



DRUGS POLICY

INTRODUCTION

Driffield School is committed to the Health and Safety of its members and will take action to safeguard their well-being. The school will not condone the misuse of drugs or alcohol by members of the school nor the illegal supply of these substances.

1. AIMS OF THE POLICY

- a. To promote a healthy lifestyle.
- b. To intervene appropriately when drugs are misused and with due regard for child protection procedures.
- c. To minimise harm and prevent the misuse of drugs.
- d. To educate/inform about drugs, drug use and misuse.
- e. To promote the development of self-esteem, assertiveness and decision-making.
- f. To widen understanding about related health and social issues e.g. sex and sexuality, crime, H.I.V. and A.I.D.S.
- g. To enable young people to identify sources for appropriate personal support.

2. IMPLEMENTATION OF THE POLICY

The school will ensure that the appropriate strategies are in place to promote knowledge and understanding of drugs related issues. All members of the school will be made aware of the policy and the values and moral framework in which it is to operate. There will be a clear system for intervention established where there is evidence relating to the misuse of drugs. The policy will be implemented mainly through the formal curriculum and also on occasions through the informal curriculum, i.e. in personal discussions, assemblies, and other school activities. We will consider aspects of drugs mainly through the PHSCE programme, opportunities to reinforce this learning and understanding will occur in other parts of the teaching programme.

3. DEFINITION OF A DRUG

A drug is any substance which when introduced into the body, creates a change in perception, mood or in how the body functions.

Please see Appendix 1 for a list of drugs.

4. THE LAW ON DRUGS

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

- a. to supply or offer to supply a controlled drug to another in contravention of the Act;

- b. to be in possession of, or to possess with intent to supply to another, a controlled drug in contravention of the Act;
- c. 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.

5. THE ROLE OF OUTSIDE AGENCIES

The school actively cooperates with other agencies such as the community policeman, social services, the local education authority, the health and drugs agencies such as the Council for Drugs Problems (CDP), and the Drug and Alcohol Resource and Treatment Team (DARTT). Cooperation with these agencies will enable the school to deliver its commitment to drugs education and to deal with instances of substance use and misuse. See Appendix 2 for a list of agencies.

6. HOW PARENTS AND GOVERNORS ARE INVOLVED

The Headteacher takes overall responsibility for this policy and its implementation and for liaison with the governing body and parents. The designated Deputy Headteacher has general responsibility for handling the daily implementation of this policy. He/She will work closely with others to ensure that all are adequately supported and trained. The school encourages parental involvement and this opportunity is provided by events where we will share with parents the philosophy and aims of this drugs policy.

7. DRUGS FOR MEDICINAL USE

Staff and students should only be in possession of medical drugs for their own use. The supply of medical drugs to others is not acceptable. Students with asthma should retain their inhalers on their person for immediate use, but should provide a spare to be stored with the school Matron for emergency use. Any medicinal drug which is brought onto school premises by students including proprietary medicines must be notified to and left with Matron.

No member of staff (including within Health Point) is authorised to administer medicine or treatment to a student although it is permissible for the medicine to be stored and administered by the student. Parents must inform the school about any medical condition requiring regular self medication and consultation should be made about the safe storage of such medicine between doses.

8. STRATEGY TO COPE WITH INCIDENTS

In instances involving substance misuse or supply on the premises the Headteacher, Deputy Headteacher(s) or Child Protection Co-ordinator will hold an immediate investigation. This will involve discussion between staff members who know the pupil well and other relevant individuals. Parents and the police will be informed at the earliest opportunity by the investigating colleague. Should medical assistance be required this will be organised by the school. In cases of real emergency, the school will seek medical help immediately. In this case staff will:

- a. Send for the Health Adviser worker or a designated first-aider immediately. No attempt should be made to administer first aid unless staff are trained.
- b. The student should be supported by keeping calm whilst waiting for help to arrive.

- c. When help has arrived as much information as possible should be gathered as to the cause of the illness.
- d. It is important to stress to witnesses that any information could be of vital importance in getting the correct treatment for the affected student.
- e. We should not hesitate in calling the emergency services if there is any doubt about the well-being of the student; quite small overdoses of some easily available medicines can cause serious organ damage if left untreated.
- f. Everything should be recorded in writing for the benefit of medical staff involved in the treatment. The Headteacher, Deputy Headteacher or Child Protection Co-ordinator should be informed as soon as possible.

If a young person admits to a teacher that she/he is using or supplying substances off the premises the teacher will inform the Headteacher, Deputy Headteacher or the Child Protection Co-ordinator who will inform the parents. The police may be called to give relevant support and advice.

The school cannot allow the possession or supply of any controlled drug, including the preparation or smoking of cannabis, upon the whole school premises. Where it is suspected that illegal substances are being taken or sold on the premises details regarding those involved together with as much information as possible will be passed to the police by the Headteacher, Deputy Headteacher(s) or the Child Protection Co-ordinator .

- If a pupil is suspected of taking or being in possession of a controlled substance during school time, they will be given the opportunity to produce any illegal substance voluntarily. A search of a pupil's bag may be carried out. If co-operation is not secured the police and parents may be called in.

The school will consider each substance abuse incident individually and recognises that a variety of responses will be needed to deal with incidents. The school will consider very carefully the implications of any action it may take. It seeks to balance the interests of the students involved, the other school members and the local community. Considerations to be taken into account by the Headteacher/Deputy Headteacher(s)/ Child Protection Co-ordinator include:

- The legal situation(s);
- The number of offences involving an individual student.
- In the case of any serious offence for possession, or any second offence, the student may be permanently excluded by the Headteacher.
- If, in the opinion of the Headteacher, there is a balance of probability that a student has been selling, passing or giving an illegal substance (in all instances technically supplying) the Headteacher may permanently exclude the student.
- In the case of alcohol and tobacco the Headteacher will decide appropriate punishment ranging from additional work, detentions and fixed term exclusion. Parents will always be fully involved. A full copy of this policy will be issued to parents. Permanent exclusion will be considered after every reasonable alternative strategy has been used including the support of medical and counselling services.

The Headteacher or Deputy Headteacher(s) will take responsibility for liaison with the media. As the issue of substance misuse is an emotive one, and is likely to generate interest from the local and national media, the school will take appropriate advice and guidance from the Local Authority in order to ensure that any reporting of incidents remains in the best interests of the young person or persons, their families and the school.

9. DRUGS EDUCATION

The prevention of illegal drug taking and experimentation is vital. The aim of the drug education programme at Driffield School is based on the concept of reducing demand with the intention of preventing the use of illegal drugs and reducing the misuse of other drugs. The school will aim to:

- a. Provide clear information about the consequences and harmful effects of drugs.
- b. Develop student's personal and social skills to resist negative influences.
- c. Raise the awareness of cultural influences on drug use and misuse.
- d. Promote alternatives to drug use and misuse.
- e. Make clear the implications of drug use and misuse on the body and society.
- f. Provide information about external agencies to students.

10. GUIDANCE FOR STAFF

When a member of staff discovers substances which are suspected to be harmful, illegal or deserving investigation, he/she should note the circumstances in which substances may be removed from either a place or a person.

11. PLACE

If possible remove the substance from where it was discovered in the presence of a witness. It should be given personally to the Headteacher or Deputy Headteacher(s) or the Child Protection Co-ordinator.

In the absence of a witness, continue with guidelines a to g below.

12. PERSON

When receiving or retrieving substances from a student do so, if possible, in the presence of a witness. In the absence of a witness do not put off receiving substances, or within the bounds of your professional discretion, removing a suspicious substance from a student's possession.

The following guidelines should be observed at all times:

- a. Remove the substance and record the time, place and circumstance when the substance came into your possession as soon as possible after the incident.
- b. Do not investigate the nature of the substance but do record its approximate size and appearance as soon as possible after the incident.
- c. Have the recordings countersigned by a witness.
- d. Take the substance immediately to the Headteacher, Deputy Headteacher or the Child Protection Co-ordinator. Do not keep the substance on your person or in a

place of safe-keeping. To do so may put you at risk. Do not pass the substance from one member of staff to another.

- e. In the presence of the Headteacher, Deputy Headteacher or the Child Protection Co-ordinator the substance will be placed in a suitable sealed container. The package will then be signed and dated by the Headteacher, Deputy Headteacher or the Child Protection Co-ordinator and yourself. An official report should be completed recording the time, date and circumstances of the findings.
- f. The Headteacher, Deputy Headteacher(s) or the Child Protection Co-ordinator will contact the police to arrange for appropriate dispersal.
- g. In the event of discovery of any equipment associated with substance abuse, especially needles and syringes, students should not be allowed to handle such items. All equipment found must be handled by adults with utmost care. The premises staff should be called in these circumstances and materials should be placed in a secure and rigid container to await collection by the appropriate service.

APPENDIX 2

SIGNS OF DRUG MISUSE

Identifying drug taking is not easy. Many signs are just like normal signs of growing up. Staff should not jump to conclusions but should be aware of a range of behaviours which might indicate involvement with drugs. The following lists may help staff clarify some of the objects and behaviours that might be associated with drug misuse, remembering that these could be associated with other issues in young peoples lives.

Objects that may indicate drug use:

Foil containers of cup shapes from silver foil, perhaps discoloured by heat
Metal tins
Heat-discoloured spoons
Small bottles, pill boxes
Twists of paper
Straws
Sugar lumps
Syringes and needles
Cigarette lighters
Spent matches
Plastic bags or butane gas containers (solvent abuse)
Cardboard or other tubes (heroin)
Stamps or similar small items
Shredded cigarettes or home-rolled cigarettes (cannabis)
Aromatic small (cannabis)
Paper (approximately 2 inches square) folded to form an envelope (heroin)

Warning signs in individuals

Excessive spending or borrowing of money
Stealing from parents
More time is being spent away from home
Changes in attendance pattern and decline in willingness to participate in school or youth club activities
Unusual outbreaks of temper
Disregard for physical appearance
Lack of appetite
Heavy use of aftershave or perfume to disguise the smell of drugs
Wearing sunglasses at inappropriate times (to hide dilated or constricted pupils)

Warning signs in groups

Absence on days of particular significance (e.g. payout day for people in receipt of benefits)
Maintaining distance from other pupils, students or youth club members, away from supervision points (e.g. groups who frequently gather near the gate of a school playground or sports field)
Being the subject of rumours about drug taking
Talking to strangers on or near the premises
Stealing which appears to be the work of several individuals rather than one person (e.g. perhaps to shoplift solvents)
Use of drug takers' slang
Exchanging money or other objects to unusual circumstances
Teenagers associating briefly with one person who is much older and not normally part of the peer group

DRUGS THAT DEPRESS THE NERVOUS SYSTEM

APPENDIX 1

Drug Group	Principal Drugs		Legal Status	Recommended Medical Uses	Methods of Administration	Prevalence and Availability	Effects
	Scientific Names	Trade Slang and Other Names					
Alcoholic Beverages	Ethyl alcohol or ethanol	Booze etc, Beers, Wines, Spirits, Liqueurs	Can be bought by adults (18+) and drunk outside a pub / bar by children (5+). Need license to sell.	None.	Swallowed as a beverage.	Available through over 170,000 licensed premises. Over 9 in 10 adults drink to some extent.	Depress the nervous system, relieve tension, and anxiety, promote relaxation, and impair the efficiency of mental and physical functioning and decreased self-control. In higher doses there can be 'drunken' behaviour, downiness, stupor, sleep / unconsciousness. Tolerance develops with frequently repeated doses. In high doses there can be strong physical dependence to alcohol or hypnotosedatives, less strong to minor tranquillisers, not at all to solvents or gases. Depressant effects may be
Barbiturates	Quinalbarbitone, Amylobarbitone, (combination of above) Pentobabitone, Butobarbitone	'Downers' 'Barbs' Various slang terms derived from trade names or colour of pills / capsule: Seconal, Amytal, Tuinal, Nembutal, Soneryl	Prescription only medicines. Controlled drugs.	Promote sleep in severe intractable insomnia.	Swallowed as pills, capsules or elixirs, injected.	Barbiturate pills and capsules produced for medical use rarely available on the illicit market.	
Benzodiazepines	Minor Tranquillisers Diazepam, Chlordiazepoxide, Lorazepam, Oxazepam, Nitrazepam, Fluazepam, Traizolam, Temazepam	Tranx, Valium, Librium, Ativan, Serenid, Mogadon, Dalmane, Halcion, Normison terms: 'Eggs' 'Jellies'	Prescription only medicines. Controlled drugs but legal to possess without a prescription.	Relieve anxiety. Promote sleep in insomnia.	Swallowed as pills or capsules.	Most commonly prescribed drugs in Britain. Also available on the illicit market.	

Solvents and Gases	Toluene, Acetone, Butane, Fluorocarbons, Trichloroethylene, Trichloroethane	Glue, Lighter Fuel, Aerosols, Cleaning Fluid	In the UK it is illegal to sell knowingly for inhalation. In Scotland mis-users can be taken into care.	None.	Vapours or gases inhaled through nose / mouth.	Widely available in shops, homes and places of work. Some 5-10% of secondary school pupils may have tried them.	dangerously augmented if more than one depressant drug is taken at a time, or if depressant drugs are taken with opiate-type drugs.
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DRUGS THAT STIMULATE THE NERVOUS SYSTEM

Drug Group	Principal Drugs		Legal Status	Recommended Medical Uses	Methods of Administration	Prevalence and Availability	Effects
	Scientific Names	Trade Slang and Other Names					
<u>Amphetamines and amphetamine-like drugs</u>	Amphetamines- Amphetamine sulphate Dexamphetamine Amphetamine-like drugs Methylphenidate Diethylpropion Phentemine Permoline	Uppers, Speed, Sulphate, Sulph, Whizz, Dexedrine Ritaline Apisate, Tenuate Duromine, Lonamin Volital	Prescription only medicines. Controlled drugs.	Treatment of narcolepsy and hyperkinesias Short-term treatment of obesity.	Amphetamine sulphate powder sniffed up the nose and injected. Some pills and capsules by mouth.	Illicitly manufactured amphetamine sulphate commonly available on the illicit market, plus some pills and capsules produced for medical use. After cannabis, probably the most widely misused controlled drug.	Except for steroids and nitrites, drugs that stimulate the nervous system increase alertness, diminish fatigue, delay sleep, increase ability to maintain vigilance or perform physical tasks over a long period, and elevate mood. Excepting tobacco, high doses can cause nervousness, anxiety and (with the exception of tobacco and caffeine) temporary paranoid psychosis. Withdrawal effects include hunger and fatigue. Although unpleasant, these effects are practically never of the kind that might require medical assistance.
<u>Cocaine</u>	Cocaine hydrochloride Cocaine freebase	Coke, snow Crack, Freebase, Base, Rock, Wash	Prescription only medicines. Controlled drugs.	Rarely prescribed. Local anaesthetic.	Cocaine hydrochloride powder sniffed, sometimes injected. Cocaine freebase smoked.	Illicitly manufactured. Imported hydrochloride powder available on the illicit market, but so expensive, so not used frequently.	Except for steroids and nitrites, drugs that stimulate the nervous system increase alertness, diminish fatigue, delay sleep, increase ability to maintain vigilance or perform physical tasks over a long period, and elevate mood. Excepting tobacco, high doses can cause nervousness, anxiety and (with the exception of tobacco and caffeine) temporary paranoid psychosis. Withdrawal effects include hunger and fatigue. Although unpleasant, these effects are practically never of the kind that might require medical assistance.
<u>Caffeine</u>	Caffeine	Coffee, Tea, Cocoa, Soft Drinks, Chocolate Analgesic pills	Unrestricted	None	Swallowed as a beverage, in confectionary, or in pills.	Freely available in beverages and foodstuffs. Taken regularly by the great majority of people in Britain.	Except for steroids and nitrites, drugs that stimulate the nervous system increase alertness, diminish fatigue, delay sleep, increase ability to maintain vigilance or perform physical tasks over a long period, and elevate mood. Excepting tobacco, high doses can cause nervousness, anxiety and (with the exception of tobacco and caffeine) temporary paranoid psychosis. Withdrawal effects include hunger and fatigue. Although unpleasant, these effects are practically never of the kind that might require medical assistance.

Tobacco	Tobacco Nicotiana tabacum Nictiana rustica Nictiana persica	Tobacco Cigarettes Snuff	Illegal to sell to children under 16. Otherwise unrestricted.	None	Smoked. Snuff is sniffed up the nose.	Widely available in shops. 38% of UK adults smoke.	Potential for increasing aggression and sex drive in men and women, possible liver and heart damage, non-reversible ***** effects on women (body hair, deep voice) growth stunting in adolescents, psychological dependence. With nitrites 'rushing' sensation as blood vessels dilate, enhanced sexual pleasure, possible headaches, vomiting and dermatitis. Excessive use of nitrites could bring on methaemoglobinaemia (serve vomiting, shock and unconsciousness), which has caused fatalities. Tolerance develops, but no reports of withdrawal or dependence. With ecstasy feelings of empathy with others at low doses, more amphetamine – like restlessness and anxiety at high doses.
Anabolic Steroids	Anabolic steroids	Nadrolone Stanozolol Dianabol Durabolin Deca-durabolin	Prescription only medicines.	Persistent anaemia Protein build up.	Swallowed as pills or injected.	Available in gymnasiums, health clubs etc.	
Alkyl Nitrites	Amyl nitrite Butyl nitrite Isobutyl nitrite	Poppers Rush Locker room	Pharmacy medicine Unrestricted	None None	Vapours inhaled through nose / mouth.	Available in sex shops, clubs, bars etc.	
Hallucinogenic Amphetamines	Methylenedioxymethamphetamine MDA MDMA MDEA	Ecstasy, E, plus many names derived from shape or colour of drugs.	Controlled drugs. Not available for medical use.	None	Swallowed as tablets or capsules.	Illicitly manufactured and generally available on the illicit market.	

DRUGS THAT REDUCE PAIN

Drug Group	Principal Drugs		Legal Status	Recommended Medical Uses	Methods of Administration	Prevalence and Availability	Effects
	Scientific Names	Trade Slang and Other Names					
Opiates, Opoids, Narcotic Analgesics	Diacetylmorphine, Diamorphine or heroin Dialpanone Methadone	Junk, skag, H, smack Diaphine Diconal, dike Physeplone, amps, (injectable) Linctus (oral)	Prescription only medicines. Controlled drugs.	Pain relief, cough suppression, anti-diarrhoea agents. Treatment of opiate dependence (methadone).	Heroin can be smoked, sniffed or injected. Most other opiate preparations can be injected or swallowed.	Illicitly produced and imported, heroin is the most widely misused of this class of drugs. In many areas heroin is commonly available from doctors or by theft. Perhaps 70,000 regular users.	Reduce sensitivity and emotional reaction to pain, discomfort and anxiety. Feelings of warmth, contentment. Relatively little interference with mental or physical functioning. Higher doses, sedation, stupor, sleep / unconsciousness. Tolerance and physical dependence with frequently repeated doses. Depressant effects may be dangerously magnified if more than one opiate is taken at one time, or if opiates are taken with other depressant drugs.
	Buprenorphine Pethidine Dextromoramide Dextropropoxyphene Pentazocine	Temgesic, Pamergan, Pethilofan, Palfium Distalgesic Foragesic, Fortral	Prescribed only medicine except in the form of some very dilute mixtures (*) available without prescription from pharmacies.				
	Opium Morphine	Gee's Linctus* Cyclimorph, Kaolin and Morphine*	Controlled drugs, but (*) legal to possess without a prescription.				
	Codeine	Actifed*, Phensedyl*, Codeine Linctus*, Evacode*.					

DRUGS THAT ALTER PERCEPTUAL FUNCTION

Drug Group	Principal Drugs		Legal Status	Recommended Medical Uses	Methods of Administration	Prevalence and Availability	Effects
	Scientific Names	Trade Slang and Other Names					
LSD	Lysergic acid Diethylamide and Lysergide	LSD Acid	Controlled drugs; LSD not available for medical use.	None.	Swallowed as variously formed illicitly produced paper squares, pills, tablets, capsules etc.	Illicitly manufactured LSD is commonly available on the illicit market.	Heightened appreciation of sensory experiences, perceptual distortions, feelings of dissociation, insight, elevation of mood. Sometimes anxiety or panic, occasionally severe. Relatively little physiological arousal or sedation and minimal risk of physical dependence. With hallucinogens and hallucinogenic mushrooms, commonly pseudohallucinations. With cannabis, relaxation, downiness, talkativeness.
Hallucinogenic Mushrooms	Psilocybe Semilanceata (Contains psilocybin and psilocin)	Liberty Cap Magic mushrooms Mushies	If prepared for use may be a controlled drug. Otherwise unrestricted.	None.	Swallowed raw, cooked or brewed into a beverage, often after drying.	Liberty caps grow wild in Autumn in many parts of Britain and are commonly taken for hallucinogenic effects. Uses of other mushrooms are rare.	
	Amanita muscaria	Fly Agaric	Unrestricted				
Cannabis	Cannabis Sativa (Contains tetrahydrocannabinol) Herbal cannabis Cannabis Resin Cannabis oil	Pot, Dope, Blow, Draw, Smoke etc. Grass, Marihuana, Ganja, Weed, the Herb, Skunk Hash, Hashish'	Controlled drugs; not available for medical use; illegal to allow premises to be used for smoking cannabis.	None.	Brunt and smoked by itself (herbal cannabis) or with tobacco. Sometimes eaten (resin)	Most widely misused controlled drug in Britain. Probably one million people in the UK use cannabis. Smuggled supplies widely available on the illicit market.	