



Drug Education, Management of Specific Drug Incidents and Medication Administration Policy

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Contents

Vision, aims, objectives, ethos and rationale.....	1
Drug Education and Support	3
Resources	4
What constitutes a drug related incident?.....	8
Controlled and Non-Controlled Drug Incidents	8
Pupil Behaviour Plan and Sanctions	9
Specific Issue Statements	10
Medication Administration	15
Consultation and Communication of Policy	17
Appendices.....	18
Appendix 1 Curriculum Overview.....	19
Appendix 2 Drug Classification Table	22
Appendix 3 Signs and Symptoms of Drug Use	23
Appendix 4 Sources of Support and Help	24
Appendix 5 - Procedures for a pupil who has been caught smoking a cigarette, an e-cigarette or having nicotine replacement therapy products (without DTDI prior knowledge of nicotine replacement therapy products)	26
Appendix 6 - Procedures for a pupil caught consuming or being suspected of having consumed alcohol	27
Appendix 7 – Procedures for a pupil suspected of having a controlled drug and be at risk	28

Vision, aims, objectives, ethos and rationale

Vision – To create a learning community that is focused on developing a healthy school environment.

Aims - To protect young people and keep them safe from the harm associated with the misuse of drugs.

Objectives

- To implement and review regularly a relevant, up to date and age appropriate drugs education programme.
- To outline procedures for managing specific incidents of suspected drug misuse.
- To establish clear roles and responsibilities related to the drug education programme, management of specific incidents of suspected drug misuse and medication administration.
- To provide whole-school staff training, focusing on signs and symptoms of drug use and procedures for specific drug incidents.
- To engage in regular consultation with all stakeholders in relation to policy, education and procedures.

Ethos

We seek to ensure that young people receive a relevant, up to date and age appropriate drugs education at Bangor Academy and Sixth Form College helping them to make safe and informed life choices.

In order to reflect current legislation and promote the human right to be protected from drugs, our school will reinforce the ethos that unauthorised drugs and illegal (controlled) drugs are not acceptable in our school. They are not to be consumed/taken/inhaled or carried on an individual or concealed within their possessions, in our school building or on our school grounds at any time, by any person, of any age.

Rationale

Young people are faced with many difficult dilemmas in today's complex modern society. Research shows that by post-primary school age a significant number of young people are engaging with drugs including nicotine, alcohol, new psychoactive substances (NPS), controlled drugs, solvents and 'other person' prescribed medicines.

Key findings from the Young Person's Behaviour and Attitudes Survey (2013) indicated that of all 11 – 16 year olds surveyed in Northern Ireland:

38% had consumed alcohol

38% had been drunk on at least one occasion

9% had been offered solvents to inhale

4% were regular smokers.

Information from the PSNI indicates that drug seizures recorded as being 'in the vicinity of an educational establishment' has increased from 14 in 2013 to 30 in 2014. The highest rate of increase has been in schools. The drugs showing the highest rate of increase were herbal cannabis, cannabis joints and diazepam tablets. This shows a trend that is very concerning to all stakeholders involved with young people.

Substance abuse affects all communities in Northern Ireland, crossing gender, cultural and societal backgrounds. This societal change is having a very real and negative impact on young people.

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

The Department of Education document 'Every school a good school' (ESAGS) states that an indicator for effective performance in relation to child centred provision is indicated by the highest standards of pastoral care with a focus on pupil health and a close working relationship with statutory and voluntary agencies.

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

Drug Education and Support

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

The Pastoral Curriculum includes Drug Education. The Personal Development strand of Learning for Life and Work will be the main vehicle for the delivery of the Drugs Education Programme at Bangor Academy and Sixth Form College. The Head of Learning for Life and Work is responsible for Drug Education through Learning for Life and Work. Pastoral initiatives from Year 8 to Year 14 will be linked to curriculum delivery and may be reinforced at key times in line with perceived needs as identified by the pastoral teams. The Drugs Education Curriculum has been mapped and is outlined in Appendix 1. Definitions and Terminology are outlined in Appendix 2.

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

Where a young person is experiencing disconnectedness from family, teachers, and other responsible adults and is involved in negative peer groups, the risk factors are significantly increased. At this point (if drug use is identified) further individual interventions and support will be given from the Designated Teacher for Drugs Incidents (DTDI) to increase the protective factors. The DTDI will work with the pupil, parents, head of year, school nurse, outside agencies and (if applicable) designated teacher for Child Protection.

Drug Education and Support

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

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

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

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

Resources

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

Programme materials and DVDs:

- SHAHRP Programme (Lisburn YMCA)
- Quit DVD
- A – Z of Drugs DVD
- Bath Salts and Illegal Highs DVD
- Addiction and the Human Brain DVD

Websites:

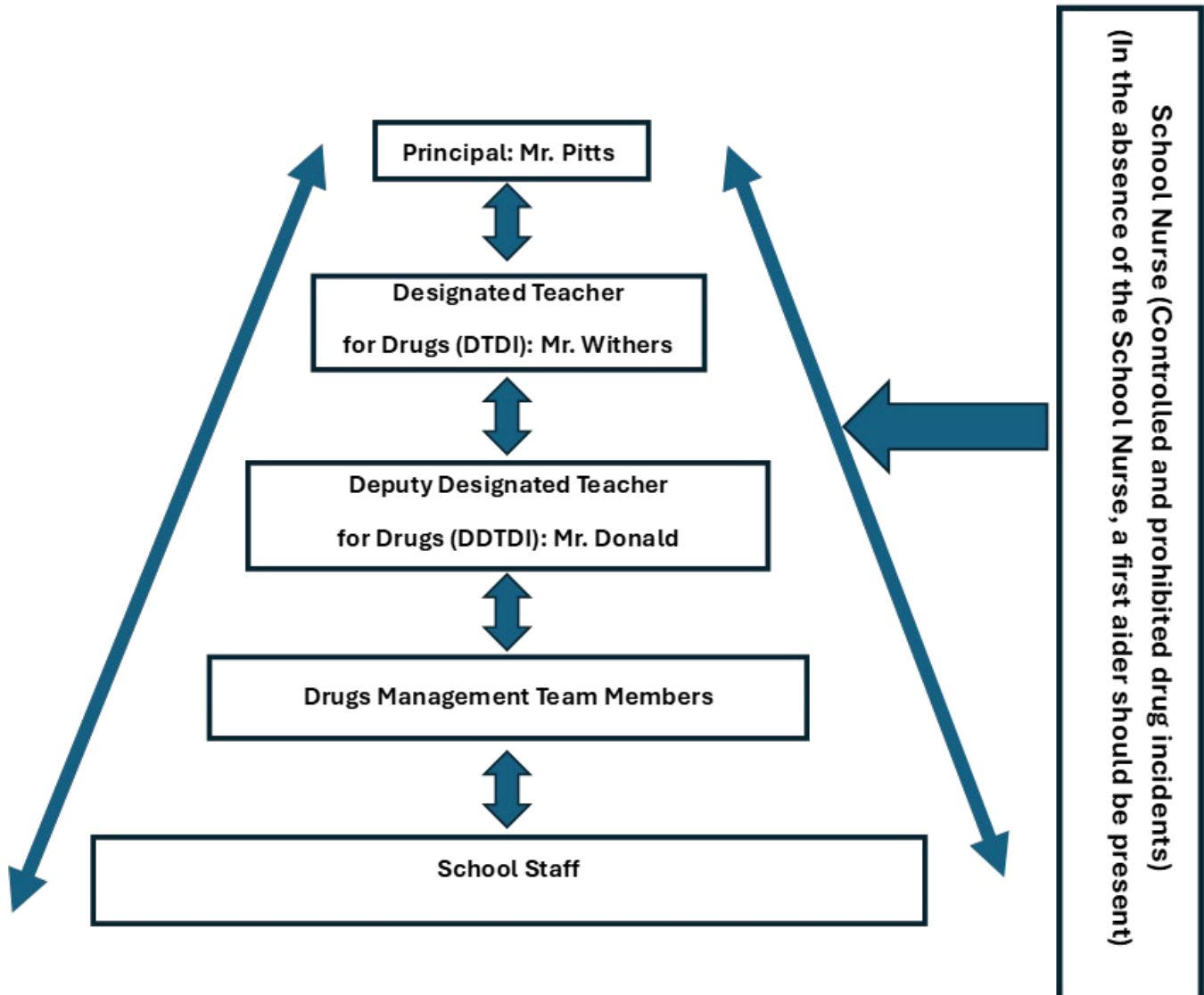
- www.talktofrank.com
- www.deni.gov.uk
- www.drugscope.org.uk
- www.want2stop.info
- www.ash.org.uk
- www.alcoholconcern.org.uk

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

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

Management of Specific Drug Incidents

Roles and Responsibilities of the Drugs Management Team



The **Principal** accepts responsibility in principal for the administration of medications within Bangor Academy and Sixth Form College. This responsibility is delegated to the school nurse.

Designated Teacher for Drugs Incidents (DTDI)

The Designated Teacher for Drugs Incidents (DTDI), along with the Deputy (DDTDI), is responsible for Drug Education, the management of specific drug incidents and medication administration procedures. The DTDI and DDTDI has a number of roles, they include:

- Reviewing the Drugs Education, Management of Specific Incidents and Medication Administration Policy annually.
- Providing focused and regular training for the Deputy Designated Teachers for Drugs Incidents
- Providing annual training/update training to all staff (including Board of Governors) on drugs education, the management of specific drug incidents and medication administration.
- Liaise with the Head of Learning for Life and Work to co-ordinate the Personal Development strand of Learning for Life and Work and the Pastoral Teams.
- Liaise with DDTDI, PSNI, EA, Ambulance Service NI, parents/carers, school nurse and the principal in all specific drug incidents.
- Keep records of all drug related incidents using SIMS
- Liaise with the school nurse in relation to the medication administration procedures
- Liaise with the Principal when completing the Pupil Behaviour Plan document to identify appropriate consequences and support following any specific drugs related incident.
- Following a specific drug incident review the effectiveness of the policy and procedures to evaluate.

Deputy Designated Teacher for Drugs Incidents (DDTDI)

The Deputy Designated Teacher for Drugs Incidents (DDTDI) is responsible for the management of specific drug incidents in line with DTDI. The DDTDI has a number of roles they include:

- Liaising with the DTDI, school nurse, parents/carers, Ambulance Service NI, PSNI, Principal in specific drug incidents.
- Liaise with the DTDI when recording the incident on SIMS to identify appropriate consequences and support following any specific drugs related incidents.
- Following a specific drug incident, review the effectiveness of policy and procedures.

School Nurse

The **School Nurse** is responsible for the implementations of the Medications Administration section of the Drugs Education, Management of Specific Drug Incidents and Medication Administration Policy, to include:

- keeping records of all written permission forms

- keeping records of all medications administered (supervised/administered) in pupil records
- ensuring the safe storage of all medications
- communication of appropriate information to safeguarding team, heads of year and form tutors
- co-ordinating and delivering training (both one-to-one and whole school)
- ensuring provision is in place to cover absence
- completion of medication plans and uploading the medication plans (for pupils with long term or emergency medical needs) onto SIMS (linked documents)
- liaising with parents/carers in relation to medication issues e.g. low supply, out of date medication, accepting medication
- participating in the annual review of the policy

Drugs Management Team

Further staff members make up the Drugs Management Team. Their role is to:

- assist in the creation and implementation of this policy.
- carry out staff training in regards to this policy
- to review the effectiveness of the policy following a serious drugs related incident
- whenever possible based on their teaching allocation, to be involved in the event of a drugs related incident with pupils, parents and external agencies
- to record the details on an incident on SIMS.

School First Aiders

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

All staff

It is the responsibility of all staff to be aware of the Drugs Education Management of Specific Drug Incidents and Medication Administration policy. The roles for all staff include:

- Being aware of the policy and procedures outlined in the policy.
- Being aware of the signs and symptoms of drug misuse.
- Having the procedures diagrams located where they can be referenced easily in the classroom.
- Following procedures which will always follow the same sequence; SAFETY, SANCTIONS and SUPPORT.

Parents/Carers

Parents, as defined by the Education and Libraries (NI) Order 1986, as amended by the Children's (NI) Order 1995, are a child's main carers. The administration of medications is the responsibility of parents and carers. The dosage of many medicines can be arranged to permit medicine to be given to children before or after school. Parents are responsible for:

- making sure their child is well enough to attend school
- making the school aware of their child's medication needs
- providing written medical evidence about their child's medical conditions and treatment
- providing written details of dose and when medication(s) is to be administered
- ensuring any changes in medication and condition is notified promptly (in writing) to the School Nurse.
- providing sufficient medication and ensuring it is labelled correctly
- disposing of unused medication
- giving written permission for the pupil to carry his/her own medication
- It is the responsibility of the parent/carer to be aware of the signs and symptoms of drug misuse.
- To liaise with the DTDI or DDDI if they are concerned about their son/daughter.
- To work with the school, through the Pupil Behaviour Plan.

What constitutes a drug related incident?

Under the Misuse of Drugs Act 1971 the main types of controlled drugs/substances are divided into 3 classes: A, B and C.

All 3 classes are illegal and are therefore categorised as 'controlled'. Any pupil who is 'suspected' to have **taken** or have on their **possession**, or **dealing** a controlled drug would constitute a controlled drug incident.

Controlled and Non-Controlled Drug Incidents

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

Non-controlled (prohibited substance)

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

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

Any incident where a pupil who is suspected to have **inhaled** or have in their **possession, or dealing** nicotine products (cigarettes, e-cigarette, nicotine replacement therapy) would be considered a non-controlled drug incident. This is referred to as a prohibited substance.

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

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

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

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

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

Pupil Behaviour Plan and Sanctions

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

Sanctions

Any drugs related incident (controlled and prohibited) will have a sanction. Each incident will be dealt with individually and all information will be taken into consideration (age, intention, circumstance, particular drug, etc). Sanctions may include: (likely to be a combination of sanctions).

- | | |
|-------------------------|---|
| • Expulsion | • Attendance report |
| • Suspension | • Behaviour report |
| • Focused Learning Days | • Behaviour contract |
| • Parental Consultation | • Others as deemed appropriate for individual incidents |
| • Restorative sanction | |

Support

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

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

- Mentor support from DTDI/DDTDI
- Mentoring support from Head of Year
- One to one intervention with school nurse (6 week programme)
- Counselling Service in school
- One to one intervention session with outside agency support
- Group intervention session with outside agency support
- Empathy/Responsibility role – to re-focus engagement with school

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

Specific Issue Statements

1. Legal Duty

Principals, Vice Principals and Teachers are not contractually required to administer medicines to pupils, they do so in a voluntary capacity.

2. Indemnity Policy

If a member of staff administers medication to a pupil, or undertakes a medical procedure to support a pupil and, as a result, expenses, liability, loss, claim or proceedings arise, the employer will indemnify the member of staff provided all of the following conditions apply:

- a. the member of staff is a direct employee
- b. the medication/procedure is administered by the member of staff in the course of, or ancillary to, their employment. As directed by the Principal, the School Nurse is the identified person with specific responsibility for co-ordination and management of medication needs.
- c. any member of staff administering medication will follow:
 - the school's policy
 - the procedures outlined in the individual pupil's medication plan.

3. Confidentiality

Where medications will be required during the school day, parents should provide the school with full information about their child's needs and should forward any GP, consultant or nursing advice. Medical information given by parents should be kept as confidential as possible and consultation with parents/carers should establish who else should have access to this information.

It is important that a school does not disclose details of a child's condition to other pupils without the consent of the parents/carers and the child themselves (if appropriate). When consent is given the situation should be handled as sensitively as possible.

3. Labelling of prescription medication

Medication should be delivered to the school by the parent/carer. Each item of medication must be in a secure and labelled container as originally dispensed.

Each container must be labelled with the following:

- name of medication
- pupils name
- dosage
- dosage of dispensing
- date of dispensing
- storage requirements
- expiry date

Items of medication in unlabelled containers will be returned, without use, to the parent/carer.

4. School Trips

Reasonable steps should be taken to encourage pupils with medication needs to participate in school trips, wherever safety permits. This might include reviewing and revising the visits policy and procedures so that planning arrangements will include the necessary steps to include children with medication needs. It might also include risk assessments for children.

Sometimes school may need to take additional safety measures for outside visits. Arrangements for taking medication will also need to be taken into consideration. If a child who needs medication is being taken on an overnight trip or journey (including overseas), the parent must provide detailed instructions and written consent for the administration of the medication for the period of the trip.

If the pupil has a medication plan this may be adapted through discussion with the pupil and parents, the teachers in supervision the trip, the school nurse and outside health professionals, to identify the specific issues that need to be considered during the trip. Where possible the responsibilities of the pupil, parents and staff should be made explicit.

Staff supervising educational visits should be made aware of any medication needs and relevant emergency procedures when the education visit permission slip is completed by the parent/carer. Sometimes an additional member of staff might accompany a particular pupil. If staff are concerned about how they can provide for a pupil's safety, or the safety of other pupils on a trip, they should seek medical advice from the school nurse and DTDI. The school nurse will provide a copy of any medication plan to be taken on the educational visit in the event of the information being needed in an emergency.

Disclosure and Confidentiality

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

Searching school property

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

Searching pupil and pupil property

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

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

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

Storing of confiscated, controlled and prohibited drugs

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

Writing statements

In incidents where controlled drugs are involved (being taken, possession and supply) **NO** statements are to be taken. This is the responsibility of the investigating officer from the PSNI as the statements may be required for a potential court case.

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

The completion of risk assessments

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

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

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

DAMIS monitors:

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

Communications of Specific Drug Incidents

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

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

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

Review of individual controlled drug incident after every incident

While the Drugs Education, Management of Specific Drugs Incidents and Medications Administration Policy is reviewed annually. It is good practice to reflect on any major specific incident (controlled or prohibited drug) to evaluate the implementation of the policy.

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

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

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

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

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

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

Employees affected by controlled drugs and prohibited substances

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

Medication Administration

Supporting pupils with Medical needs

Content

Most pupils will at some time have a medical condition that may affect their participation in school activities eg. completing a course of medication. Some other pupils may require medications on a long term basis to keep them well e.g. controlled epilepsy or cystic fibrosis. A positive response by a school will contribute to the pupil reaching their full potential.

Medication needs can be grouped into three categories:

- Pupils requiring short term prescribed medication for acute conditions e.g. chest infections.
- Pupils with a long term condition requiring regular medication e.g. asthma/ADHD
- Pupils who require medication in an emergency;
 - an 'out of the blue' medical emergency arises with no prior knowledge
 - pupils who have a **medication plan** for a known medical condition e.g. severe allergies

Level of support

Of these three categories medication can be self-administered, supervised or administered by a third party.

1. Self-administer – pupils in post-primary school are usually capable of administering their own medication. In situations where pupils have long term medical needs, their medical needs and written permission will be identified in the medical plan. In situations where a medication has been written for emergency situations, written permission will be already given. Pupils will not self-administer in an "out of the blue" medical emergency, the Ambulance Service NI will be called. Pupils are required to have written permission from parents/carers for any prescribed or over the counter medication they have in school for a short term acute condition.
2. Supervision – pupils who have to take medication under supervision, will need to have written permission or agreed permission in the medication plan. The school nurse will be the person responsible for this process.
3. Administer – medication would only be administered by the School Nurse or member of staff, if it was previously agreed in the medication plan, or in the event of an emergency e.g. epipen.

Co-ordinating Information

The school nurse will co-ordinate information from parents/carers, pupils and staff related to medications. Relevant information will be communicated to the Head of Year, Form Tutors, other staff as appropriate and the Safeguarding team.

Monitoring and Evaluation

The Designated Teacher for Drugs will monitor and evaluate the implementation of the Medication Administration Policy annually.

Training and Advice

The Designated Teacher for Drugs and the School Nurse will co-ordinate individual training and whole school training as appropriate.

Consultation and Communication of Policy

The consultation process of the development of the Drug Education, Management of Specific Drug Incidents and Medication Administration Policy consisted of a number of steps in the consultation process:

- Consultation with the Board of Governors
- Consultation with NICCEA Guidance documentation
- Consultation with Head of Learning for Life and Work (Education)
- Consultation with school nurse
- Consultation with pupils
- Consultation with parents
- Consultation with members of staff (including HoYs)

Communication of Policy

The full Drug Education, Management of Specific Drug Incidents and Medication Administration Policy will be available to view on the school website (in the Pastoral Care tab).

There is a 'quick read' version for parents and a student summary; both are available on the school website (in Pastoral Care tab). Members of staff will be directed to the policy at annual training days and will receive training as required.

Monitoring, Evaluation and Review of Policy

The policy will be monitored by the DTDI continuously, with a full review annually. Procedures will be evaluated following specific drug related incidents and the outcome of the evaluation process will be considered in the annual review of the policy.

Appendices

- 1 Drugs Education Curriculum overview
- 2 Drug classification table
- 3 Signs and symptoms of drug use
- 4 Sources of support/information
- 5 Procedures for a Suspected Prohibited Drug Incident (Nicotine)
- 6 Procedures for a Suspected Prohibited Drug Incident (Alcohol)
- 7 Procedures for a Suspected Controlled Drug Incident

Appendix 1 Curriculum Overview

Subjects have submitted the following details that outline how they address drug and alcohol topics within their subject area:

- **Motor Vehicle Studies (KS4)** – Covers controlled and prescribed drugs, alcohol, and their impact on driving.
- **Health & Social Care (KS4 & KS5)** – Covers alcohol, vaping, smoking, and their effects on health.
- **Learning for Life & Work (LLW) (KS3 & KS4)** – Covers alcohol, vaping, smoking, and controlled drugs. Uses resources like CCEA textbooks and films.
- **Home Economics (KS3 & KS4)** – Briefly discusses smoking and alcohol in relation to dietary disorders and health risks.
- **Child Development (KS4)** – Covers the effects of drugs, alcohol, and smoking on pregnancy and infant health.
- **English (KS4)** – Discusses drugs, vaping, alcohol abuse through news articles, literature, and discussions.
- **Drama (KS4 & KS5)** – Occasionally includes addiction themes in performance projects.
- **Science (KS3)** – Includes information on smoking and its effects and the effects of smoking, alcohol and drugs during pregnancy.

Motor Vehicle Studies (KS4)

- *"Drugs - controlled and prescribed, Alcohol."*
- *"The Physical and Mental Fitness of the Driver Unit 1."*
- *"Motor Vehicle and Road User Studies Textbook, Online Information, PSNI Visits to class."*

Health & Social Care (KS4 & KS5)

- *"Alcohol, Vaping / Smoking."*
- *"Factors affecting Health and Well-being."*
- *"Drugs - controlled and prescribed, Alcohol, Vaping / Smoking."*
- *"Health and Well-being. Health promotion. Body systems and health."*
- *"Independent research/CCEA fact files and e-guide."*

Learning for Life & Work (LLW) (KS3 & KS4)

- *"Alcohol."*
- *"Personal development year 9 and 10."*
- *"Drugs - controlled and prescribed, Alcohol, Vaping / Smoking."*
- *"LLW CCEA TEXTBOOK, RESPECT TEXTBOOK, SHAHRP BOOKS 1 & 2 from the YMCA."*
- *"Smashed, Pushed are good as films with excellent class notes and accompanying resources"*

Home Economics (KS3 & KS4)

- *"Very brief mention of smoking and alcohol in Year 10 when learning about dietary related disorders and lifestyle factors that contribute to the development of them."*
- *"Smoking and alcohol discussed when teaching priority health issues at KS4 as risk factors for certain dietary disorders such as CVD, type 2 diabetes, osteoporosis."*

Child Development (KS4)

- *"During Yr 11 Unit 4 - 'Diet and lifestyle during pregnancy' pupils learn about the effects of smoking, alcohol and drugs (both prescribed medication and illegal drugs) and the development of the foetus in the womb."*
- *"Pupils are also taught about the longer lasting implications such as addiction when born, SIDs, asthma development, Foetal Alcohol Syndrome, stunted growth, poor birth weight, links to some types of cancers etc."*
- *Resources: "AQA Child Development textbook," "BBC news video on FAS," "TV series - Misbehaving Mums to Be (BBC Three)."*

English (KS4)

- *"Drugs - controlled and prescribed, Alcohol."*
- *"Vaping / Smoking."*
- *"We read/cover/analyse news articles on these issues."*
- *"We spent time looking at the spiking pandemic."*
- *"Alcohol abuse is covered in a class novel 'Stonecold' that some of us read."*
- *"We have had group discussions on the increase of vaping over smoking - exploring the detrimental impact of both on our health."*
- *"Pupils are often asked to complete writing tasks or take part in group discussions connected to these topics too."*

Drama (KS4 & KS5)

- *"Drama responds to a changing stimuli for Devised Drama. CCEA pick three topics for each exam cohort and pupils devise a performance piece using that theme. It may and has in the past included alcohol and drug addiction."*
- *"Drama responds to a changing stimuli for Devised Drama at A2. CCEA pick a number of commission briefs for each exam cohort and students devise a performance piece using that theme. It may and has in the past included alcohol and drug addiction."*
- *"Students pick their own pieces for coursework performance and they have (and may) included response to/ portrayal of addiction."*
- *"Independent research at GCSE and AS/A2 as required."*
- *"'Legal highs' and the psychological impact of prolonged marijuana use."*

Science (KS3 and KS4)

- *KS3 - "Overview of the effects of smoking on the lungs and how it relates to respiratory health and the contents of cigarettes when covering the lungs and respiratory system and during reproduction topic, independent research task on the effects of smoking, alcohol and drugs during pregnancy, its effects and consequences as it relates to the health of mother and baby."*
- *KS4 - "Single and Double Award Science cover Tobacco and Alcohol and their effects as part of the CCEA specification. BTEC work on lifestyle choices and the effects of excessive alcohol consumption and smoking on the body."*

Drugs Education beyond the classroom

One off, or stand-alone events, occur throughout the year to explore specific topics. These are...

- Year 12 talks - 'Cannabis; the impact on self and the wider community.'
- Health Fair – local organisations are invited to a full day session where pupils rotate around stalls and presentations, these include ASCERT DAISY, EXTERN, YMCA-SHARPE programme and Start 360.

School nurse

- One of the roles of the school nurse is to provide specific and targeted 1-1 support when required and, in addition, presents on issues as they arise in the school community. If requested, 1 to 1 support is given for anyone with drug or alcohol issues or those struggling with 'Hidden Harm' i.e. the impact of parental drug and alcohol misuse.

Appendix 2 Drug Classification Table

Class	Substance
A	Crack cocaine, cocaine, ecstasy (MDMA), heroin, LSD, magic mushrooms, methadone, methamphetamine (crystal meth)
B	Amphetamines, barbiturates, cannabis, codeine, methylphenidate (Ritalin), synthetic cannabinoids, synthetic cathinones (for example mephedrone or methoxetamine)
C	Anabolic steroids, benzodiazepines (diazepam), gamma hydroxybutyrate (GBL), ketamine, piperazines (BZP)
Temporary class substance	NBOMe and Benzofuran compounds

Appendix 3 Signs and Symptoms of Drug Use

What to look out for you suspect a pupil has consumed a substance to believe to be a drug (prohibited or controlled), they may be:	• anxious • tense • panicky • overheated and dehydrate • drowsy, or • having difficulty with breathing
What to do (Follow the procedures outlined in Appendix 5, 6 and 7)	If they are anxious or drowsy, tense or panicking, you should: • sit them in a quiet and calm room and immediately send a reliable pupil for the School Nurse and Designated Teacher for Drugs Incidents • stay with them
If they are unconscious or having difficulty breathing, you should:	• immediately phone for an ambulance • place them into the recovery position • stay with them • send a reliable pupil for the School Nurse and Designated Teacher for Drugs Incidents

Appendix 4 Sources of Support and Help

National Organisations Providing Drug, Alcohol & Smoking Support

Services for Under-18s

Organisation	Services Provided	Contact Information
Start360	Drug and alcohol education, prevention, and treatment services for young people.	Website: https://www.start360.org
Drug and Alcohol Intervention Service for Youth (DAISY)	Therapeutic treatment and support for young people (11-25) misusing substances, plus family support.	Website: https://start360.org/how-can-we-help-you/daisy Phone: 028 9043 5810 Email: info@start360.org
Youth Engagement Service (YES) – Belfast Trust	Supports young people under 18 with drug or alcohol misuse through assessment, treatment, and family support.	Website: https://belfasttrust.hscni.net
Steps 2 Cope	One-on-one support and online resources for young people (11-18) affected by parental substance misuse.	Website: https://services.drugsandalcoholni.info
National Association for Children of Alcoholics (Nacoa)	Confidential helpline and support for children affected by parental alcohol misuse.	Website: https://www.nacoa.org.uk

Smoking & Vaping Support Services

Organisation	Services Provided	Contact Information
Cancer Focus NI – Stop Smoking Service	Support for young people to quit smoking, including behavioral support and nicotine replacement therapy.	Website: https://cancerfocusni.org/cancer-prevention/cancer-prevention-services/stop-smoking/
QuitNow (NHS Smoking Cessation)	Resources and guidance for quitting smoking, including online support for young people.	Website: https://quitnow.smokefree.nhs.uk Helpline: 0300 123 1044
Action on Smoking and Health (ASH)	Resources on the risks of vaping, targeting under-18s, schools, parents, and young people.	Website: https://ash.org.uk
Public Health Agency – Stop Smoking	Information and support for quitting smoking and vaping.	Website: https://www.stopsmokingni.info
National Helpline for Smoking (UK)	Free advice for quitting smoking, including youth	Helpline: 0800 022 4332

	support.	
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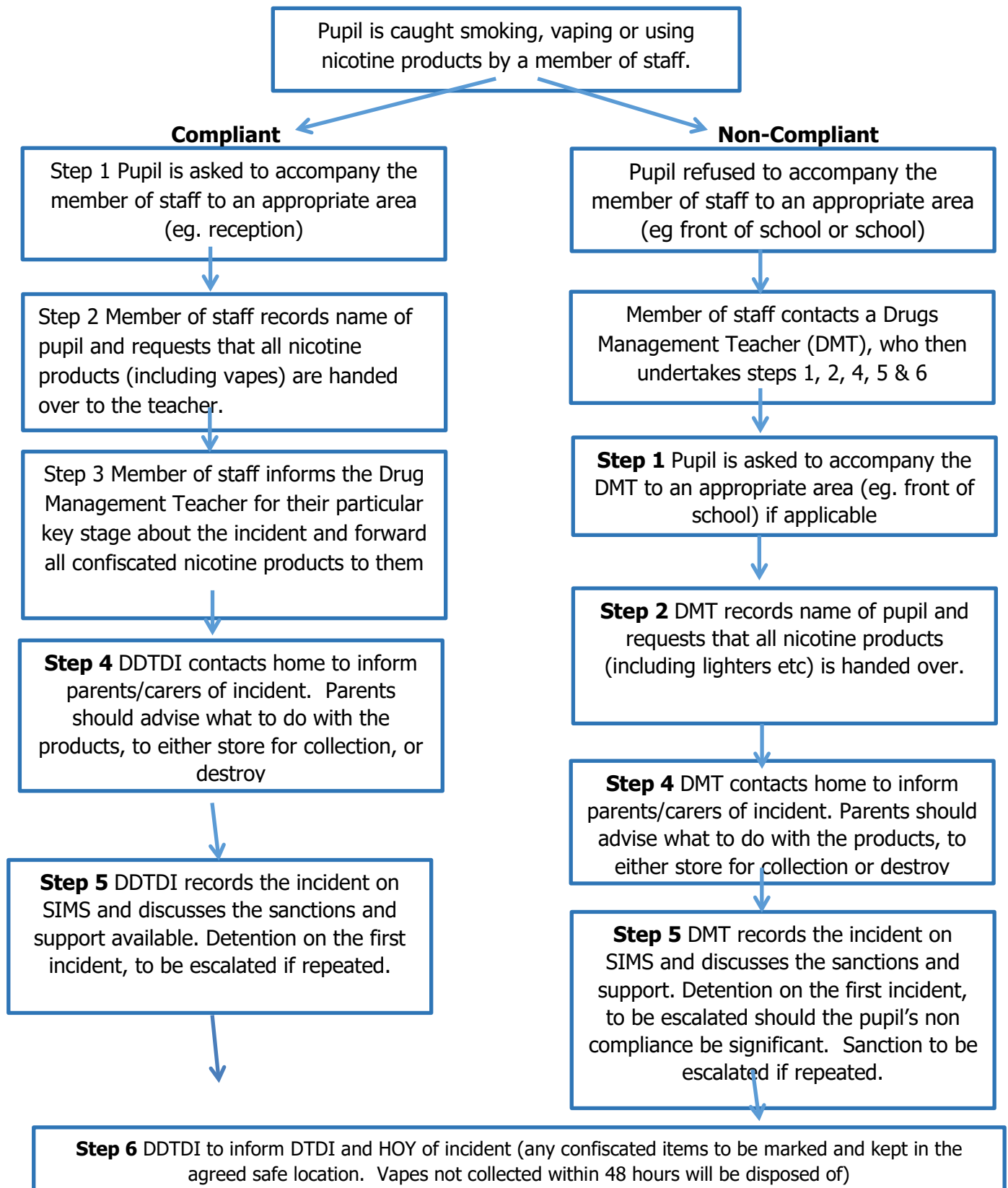
General Drug & Alcohol Support Services

Organisation	Services Provided	Contact Information
SEHSCT Community Addiction Services	Addiction support for adults and family support programs for young people.	Website: https://setrust.hscni.net
Addiction NI	Person-centred support for adults with drug and alcohol problems.	Website: https://www.communityni.org
FRANK, UK	Free, confidential drug and addiction information.	Website: https://www.talktofrank.com
Dunlewey Addiction Services	Free and confidential counselling and mentoring for those affected by substance misuse.	Website: https://www.dunlewey.org
LifeRing Secular Recovery	Peer-run addiction recovery support group.	Website: https://lifering.org
Release (UK)	Free, confidential advice on drug and alcohol issues, including legal support.	Website: https://www.release.org.uk Helpline: 020 7324 2989 Email: info@release.org.uk
Adfam	Resources and guidance for families dealing with substance misuse.	Website: https://www.adfam.org.uk Helpline: 020 3817 9410 Email: info@adfam.org.uk
HIT (Harm Reduction International Trust)	Training, publications, and consultancy on harm reduction.	Website: https://hit.org.uk Email: stuff@hit.org.uk
CAMH (Child & Adolescent Mental Health Service), UK	Mental health support, including substance misuse help for young people.	Website: https://www.camh.org.uk
Lions Lifeskills	Educational resources on drugs, alcohol, and life skills.	Website: https://www.lionslifeskills.co.uk/home

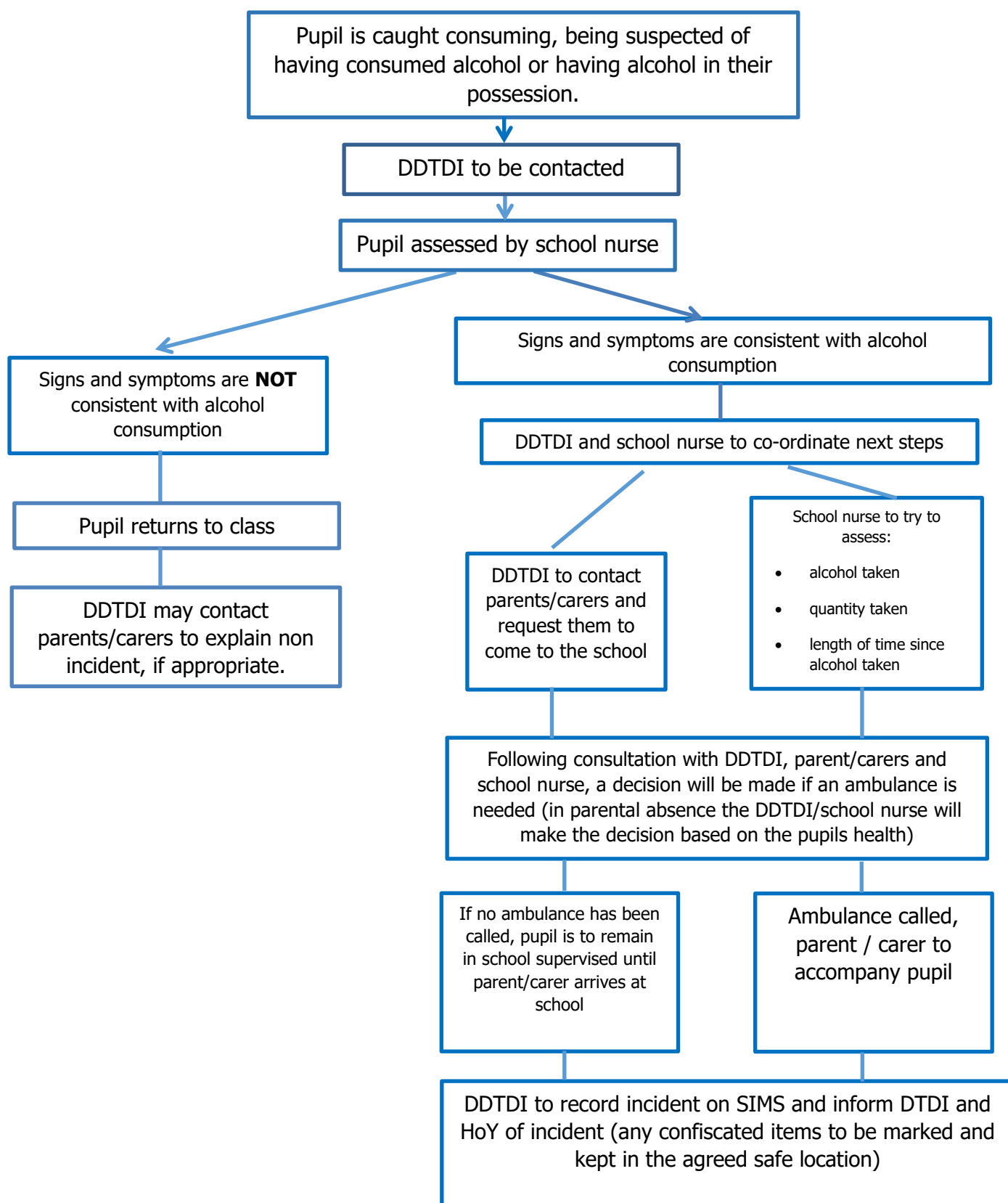
Helplines

Organisation	Services Provided	Contact Information
National Drugs Helpline (UK)	Free confidential support for drug-related issues.	Phone: 0800 776600 Text: 82111
AA National Helpline	24/7 support for alcohol addiction.	Phone: 0845 769 7555
Lifeline (Northern Ireland)	24/7 immediate, confidential support for crises, including addiction.	Phone: 0808 808 8000 Website: https://www.lifelinehelpline.info

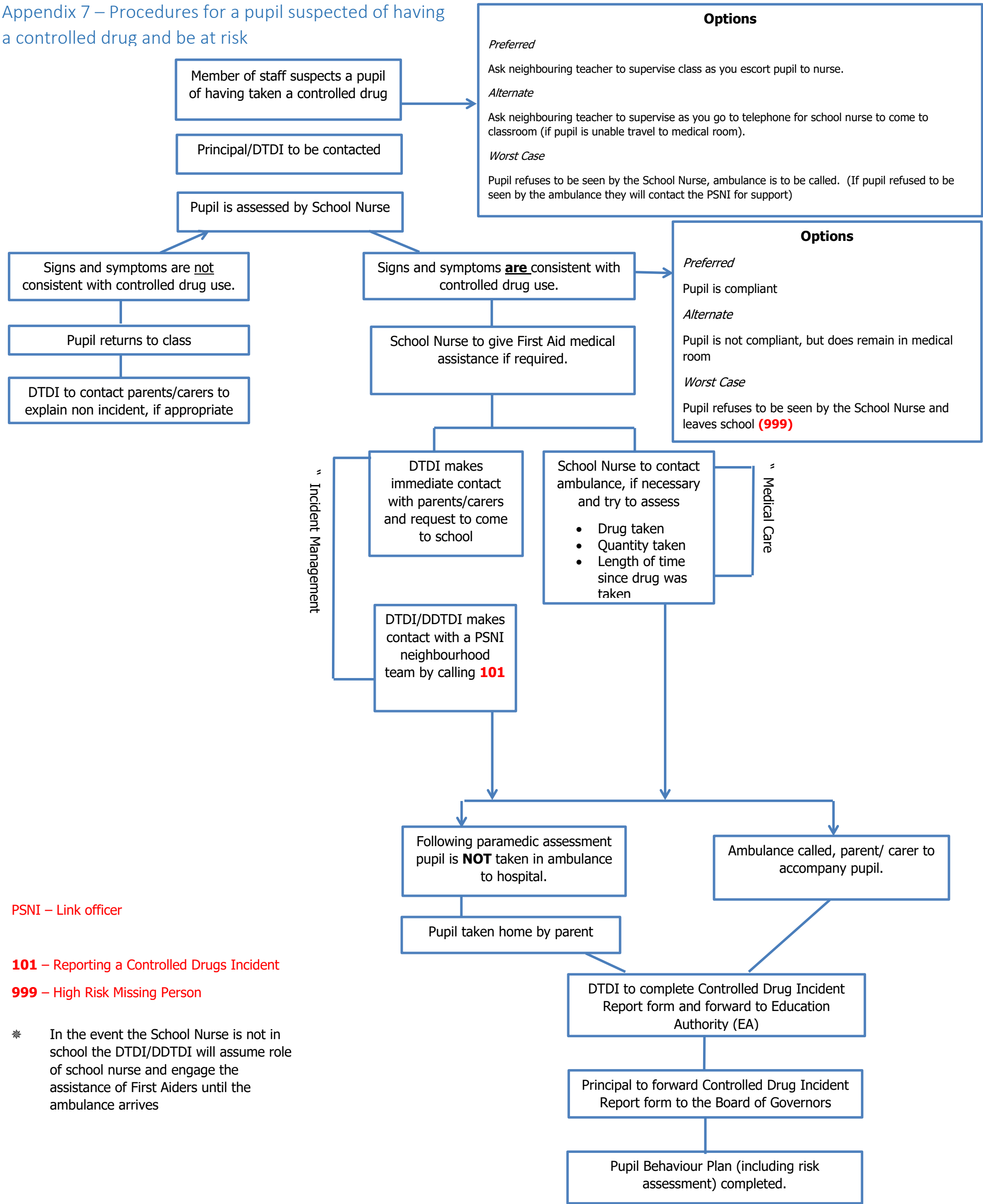
Appendix 5 - Procedures for a pupil who has been caught smoking a cigarette, an e-cigarette or having nicotine replacement therapy products (without DTDI prior knowledge of nicotine replacement therapy products)



Appendix 6 - Procedures for a pupil caught consuming or being suspected of having consumed alcohol



Appendix 7 – Procedures for a pupil suspected of having a controlled drug and be at risk



Inclusion and accessibility statement

This policy applies to all pupils in Bangor Academy and Sixth Form College. We at Bangor Academy and Sixth Form College are committed to inclusion and supplying all our school publications in an accessible format.

Should any pupil parent or carer require support in interpreting or understanding this policy school will provide guidance in partnership with the Inclusion and Diversity Service.

If you require this document in an alternative format, such as large print or a coloured background, please contact us on policies@bangoracademy.org.uk