



## **GUIDELINES FOR THE MANAGEMENT OF INCIDENTS OF DRUG MISUSE IN SCHOOLS.**

### **INTRODUCTION**

The Scottish Executive's strategy in relation to the misuse of drugs was set out in *Tackling Drugs in Scotland: Action in Partnership* (Scottish Office 1999). The strategy identified a number of action priorities which are relevant to schools and other agencies involved in the management of the misuse of drugs. They include:

- (a) helping children and young people to resist drug misuse in order to realise their full potential in society;
- (b) protecting communities from drug related anti-social and criminal behaviour;
- (c) enabling people with drug problems to overcome them and live healthier lives;
- (d) tackling the availability of drugs within the community;
- (e) ensuring that every school provides effective drug education for all pupils, in line with local and national guidelines;
- (f) ensuring that every school has an effective policy in place for the management of drug misuse.

The following guidelines relate specifically to (f) above and replace *Standard Circulars 71 and 71(a) - Solvent and Drug Abuse* (Strathclyde Regional Council). They are addressed to all education establishments in East Dunbartonshire to help them manage incidents involving drug misuse. The content is drawn from the Scottish Executive publication *Guidelines for the Management of Incidents of Drug Misuse in Schools* (2000) which provides information and advice relevant to both drug and solvent misuse. As some incidents of drug misuse could place a pupil at significant risk and/or in need of multi-agency support, there are several references to the advice/guidance given in *Child Protection Procedures and Guidelines: Responsibilities of the Education Service in Protecting Children from Abuse* (East Dunbartonshire Council, Dec. 2002).

**The guidance is presented in three parts, namely:**

### **1. GENERAL GUIDANCE**

- (1.1) Drug misuse defined
- (1.2) Defining drug incidents
- (1.3) Signs and indicators of possible drug misuse
- (1.4) Roles and responsibilities of school staff
- (1.5) Advice and support from the education authority
- (1.6) Support from, and referral to, other agencies
- (1.7) Using and storing solvents in schools
- (1.8) Trips abroad
- (1.9) Staff development

## **2. GUIDANCE RELATING TO THE MANAGEMENT OF INCIDENTS**

- (2.1) Levels of response to incidents
- (2.2) Managing an urgent incident of drug misuse involving a pupil
- (2.3) Dealing with incidents involving adults
- (2.4) Dealing with incidents involving staff
- (2.5) Interviewing pupils involved in incidents of misuse – guiding principles
- (2.6) Confidentiality and sharing information
- (2.7) Recording and monitoring incidents
- (2.8) Involving parents
- (2.9) Managing the arrival of parents where police involvement is necessary
- (2.10) Handling and storing controlled substances following an incident

## **3. POST-INCIDENT GUIDANCE**

- (3.1) Using sanctions
- (3.2) Support for pupils following an incident
- (3.3) Communicating with the school community following an incident
- (3.4) Dealing with the media

## **ANNEXES:**

**Annex 1: the legislative context.**

**Annex 2: signs and indicators which may indicate drug (including solvent) misuse.**

**Annex 3: procedures to follow in a medical emergency.**

**Annex 4: procedures for managing incidents of drug misuse by pupils.**

**Annex 5: dealing with incidents involving adults.**

**Annex 6: key aspects of an effective response.**

**Annex 7: record of drug related incident.**

References to **pupil(s)** in these guidelines should be taken primarily to mean children and young persons under 18 years attending primary and secondary school but may also cover adults attending for community education purposes. References to **parents** should be taken to mean parents, guardian or appropriate representative as necessary.

## **1. GENERAL GUIDANCE**

### **1.1 Drug misuse defined**

Drug misuse refers to the misuse of **controlled** substances as defined under The *Misuse of Drugs Act 1971*. The Act does not cover solvent misuse.

The *Solvent Abuse (Scotland) Act 1983* covers the misuse of a range of substances including solvents, medication, alcohol and tobacco.

**Annex 1** provides further information on relevant legislation.

### **1.2 Defining drug incidents**

Within these guidelines, drug related incidents include:

1. pupils/adults possessing drugs on school premises/trip/transport;
2. pupils/adults taking drugs on school premises/trip/transport;
3. pupils/adults supplying drugs on school premises/trip/transport;
4. drug related litter on or near school premises;
5. disclosure about drug misuse taking place in school and during out of school activities;
6. pupils who display symptoms of drug misuse;
7. concerns about pupils being involved in drug misuse out of school.

### **1.3 Signs and indicators of possible drug misuse**

Early detection of drug misuse is extremely important. If misuse is identified at an early stage, it is easier for action to be taken to prevent further misuse of drugs. Staff should be alert to the warning signs which **may** indicate that a pupil is misusing drugs - these are summarised in **Annex 2**.

Some children may be at higher risk of drug misuse and therefore require special care. They may include:

- pupils often out of school such as truants, excluded pupils;
- pupils who have previously misused drugs or associate with peers who do so and may feel 'labelled' as drug misusers;
- those in families where other family members misuse drugs;
- children in homeless families;
- children looked after by the local authority.

However, it should be remembered that drug misuse cuts across all socio-economic groups.

#### **1.4 Roles and responsibilities of school staff**

Each school should have a designated person with responsibility for managing incidents of drug misuse with a suitable replacement should that person be absent for any reason. This will normally be the head teacher or a member of the senior management team. All school staff should be clear about the need to report incidents of drug misuse to this person as a **matter of urgency**. Although very rare, some incidents of drug misuse could involve the need for emergency first aid. It is therefore important that the school's 'first aider' is able to administer appropriate medical aid (see **Annex 3**)

#### **1.5 Advice and support from the education authority**

All incidents of drug misuse in schools must be reported to the Head of Education who will co-ordinate the Authority's response and provide support and advice to staff as required.

#### **1.6 Support from, and referral to, other agencies**

Incidents involving aggressive or violent behaviour related to drug misuse, extortion and any incidents involving pupils using, possessing and/or supplying drugs on school premises should be reported to the police. **Investigation of criminal activity, including searching persons or personal property, is the responsibility of the police not the school.**

Apart from any immediate first aid, any health or medical emergency should be undertaken by appropriate medical personnel.

Assessment and providing support and services to vulnerable or troubled children and families are matters for social work services.

Advice and guidance on incidents relating to drug litter, general concerns/suspensions about drug taking activities involving pupils and/or parents of pupils, can be obtained from the police and social work services who will discuss and agree the level and nature of their involvement in an incident.

Local multi-agency networks are in place in East Dunbartonshire for responding to incidents of suspected/actual abuse of pupils. The Scottish Executive's *School Drug Safety Team* recommended that these professionals should include within their remit managing risk from drug related incidents in schools (ref. to p.11 *Guidelines for the Management of Incidents of Drug Misuse in Schools*).

### **1.7 Using and storing solvents in schools**

Pupils should not normally be supplied with solvent-based toxic substances for use in curricular activities. Pens, glues and correcting fluids, for example, are available as water-based products and these, rather than the solvent-based alternatives, should be used by children. When a particular activity dictates the use of solvent-based substances, their use should be closely supervised.

Solvents should always be stored in lockfast storage cupboards. Pupils should not be given the responsibility for fetching or carrying any solvent-based substance. Similarly, pupils should never be given access to storage cupboards where solvents are kept.

Where solvents are used by staff other than teachers, their attention should be drawn to the potential dangers. In particular when contractors are visiting an educational establishment their attention should be drawn to the need for security of any solvent-based materials.

Further guidance can be found in:

- Master Safety File 22(a): *Use of Evostick in Educational Establishments.*
- Master Safety File 22(b): *Use of Solvent Based Correcting Fluids.*
- COSHH File: *guidance on the management of solvents and chemicals.*

### **1.8 Trips abroad**

The *Misuse of Drugs Act 1971* does not apply in other countries. When arranging trips abroad, staff should seek information and advice appropriate to the country being visited. Guidance on this is available in:

- *The Protection of Young People in the Context of International Visits: Guidelines for Organisers* (City of Edinburgh Council, 1997)
- *Safe School Trips* (The Scottish School Board Association, 1996)

### **1.9 Staff development**

Opportunities should be provided for relevant staff to access training on:

- emergency procedures e.g. action for medical emergencies when a person is unconscious, having trouble breathing, seriously disorientated or has taken a harmful toxic substance;
- possible signs/indicators of drug misuse;
- interviewing and pastoral care skills.;
- drug awareness e.g. identifying specific drugs by sight, smell etc.

## **2. GUIDANCE RELATING TO THE MANAGEMENT OF INCIDENTS**

### **2.1 Levels of response**

All incidents of drug misuse should be treated seriously. Once informed of an incident, the head teacher has to quickly establish the facts and take appropriate action. Some incidents will require urgent action whilst others will call for a more measured approach to allow time for checking information, seeking advice from other agencies and agreeing a suitable strategy. Please note that any action taken should be corroborated in all instances at all stages.

An **urgent** response may involve:

- trying to prevent a pupil's removal from the school if an adult collecting a pupil appears to be under the influence of drink or drugs;
- obtaining medical attention for a pupil;
- stopping the supply of controlled drugs on, or near, school premises;
- preventing access to controlled drugs;
- making arrangements to clear the school of drug related litter;
- seeking urgent police assistance to remove drugs and/or drug misusers who are behaving aggressively;
- contacting the social work service for advice on how to respond to a child who discloses that they or their parent or other family members are misusing drugs.

**Serious but less immediate action** which could involve observing, interviewing, consulting, monitoring and/or referring (e.g. to the Children's Reporter) may be appropriate when there are:

- generalised allegations or concerns about a particular child or family;
- refuted/inconsistent disclosures;
- concerns but no evidence of drug misuse or related harmful or criminal conduct (such as supply of drugs or other harmful substances);
- concerns but no evidence of immediate risk to safety.

Each type of incident requires a response which is well matched to the pupil's needs. Any action should take into account the pupil's age, any special needs and the nature of the incident.

In all cases, staff should proceed with caution and sensitivity to prevent rash or ill conceived action that could complicate the task of investigating and resolving drug misuse incidents for the school, the police or any other agency involved.

## **2.2 Managing an urgent incident of drug misuse involving a pupil**

An urgent incident is usually one where a pupil has taken a drug/used a substance and/or is supplying or in possession of drugs or other potentially dangerous substances.

Once informed of an incident, the head teacher should ensure that the steps outlined in **Annex 4** are carried out. The procedure to follow in a medical emergency is given in **Annex 3**

## **2.3 Dealing with incidents involving adults**

See the procedure detailed in **Annex 5**.

## **2.4 Dealing with incidents involving staff**

Teachers and other school staff responsible for the welfare and supervision of pupils are in a position of significant trust. East Dunbartonshire Council's *Policy on Addiction Related Problems* (June 1996) details the support available to staff who have an addiction problem

## **2.5 Interviewing pupils involved in incidents of misuse – guiding principles**

The management of incidents of drug misuse, including interviewing and discipline, should take account of children's rights as set out in the *UN Convention on the Rights of the Child* and the *Children (Scotland) Act 1995*. Under this legislation, each child has a right to:

- be treated as an individual;
- protection from all forms of abuse, neglect or exploitation;
- express views on matters directly affecting him/her.

The guiding principle must be the appropriate response required to protect or safeguard the welfare of the pupil. The deciding factor is the degree of risk to the child.

All young people (under 16) implicated in using, supplying or possessing controlled substances should normally be interviewed by the police with their parents present except when their parents are believed to be the source of the drugs. In these situations the head teacher (or his/her representative) should be present.

Interviews should be managed in a non-oppressive, non-judgmental, calm and supportive way. See **Annex 6** for a summary of the key aspects of an effective response.

## **2.6 Confidentiality and sharing of information**

Confidentiality is not an option when pupils are at risk. Staff have a professional and moral duty to put a pupil's welfare first. Information about drug misuse may be offered in confidence but the recipient cannot keep such information to him/herself. The member of staff concerned should, as far as possible, try to retain the pupil's trust by explaining the need for action and what is likely to happen next. There is an absolute need for such information to be passed on to the designated officer who will liaise as necessary with the education authority, any other relevant agencies, and the pupil's parents. Information should be shared on a 'need to know' basis.

Further guidance is available in:

- *Child Protection Procedures and Guidelines: Responsibilities of the Education Service in Protecting Children from abuse* (East Dunbartonshire Council, Dec 2001) – see *Sections 2.3 and 10.4*.

## **2.7 Recording and monitoring incidents**

Schools should ensure that systematic arrangements are in place for recording incidents of drug misuse. Advice given in *Section 9.6.4* of East Dunbartonshire Council's *Child Protection Procedures and Guidelines* states that any information recorded must be:

- accurate
- objective
- concise
- immediate
- dated
- signed by any involved staff
- confidential

Records may be required by other agencies such as health professionals, police, social workers or the Reporter to the Children's Panel.

*Sections 9.9 and 9.10* of the *Child Protection Procedures and Guidelines* provide useful pro-forma for recording incidents and multi-agency contacts. In relation to drug misuse schools may wish to adapt these forms or make use of the pro-forma shown in **Annex 7** which are taken from the Guidelines for the *Management of Incidents of Drug Misuse in Schools*.

At the conclusion of any drug-related incident it is essential to review the actions taken by all the agencies involved.



## **2.8 Involving parents**

**The following guidance will not apply if the pupil(s) parents are also implicated in an incident.**

Parental involvement requires the school to share information about allegations of, or concerns about, drug misuse by their child. Schools should involve parents at an early stage and provide regular progress reports. They should include parents in any meetings to plan how to respond to such matters.

It is important that parents are given every opportunity to contribute to meetings and any decisions made concerning their child. Where appropriate, the school should make arrangements for interpreters and should also ensure that parents know that they can be supported by a befriender/advocate if required.

Where the decision has been taken that active involvement by the police and/or social work services is required, schools should discuss with the agencies concerned how best to involve parents. In exceptional cases police or social work, rather than the school staff will contact parents. The contact should be determined by all the agencies following inter-agency discussion and planning.

**Where it has not been possible to make contact with parents, the head teacher has the right to interview a pupil in the absence of parents and to decide on the appropriate course of action.**

### **Looked after Children and children under supervision arrangements.**

Where a child is looked after by the local authority, or is under the supervision of the local authority because of a supervision requirement, the school should contact the social work service to discuss how to manage an incident and when and how to inform the child's parents.

## **2.9 Managing the arrival of parents where police involvement is necessary**

It will not always be necessary for the police to be involved in an incident. However, where they are, the following key principles should apply:

- If parents arrive before the police, the parents should be allowed access to the pupil with a teacher present at all times.
- If police arrive before the parents and the parents have yet to be contacted or are on their way, the police should be asked if they would be willing to wait. Circumstances may dictate that the police may wish to take immediate action. Every attempt should be made to have the parents present but failing this, a teacher must be present.

- The police may arrive at school prior to the parents and wish to take the pupil away for questioning. In these circumstances staff are asked to seek an explanation from the attending officer(s) for their actions.

## **2.10 Handling and storage of controlled substances following an incident**

Staff may take temporary possession of a substance while waiting to hand it over to the police. Staff should have corroboration of any substance seizure and such seizures should be logged and lodged safely until handed over to the police. Staff should be mindful of health and safety regulations with regards to their own safety protection.

In exceptional circumstances, e.g. while on a field trip with no access to a safe place to hold the substance, and solely to reduce the risk of, or to prevent harm to the pupil or others involved, staff may legally dispose of drugs. Any such action should be witnessed, recorded and subsequently reported to the education authority. However, wherever possible, the substance should be retained for use as evidence or in case it is required for analysis for medical purposes.

### **Needles and syringes**

Discarded needles and used syringes present potential health and safety difficulties for school staff and pupils. Environmental Services have necessary equipment and can attend at a given location within a short period of time.

Pupils must be strongly directed to avoid contact with needles and syringes and should be encouraged to report any incident to appropriate members of staff.

Staff, if not properly trained or equipped, should isolate discarded needles and syringes from pupils and other staff members until professional assistance is available.

Needles and syringes can only be transported or stored safely in a 'Sharps box'.

Further guidance can be found in:

- *Master Safety File: 23(b), Prevention from Risk from Exposure to Hypodermic Needles.*

### **3. POST-INCIDENT GUIDANCE**

#### **3.1 Using sanctions**

All schools in East Dunbartonshire should make clear to pupils and parents/carers that they are committed to tackling drug misuse among pupils and that any instances of possession, use or supply of controlled substances on school premises will be regarded with the utmost seriousness.

Head teachers are responsible for deciding how to respond to particular incidents, taking account of factors such as:

- the age of the pupil(s) concerned;
- whether the incident involved one pupil or a group of pupils;
- whether there is evidence of peer group pressure;
- whether the pupil has any learning difficulties/medical issues which could have affected their understanding of the seriousness of their action/behaviour;
- previous drug misuse/exclusion or other disciplinary action.

The fact that certain behaviour could constitute a violation of the criminal law should not, in itself, be taken as automatically leading to the exclusion of the pupil. *Circular 2/98: Exclusions from School* (Scottish Office), stresses that exclusion should be regarded as a last resort and that multi-disciplinary approaches should be used, both to support pupils at risk of exclusion and to facilitate the successful re-integration of pupils who have been excluded. Schools are therefore encouraged to develop a range of responses which incorporate both sanctions and counselling. *Section 2.6 of Positive Behaviour Pupil Care and Welfare: A Policy Framework for Schools in East Dunbartonshire* (May 2002) highlights the importance of applying any sanctions in a consistent manner. However, where it is clear that a pupil is selling illegal drugs and the health and safety of other pupils are directly at risk, the local authority may decide that a pupil should be permanently excluded.

#### **3.2 Support for pupils following an incident**

If a pupil is to remain at school it is essential that s/he receives increased supervision and re-assurance in the period following the incident as they may feel extremely vulnerable. In the case of a pupil with a history of serious drug misuse who has been excluded, transferred from another school or attended a drug support programme, the school should make arrangements for close monitoring and appropriate support. In exceptional cases some pupils will be attending school and also having additional specialist support or treatment provided by outside agencies.

### **3.3 Communicating with the school community following an incident of drug misuse**

Working in conjunction with the Head of Education, schools will need to consider whether there is a need to share information about an incident with members of the school community. If it is felt to be necessary, it should be done as soon as possible after an incident has occurred in order to prevent circulation of misinformation. **The names of pupils involved must be kept confidential.**

**School staff** should be:

- informed of the incident;
- told which drug was involved;
- in some circumstances, informed of the names of the pupils involved;
- clear as to the kind of responses which are required both to pupils and parents.

Where necessary, **pupils** should be:

- told the facts about the incident, including the consequences;
- reminded of the school's policy on drug misuse.

**Parents of pupils** at the school or, in exceptional circumstances **members of the surrounding community**, should be:

- informed of the incident;
- told which drug was involved;
- reminded that the action taken by the school was in line with Authority and national policies;
- told where they can access information on drug education.

### **3.4 Dealing with the media**

If the school is approached by the media the head teacher should not comment on the incident and direct the caller. The head teacher should also inform the Head of Education that the media had contacted the school regarding a drug incident.

## THE LEGISLATIVE CONTEXT

### A Legislation relating specifically to drug and substance misuse<sup>1</sup>

- The *Misuse of Drugs Act 1971* is the principal criminal law governing illegal drugs. The Act divides controlled drugs into three classes – A, B and C.

Class A	Class B	Class C
Opium; heroin; methadone; cocaine (including crack); LSD; ecstasy; processed magic mushrooms; any class B drug prepared for injection.	Amphetamines; cannabis resin; 'herbal' cannabis and hash oil; barbiturates; codeine.	Mild amphetamines. Tranquillizers - temazepam; valium (diazepam); ativan (lorazepam); temgesic and (most) anabolic steroids. Prescription drugs outwith possession of owner.

The *Act* differentiates between **possession** of a substance and **supplying** a substance, based on the quantity of a substance in a person's possession. Under this *Act* it is an offence:

- to offer or **supply** drugs to another person;
- to be in **possession** of drugs or to possess drugs with the intention of supplying to another person;
- for the occupier or manager of premises to knowingly permit the use of drugs on the premises or to allow their supply or production.

#### **POSSESSION**

If a single dose (e.g. 1 cannabis cigarette, 1 LSD tab or a single pill) of a substance is detected then it may be considered that the young person is in possession of that substance. However, temporary possession of a drug which is done to prevent a person from committing an offence is not unlawful. In this situation, reasonable steps must then be taken to pass the drugs onto the police and any drugs seized in this manner must be logged and stored under secure conditions until handed over to the police.

#### **SUPPLYING**

If multiple doses (e.g. 2 oz or more cannabis cigarettes, 10 or more LSD tabs or 10 or more pills) are discovered then it may be concluded that the young person is supplying or offering to supply controlled substances.

- Under the *Solvent Abuse (Scotland) Act 1983* it is an offence to supply or attempt to supply a substance to a person under the age of 18 when knowing, or having reasonable cause to believe, that the substance, or its fumes, are likely to be used for the purpose of causing intoxication.

<sup>1</sup> Source – Greens Scottish Education Manual

- Under the ***Licensing Act 1964*** it is an offence to sell alcohol to anyone under the age of 18.
- The legislation on the sale of tobacco products to children under 16 was strengthened by the ***Children and Young Persons (Protection from Tobacco) Act 1991*** which greatly increased the penalties for selling tobacco to children and made it illegal to sell unpackaged cigarettes.

## **Annex 2: Signs and indicators which may indicate drug (including solvent) abuse**

### **Warning Signs in Individuals**

- Changes in attendance and being unwilling to take part in school activities.
- Sudden decline in performance in school work.
- Unusual outbreaks of temper, marked swings of mood, restlessness or irritability.
- Reports from parents that more time is being spent away from home, possibly with new friends or with friends in older age groups.
- Excessive spending or borrowing of money.
- Stealing goods or money.
- Excessive tiredness without obvious causes.
- No interest in physical appearance.
- Sores or rashes especially on the mouth and nose.
- Lack of appetite/binge eating.
- Excessive loss of weight or short term weight gain.
- Heavy use of scents, colognes etc. to disguise the smell of drugs.
- Wearing sunglasses at inappropriate times (to hide dilated or constricted pupils).

### **Warning Signs in Groups**

- Regular absence on certain days.
- Keeping at a distance from other pupils, 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 school premises.
- Stealing which appears to be the work of several individuals rather than one person (e.g. perhaps to shoplift solvents).
- Use of drugtakers' slang.
- Exchanging money or other objects in unusual circumstances.
- Associating briefly with one person who is much older and not normally part of the peer group.

### **Objects that may indicate drug misuse**

- Foil containers in cup shapes made from silver foil, perhaps discoloured by drug.
- Metal tins.
- Spoons discoloured by heat.
- Pill boxes.
- Plastic, cellophane or metal foil wrappers discoloured by drug.
- Small plastic or glass phials or bottles/plastic 2 litre bottles minus labels.
- Twists of paper.
- Straws.
- Sugar lumps.
- Syringes and needles.
- Cigarette papers and lighters.
- Spent matches.
- Plastic bags and butane gas containers (solvent abuse).

- Cardboard or other tubes (heroin).
- Stamps, stickers, transfers or similar items.
- Shredded cigarettes, home-rolled cigarettes and pipes (cannabis).
- Paper (about 2 inches square) folded to form an envelope (heroin - powder drug).



### **Annex 3: Procedures to follow in a medical emergency**

The procedures for an emergency apply when a pupil or others are at immediate risk of harm. A person who is unconscious, having trouble breathing, seriously confused or disoriented or who has taken a harmful toxic substance, should be responded to as an emergency.

#### **ALWAYS:**

- assess the situation;
- if a medical emergency, send for medical help and ambulance.

#### **BEFORE ASSISTANCE ARRIVES:**

##### **If the person is conscious:**

- ask the person what has happened and to help identify any drug used
- collect any drug sample and leave any vomit for medical analysis
- do not induce vomiting
- keep the person under observation, warm, quiet and conscious
- if person is overheating, use cold compress to cool down

##### **If the person is unconscious:**

- ensure that the person can breathe and place in recovery position
- do not move the person as a fall is likely to have led to spinal or other serious injury which may not be obvious
- do not give anything by mouth unless severely dehydrated when spots of water should be used to moisten lips and mouth
- do not attempt to make the person sit or stand
- do not leave the person unattended or in the charge of another pupil

#### **WHEN MEDICAL HELP ARRIVES:**

- Pass on any information available including vomit and any drug samples.

**COMPLETE AN INCIDENT FORM AND EMERGENCY RECORD FORM AS SOON AS YOU HAVE DEALT WITH THE EMERGENCY.**

(Source: p.34 *Guidelines for the Management of Incidents of Drug Misuse in Schools*)

#### **ANNEX 4: PROCEDURES FOR MANAGING INCIDENTS OF DRUG MISUSE BY PUPILS**

(Source: p. 32 *Guidelines for the Management of Incidents of Drug Misuse in Schools*)

##### **A. If medical help is required**

- 1(a) Provide first aid as necessary (see also **Annex 3**) minimise risk of pupil damaging him/herself and others. As a last resort reasonable restraint may be necessary.  
**AND/OR**
- b) Send for an ambulance. Arrange for appropriate adult to accompany pupil to hospital.
2. Ensure that head of establishment is fully informed.
3. Access another member of staff for assistance.
4. Arrange for safe removal of drug related litter.
5. Retain any evidence (including vomit, for medical analysis) if at all possible.

##### **HEAD OF ESTABLISHMENT (OR DEPUTE/DESIGNATED PERSON) TO:**

6. Contact police for advice and/or involvement as necessary.
7. Inform parents of incident and that police have been contacted. Invite parents to come into school if appropriate.
8. Arrange for staff and other pupils involved to be interviewed, with witness, to establish the facts of the incident and obtain corroboration. Records of the meetings must be kept.
9. Inform Head of Education as soon as possible.
10. Discuss with police how and when pupil(s) should be interviewed when recovered. Records must be kept.
11. Once investigation has finished, give consideration to the guidance which has been given in terms of sanctions and support required for pupils involved.

##### **B. If medical help is not required.**

1. Send for head of establishment (depute if head is unavailable).
2. Access another member of staff for assistance.
3. Minimise risk of pupil damaging him/herself or others. As a last resort reasonable restraint may be necessary. Retain evidence (including vomit) if at all possible.
4. Pupil (and belongings) should be taken to a private room and supervised by preferably two members of staff.
5. Arrange safe removal of any drug related litter.

##### **HEAD OF ESTABLISHMENT (OR DEPUTE/DESIGNATED PERSON) TO:**

6. Remind pupil of school policy regarding drug misuse and the procedures to be followed to investigate the incident, including the intention to contact parents and police.
7. Ask pupil to hand over any drug related material. If reluctant to do so, explain that request will be repeated in presence of parents and police.
8. Contact police for advice and/or involvement as necessary.
9. Inform parent of incident and that police have been contacted, invite parents to come to school if appropriate.
10. Inform Head of Education as soon as possible.
11. Arrange interview of pupil, with witness, to establish the facts of the incident, at what level pupil involved, and whether other pupils were involved. Records must be kept.
12. Arrange interview of staff and other pupils involved, with witness, to further establish the facts of the incident and obtain corroboration.
13. Once investigation has finished, give consideration to the guidance which has been given in terms of sanctions and support required for pupils involved.

## **Annex 5: Dealing with incidents involving adults**

Schools may find themselves encountering situations in which concerns about drug misuse or related behaviour involve a parent or other adult rather than pupils. When this occurs the head teacher will need to take into account the safety of the whole school community including staff when determining the appropriate course of action.

### **Parents under the influence of drugs**

- If school staff are not confident that an adult is able to provide appropriate care and supervision of a child because they are under the influence of drugs or alcohol they should attempt to contact an alternative carer for the child before contacting social work services and, if necessary, the police.
- If there are concerns over the safety of the child, school staff should attempt to persuade the adult not to leave the premises until appropriate assistance arrives.
- If the adult insists on leaving school, staff should not attempt to restrain them but must immediately inform social work and the police.

### **Adults displaying aggressive/threatening behaviour**

- If an adult is acting threateningly or aggressively on school premises the head teacher or other responsible member of staff should call the police.

### **Adults supplying drugs**

- If the school has concerns about adults supplying drugs on or near school premises, or to any of their pupils outwith school premises, the head teacher should consult with the police, if necessary with advice and support from the Head of Education.

## Annex 6: key aspects of an effective response

### When interviewing pupils:

#### DO

Ask factual questions about:

- which drug
- source
- quantity
- legal status
- who is at risk
- age of pupil

Act with a witness.

Supervise and respect rights to silence and reasonable privacy.

Operate within the school rules and responsibilities for pupils.

Be prepared to receive drug-related equipment given by pupils.

Make clear the limits of confidentiality and refer the incident to the school's head teacher/designated person.

Record the facts on an agreed pro-forma, store records in a secure place and disclose information only on a need to know basis.

#### DO NOT

Ask leading questions

Interrogate

Accuse

Make assumptions about guilt

Detain a pupil in a locked room or without access to food or drink.

Remove or search personal belongings or conduct body searches (otherwise this could be considered assault).

Pledge secrecy or keep drug incidents to yourself (you alone cannot have an overview of the situation and the risk factors).

Rely on memory or general impressions – they may be inaccurate and make it more difficult for others to help/obtain evidence.

(Source: p.33 *Guidelines for the Management of Incidents of Drug Misuse in Schools*)

### Annex 7: record of drug related incident

School:	Date of incident:		Date and time reported:  Reported by:
Pupil(s) involved:	Name(s)	D.o.b.	Home contact number
Description of incident:			
<b>Category of incident:</b>	Action taken	By whom	Contacted
Drug related litter on or near school premises			
Suspicion, allegation & disclosure in and out of school activities.			
Symptoms of drug misuse.			
Pupils/parents possessing drugs on school premises/trip/transport.			
Pupils/parents taking drugs on school/trip/transport.			
Pupils/parents selling/supplying drugs on school premises/trip/transport.			

Drug type (if known) or description:	Removed by:	Where retained:	Receipt given and countersigned:

Cont/d over

Contacts made:  
(where appropriate)

	Contact number	Name of person contacted	Contact time	Arrival Time
Police				
Ambulance				
Other health professionals				
Health promotion department				
Social work				
Child Protection specialists				
Environmental Health				
Education Department				
Local Drug Support				

Agency				
Other, please state:				

Pupil interview details (as appropriate).  
If a member of staff is required to be present a summary should be detailed below

**RECORD OF EVENTS:**

TIME	DETAILS
OUTCOME	

Signed: \_\_\_\_\_ Witnessed by:  
\_\_\_\_\_

Title: \_\_\_\_\_ Title:  
\_\_\_\_\_

Date: \_\_\_\_\_ Date:  
\_\_\_\_\_

(Source: pp 35,36 *Guidelines for the Management of Incidents of Drug Misuse in Schools*)

**Local contacts relating to child welfare and protection**

Agency	Function	Key contact
Social Work Dept	Enquiry and information	Name: Address:  Tel no:
Social Work Dept	Child protection unit	Name: Address:

		Tel no:
Police		Name: Address:  Tel no:
Children's Reporter, Local Office		Name: Address:  Tel no:
Child and family support services		Name: Address:  Tel no:  Name: Address:  Tel no:  Name: Address:  Tel no:
Concerns re. registration of day care via the Scottish Commission for the Regulation of Care		Name: Address:  Tel no: