

ST. FINTINA'S POST PRIMARY SCHOOL REVISED SUBSTANCE USE POLICY 2012

INTRODUCTION

The National Drugs Strategy highlights the significant contribution that schools can make in the prevention of substance misuse. The school is well aware that the exposure to tobacco, alcohol, behaviour altering substances and drugs is a reality for many young people today. The welfare and protection of our students have been central in prompting the school to address and respond to what are frequently sensitive issues. *Child protection is central in the development of this policy.*

DEFINITION

The term 'Drug' means any substance which changes the way the body functions, mentally, physically or emotionally. It includes tobacco, alcohol, solvents and over the counter medication

SCOPE

This policy applies to the entire school community, visitors to the school, workers and *any users of the school building. Any external school related activities are also within the scope of this policy.*

RELATION TO MISSION STATEMENT

St. Fintina's Post Primary School is committed to providing each student with a holistic education to enable him/her to achieve full potential. It is also committed to fostering the development of personal responsibility. This policy provides the school with a means to enhance this personal responsibility and provides fair and transparent procedures in order to deal with substance use.

RATIONALE

- The National Drugs Strategy, "Building on Experience" requires schools to have a substance use policy in place.
- The Education Act 1998 places the onus on schools to promote social, personal and health education.
- *To educate young people on the dangers and consequences of drug use.*
- To have fair and transparent procedures in place for dealing with any form of drug related incident.

OBJECTIVE

The core objective of a substance use policy is "--- the welfare, care and protection of every young person in line with the Education Act 1998 and the Education (Welfare) Act 2000." (DES Guidelines)

ROLES AND RESPONSIBILITIES

School management

1. Ensure that a whole school policy is drafted with consultation with the various partners
2. Promote and publish the policy
3. Identify suitable training for staff
4. Monitor the supports that are in place for drug prevention
5. Ensure the policy is reviewed and evaluated
6. Investigate and handle drug and alcohol related issues
7. Liaise with parents and professional personnel
8. Deal with the media if required

Guidance Counsellor

1. Support students who have divulged drug involvement
2. Advise and support parents who contact the school for help
3. Liaise with outside professional support agencies.

Staff

1. Be familiar with the symptoms of drug use and report suspicions to school management immediately
2. Use opportunities in the curriculum to raise awareness amongst students of the devastating effects of drug involvement
3. Be familiar with the procedures as outlined in this policy
4. Attend training when provided on drug related issues.

Students

1. Avoid situations where there is a high risk of being tempted to indulge in drug related activity.
2. Protect and support peers in vulnerable situations
3. Be aware of the symptoms of drug use.
4. Report suspicions of drug activity to school management or to a parent if outside of school
5. If involved in taking drugs seek help from the guidance or pastoral staff in the school

Parents

1. Be aware of the symptoms of drug involvement
2. If privy to information on drug activity involving students of the school don't assume that the school management is aware of it and therefore contact the school.
3. Attend training/seminars provided by the school or recognised professional agencies.

POLICY

1. St Fintina's does not tolerate or condone, under any circumstances, the use, possession or supply of prohibited drugs, drug paraphernalia, behaviour altering substances, prescription drugs (unless prescribed by a doctor for personal use only) or alcohol by anyone in the school, on school trips or during any school related activities.
2. Any student using, supplying or possessing illegal drugs on his/her way to and from school, during the school day or on school trips will be suspended from school immediately and may possibly be permanently excluded following a thorough investigation.
3. Smoking on school grounds is forbidden by law. Any student who does so will be liable to suspension. Students are expected not to smoke on their way to and from school, on school trips or on any other school-related activity. Breaches of this will be subject to the normal school disciplinary system.
4. The parents of students taking prescribed medication are required to inform the school in writing of this. *The contents should include the following:*
 - *The name of the medication including its strength*
 - *The frequency with which it has to be taken*
 - *The purpose of the medication*
 - *The length of time it has to be taken for*
5. *The school staff will not be responsible for ensuring that this medication is taken as prescribed.*

6. *School personnel will not dispense medication except in exceptional circumstances and with the prior consent of parents.*

MANAGEMENT OF ALCOHOL, TOBACCO, BEHAVIOUR ALTERING SUBSTANCES AND DRUG RELATED-INSTANCES

School management will be primarily responsible for informing parents and following the School Code of Behaviour in relation to a breach of the Alcohol, Tobacco and Drug misuse Policy.

1. Students who are involved in alcohol or drug related incidents will be subject to the school's Code of Behaviour. Disciplinary measures will involve suspension and possible reference to the Board of Management for expulsion.
2. If it should become apparent that a student is under the influence of alcohol or illegal drugs, the student will be immediately removed from class and put into the care of the principal, deputy principal or class tutor. The student's parents will be contacted as a matter of urgency and will be required to collect the student from school. If necessary, medical attention will be sought for the student.
3. Where it is apparent that there is immediate danger to any member of the school community, the school reserves the right to suspend or remove temporarily from the school any student involved in a suspected drug abuse incident pending a further and complete investigation of the incident.
4. Any incidents and investigations of incidents will be recorded in the school incident book
5. The school will take all steps necessary to fully investigate and assess any abuse incident. Parents will be informed of such investigations and will be invited to come to the school.
6. The Gardai will be informed of all incidents involving alcohol, behaviour altering substances or illegal drugs.
7. The school will take possession of any banned or prohibited substances and drug paraphernalia associated with a drug incident, carefully recording such items and retaining them pending completion of the investigation, unless otherwise instructed by the Gardai.
8. The school, at its own discretion, will liaise with any appropriate outside authority such as the HSE or other professional agencies.
9. In all cases every effort will be made to help the affected student and to seek pastoral and counselling support.
10. Any student found supplying illegal drugs or behaviour altering substances in the school or on school related activities will be suspended immediately and will be referred to the Board of Management for possible expulsion from the school.
11. In the case of a student being allowed to return to the school following a drug or alcohol related incident, the school reserves the right to stipulate whatever conditions, it deems necessary, to assist in his/her successful reinstatement in the school. These conditions may include external counselling, ongoing testing for

drug abuse and ongoing consultations with external agencies such as Juvenile Liaison Officer, social worker etc.

The school will always seek to strike a reasonable balance between the welfare of the student/students involved, the welfare of the other members of the school community as a whole and the reputation of the school.

PROGRAMME FOR ALCOHOL, DRUG, TOBACCO AND BEHAVIOUR ALTERING SUBSTANCES EDUCATION

It is the responsibility of the Pastoral Care Team to provide the programmes and information necessary to assist and educate our students in relation to substance misuse. They have a responsibility to monitor vulnerable students.

1. St Fintina's will endeavour to provide appropriate education programmes for all its students. These programmes will be tailored for each age group and will be part of existing programmes being delivered in the school.
2. The existing programmes include: SPHE (Social, Personal and Health Education), Religion, CSPE (Civic, Social and Political Education)
3. The school has in the past and will continue to invite outside agencies such as Crew Network, Gardaí, Addiction Counsellors, SPHE personnel, HSE personnel and Alcoholics Anonymous personnel etc. to present their programme to students and parents alike.
4. Teachers will be offered appropriate in-service training as organised through the SPHE Network.
5. The school expects parents to support drugs awareness and education policy by informing and educating their children regarding substance use. They are also expected to further assist the school by co-operating fully with the school as it seeks to deal with any incidents.
6. The school will provide parents with information on the school drugs awareness and education programmes and in conjunction with the Parents Association will continue to provide Drug Awareness Evenings in order to help and enable parents to fulfil this particular role.

A proactive approach to drug prevention is adopted by the school through raising awareness amongst students of the consequences and effects of drug use and through vigilant supervision at all times. Drugs education is an ongoing process and to be successful it has to involve the whole school community with support from outside professional agencies.

MONITORING/REVIEWING/EVALUATION

The school will monitor, review and evaluate this policy on an ongoing basis. The Pastoral Care Team will form the principal monitoring body for the success of this policy. Any changes or updates in this policy will result in an evaluation by Teachers, Parents, Guardians, Students and Board of Management. There will be a major review five years from the date of implementation

IMPLEMENTATION

This policy will be disseminated to all members of the school community. It will be freely available, on request, from the school office. Students will be made aware of it as part of their SPHE Programme and it will also be referred to by class tutors during tutor periods. It will be posted on the school website.

SUCCESS CRITERIA

As a school community we are totally aware of student's use and misuse of substances and we will tailor action plans for each individual case as the need arises and becomes apparent. These action plans will be assessed and monitored through the use of questionnaires for all parties involved and through the monitoring that is carried out by the Pastoral Care Team and the school as a whole.

Students consulted:

Parents consulted:

Teachers consulted:

Board of Management consulted:

Ratified by the Board of Management

Ratified by the VEC:

Policy comes into action as and from

DRUG RELATED INCIDENT REPORT FORM

TIME_____

Handwritten text on lined paper, featuring a large, stylized, light gray watermark reading "DRAFT" diagonally across the page.

 _____

SIGNED_____

Appendix 1

TYPES OF DRUGS



Hallucinogens +

Can be divided into three broad categories: psychedelics, dissociatives, and deliriants. These can cause subjective changes in perception, thought, emotion and consciousness.

[Cannabis](#)

[2CB](#)

[Magic mushrooms](#)

[Methamphetamine](#)

[LSD](#)

[Morning Glory](#)

[Hawaiian baby woodrose](#)

[Ketamine](#)

[Ecstasy](#)



Headshop Drugs +

Also often referred to as "Legal Highs" are substances which are usually sold via Head Shops (It is important to note that although these drugs may not be illegal it does not necessarily mean they are safe).

[Other plant products](#)

[Pills](#)

[Powders](#)

[Smoke](#)



Opioids +

Opioids encompass naturally occurring opium poppy derivatives, such as morphine and codeine, and semi-synthetic opiates like heroin and methadone. They are classed as narcotic analgesics - meaning they decrease pain reaction and sensation. Opioids can produce intense euphoria in a person and a sense of well-being. Side effects include sedation, respiratory depression, severe withdrawal, development of tolerance and dependence issues.

[Other opiates](#)

[Methadone](#)

[Kratom](#)

[Codeine phosphate](#)

[Heroin](#)



Over the Counter Painkillers +

Non-opiate based over-the-counter medicines used for mild to moderate pain relief, flu and other symptoms. Prolonged use can lead to dependence.

[Over-the-counter painkillers](#)



Sedatives +

Substance that depresses the central nervous system (CNS), resulting in calmness, relaxation, reduction of anxiety, sleepiness, and slowed breathing.

[Cannabis](#)

[Ketamine](#)

[GHB or GBL](#)

[Kava kava](#)

[Ecstasy](#)

[Benzodiazepines](#)

[Alcohol](#)



Solvents +

When inhaled, solvents have a similar effect to alcohol. They make people feel uninhibited, euphoric and dizzy. incl: gas lighter refills, aerosols etc.

[Solvents](#)



Stimulants +

Are drugs that make people feel more awake, alert and energetic. Cocaine and amphetamines are stimulants.

[Benzylpiperazine](#)

[PMA](#)

[Speed](#)

[Poppers](#)

[Tobacco](#)

[Methamphetamine](#)

[Khat](#)

[Ephedrine](#)

[Ecstasy](#)

[Creatine](#)

[Crack cocaine](#)

[Cocaine](#)

[Anabolic steroids](#)

[Amphetamine](#)

Appendix 2

Signs and symptoms

We have listed the major signs and symptoms for the following:

1. General signs of drug use
2. Amphetamines
3. Benzodiazepines (sleeping tablets and tranquillisers).
4. Cocaine
5. Ecstasy
6. Hash
7. Heroin
8. Effects on the family

1. General signs of drug use

There are some general signs to watch out for which may be linked to drug use. Bear in mind that all of the signs listed below could be caused by many reasons other than drug use such as puberty, social changes or medical conditions. Try not to jump to conclusions about drug use, as you may be wrong and isolate your teenager even more.

- Secrecy about activities, slyness, caginess
- Staying out unusually late
- A lot of new friends, perhaps an older crowd
- Lack of interest in old hobbies and activities
- Memory loss
- Mood swings – quite suddenly, may have fits of temper
- Short attention span
- Not taking care of their appearance
- Wearing sunglasses to hide the effects of drugs on the eyes
- Using deodorant or incense to hide the smell of drugs
- Always being broke and trying to borrow money
- Stealing from home or outside – money and stuff they can sell
- Using slang terms for drugs
- Social, personal and family relationships suffer
- Poor work or school performance, may be skipping days
- Losing appetite and weight
- Becoming withdrawn and not wanting to talk

2. Amphetamines

You may notice some of the following but not everyone who uses this drug shows all these symptoms:

- Hyperactivity
- Unusual confidence.
- Jerky movements
- Can't sleep
- Very talkative
- Grinding of teeth
- Very large pupils
- Sweating
- Thirsty
- No appetite
- Staring

Comedown:

May cause depression, fear, listlessness, apathy, muscle aches, cramps, mood swings.

3. Benzodiazepines (sleeping tablets and tranquillisers)

- Slurred speech
- Gentle, monotone voice
- Distracted
- Calm
- Agoraphobia – not wanting to leave the house
- Reclusive – avoiding other people
- Fear of people and going outside
- Aggressive (when used with alcohol)
- Passive (when used with opiates such as morphine and heroin)

Comedown: (after long time use):

May become even more reclusive, agoraphobic and scared of people, may behave more strangely, twitching eyes, tense neck

4. Cocaine

Similar to amphetamines (above) but also look out for:

- Runny, itchy nose – due to snorting
- Extremely rapid heartbeat **Comedown:**
Unlike ecstasy and other amphetamines, in which the effects can last up to six hours, the rush of cocaine only lasts 2-3 minutes and the effects wear off in 12 - 13 minutes. The comedown effects are similar to amphetamines but are far

more intense.

5. Ecstasy

You may notice some of the following but not everyone who uses this drug shows all these symptoms:

- Hyperactivity
- Unusual confidence
- Jerky movements
- Can't sleep
- Very talkative
- Grinding teeth
- Very large pupils
- Sweating
- Thirsty
- No appetite
- Staring
- 'Spittin' cotton' – spit is like a cotton ball
- Small folded square of paper in an envelope shape

Comedown:

May cause depression, fear, listlessness, apathy, muscle aches, cramps, mood swings.

6. Hash

- Bloodshot eyes
- Giggling (especially in when they first start using)
- Distracted
- Introverted
- Short attention span
- Going off on tangents, hard to follow their train of thought
- Loss of short term memory – this will come back when they stop
- 'Bomb' burn on clothes – small burn marks caused by falling bits of ash
- Torn off bits of cardboard from cigarette packets or other cardboard objects to make a roach' (a sort of filter)
- Bits of loose cigarette tobacco around their room or in pockets
- Butts of cigarettes with no stains on the filter
- Cigarette papers such as Rizla and cigarettes together
- Knives with burn marks from heating and inhaling hash smoke – 'hot knives'

Comedown:

May cause anxiety, restlessness

7. Heroin:

After a fix or after smoking heroin the person will be 'stoned'. Look out for:

- Very small pupils
- Light coloured eyes turn bright blue
- Eyes look glassy
- 'Goofing off' – looks like they are nodding off, hard to keep their eyes open
- Unable to finish sentences
- Slurred speech
- Shallow breathing
- Scratching
- Excessive smoking
- Loose facial muscles
- Blood stains on clothes from using needles
- Bloody tissues
- 'Track marks' – marks left by needles, especially on hands, arms and legs although any vein can be used
- Burnt holes in furniture, bed linen or clothes caused by 'goofing' when smoking a cigarette
- Burnt tin foil from smoking heroin – 'chasing the dragon'
- Spoons going missing from the house, spoons with a blackened underside from 'cooking' heroin
- Cut filters from cigarettes
- Ties or laces in pockets – used as tourniquets to prepare the vein for injecting
- Long sleeves in warm weather to hide track marks

Comedown:

- Runny nose and eyes, excessive yawning, very large pupils
- agitated, can't sleep, lack of energy, cranky, depressed
- cold sweats or hot flushes, gooseflesh skin
- overeating or under-eating,
- severe diarrhoea after constipation,
- nausea, dry retching which produces bile
- constant knot in stomach, severe cramps in stomach and back of legs
- 'the shakes' – spasms in arms and legs
- violent spasms in the small of the back cause back to arch
- panting, spontaneous orgasms in men and women

Appendix 3

Help and Support information

The Ana Liffey Drug Project

48 Middle Abbey Street,

Dublin 1

e: info@drugs.ie

w: drugs.ie

For general information and enquiries

info@drugs.ie

Support Contact Information

Telephone information & support

Contact the [HSE Drugs Helpline](http://www.hse.ie/eng/health/ahd/hse_drugs_help_line.htm) on 1800 459 459 (Mon - Fri 10am and 5pm)

Email support

support@drugs.ie

Rutland Centre

info@rutlandcentre.ie

Tel 01 4946358