pupils. However, following an incident the school may need to make a general statement informing the school community, to promote the safety and wellbeing of the student body or to dispel rumours which may have a damaging impact on pupils.

If the school receives an enquiry from the media about a drugs-related incident, the caller will be referred to the Principal. When responding to the media, the privacy of the pupil is respected. The media is given short, factual statements only.

## **PASTORAL CARE RESPONSES**

During and after any incident, the school will consider the individual needs of any pupil involved. Where appropriate, this may involve discussion with the pupil, his/her parent(s), a PSNI officer, the Designated Teacher for Drugs and appropriate pastoral care staff. Where appropriate, a parent may be advised to consult with a GP and/or secure a referral to an external agency. A list of useful contacts for parents is also provided in Appendix 6.

## **ROLE OF COUNSELLING**

Staff may recommend counselling to the pupil involved in a drug-related incident, although it must be noted that counselling is only appropriate when a pupil wishes to take advantage of what this offers. The Independent Counselling Service for Schools (ICSS) offers a school-based service to pupils and is available one day a week. This counselling provision is a confidential, school-based professional counselling service which uses a process of talking, listening and empowerment to help pupils make their own decisions. Pupils may self-refer or can speak to any member of the Pastoral Staff who will inform the Vice-Principal for Pastoral Care (Mr. McKillen).

## **EMERGENCY PROCEDURES**

For the purpose of this policy, an emergency is considered to be either:

- a situation in which a pupil or member of staff is in danger, or
- a sequence of events which requires urgent attention.

Further guidance in dealing with emergencies is included in Appendix 5

### **Emergency First Aid for all members of the school community:**

In the event of finding someone collapsed and unconscious, summon help and follow these procedures until help arrives:

1. Check the mouth is free of obstruction and the air-way clear.
2. If necessary, pull the tongue forward.
3. Loosen clothing at the neck line.
4. Place the person in the recovery position with the head forward.
5. Check the chest movement and colour of face, lips and tongue; if these begin to turn blue, a person qualified in first aid should resuscitate.

## **MONITORING AND EVALUATING THE POLICY**

The policy will be reviewed every four years and immediately after a suspected substance-related incident to ensure that members of the school community learn from actual incidents. It should also reflect changing trends in substance use.

Date for Review June 2026

## **APPENDIX 1**

### **SUMMARY OF ROLES AND RESPONSIBILITIES WHEN MANAGING A DRUG-RELATED INCIDENT**

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

#### **Individual Staff Member**

- Assess situation and decide action;
- Secure First Aid and send for additional staff support if necessary;
- Make situation safe for all pupils and other members of staff;
- Carefully gather up any drugs and/or associated paraphernalia/evidence. Pass all information/evidence to the Designated Teacher for Drugs; and
- Write a brief factual report of the incident and forward it to the Designated Teacher for Drugs.

#### **Designated Teacher for Drugs:**

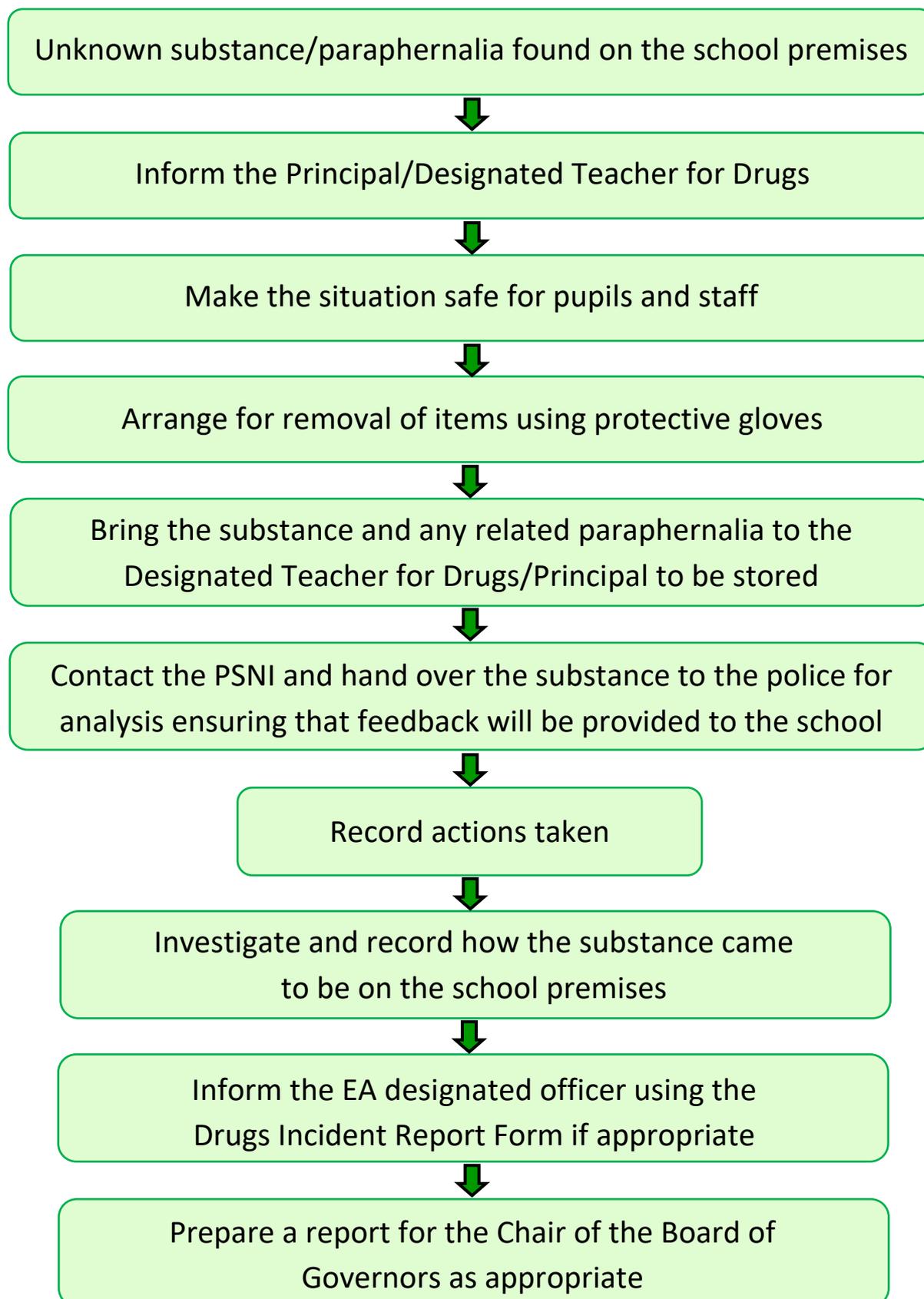
- Respond to first aiders advice/recommendations regarding the incident;
- In the case of an emergency inform parents/carers immediately;
- Take possession of any substance(s) and associated paraphernalia found;
- Inform the Principal;

- Take initial responsibility for pupil(s) involved in suspected incident; and
- Complete Drugs Incident Report Form and forward it to the Principal.

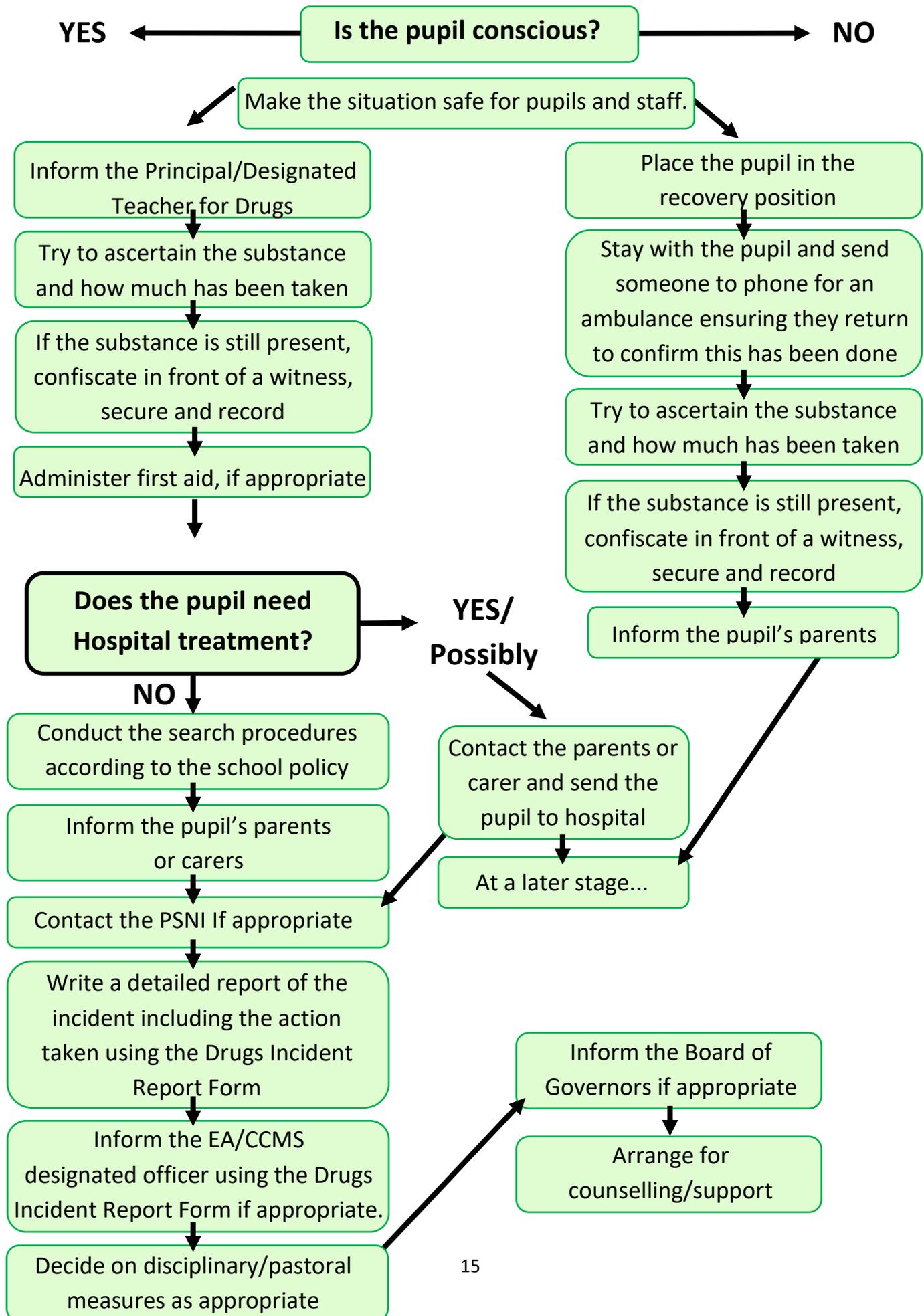
**Principal:**

- Determine the circumstances surrounding the incident;
- Ensure that the following people are informed where relevant:
  - Parents;
  - Designated officer in local PSNI;
  - Board of Governors;
  - Designated Officer in the Education Authority.
- Agree pastoral and disciplinary responses including counselling services/support;
- Forward a copy of the Drug Incident Report Form to the Chairperson of the Board of Governors and the designated officer within the Education Authority; and
- Review procedures and amend, if necessary.

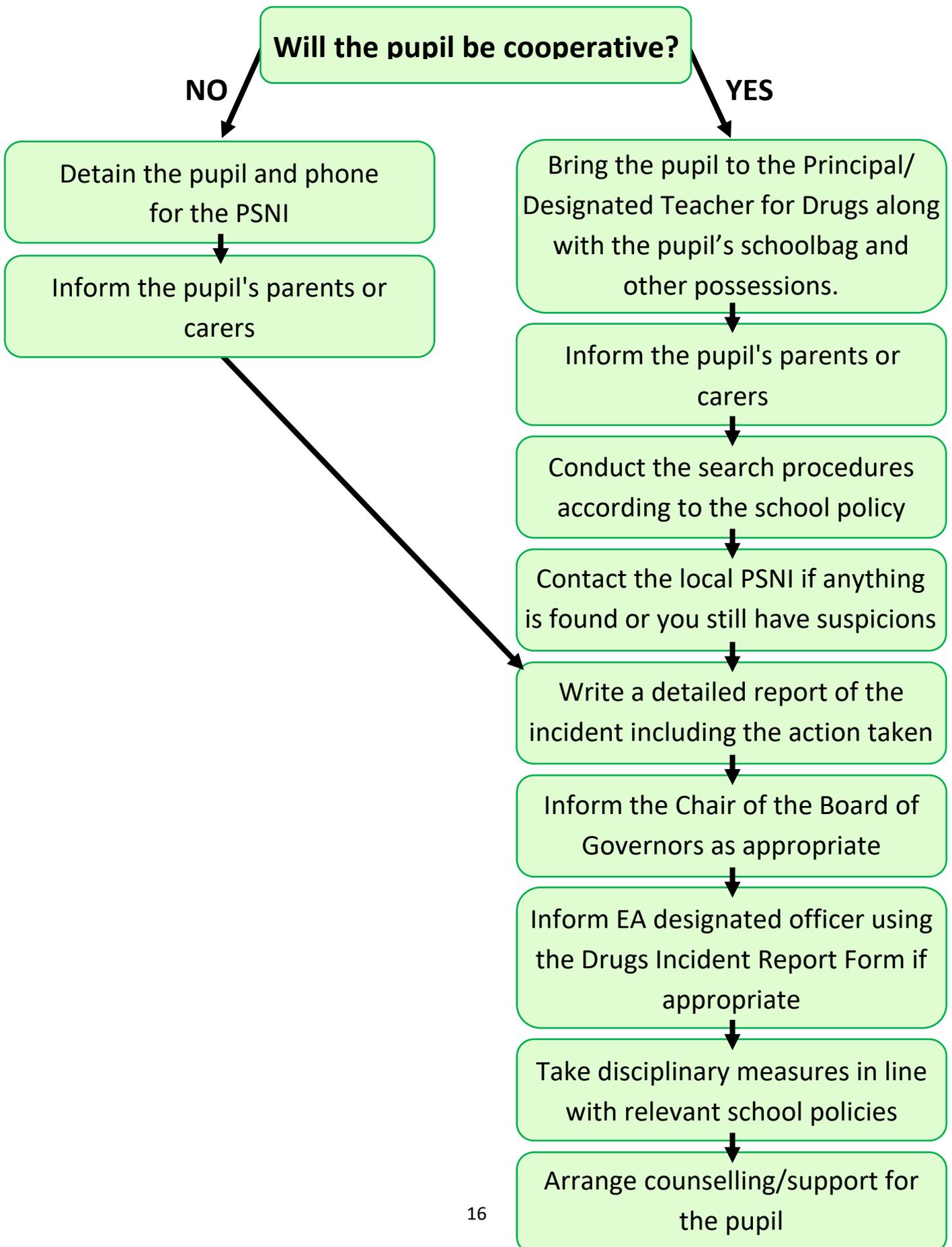
## APPENDIX 2

**Handling Drug-Related Incidents****4.1 Finding a suspected substance or drug-related paraphernalia on or close to the school premises.**

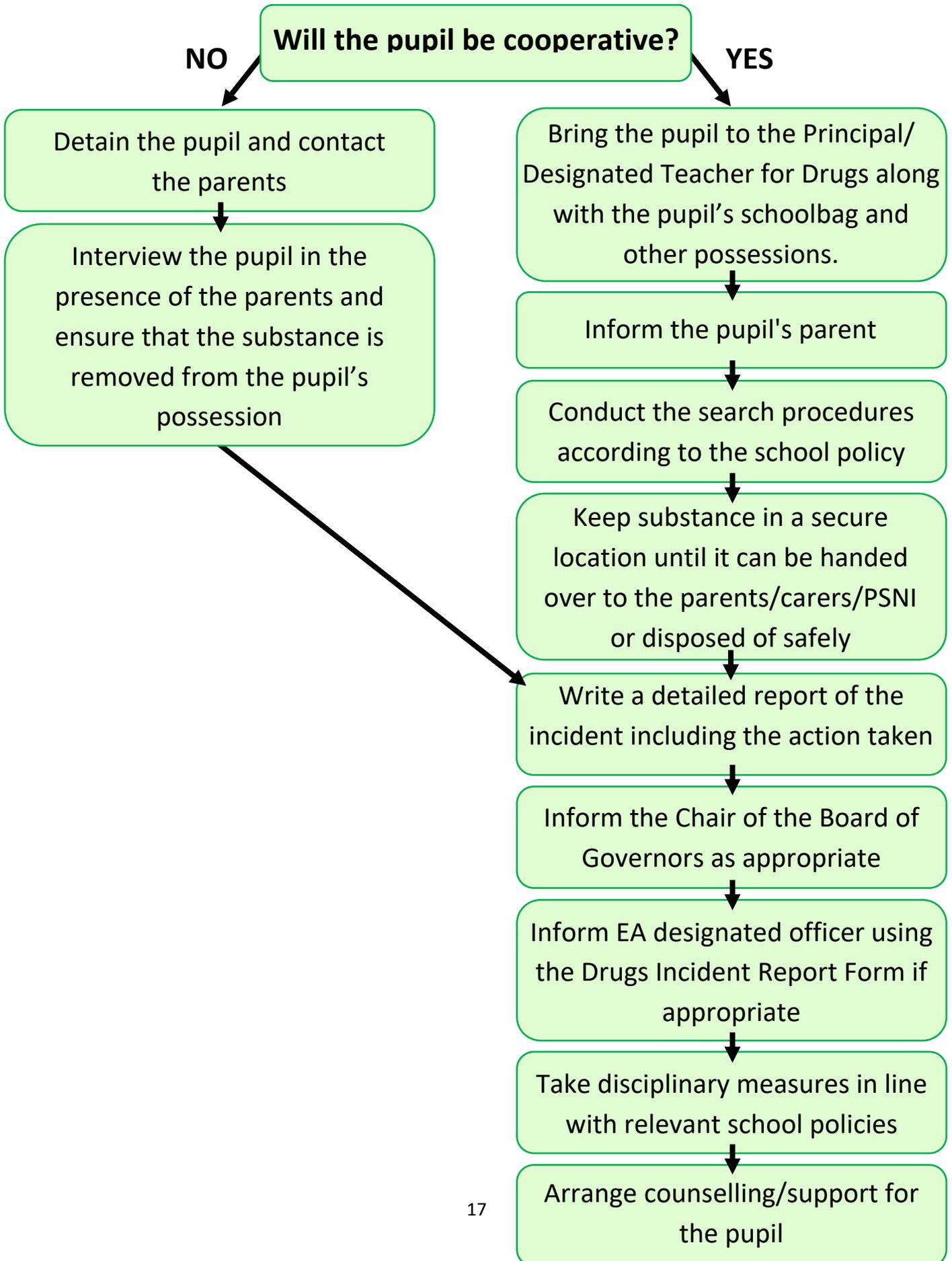
### 4.2 Pupil suspected of having taken drugs/alcohol on school premises



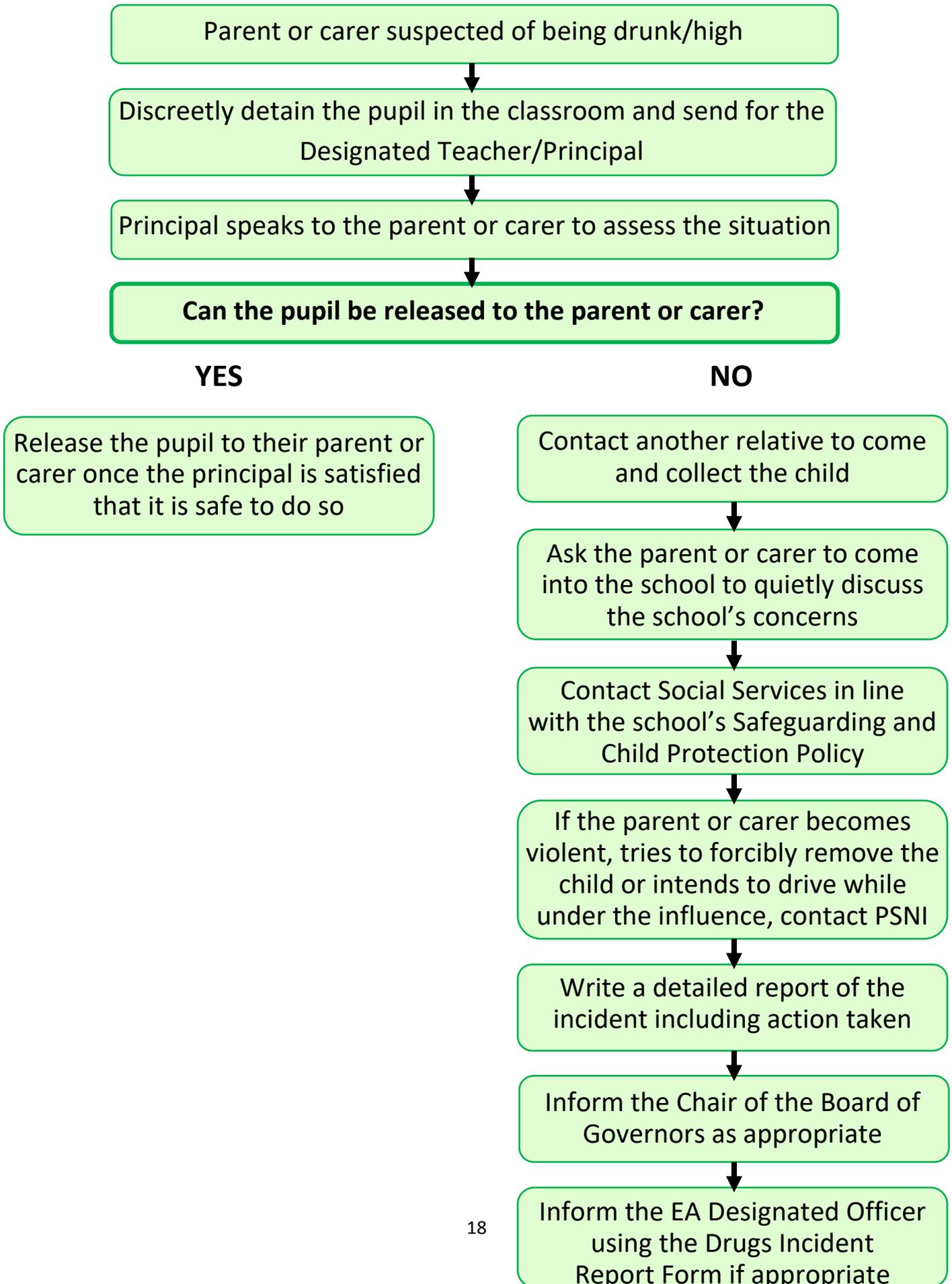
### 4.3 Pupil suspected of possessing/distributing an illegal substance



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



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



**APPENDIX 3****Drug Incident Report Form**

1. Name of Pupil \_\_\_\_\_ DOB \_\_\_\_\_  
Address \_\_\_\_\_
  
2. Date of Incident \_\_\_\_\_ Reported by \_\_\_\_\_  
Time of Incident \_\_\_\_\_ Location of Incident \_\_\_\_\_
  
3. First Aid given YES/NO Administered by \_\_\_\_\_  
Ambulance/Doctor Called YES/NO Time of Call \_\_\_\_\_
  
4. Parent or carer informed YES/NO  
Date \_\_\_\_\_ Time \_\_\_\_\_
  
5. Where substance is retained \_\_\_\_\_  
or Date substance destroyed or passed to PSNI \_\_\_\_\_ Time \_\_\_\_\_
  
6. PSNI informed YES/NO  
Date \_\_\_\_\_ Time \_\_\_\_\_
  
7. Education Authority Designated Officer informed, as appropriate YES/NO Date \_\_\_\_\_  
Time \_\_\_\_\_
  
8. Form completed by \_\_\_\_\_ Date \_\_\_\_\_  
\_\_\_\_\_  
Position \_\_\_\_\_



## **APPENDIX 4**

### **Recognising Signs of Substance Use**

#### **Physical Signs**

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

#### **Solvents**

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

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

#### **Cannabis**

Cannabis can have the effect of a depressant or mild hallucinogen, depending on the amount taken and situational factors. The effects of taking cannabis include:

- Tendency to laugh easily;
- Becoming talkative;
- More relaxed behaviour;
- Reddening of the eyes; and
- Hunger

If the drug is smoked, it produces a distinctive sweet smell.

#### **Ecstasy**

Ecstasy is sometimes referred to as an hallucinogenic stimulant. Its effects will therefore include those listed for stimulants. In addition, it can cause:

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

**Stimulant Drugs (amphetamines [speed], butyl nitrite [poppers], Cocaine)**

The effects can result in:

- Increased pulse rate;
- Increased blood pressure;
- Agitation;
- Lack of coherent speech or talkativeness;
- Dilated pupils;
- Loss of appetite;
- Damage to nasal passages;
- Increased tendency to go to the toilet;
- Mouth ulcers, and
- Fatigue after use.

**Hallucinogens (LSD, Magic Mushrooms)**

Effects can vary depending on nature of experience. They include:

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

**Heroin**

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

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

## **Behavioural Signs**

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

Such changes can be obvious or very subtle and may be due to some other reason totally unconnected with drug use.

Signs can include:

- Efforts to hide drug use through lying, evasiveness and secretive behaviour;
- Unsatisfactory reasons for unexpected absences or broken promises;
- Changes in friendships;
- Changes in priorities, including less concern with school work; less care in personal appearance, non-attendance at extra-curricular activities;
- Efforts to get money for drug use, ranging from saving dinner or allowance money, borrowing from friends and relatives and selling own possessions, stealing from friends and home and involvement in petty crime; and
- Secretive telephone calls.

Other possible signs include:

- Being very knowledgeable about drugs and the local drug scene;
- A defensive attitude towards drugs and drug taking;
- Unusual outbreaks of temper;
- Absence from or poor performance at school or work experience on days following attendance at night clubs, bars, etc.; and
- A pattern of absences on a certain day, for example Monday.

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

## APPENDIX 5

### 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 first aid, for example it will help the ambulance crew. **CALL FOR AN AMBULANCE IMMEDIATELY.**
- 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 talk 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. Keep checking on any changes to pulse and breathing rates.
- If they stop breathing, begin mouth-to-mouth resuscitation, starting with chest compressions. 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 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 until the ambulance arrives.

## **APPENDIX 6**

### **Useful Contacts**

Local/national organisations that provide information and advice and/or resources about cigarettes, alcohol and drugs:

[www.alcoholconcern.org.uk](http://www.alcoholconcern.org.uk)

[www.ash.org.uk](http://www.ash.org.uk) (Action on Smoking and Health)

[www.camh.org.uk](http://www.camh.org.uk) (Child and Adolescent Mental Health)

[www.ccea.org.uk](http://www.ccea.org.uk) (Dealing with Young People's Alcohol and Other Drug Misuse - a guide for parents and carers)

[www.ccea.org.uk](http://www.ccea.org.uk) (The Power of Teachers in a Young Person's World)

[www.deni.gov.uk](http://www.deni.gov.uk) (iMatter programme)

[www.drugsandalcoholni.info](http://www.drugsandalcoholni.info)

[www.drugscope.org.uk](http://www.drugscope.org.uk)

[www.fasaonline.org](http://www.fasaonline.org) (The Forum for Action on Substance Abuse)

[www.gov.uk/penalties-drug-possession-dealing](http://www.gov.uk/penalties-drug-possession-dealing)

[www.lifeline.org.uk](http://www.lifeline.org.uk)

[www.mindingyourhead.info](http://www.mindingyourhead.info)

[www.nhs.uk/Livewell/Pages/Topics.aspx](http://www.nhs.uk/Livewell/Pages/Topics.aspx)

[www.publichealth.hscni.net](http://www.publichealth.hscni.net) (Stopping Smoking Made Easier)

[www.talktofrank.com](http://www.talktofrank.com) (Call FRANK: Tel: 0300 123 6600)

[www.thesite.org/drinkanddrugs](http://www.thesite.org/drinkanddrugs)

[www.want2stop.info](http://www.want2stop.info) (Tobacco and NRT)