



**St Louise's**  
Comprehensive College, Belfast  
A Specialist College

# Drugs Policy



## **ST LOUISE'S MISSION STATEMENT**

***"In partnership with parents, guardians, staff, governors and students St Louise's promotes excellence in learning and teaching within a Catholic, Vincentian, Comprehensive ethos"***

## *School Ethos*

*St Louise's is a tolerant and inclusive school. One of our core beliefs is that all students experience 'Excellence Through Caring'. To maintain an environment in which students flourish; we must ensure that we provide a safe, nurturing space where students are protected from harmful substances. Any student who brings illegal drugs or inappropriate prescription drugs into school, any student who has illegal drugs or inappropriate prescription drugs in her possession, takes them themselves, encourages other students to take them, sells, buys or exchanges them will face disciplinary action which could lead to expulsion.*

*This policy also applies to students outside of school when students are in school uniform.*

All drug-related incidents are reported to the police.

This policy is related to and complemented by our Positive Behaviour Policy, Anti-bullying Policy, Pastoral Care Policy, Critical Incidents Policy, Medical Care Policy, First aid Policy and Child Protection Policy. This is not an exhaustive list as other areas of school policy may be impacted. This updated Drugs Policy (2018) has taken into consideration:

- The DENI publication - Circular No. 1996/16 - Misuse of Drugs: Guidance for Schools and superseded by:
- The DENI publication - Circular No. 2015/23 – Drugs Guidance
- DENI publication - Evaluating Pastoral Care 1999;
- DE Circular 2014/25 (15 December 2014)
- Encouraging a Smoke-Free and E-Cigarette Free Environment in Schools and Youth Organisations.
- CCEA - Drugs Guidance for Schools in Northern Ireland: Drugs Education – Revised Guidance.
- The DENI/ELBs/CCMS/CCEA publication - Misuse of Drugs - Guidelines on Handling Suspected Incidents of Drugs Misuse on School Premises;
- Pathways to Life;
- Drugs & Personal Development Manual BELB;
- Drugs & Guidance for Schools in NI – CEA;
- PSHE for CCEA GCSE Learning for Life and Work book and texts.

## Rationale

St Louise's is very aware that drug availability, use and variety has increased significantly in Northern Ireland over recent years. Schools have a key role to play in ensuring that young people understand the risks involved and have the confidence, knowledge and skills to avoid them. They have a major contribution to make in discouraging drug misuse, encouraging positive attitudes and self-esteem, and promoting healthy lifestyles. Schools alone cannot, of course, solve the problem of drug misuse in society, but the implementation of an effective programme of drug education in all schools is an essential step in tackling it. Preventative education aims to persuade young people not to use drugs. The school endeavours to provide a drugs education programme which gives access to accurate and relevant information and which encourages students to promote the health and safety of themselves and others.

Key findings from the *Young Persons' Behaviour and Attitudes Survey* (YPBAS) (2013)

indicate that of 11–16 year olds surveyed in Northern Ireland:

- 38 percent had consumed alcohol;
- 38 percent had been drunk on at least one occasion;
- 82 percent had not bought alcohol themselves;
- 77 percent had received education about the dangers of alcohol;
- 56 percent were with a group of friends and a further 26 percent stated they were with a friend the last time they took drugs;
- 9 percent had been offered solvents to inhale;
- 86 percent had never smoked;
- 4 percent were regular smokers (smoking cigarettes every day or at least once a week);
- 45 percent of the regular smokers bought their cigarettes from a newsagent, tobacconist or sweet shop; and
- 28 percent of all those surveyed thought that 'smoking can help calm you down' and 31 percent thought that 'smokers tend to be more "hard" than people who don't smoke'.

## ***St Louise's defines***

- A) A drug as: any substance which, when taken, has the effect of altering the way the body works or the way a person behaves, feels, sees or thinks.
- B) Drug Use: refers to taking a drug; there is no value judgement, although all drug use has an element of risk.
- C) Drug Misuse: refers to legal, illegal or illicit and/or non-medical use of a drug or alcohol, 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.

Substances include:

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

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

**Controlled substances:**

These 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. The Misuse of Drugs regulations, created under the Misuse of Drugs Act, license production, possession and supply of substances classified under the act. These include five schedules that classify all controlled medicines and drugs.

- Schedule 1 has the highest level of control, but drugs in this group are very rarely used in medicines.
- Schedule 5 has a much lower level of control.

St Louise's believes that all staff and members of our extended school community have a role in helping young people develop positive attitudes and behaviour towards themselves and their relationships with others. It is held that such positive attitudes and behaviour will help young people resist any pressures and influences which might lead them to participate in activities which could have serious consequences for their health and well-being. This is done in the Pastoral Programme of each Year Group and subjects for example, Science, Physical Education and Religion or in courses such as the PSHE module in 'Learning for Life and Work' at Key Stage 3, 4 and Post-16.

## The Objectives of this Policy:

### **(a)** Educational Rationale - Education can provide a holistic response to substance misuse. This includes:

- helping to build the factors that protect children and young people from becoming involved in substance misuse;
- providing knowledge and skills to make healthier choices and reduce problematic behaviour and risk; and
- directing children and young people to appropriate services and support, where misuse has been identified.
- promote the concept of preventative health education as part of a whole school process which provides for the well-being and protection of all students.
- increase the students' self-awareness and decision-making skills which will enable them to make informed choices.

### **(b)** Procedural Guidelines

- To provide a framework for dealing with substance abuse
- To provide guidelines for dealing with substance related problems
- Ensure that all members of the school community adopt a consistent approach to drug related issues;
- define the roles, responsibilities and legal duties of different people, including the principal, the designated teacher for drugs, all staff (teaching and non-teaching), governors, pupils and parents or carers;
- identify how they will implement and deliver drugs education as part of the overall provision for Personal Development in the curriculum;
- develop procedures and protocols that address drug-related issues across all areas of school life and deal with specific incidents of suspected drug misuse; and
- consider the wider issues of drug use or misuse as part of a whole-school approach.

## **DRUGS EDUCATION PROGRAMME**

Drugs Education is delivered through the Pastoral Programme and through the curriculum. Drugs Education is addressed in the following subjects: Learning for Life and Work (PSHE), Science, Physical Education and Religion. It is revisited at cyclical levels as students' progress through the school. The topics and themes covered are always relevant and age appropriate.

External speakers are used to strengthen programme delivery.

## **MANAGING AN INCIDENT**

What constitutes a drug-related incident?

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

- a pupil displaying unusual or uncharacteristic behaviour;
- an allegation;
- suspicion of possession, possession with intent to supply and/or supply of any substance as defined on page 3; and
- finding substance-related paraphernalia.

Dealing with suspected substance-related incidents requires extreme sensitivity. This policy will empower those charged with handling difficult and complex issues to be fair and consistent in their dealings with pupils. Linking the drugs policy with the school's policy on managing critical incidents and safeguarding and child protection will further support the school in handling drug-related situations appropriately.

## **The Role of All 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:

1. Assess the situation and decide on the appropriate actions to take;
2. Notify the principal and the Designated Teacher for drugs at the earliest opportunity;
3. Deal with any emergency procedures to ensure the safety of pupils and staff. Secure medical assistance, if necessary from First Aider and emergency services. (Appendix 1)
4. Forward any information, substance or paraphernalia received to the designated teacher for drugs, who will respond accordingly.
5. 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 5); who will ensure safe handling.
6. consider the needs and safety of a pupil when discharging him or her into the care of a parent or carer who appears to be under the influence of alcohol or another substance (staff, who are in loco parentis, should maintain a calm atmosphere when dealing with the parent and, if concerned, should discuss with the parent alternative arrangements for caring for the pupil); and invoke safeguarding procedures, if a parent or carer's behaviour may place a pupil at risk



## **Designated Teacher for Drugs**

- co-ordinating the school's procedures for handling suspected drug-related incidents and training and inducting new and existing staff in these procedures;
- ensuring that the school's disciplinary policy has an appropriate statement about any disciplinary response resulting from suspected drug-related incidents;
- ensuring that the school's pastoral care policy has an appropriate statement about any pastoral response resulting from suspected drug-related incidents;
- liaising with other staff responsible for pastoral care;
- being the contact point for outside agencies that may have to work with the school or with a pupil or pupils concerned;
- responding to advice from first aiders, in the event of an incident, and informing the principal, who should contact the pupil's parents or carers immediately;
- taking possession of any substance(s) and associated paraphernalia found in a suspected incident;
- pupil(s) involved in a suspected incident;
- completing a factual report using the Incident Report Form (see Appendix 1) and forward it to the Principal.
- Reviewing and if required updating the policy at least annually and after a drug-related incident, where learning from the experience could improve practice.
- In the absence of the designated teacher, the recognised deputy is Miss E Weir.
- Initiate full investigation. If necessary, conduct a search of school property (e.g. drawers) in the presence of a witness. Only with student's consent, and only in the presence of another member of staff, should a student's property or clothing be searched. The only exception would be if a student is unconscious
  - Inform Principal
  - Take initial responsibility for student(s) involved in suspected incident
  - Complete

**(The Designated Teacher for Drugs is Mr D Brown. The Deputy Designated Teacher for Drugs is Miss Eilish Weir)**

## **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, principals should confine their responsibilities to:

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

## **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:

- ✓ facilitate the consultative process where the school community can respond and
- ✓ contribute to the policy's effectiveness and quality, which the governors should examine and approve before implementing in the school;

- ✓ ensure details of the policy are published in the school prospectus and that these are reviewed at least annually and after a drug-related incident; and
- ✓ be fully aware of and adequately trained to deal with suspected drug-related incidents, including alcohol and tobacco, tobacco-related products, electronic cigarettes, and their appropriate disciplinary response.

## **PROCEDURES IN RELATION TO REPORTED INCIDENTS OUTSIDE OF SCHOOL**

- Student to be interviewed by Designated Teacher and Year Team
- Parent to be informed
- Other appropriate steps to be taken

Additional details on responding to all drug related issues will be guided by the DE/CCEA guidance found at the following web address:  
[http://ccea.org.uk/sites/default/files/docs/curriculum/area\\_of\\_learning/pdmu/drugs/Drugs\\_Guidance\\_for\\_Schools.pdf](http://ccea.org.uk/sites/default/files/docs/curriculum/area_of_learning/pdmu/drugs/Drugs_Guidance_for_Schools.pdf)

A list of support agencies available is illustrated in Appendix 2.

## **THE ADMINISTRATION OF PRESCRIBED DRUGS WITHIN THE SCHOOL ON SCHOOL TRIPS**

Students who have to take prescribed drugs for medical reasons must bring the medication to the Head of Year and take, when necessary, under supervision.

It is the responsibility of the parent to inform the school about the nature of the medicine and to ensure their child knows how and when to take the prescribed drug. Teachers should not administer prescribed drugs to students.

If a student has to take prescribed medication when on a school outing or residential, the teacher in charge should be fully informed by the parent.

**Please note that all medications should be taken in line with our Medical Care Policy.**

***The Drugs Education Policy is and will continue to be monitored and evaluated by SLT and Pastoral Care Teams on an annual basis and in response to any issues arising.***

**ADDITION TO ST LOUISE'S DRUGS POLICY  
AND POSITIVE BEHAVIOUR POLICY****In light of DE Circular 2014/25 (15 December 2014)  
Encouraging a Smoke-Free and E-Cigarette Free Environment  
in Schools and Youth Organisations**

The recent legislative changes since 2007; guidance from DHSSPS in relation to the 'Tobacco Control Strategy' and the conclusive advice contained within the DE Circular 2014/25 issued on 15 December 2014 has produced the rationale to further clarify St Louise's position on electronic nicotine devices (hereafter referred to as e-cigarettes). St Louise's has always considered e-cigarettes to contravene the Drugs Policy in agreement with the Chief Medical Officer NI due to the following reasons:

1. Nicotine is very addictive and, through e-cigarettes, has the potential to act as a gateway into tobacco smoking;
2. There is evidence to suggest that adolescent exposure to nicotine may also have long-term consequences for brain development;
3. The availability and promotion of e-cigarettes is reversing the progress made by smoke-free legislation to de-normalise smoking; and
4. There is insufficient evidence to determine whether the vapour produced by e-cigarettes causes damage to user's health in the long-term. The same applies to the impact of second hand vapour exhaled by the user.
5. E-cigarettes are not currently regulated and there have been recent reports of young people being poisoned by ingesting refill liquids.
6. There is the potential risk that refillable cartridges used by some e-cigarettes could be filled with substances other than nicotine, thus serving as a possibly new and dangerous vector to deliver other drugs.

# Appendix 1

## Main Types of Controlled Substances by Class

### The Misuse of Drugs Act (1971)

Class	Substance	Possession	Supply and production
A	Crack cocaine, cocaine, ecstasy (MDMA), heroin, LSD, magic mushrooms, methadone, methamphetamine (crystal meth)	Up to 7 years in prison, an unlimited fine or both	Up to life in prison, an unlimited fine or both
B	Amphetamines, barbiturates, cannabis, codeine, methylphenidate (Ritalin), synthetic cannabinoids, synthetic cathinones (for example mephedrone or methoxetamine)	Up to 5 years in prison, an unlimited fine or both	Up to 14 years in prison, an unlimited fine or both
C	Anabolic steroids, benzodiazepines (diazepam), gamma hydroxybutyrate (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

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

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)

These 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 2

# Support Services Available

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

Each of the Northern Ireland Drug and Alcohol Co-ordination Teams (DACTs) in the five Health Trust areas has produced a directory of services available. You can find these at [www.publichealth.hscni.net](http://www.publichealth.hscni.net)

You can also consult your GP to find out where your nearest support agency is.

If you need more urgent support and advice, contact:

- your GP or the out of hours GP service;
- the emergency department of your local hospital; or
- Lifeline: **0808 808 8000**

ASIST (Applied Suicide Intervention Training) deals with the issue of suicide in communities. Contact your local Health Development Department for further information.

**Support for you:** in the Belfast or South Eastern Trust areas, Alcohol and You and the Belfast Alcohol Service provide one-to-one help for adult family members affected by someone else's alcohol misuse or addiction. Contact ASCERT at 028 92 604422

The person misusing alcohol does not need to be seeking help for a family member to use this service.

**Support for young people affected by parental alcohol misuse:** Steps to Cope offers support for young people aged 11–18 years in Northern Ireland, who are living with parental alcohol misuse.

Young people can receive support from:

- face-to-face contact with a Steps to Cope worker;
- the dedicated interactive website; or
- a range of trained practitioners across Northern Ireland.

Telephone: 0800 254 5123

Website: [www.stepstocope.co.uk](http://www.stepstocope.co.uk)

The Alcohol and You Partnership has useful information for parents and family members as well as a self-help section to help people address their drinking.

Website: [www.alcoholandyouni.com](http://www.alcoholandyouni.com)

## Appendix 3

### Checklist of Roles and Responsibilities When Managing an Incident

#### **Individual staff members should:**

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

#### **The Designated Teacher for Drugs should:**

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

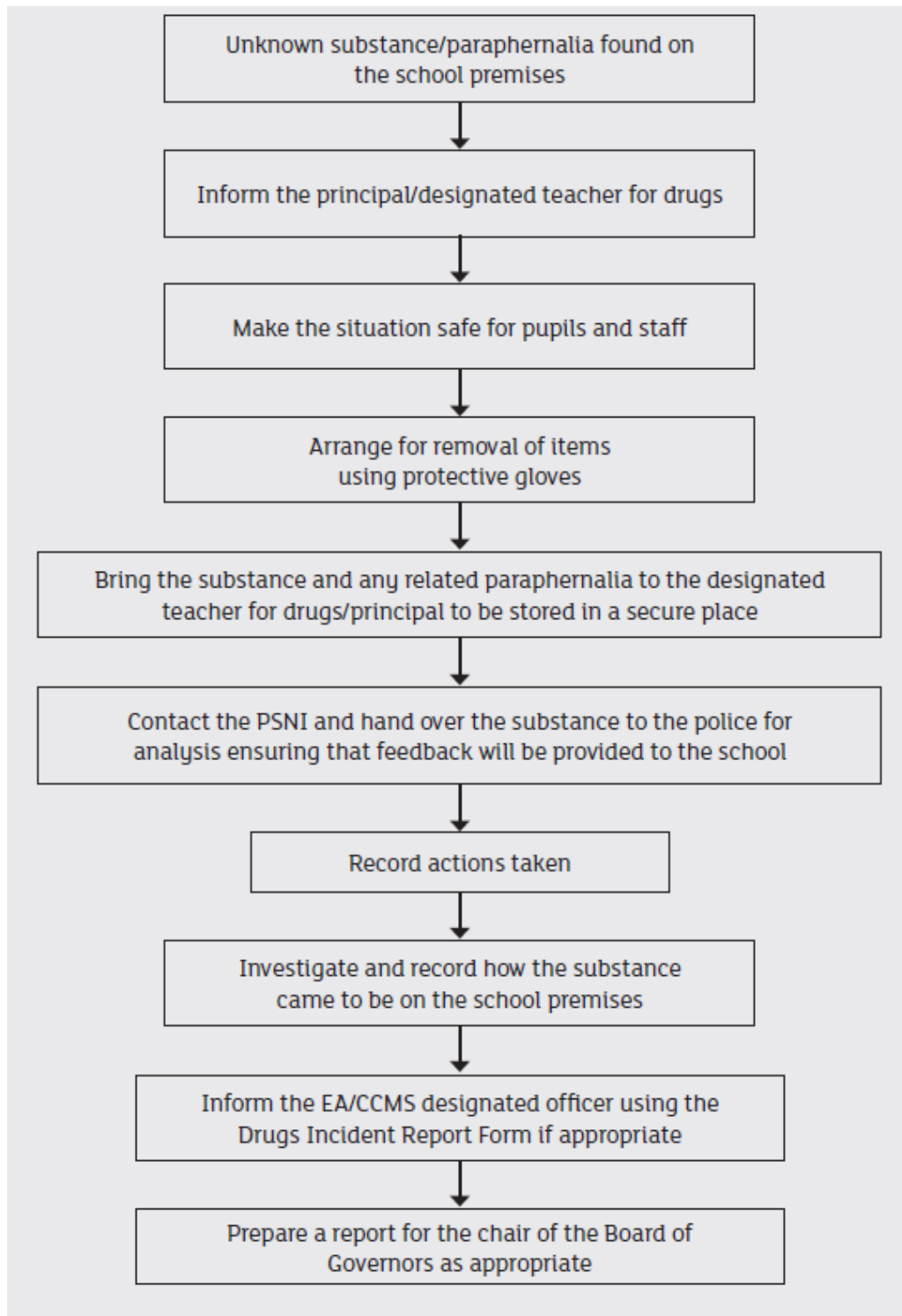
#### **The principal should:**

- determine the circumstances surrounding the incident;
- ensure that the following people are informed:
  - ✓ parents or carers;
  - ✓ designated officer in the local PSNI area;
  - ✓ Board of Governors;
  - ✓ Designated officer in Education Authority or CCMS.
- consult and agree pastoral and disciplinary responses, including counselling services or support;
- 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 review procedures and amend, if necessary.

## Appendix 4

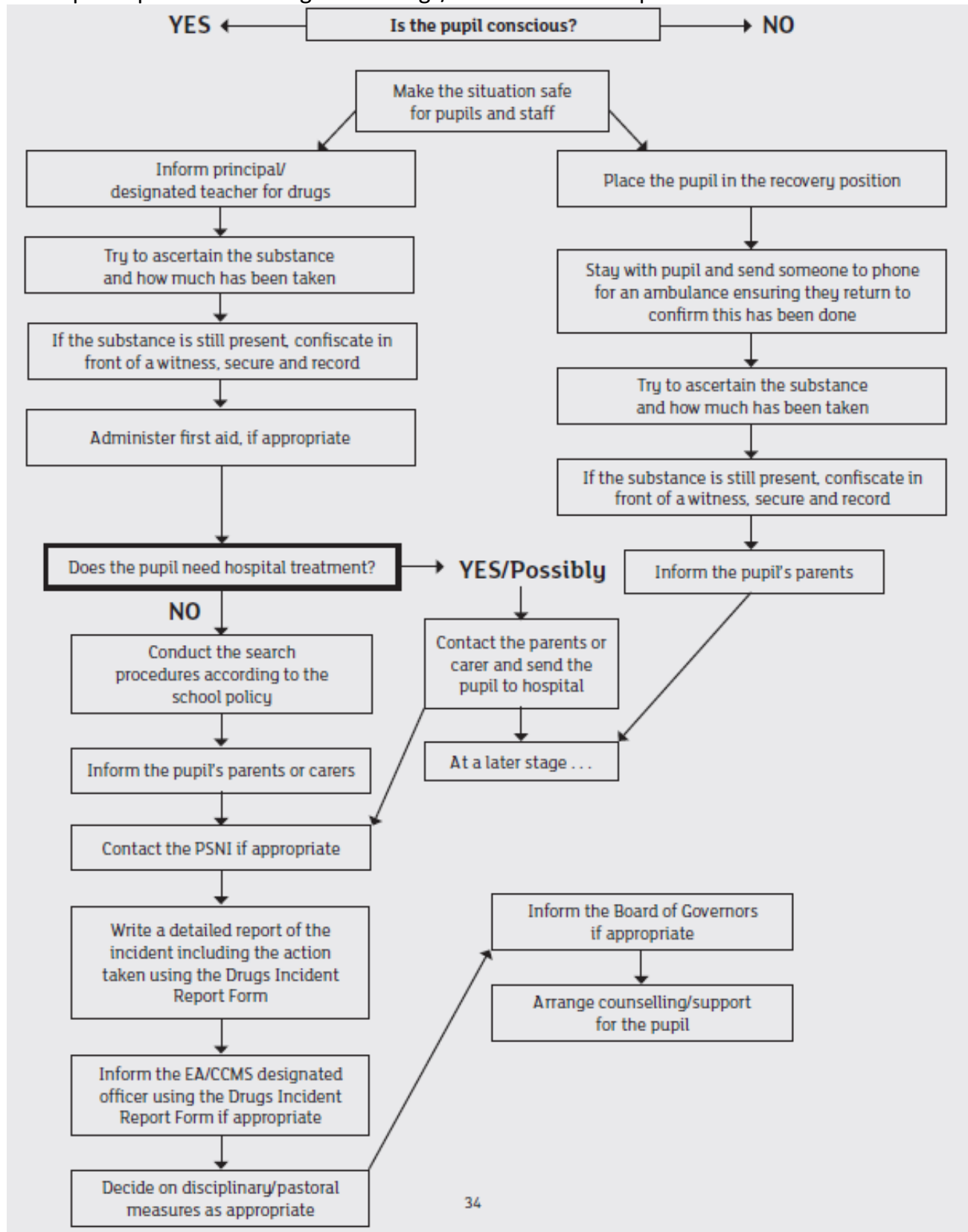
### Handling Drug-Related Incidents

#### 4.1 Finding a suspected substance or drug-related paraphernalia on or close to the school premises

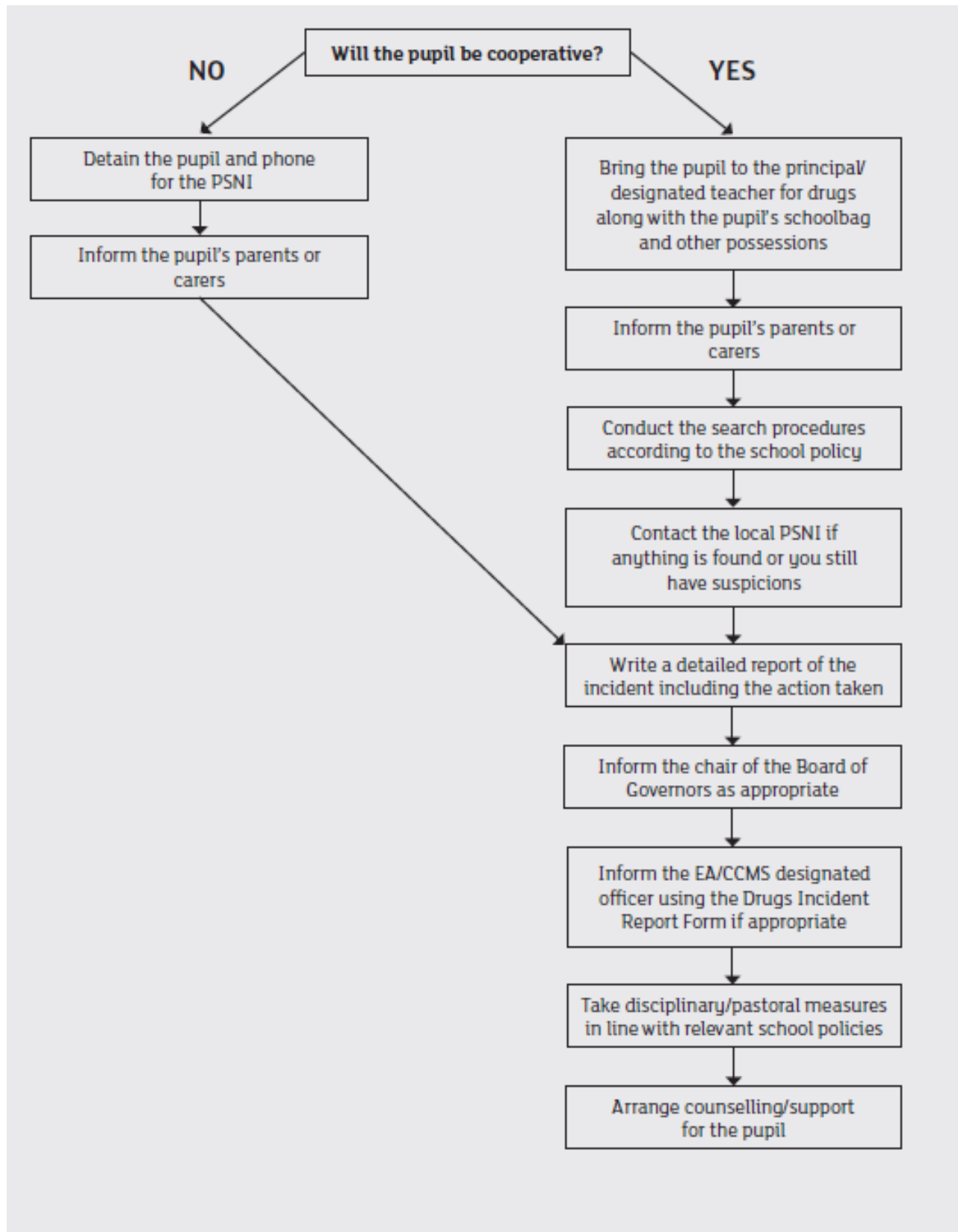




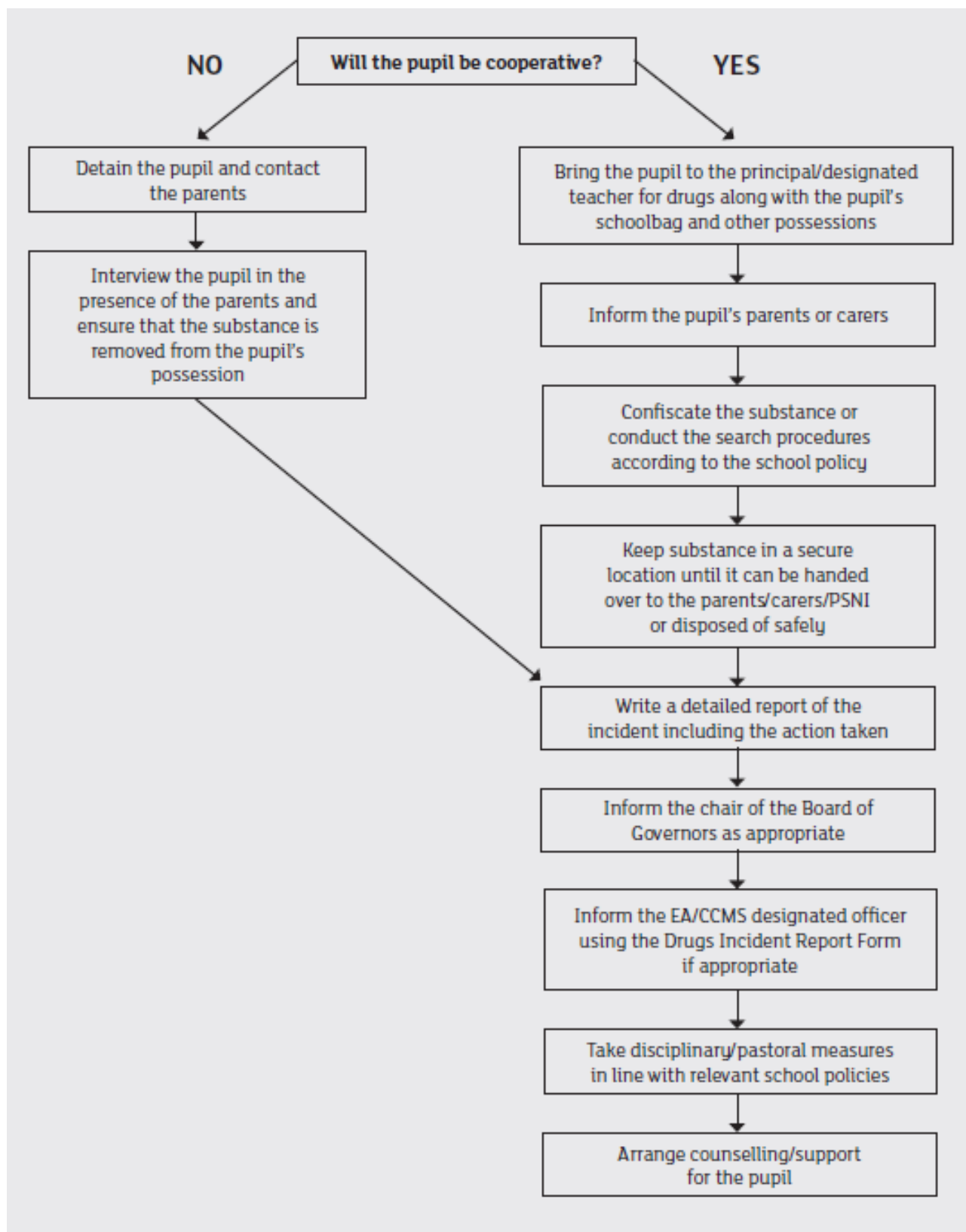
#### 4.2 Pupil suspected of having taken drugs/alcohol on school premises



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

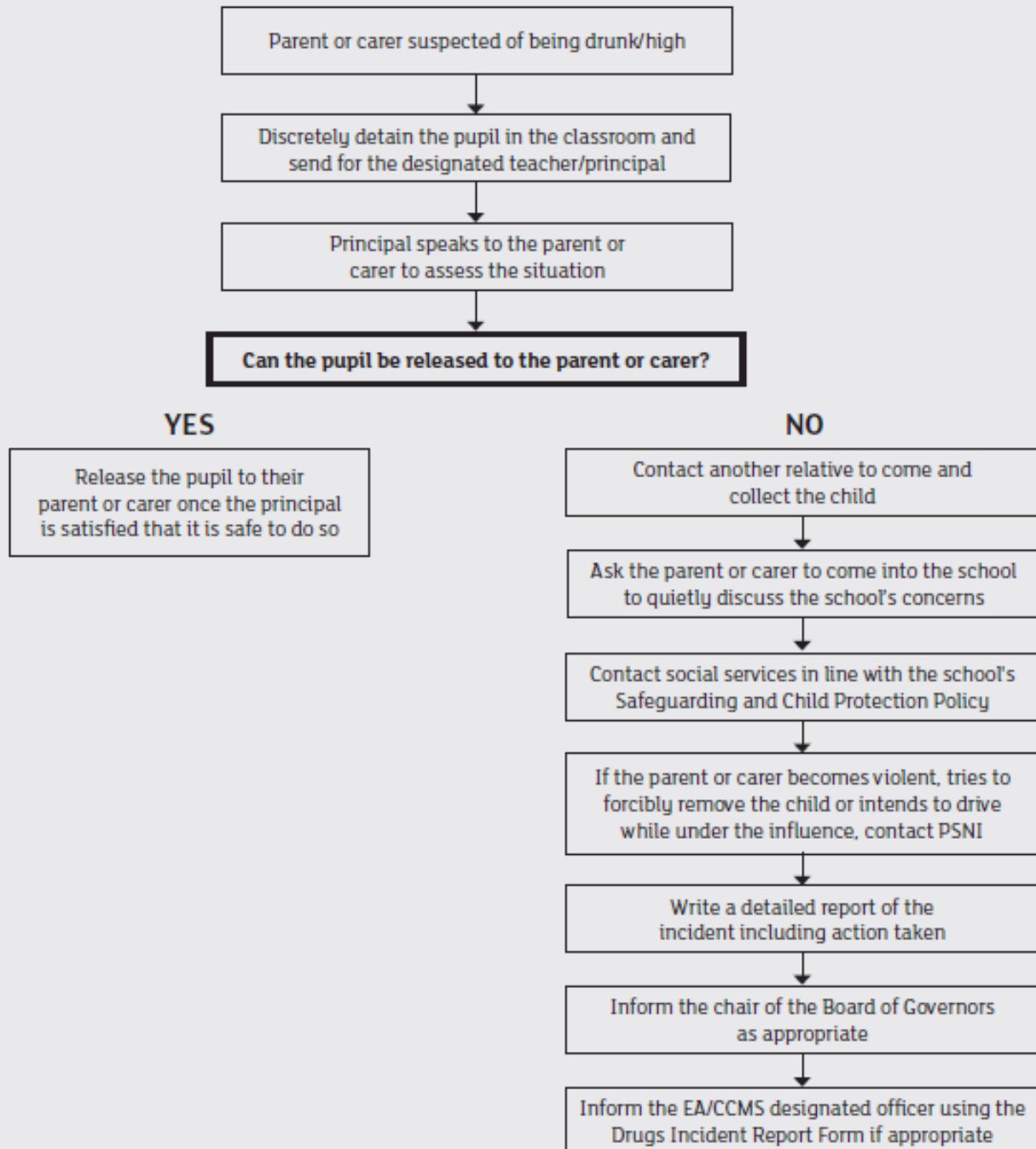


#### 4.4 Pupil in possession of alcohol or unauthorised prescribed medication on the school premises.



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

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



# Appendix 5

## 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

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### Actions taken

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### Incident form completed by

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### Date

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## Appendix 7

### Recognising Signs of Substance Use

#### Recognising Signs of Substance Use

##### 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

## Referral Pathway for Specified School Incidents

### Referral Pathway for Specified School Incidents

Type of incident:

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**Internal Staff referral:**

Refer incident to:

a. \_\_\_\_\_

b. \_\_\_\_\_

**External agency referral:**

Contact details of relevant agencies or personnel.

Name of Agency _____
Name of contact _____
Address _____
_____
Relevant Details _____
_____
Contact number _____
Email address _____

Name of Agency _____
Name of contact _____
Address _____
_____
Relevant Details _____
_____
Contact number _____
Email address _____

Name of Agency _____
Name of contact _____
Address _____
_____
Relevant Details _____
_____
Contact number _____
Email address _____

Name of Agency _____
Name of contact _____
Address _____
_____
Relevant Details _____
_____
Contact number _____
Email address _____



# Appendix 9

## 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 10

## Useful Contacts in Northern Ireland

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

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	<a href="http://www.onlineccms.com">www.onlineccms.com</a>

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

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

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

### Public Health Agency for Northern Ireland

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

[www.publichealth.hscni.net](http://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](http://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](http://www.publichealth.hscni.net)

Family Support NI

[www.familysupportni.gov.uk](http://www.familysupportni.gov.uk)

Children and Adolescent Mental Health Services, Belfast

[www.belfasttrust.hscni.net](http://www.belfasttrust.hscni.net)

### Local Organisations

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

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

[www.fasaonline.org](http://www.fasaonline.org)

[www.talktofrank.com](http://www.talktofrank.com)

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

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

## National Organisations

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