



Bloomfield Collegiate School
excellence in a caring community

Drugs and Substance Misuse Policy



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SECTION 1: GENERAL INFORMATION

1.1 INTRODUCTION

Drug and substance misuse has the potential to damage pupils, other family members and the wider community. For the user, underachievement, impaired development, ill-health and even death may result. Therefore, Bloomfield Collegiate School strives to promote the health and safety of its pupils as well as their academic, social and personal well-being. As part of the preventative curriculum, attention will be paid to drugs education and related procedures.

Bloomfield Collegiate School does not condone drug misuse but recognises that young people are exposed increasingly to the serious risks associated with drug use. It is a statutory requirement that the School has a Drugs Policy in place. This policy takes cognizance of the DE Circular 2015/23 and CCEA guidance 2015.

This policy should be read and understood in close association with the Positive Behaviour Management Policy. Where appropriate, the sanctions listed within the Positive Behaviour Management policy, in relation to drug abuse, will be employed.

1.2 ETHOS

Bloomfield Collegiate School strives to be a community promoting learning and the pursuit of excellence in a friendly, challenging and supportive environment. Our School values are:



It is within this context that the Drugs and Substance Misuse Policy is set.

1.3 POLICY AIMS

The policy aims to protect young people from the harm associated with the use and misuse of substances. This policy aims are to:

- provide a consistent approach to drug-related issues in line with the school's pastoral care provision that all members of the school community can adopt
- state how we as a school develop, implement and review the drugs education programme as part of the provision of PD within the curriculum

- outline procedures and protocols that address drug-related issues across all areas of school life
- provide clear procedures for managing specific incidents of suspected drug misuse
- state how we as a school monitor and evaluate the effectiveness of the policy in line with whole-school self-evaluation procedures

1.4 RELEVANT PERSONNEL

The relevant personnel include:

- the Chairperson of the Board of Governors, Mr N. McBride;
- the Designated member of the Board of Governors for Child Protection, Mrs B. Conaghan;
- the Designated member of the Board of Governors for Drugs, Mr S. Mackenzie;
- the Principal, Dr G Greer, responsible for overseeing general pupil welfare; and
- the Designated Teacher for Child Protection, Mrs J Wharry and deputies, Mr G Greer, Mrs J Waterworth, Mrs E Stevenson, **Mrs A Thomson** and Mr C Turner.

Mrs J Wharry (Senior Teacher - Pastoral) has responsibility for:

- co-ordinating action by Teachers when drug and/or substance misuse is suspected;
- reviewing and updating the Drug and Substance Misuse Policy and making it available to parents;
- reporting to the Board of Governors as required.

Dr C. Greer (Vice Principal) and other senior staff members support this work.

1.5 RANGE OF SUBSTANCES COVERED

The School's policy on Drug Education covers any drug or substance under the DENI definition:

'A drug is any substance which, 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:

- a) alcohol, tobacco and tobacco-related products, including nicotine replacement therapy (NRT), and electronic cigarettes;
- b) over-the-counter medicines such as paracetamol and cough medicine;
- c) prescribed drugs, such as antibiotics, painkillers, antidepressants, antipsychotics, inhalers and stimulants such as Ritalin;
- d) volatile substances such as correcting fluids or thinners, gas lighter fuel, aerosols, glues and petrol;
- e) controlled drugs such as cannabis, LSD, ecstasy, amphetamine sulphate (speed), magic mushrooms, heroin and cocaine;
- f) 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 **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;

- g) other substances such as amyl or butyl nitrite (known as poppers) and unprocessed magic mushrooms.

Drug paraphernalia such as cigarette papers, pipes, buckets and bongs, plastic bottles, wraps, cling film, measuring/weighing scales, foil and small plastic bags must be considered as being associated with possible drug use. This is not an exhaustive list.

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.

1.6 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:

- a) nicotine is very addictive and there is a risk that using electronic cigarettes could act as a gateway into smoking for many young people;
- b) evidence suggests that adolescent exposure to nicotine may also have long term consequences for brain development;
- c) the availability and promotion of electronic cigarettes is reversing progress made by smoke-free legislation to de-normalise smoking; and
- d) 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. As such we ban the use of electronic cigarettes by staff and pupils on the school premises.

1.7 EDUCATIONAL AIMS AND OBJECTIVES

- a) To have clear understanding among everyone in the school community about the implications and possible consequences of drug use/misuse.
- b) To provide all staff (teaching and non-teaching) with support and guidelines to enable them to deal effectively with incidents of suspected drug misuse, and to ensure that the procedures are followed.
- c) To provide drugs education which:
 - i. Develops pupils' self-esteem and promotes positive attitudes in their relationships with others;
 - ii. Gives pupils opportunities to develop the values, skills, knowledge and understanding necessary to make informed and responsible decisions about the use/misuse of drugs including tobacco, alcohol and volatile substances, within the context of a healthy lifestyle;
 - iii. 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.
- d) To offer appropriate advice for those pupils affected by drug-related issues.
- e) To inform parents of the content of this policy and the procedures to be implemented in the management of incidents of suspected drug misuse (a copy of the drugs policy may be obtained from the General Office and from the school website).
- f) To work towards establishing an environment in which the school is free from the misuse of all drugs.

Drugs education is a whole school issue, it is taught mainly through the Personal Development Curriculum. As of Sept 2025 we deliver:

- Key Stage 3 – Insync - Managing Risk, Drugs Theme 3 & 10. Other areas linked to Drugs and Alcohol consumption are delivered via CCEA Managing Change, Morals & Beliefs, Peer Pressure.
- Key Stage 4 – Smashed NI. Other areas linked to Drugs and Alcohol consumption are delivered via PSHE Peer Pressure, CCEA Managing Relationships, CCEA Coercive Control/Consent
- Key Stage 5 – Chest Heart & Stroke Alcohol & Vaping, PSNI Personal Safety and SOS bus. Other areas linked to Drugs and Alcohol consumption are delivered via CCEA Coercive Control and Consent.

It should be noted that all outside agency material is reviewed both before and after delivery.

Implementation of the Drugs Education Policy

One Designated Teacher co-ordinates the school's Drugs Education Programme and has oversight and co-ordination of the planning and curricular provision in compliance with the statutory requirements including annual update and review of the policy.

Every member of staff is committed to supporting the Drugs Education Programme within the school, and each teacher is responsible for promoting drug awareness, when appropriate, within his or her subject.

Where necessary, individual pupils can avail of a counselling service provided within the school.

In addition to this internal support the Educational Welfare Service, Health and Social Services and the PSNI all have a part to play in supporting the school's efforts.

Other Responsibilities

The Heads of Science, Technology and Art are responsible for ensuring that all potentially harmful substances used in their departments are safely stored. Individual teachers using harmful substances in class are responsible for the supervision of pupils.

The member of staff in charge of Health and Safety has overall responsibility for ensuring that all potentially harmful substances used in school are safely stored.

All staff have a responsibility for the health and safety of pupils and must be aware of the dangers of volatile substance misuse, e.g., adhesives, Tipp-Ex, marker pens etc.

Training and Information

All staff should be aware of the School's Drugs Education programme and its procedures for handling suspected drug abuse. All staff (teaching and non-teaching) and Governors will be provided with appropriate training to support the full implementation of this policy.

Additional training is given to those members of staff who deliver the programme, and other staff should be updated on general drugs issues.

Parents' involvement in promoting and supporting the aims of drugs education is encouraged and facilitated.

In the event of a drugs related incident, the parents will be informed and their active co-operation sought.

Complaints Procedure

Any pupil who has a concern related to the misuse of drugs should inform their Head of Year or any other member of staff. Any parent with a similar concern, or complaint about the programme or its delivery should, in the first instance, contact the relevant Designated Teacher or Head of Year.

Evaluation

The Designated Teacher in consultation with staff will regularly monitor the implementation and maintenance of the school's Drugs Education Policy so that Senior Leadership may be fully

informed and enabled to evaluate its effectiveness. The policy will be reviewed after any drug incident.

SECTION 2: ROLES AND RESPONSIBILITIES

The role of a Pupil

Pupils should be aware of and adhere to school rules in relation to drug use/misuse, including tobacco, alcohol, over-the-counter and prescribed medication, volatile substances and controlled drugs.

The role of Parents/Guardians

Parents/Guardians should:

- a) Support their child if they have become involved with drugs.
- b) Support the school in the development and implementation of this policy, including the school's procedures for handling incidents of suspected drug misuse.

The role of an individual staff member (teaching and non-teaching) including all ancillary 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 the staff's responsibility to determine the circumstances surrounding the incident, but they should:

- a) assess the situation and decide on the appropriate actions to take;
- b) notify the principal and the designated teacher for drugs at the earliest opportunity;
- c) deal with any emergency procedures to ensure the safety of pupils and staff, if necessary (see Appendix 5);
- d) forward any information, substance or paraphernalia received to the designated teacher for drugs, who will respond accordingly (see Appendix 6);
- e) use the school's Drugs Incident Report Form to complete a brief factual report on the suspected incident and forward this to the designated teacher for drugs (see Appendix 6);
- f) 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
- g) invoke safeguarding procedures, if a parent or carer's behaviour may place a pupil at risk

The role of the Designated Teacher for Drugs

In line with good practice we have appointed a Designated Teacher (Senior Teacher – Pastoral Care) and a Deputy Designated Teacher (Principal) with responsibility for drugs.

The designated teacher is responsible for:

- a) co-ordinating the school's procedures for handling suspected drug-related incidents and training and inducting new and existing staff in these procedures;

- b) ensuring that the school's Promoting Positive Behaviour policy has an appropriate statement about any disciplinary response resulting from suspected drug-related incidents;
- c) ensuring that the school's Pastoral Care policy has an appropriate statement about any pastoral response resulting from suspected drug-related incidents;
- d) liaising with other staff responsible for pastoral care;
- e) being the contact point for outside agencies that may have to work with the school or with a pupil or pupils concerned;
- f) 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;
- g) taking possession of any substance(s) and associated paraphernalia found in a suspected incident;
- h) completing a factual report using the schools Drug-Related Incident Form, which they forward to the principal; and
- i) reviewing and, if required, updating the policy after a drug-related incident, where learning from the experience could improve practice.

In view of the responsibilities involved, the designated teacher is a member of the school's senior leadership team. In the absence of the designated teacher, the deputy designated teacher will assume the designated teacher's responsibilities.

The role of the 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 drug-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 contacting the PSNI, the Principal should confine their responsibilities to:

- a) the welfare of the pupil(s) involved in the incident and the other pupils in the school;
- b) health and safety during the handling, storage and safe disposal of any drug or drug related paraphernalia, using protective gloves at all times;
- c) informing the Board of Governors;
- d) agreeing any appropriate pastoral or disciplinary response;
- e) reporting the incident to the Education Authority if appropriate, for example if an incident:
 - a. is serious enough to require PSNI involvement;
 - b. requires that a child protection procedure is invoked; or
 - c. leads to the suspension or exclusion of a pupil; and

- f) completing a written report and forwarding a copy to the Board of Governors and the designated officer in the Education Authority.

The role of the 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 drugs policy. They should also:

- a) 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;
- b) 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
- c) be fully aware of -related incidents, including alcohol and tobacco, tobacco-related products, electronic cigarettes, and their appropriate disciplinary response.

As a matter of good practice, the Board of Governors has a designated governor for drugs who has received specific training in drug-related issues.

The schools' legal responsibilities

Schools must ensure that all staff are aware of their legal responsibilities. Schools 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.

A summary of relevant legislation is available at www.ccea.org.uk

Contacting the PSNI

Schools should establish and maintain contact with the designated officer in their local PSNI area to ensure an appropriate response when dealing with suspected drug-related incidents that might arise in school. Each PSNI area has a designated officer who will advise on and agree procedures for schools to follow. The PSNI will always try to handle all incidents promptly and with discretion, understanding and tact. A non-uniformed officer will respond, wherever possible, depending on the circumstances and the nature of the suspected offence. Schools must notify their local PSNI officer in every case where a pupil has or is suspected of having controlled drugs in their possession, either on their person or in their belongings, or if controlled drugs are found on the school premises. This may include new psychoactive substances or prescription medication. Schools are not legally obliged to notify the PSNI if they suspect the misuse of solvents or alcohol, although we recommend that they notify the designated officer. The officer will be available to work with the school, pupils, parents or carers and other appropriate agencies to provide support, advice and assistance to help prevent reoccurrence and ensure the pupil is no longer at risk.

Interviewing pupils

In certain circumstances, the PSNI may interview a pupil on school premises with the principal's agreement. This may be a less intrusive and upsetting option for a pupil than going to a police

station. If the school takes this course of action, the PSNI will conduct the interview in accordance with The Police and Criminal Evidence (Northern Ireland) Order (PACE) 1989. This has strict guidelines about when and where to exercise this option. The school needs to make all possible efforts to inform the pupil's parents or carers before a PSNI interview takes place. The PSNI will not conduct an interview without the correct persons being present.

SECTION 3: RESPONDING TO DRUG-RELATED INCIDENTS

The problems resulting from the misuse of drugs, tobacco-related products including electronic cigarettes and alcohol affect every part of our society, including schools. Alcohol use and smoking among young people in Northern Ireland has declined. Fewer young people are receiving treatment for drug use. According to the Young Peoples' Behaviour and Attitudes Survey (YPBAS), few young people have been involved in incidents of being under the influence of, in possession of and/or supplying substances to others. Despite these positive indicators, teachers inevitably have to deal with situations in their classrooms and schools.

This section provides information and direction on how to manage suspected drug-related incidents on school premises, when travelling to and from school and when engaged in authorised school-related activities.

What constitutes a drug-related incident?

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

- a) a pupil displaying unusual or uncharacteristic behaviour;
- b) an allegation;
- c) suspicion of possession, possession with intent to supply and/or supply of any substance as defined on page 1; and
- d) finding substance-related paraphernalia.

3.1 RESPONSES IN THE EVENT OF A SUSPECTED DRUG-RELATED INCIDENT

a) Illness, unusual or uncharacteristic behaviour

Young people's behaviour may be unpredictable and bizarre for many reasons during their time at school. Changes in behaviour may indicate a range of difficulties and problems and may be related to a medical condition, rather than substance misuse. It is, however, important to note that intoxication, physical collapse or unconsciousness can also result from an initial experiment with drugs.

Staff should bring any indications of illness, unusual or uncharacteristic behaviour because of suspected substance misuse to the attention of the designated teacher for drugs. They should not make any judgement until they have determined the circumstances surrounding the incident. Where staff believe a pupil may have taken a substance they suspect is a drug, they should seek medical assistance immediately after following the recommended emergency procedures. The school must inform parents and the PSNI.

You can find more information about recognising signs of substance use in Appendix 7.

For further details, information can be found by searching for Signs and Symptoms of Drug Use at www.ccea.org.uk

Appendix 8 details emergency procedures.

b) Taking possession of a suspected controlled substance and/or associated Paraphernalia

The law permits school staff to 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. They should arrange for its safe storage in the Examinations Store 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 staff confiscate the substance and the school should keep a record of the details, using the school's Drug Incident Report Form.

c) An allegation of a suspected controlled drug-related incident

Carrying out a search

If the designated teacher for drugs receives an allegation of possession, they may need to search a pupil's property, if they have cause to believe it contains unlawful items, including controlled drugs. However, teachers cannot search personal belongings without consent. Staff should only search the pupil's personal belongings, including schoolbag, coat or other items with the pupil's consent. Staff should carry out this search in the presence of the pupil and another adult witness.

If the school suspects pupils of concealing controlled drugs on their person or in their personal belongings, the designated teacher should make every effort to encourage them to produce these substances voluntarily. The designated teacher should ask pupils to turn out their pockets or schoolbags.

If the pupils refuse, the designated teacher should contact their parents or carers 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 the designated teacher recovers a substance or an object that they suspect has a connection with drugs, they should take possession of it and make a full record using the school's Drug Incident Report Form.

If a pupil refuses to be searched the school must establish whether the probability that the pupil has committed an offence outweighs their right to privacy, before deciding whether to carry out a search without consent.

d) Possession with Intent to Supply and Supply of Controlled Drugs

Schools must be aware that pupil involvement in suspected controlled drug-related incidents may take several forms. These could include:

- i. possession;
- ii. possession with intent to supply; and/or

iii. the supply of controlled drugs.

It is illegal for pupils to be in possession of a controlled drug. If a member of staff comes across a pupil in possession of what they believe or suspect to be a controlled drug, they should immediately attempt to take possession of the substance and detain the pupil.

They should then send for assistance from the designated teacher for drugs, who will deal with the incident as outlined in the school policy.

It is not illegal for a pupil to possess or use other substances that are not controlled, for example alcohol, solvents, tobacco, tobacco-related products, electronic cigarettes, over-the-counter medication or prescribed medication. Prescribed medication, however, may be considered a controlled substance if it has been prescribed for someone else. The designated teacher should make a preliminary enquiry to clarify who the medication is for. This will establish whether the school should contact the PSNI about the incident. Although some unknown substances may be new psychoactive substances, schools should treat all unknown substances as suspected controlled drugs and respond accordingly.

The school should deal with a pupil in possession of substances that are not controlled, using the school's disciplinary or pastoral care procedures in line with the school's child protection and safeguarding policy. It should also notify the pupil's parents or carers. In these circumstances, the school has no legal obligation to notify the PSNI. Where a principal feels that there are issues about the origin of these substances, the school may notify the designated officer in the local PSNI area for advice and guidance.

e) Detaining a pupil

When managing a suspected drug-related incident the school should invite the pupils concerned to remain in school under the supervision of appropriate members of staff until their parents or carers and the PSNI arrive. If the pupil refuses to remain, the school cannot detain a pupil against their will. However, if a member of staff has reasonable grounds to suspect that the pupil has in their possession or has taken a controlled substance, they can make a citizen's arrest under Article 26A of the Police and Criminal Evidence (Northern Ireland) Order (PACE) 1989.

- A person other than a constable may arrest without a warrant:
 - anyone who is in the act of committing an indictable offence; or
 - anyone whom they have reasonable grounds for suspecting to be committing an indictable offence.
- Where an indictable offence has been committed, a person other than a constable may arrest without a warrant:
 - anyone who is guilty of the offence; or
 - anyone whom they have reasonable grounds for suspecting to be guilty of it.
- But the power of summary arrest conferred by paragraph (1) or (2) is exercisable only if:
 - the person making the arrest has reasonable grounds for believing that for any of the reasons mentioned in paragraph (4) it is necessary to arrest the person in question; and
 - it appears to the person making the arrest that it is not reasonably practicable for a constable to make it instead.
- The reasons are to prevent the person in question:
 - causing physical injury to himself or any other person;
 - suffering physical injury;

- causing loss of or damage to property; or
- making off before a constable can assume responsibility for him.

A summary of relevant legislation is available at www.ccea.org.uk

The member of staff should make the pupil fully aware of the implications before making the arrest, confirming:

- that the pupil is not free to leave once they have been informed by the arresting person why they are being arrested, and
- that they will be detained until they are handed over to a PSNI officer who will then deal with the investigation.

Staff must be able to recognise the point where a young person becomes a danger to either themselves or others. They should also be aware of their duty of protection because they are *in loco parentis*.

a) Finding drug-related paraphernalia

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.

The following list is not exhaustive. It gives teachers an idea of what may indicate the presence of controlled substances:

- i. small bottles or pill boxes;
- ii. hypodermic needles;
- iii. twists of paper;
- iv. cigarette papers, lighters and spent matches;
- v. electronic cigarette 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);
- vi. roaches (ends of rolled-up cigarettes);
- vii. punctured cans, plastic bottles or containers;
- viii. aerosols or butane gas refills; and
- ix. drugs themselves.

b) Recording an incident

If the principal considers an incident to be serious, the school should call the Education Authority designated officer to alert them to the incident and then make a full written factual record of the incident.

The school should carefully record any statements that pupils suspected of being involved in or witness to an incident provide. For an incident that requires only an internal school

investigation, for example finding cigarettes on school property, the school must treat any sensitive information about pupils in a confidential and secure manner. The schools may need to engage the help of an another adult to support both the designated teacher for drugs and the pupils involved in the incident, particularly when the pupils may need to be interviewed separately.

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 to co-ordinate recording all statements that could be required for a potential court case.

3.2 SCHOOL RESPONSE TO DRUG-RELATED INCIDENTS

a) Deciding on appropriate sanctions

The school Promoting Positive Behaviour Policy identifies the level the school assigns to different types of drug-related incidents.

The Principal is responsible for deciding how to respond to particular incidents, taking account of factors such as:

- a. the age of the pupil concerned;
- b. whether the incident involved one pupil or a group of pupils;
- c. whether there has been evidence of particular peer group pressure; and
- d. the level of involvement.

Guidance is that schools should not take a zero tolerance approach that leads to immediate suspension or expulsion as a suitable response to a drug-related incident. They should consider what sanctions or actions would be in the best interests of the pupil in the longer term, while ensuring the safety and well-being of other pupils.

The school should explore the relevant factors to determine the seriousness of the incident and the needs of those involved and then respond appropriately. The school should consider, for example:

- a. Does the pupil admit or deny the allegations?
- b. Is this a first offence?
- c. Is the substance legal or illegal?
- d. What quantity of the substance was involved?
- e. What was the pupil's motivation?
- f. Is the pupil knowledgeable and careful or reckless about their own or others' safety?
- g. Does the pupil have a parent or carer or family member who is misusing drugs?
- h. Does the pupil know and understand the school policy and school rules?

- i. Where does the incident appear on a scale from 'possession of a small quantity' to 'persistent supply'?
- j. If the school suspects the pupil of supplying, how much was supplied and was the pupil coerced into the supply role or the one 'whose turn it was' to buy for others, or is there evidence of organised or habitual supply?

The school has a repertoire of responses, incorporating both sanctions and counselling and potentially guiding young people towards appropriate treatment and support. These responses should reflect different kinds of drug-related offences such as: (see Appendix 2 – The Law in Northern Ireland)

- a) being under the influence of alcohol or a controlled drug;
- b) possession of alcohol for individual use or selling or sharing with other pupils;
- c) possession and/or possession with the intent to supply a controlled drug; and
- d) supplying a controlled drug, either giving or selling to someone else.

Although there is no legal distinction between supply with or without money, the school may make a distinction in its disciplinary responses. The school must always consider the needs of individual pupils and have appropriate interventions and support mechanisms in the school's Child Protection and Safeguarding Policy.

The School has developed a range of options for responding to the identified needs of those involved in a drug-related incident. Whatever response the school puts in place, it should always aim to give pupils the opportunity to learn from their mistakes and to develop as individuals. The school should be able to justify any sanction it imposes, according to:

- a) the seriousness of the incident;
- b) the identified needs of the pupil, which are most important under such circumstances;
- c) the needs of other pupils, the school and the community;
- d) the published school rules and expectations; and
- e) disciplinary action for breaches of other school rules (such as theft, violence or bullying).

The school will take into account whether a pupil involved in an incident has previously displayed good discipline and engagement with the school, and how the proposed sanction might affect the pupil's educational outcomes and if there other issues ongoing in a young person's life that perhaps leaves them more vulnerable to influence from others or to making poor choices.

b) Behavioural Contracts

In the case of serious breaches of discipline or while the school is investigating a suspected drug-related incident, it may draw up a behavioural contract and agree it with the pupil and the parent or carers. The contract should clearly set out the terms allowing the pupil to remain at school and include monitoring their progress. The school may have to withdraw the pupil

from normal contact with peers during the school day for a fixed period at first, until their behaviour has improved. This approach may require additional support from outside agencies to help facilitate change.

c) Suspension or exclusion

The school should not automatically exclude a pupil because they have broken the law. It should be aware, particularly in cases of supplying, of its duty to protect pupils from exposure to potentially dangerous substances. It should bear this in mind when deciding how to respond to individual incidents. The school will consider and carry out any suspension or exclusion within the terms of the Promoting Positive Behaviour Policy.

d) Involving parents or carers

The school must ensure that they keep parents or carers fully informed of school procedures in the event of suspected drug-related incidents. The designated teacher for drugs will carefully consider their approach when contacting parents or carers. They should do this as a matter of course for all incidents involving possession or misuse of drugs. They should make every effort to contact the parents or carers before involving the police. They should also consider parents or carers who may be emotionally distressed in response to a suspected drug-related incident.

Schools may wish to direct parents or carers to the booklet Dealing with Young People's Alcohol and other Drug Misuse – a guide for parents and carers as a source of support. They can download this booklet from the CCEA website: www.ccea.org.uk

e) Pastoral care

During and after any incident, the school must consider the individual needs of any pupil or pupils involved. This should involve the pupil or pupils, the Principal, parents or carers, the designated teacher for drugs and appropriate pastoral care staff. It could also involve a PSNI officer and an education welfare officer, where appropriate. Communication between staff and early involvement of parents or carers may set the scene for early, supportive, pastoral intervention.

In some instances, either before or following a drugs incident, schools should offer counselling or other appropriate support as potentially valuable to a pupil.

f) Role of counselling

Counselling rarely focuses on drug misuse alone. It can consider more holistic needs that may underlie or indicate drug-related problems, for example the 'toxic three':

- hidden harm, where a young person is affected by their parents' or carers' substance misuse;
- domestic violence; or
- parental mental health.

Counselling is only appropriate when a pupil wishes to take advantage of what it offers. The Independent Counselling Service for Schools (ICSS), funded by DE, offers a free school-based service to post-primary aged pupils in mainstream and special schools. Pupils can refer themselves or a parent or member of school staff can refer them.

It is usually neither constructive nor effective to attempt to impose counselling on a pupil. The school counsellor, where present, and/or the school's pastoral lead may assess

appropriate support needs for individual pupils and identify who is in the best position to meet these.

Schools should always seek the pupil's consent before referring them for counselling. They should explain the purpose and benefits of counselling or other appropriate support. Schools should ensure confidentiality in line with the school's Child Protection and Safeguarding Policy.

Where the school has identified a pupil as having experimented with a controlled substance or as being at risk of doing so, it should offer the pupil appropriate counselling or support within the school's general arrangements for the pastoral care of its pupils. The school should also inform the pupil's parents.

g) Confidentiality

Teachers cannot and should not promise total confidentiality. They should make the boundaries of confidentiality clear to pupils. Members of staff should carefully consider their response, if a pupil approaches them for individual advice on drug use or misuse. In the case of controlled substances, the staff member should explain to the pupil that they cannot offer a guarantee of confidentiality. If the pupil discloses information concerning controlled substances, the staff member must pass this on to the designated teacher for drugs. The member of staff can direct the pupil to sources of confidential information and advice and to treatment and rehabilitation services. Further information about these services can be found at www.publichealth.hscni.net

3.3 COMMUNICATION FOLLOWING A SUSPECTED OR CONFIRMED DRUG-RELATED INCIDENT

Staff, pupils and parents or carers

The School will carefully consider how they communicate any information about a suspected or confirmed substance-related incident to staff, pupils and parents or carers. They may only disclose information to members of staff concerned with the pastoral needs of the individual pupil. The school will, normally, inform only the parents or carers of the pupil or pupils directly involved of the incident and subsequent outcomes.

Teachers should not discuss individual cases with other pupils. The school may, however, need to make a general statement informing the school community after an incident where rumours may create a negative atmosphere.

Dealing with the media

If the school receives an enquiry from the media, only the Principal or a designated nominee should respond to the call. When responding to the media, it is essential that the school respect the privacy of pupils and their families. The Principal should prepare a checklist of the appropriate key facts and decide whether to liaise with the PSNI before issuing a statement. Any statements made should be positive, short, factual and without elaboration.

Concluding statements should be reassuring and restate that the school has managed the incident effectively. If any further comments are necessary, the Principal should reiterate the original statement.

Reporting to relevant authorities

The school should inform the PSNI, if a principal has concerns about a substance found in a pupil's possession. The Drugs and Alcohol Monitoring Information System (DAMIS) operates as an early warning system in Northern Ireland. It gathers information about emerging trends in drug misuse and alerts government organisations so that they can act quickly and provide relevant information or advice to those who misuse drugs. DAMIS monitors:

- a) sudden increases in a particular drug being misused;
- b) drugs being misused in new ways;
- c) new drugs becoming available (for example new psychoactive substances); and
- d) contaminated drugs or bad batches available on the streets.

If schools have any concerns about substances found on their premises, and in particular any adverse reactions that these may have caused, they can contact DAMIS at damis@hscni.net.

The Department of Health, Social Services and Public Safety (DHSSPS) oversees DAMIS with support from the Public Health Agency, the Department of Justice and the Police Service of Northern Ireland (PSNI).

DAMIS treats all information as confidential and does not identify the provider of information.

APPENDIX 1 USE OF PRESCRIBED DRUGS

Pupils who need to take or carry prescribed drugs, either short or long term, must follow the guidance given in the Administering Medications Policy, an excerpt of which is below:

The Medical Welfare of Pupils

This policy has been developed to ensure that medicines are administered safely and responsibly within Bangor Grammar School. In order to ensure each pupil receives the best levels of medical care, there are a number of forms operational within Bangor Grammar School. These are:

M1 – Basic Medication

This form should be completed for all pupils entering into Year 8 and new pupils entering the school in different years. If the content changes as the pupil moves through the school, it is the responsibility of the parent to inform the school nurse directly in writing.

M2 – Action Plan for a pupil with medical needs

This form should be completed for any pupil with a medical diagnosis which the school needs to be aware of, for example, asthma, diabetes, allergies etc;

Where this form is applicable, parents will be required to make an appointment to meet with the school nurse;

If appropriate, form M3 should also be completed at the meeting.

M3 – Request for pupil to carry his medication

See note 3 above, relating to form M2

M4 – Request to administer long term prescribed or emergency medication

Responsibility of the parent to complete and send to the school nurse as and when required

APPENDIX 2 THE LAW IN NORTHERN IRELAND

All staff should be aware of their responsibilities under the law. It is important to note that the law in Northern Ireland differs in certain aspects from elsewhere in the U.K. The relevant pieces of legislation are the Misuse of Drugs Act 1971 and Section 5 of the Criminal Law Act (Northern Ireland) 1967 as outlined below.

1. Misuse of Drugs

It is an offence under the Misuse of Drugs Act 1971:

- (i) to supply or offer to supply a controlled drug to another in contravention of the Act
- (ii) to be in possession of, or to possess with intent to supply to another, a controlled drug in contravention of the Act; it is a defence to the offence of possession that, knowing or suspecting it to be a controlled drug, the accused took possession of it for the purpose of preventing another from committing or continuing to commit an offence and that as soon as possible after taking possession of it he took all such steps as were reasonably open to him to destroy the drug or to deliver it into the custody of a person lawfully entitled to take custody of it;
- (iii) for the occupier or someone concerned in the management of any premises knowingly to permit or suffer on those premises the smoking of cannabis: or the production, attempted production, supply, attempted supply, or offering to supply of any controlled drug.

The offences listed above are arrestable offences

Section 8.

A person commits an offence if, being the occupier or concerned in the management of any premises, he knowingly permits or suffers any of the following activities to take place on those premises, that is to say:

- (a) producing or attempting to produce a controlled drug in contravention of section 4 (1) of this Act;
- (b) supplying or attempting to supply a controlled drug to another in contravention of section 4 (1) of this Act or offering to supply a controlled drug to another in contravention of section 4 (1) of this Act;
- (c) preparing opium for smoking;
- (d) smoking cannabis resin or prepared opium

Criminal Law Act (Northern Ireland) 1967

Section 5. Failing to give Information. Where a person has committed an arrestable offence, it shall be the duty of every other person who knows or believes:

- (i) that the offence or some other arrestable offence has been committed; and
- (ii) that he has information which is likely to secure, or to be of material assistance in securing, the apprehension, prosecution or conviction of any person for that offence;

to give that information, within a reasonable time, to a constable and if, without reasonable excuse, he fails to do so then that person is committing an offence.

This places an onus on individuals to inform a constable.

The Law permits a member of staff to take temporary possession of a substance suspected of being a controlled drug for the purposes of protecting a young person from harm and from committing the offence of possession. The staff member should take the suspected drug and any associated equipment as soon as possible to the Designated Teacher/principal/leader in charge or line manager. He/she should arrange for its safe storage until it can be handed over to the local police to identify whether or not it is a controlled drug.

Staff should not attempt to analyse or taste an unidentified substance.

Appendix 3 MAIN TYPES OF CONTROLLED SUBSTANCES BY CLASS

The Misuse of Drugs Act (1971)

Class	Substance	Posession	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 (e.g. mephedrone, 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 (GHB), gamma-butyrolactone (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.

Offences under the Misuse of Drugs Act (1971) include:

- possession – to knowingly be in possession of a relatively small quantity of a controlled substance for personal use; the police decide what constitutes a small quantity;
- possession with intent to supply another person a controlled substance – possessing a larger quantity of a substance or packaging it in a way that indicates it is going to be supplied to others;
- supplying another person a controlled substance – giving or selling a substance to someone else, including friends; and
- supplying or offering to supply substance paraphernalia – this includes equipment for smoking cannabis or crack cocaine, but needles and syringes are exempt.

Appendix 4 CHECKLIST OF ROLES AND RESPONSIBILITIES WHEN MANAGING AN INCIDENT

Individual staff members should:

- a) assess the situation and decide the action;
- b) make the situation safe for all pupils and other members of staff, secure first aid and send for additional staff support, if necessary;
- c) carefully gather up any drugs and/or associated paraphernalia or evidence and pass all information or evidence to the designated teacher for drugs; and
- d) write a brief factual report of the incident and forward it to the designated teacher for drugs.

The designated teacher for drugs should:

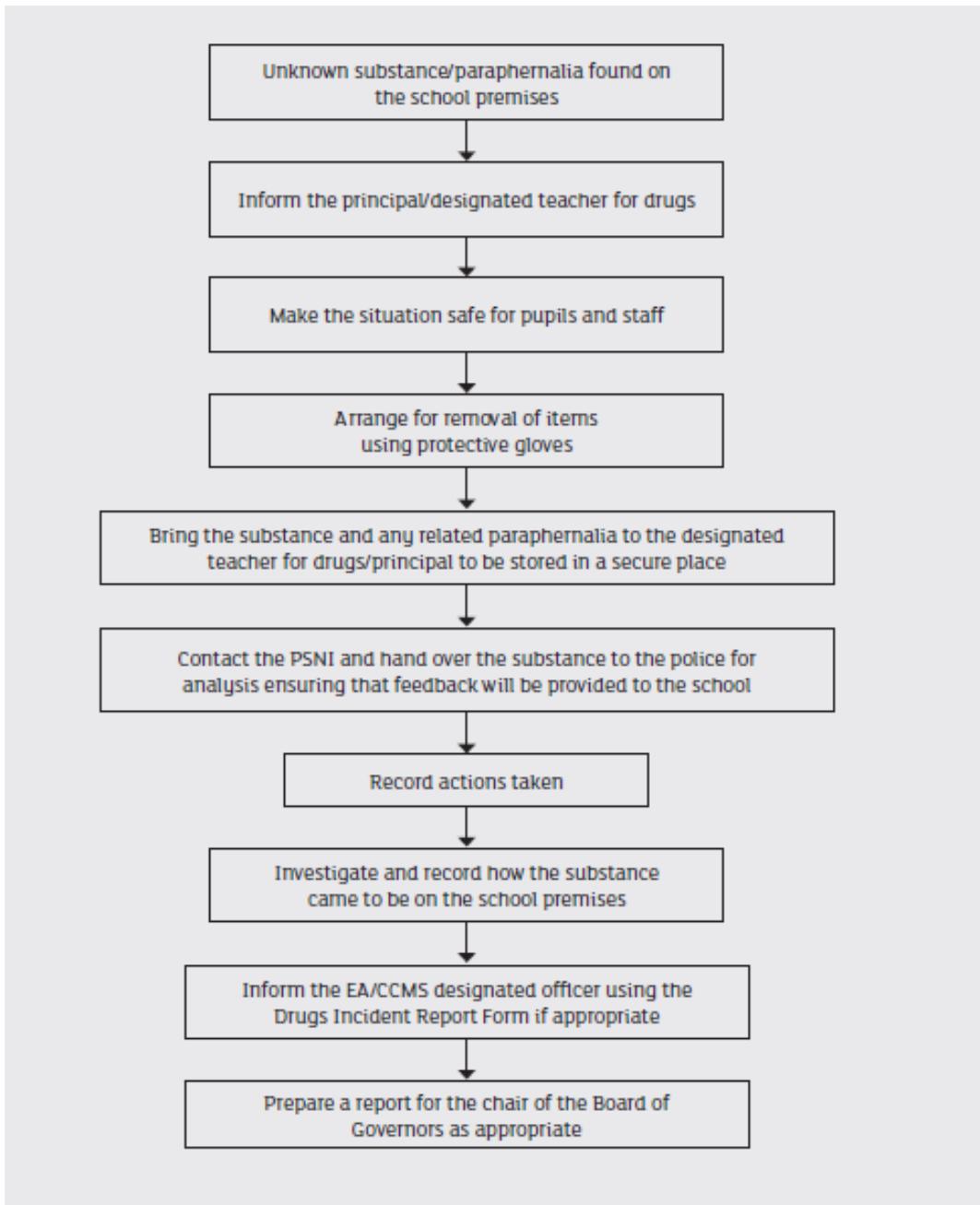
- a) respond to first aider's advice or recommendations;
- b) inform parents or carers immediately, in the case of an emergency;
- c) take possession of any substance(s) and associated paraphernalia found;
- d) inform the principal;
- e) take initial responsibility for pupil(s) involved in the suspected incident; and
- f) complete a Drugs Incident Report Form (see Appendix 5) and forward it to the principal.

The Principal should:

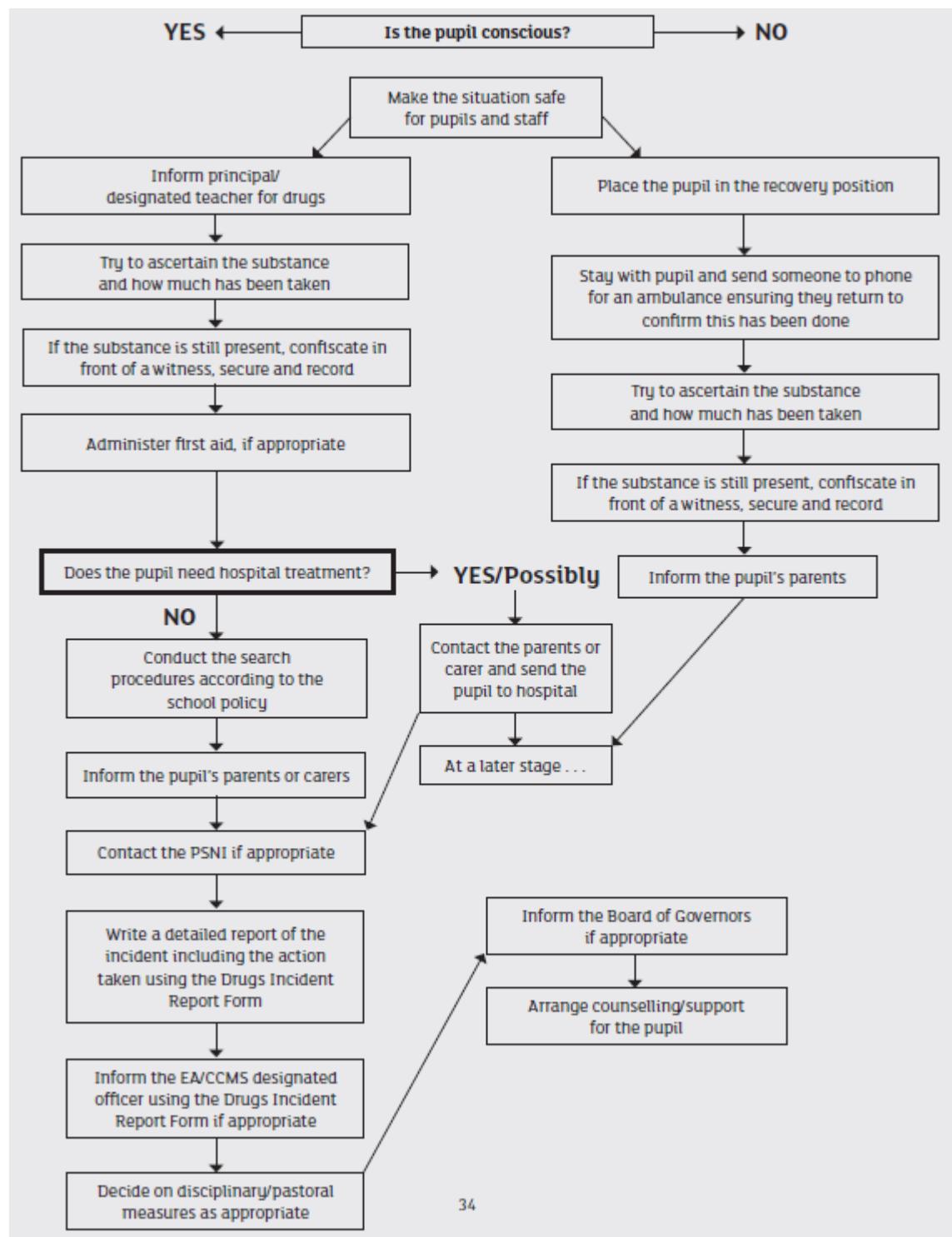
- a) determine the circumstances surrounding the incident;
- b) ensure that the following people are informed:
 - i. parents or carers;
 - ii. designated officer in the local PSNI area;
 - iii. Board of Governors; and
 - iv. designated officer in Education Authority or CCMS.
 - v. consult and agree pastoral and disciplinary responses, including counselling services or support;
 - vi. forward a copy of the Incident Report Form to the chairperson of the Board of Governors and the designated officer in the Education Authority or CCMS, if appropriate; and
 - vii. review procedures and amend, if necessary.

Appendix 5 HANDLING DRUG-RELATED INCIDENTS

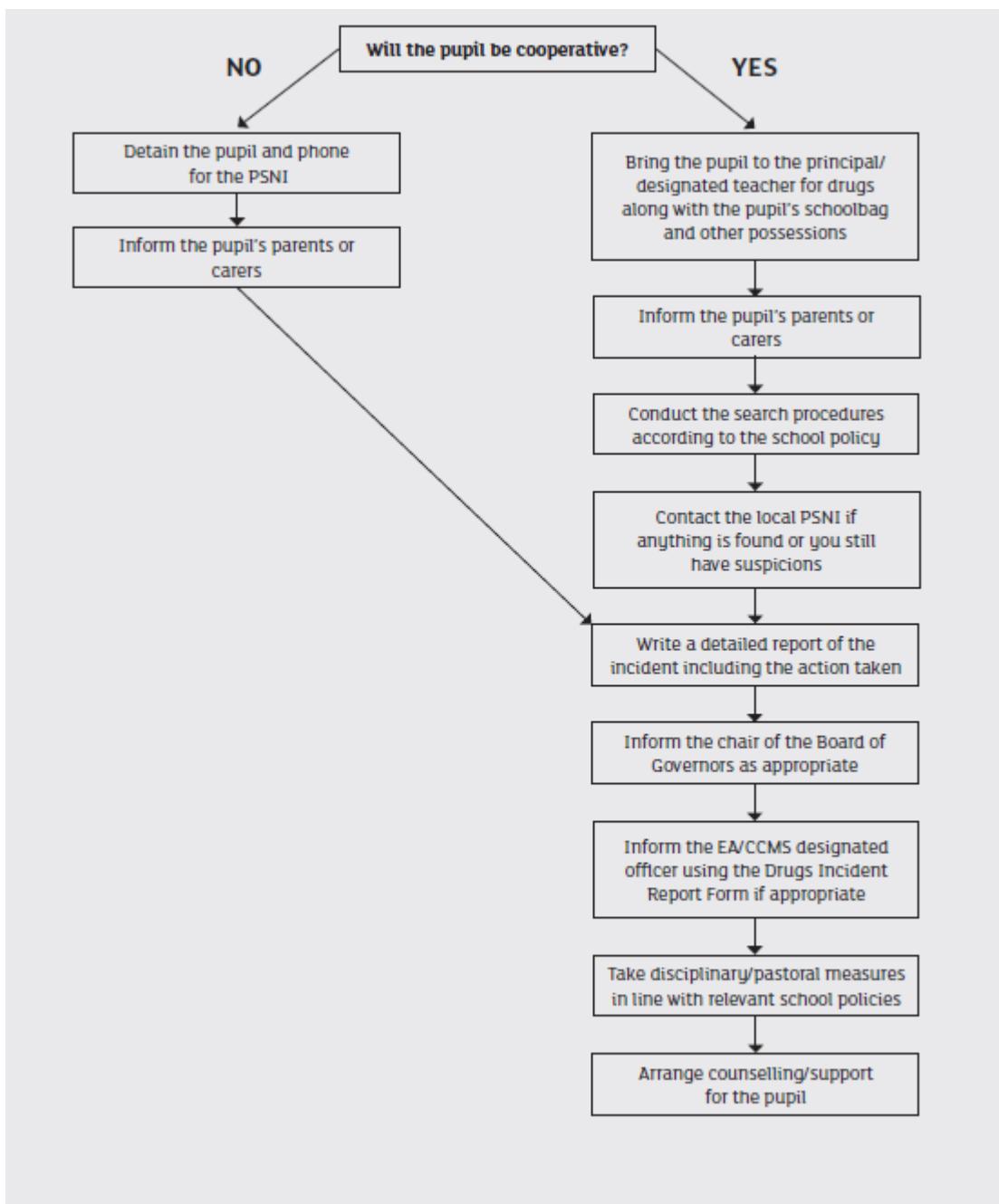
5.1 FINDING A SUSPECTED SUBSTANCE OR DRUG-RELATED PARAPHERNALIA ON OR CLOSE TO SCHOOL PREMISES.



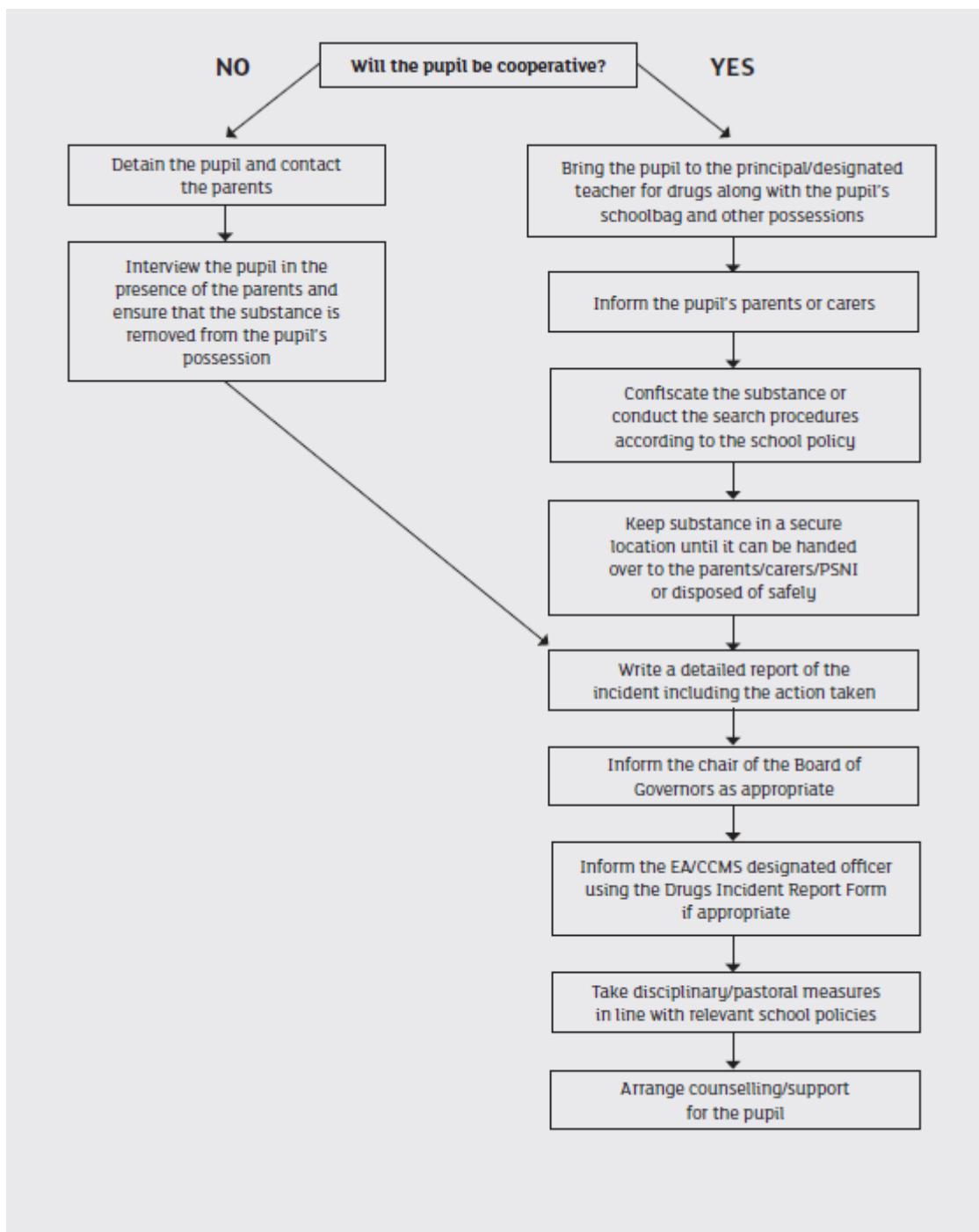
5.2 PUPIL SUSPECTED OF HAVING TAKEN DRUGS/ALCOHOL ON SCHOOL PREMISES



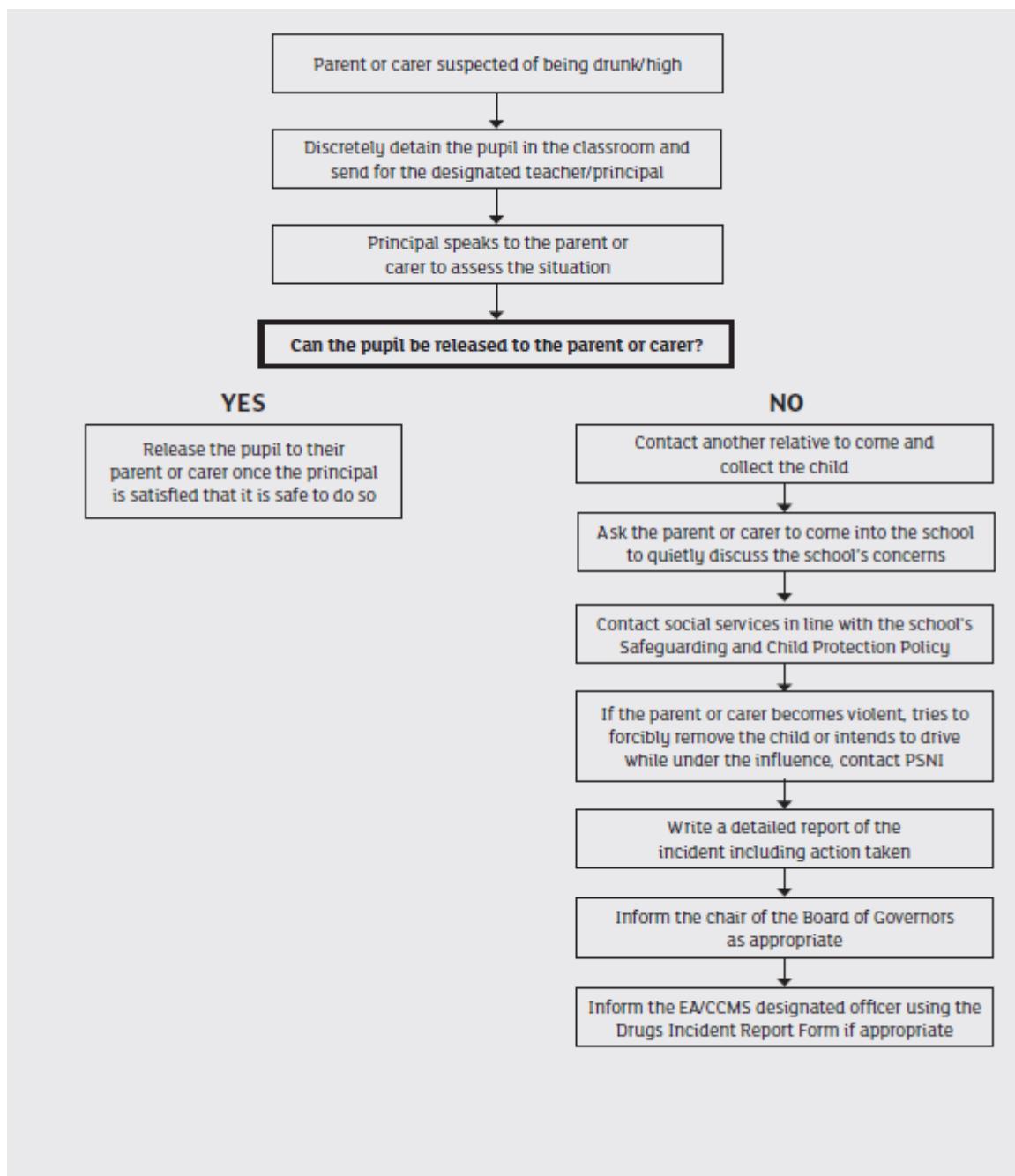
5.3 PUPIL SUSPECTED OF POSSESSING/DISTRIBUTING AN ILLEGAL SUBSTANCE.



5.4 PUPIL IN POSSESSION OF ALCOHOL OR UNAUTHORISED PRESCRIBED MEDICATION ON SCHOOL PREMISES.



5.5 A PARENT OR CARER ARRIVES AT SCHOOL TO COLLECT A CHILD AND APPEARS TO BE UNDER THE INFLUENCE OF ALCOHOL OR ANOTHER SUBSTANCE.



APPENDIX 6 DRUGS 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 or CCMS Designated Officer informed, as appropriate YES/NO Date _____ Time _____	
8.	Form completed by _____ Date _____ Position _____	

Description of the Incident

Actions taken

Incident form completed by

Page 10 of 10

Date

APPENDIX 7 RECOGNISING SIGNS OF SUBSTANCE ABUSE

What to look out for

If someone is having a bad time on drugs, they may be:

- anxious;
- tense;
- panicky;
- overheated and dehydrated;
- drowsy; or
- having difficulty with breathing.

What to do

The first things you should do are:

- stay calm;
- calm them and be reassuring, don't scare them or chase after them;
- try to find out what they've taken; and
- stay with them.

If they are anxious, tense or panicky, you should:

- sit them in a quiet and calm room;
- keep them away from crowds, bright lights and loud noises;
- tell them to take slow deep breaths; and
- stay with them.

If they are **really drowsy**, you should:

- sit them in a quiet place and keep them awake;
- if they become unconscious or don't respond, call an ambulance immediately and place them in the recovery position;
- don't scare them, shout at them or shock them;
- don't give them coffee to wake them up; and
- don't put them in a cold shower to 'wake them up'.

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

- immediately phone for an ambulance;
- place them into the recovery position;
- stay with them until the ambulance arrives; and
- if you know what drug they've taken, tell the ambulance crew; this can help make sure that they get the right treatment straight away.

APPENDIX 8 EMERGENCY PROCEDURES

This is the current best advice on what to do if someone is in difficulty because of misusing Drugs:

It is important to find out what they have taken as this could affect emergency aid, for example it will help the ambulance crew. Loosen clothing and call for an ambulance immediately.

If the person has taken a **depressant substance**, for example solvents, alcohol, sleeping pills or 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 talking to them or applying a cool damp cloth or towel to the back of their neck. You should not give them 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 their airway if blocked and keep checking on any changes to pulse and breathing rates.

If they **stop breathing**, begin mouth-to-mouth resuscitation, starting with chest compressions. (If you have not been trained in CPR or are worried about giving mouth-to-mouth resuscitation to a stranger, you can do chest compression-only (or hands-only) CPR). 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 aloud slowly. If they start to hyperventilate – that is they can't control their breathing – ask them to breathe in and out of a paper (not a plastic) bag, if there is one available.

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 substance and that these 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 9 CONSUMPTION OF ALCOHOL AT SCHOOL EVENTS AND ON SCHOOL TRIPS

Pupils

Pupils may not consume alcohol at any event or on any trip organised by the school.

In the Promoting Positive Behaviour Policy this is designated as a Level 5 offence.

“Alcohol/controlled drug/solvent consumption or dealing on school premises or in school uniform or whilst otherwise representing the school.”

It is important that this message is communicated to both pupils and parents in advance of any events or trips.

Staff

Staff should always be aware of the position that they hold as a role model to pupils in their charge.

While on duty at school events or on school trips it is important that staff should maintain reasonable standards in their own behaviour that enable them to uphold public trust and confidence in the teaching profession and/or the school.

APPENDIX 10 USEFUL CONTACTS

Education Authority (formerly Education and Library Boards)

Belfast Region Tel:	028 9056 4000	www.belb.org.uk
North-Eastern Region Tel:	028 9448 2200	www.neelb.org.uk
South-Eastern Region Tel:	028 9056 6200	www.seelb.org.uk
Southern Region Tel:	028 3751 2200	www.selb.org
Western Region Tel:	028 8241 1411	www.welbni.org

Diocesan Advisers

Diocesan Advisers provide support for maintained schools, you can contact them at the Diocesan Offices below:

The Council for Catholic Maintained Schools (CCMS)

Tel: 028 9042 6972 www.onlineccms.com

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. www.deni.gov.uk

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) www.hseni.gov.uk

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, multiprofessional 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. www.publichealth.hscni.net

Local Drug and Alcohol Co-ordination Teams Contact details for local services in the Local Service Directories prepared by the DACTs www.publichealth.hscni.net

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 www.publichealth.hscni.net
Family Support NI www.familysupportni.gov.uk
Children and Adolescent Mental Health Services, Belfast www.belfasttrust.hscni.net

Local Organisations

A list of local organisations that provide information and advice and/or resources about drugs.

www.mindingyourhead.info
www.fasaonline.org
www.talktofrank.com
www.thesite.org/drinkanddrugs
www.nhs.uk/Livewell/Pages/Topics.aspx

A list of national organisations that provide information and advice and/or resources about drugs:

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

Reviewing Committee: Education Committee

Dates of Policy Review

Date Review Completed	Nature of Review	Date Ratified by Board of Governors
October 2022	New Policy	15 December 2022
October 2025	New layout, personnel changes and PD	20 November 2025