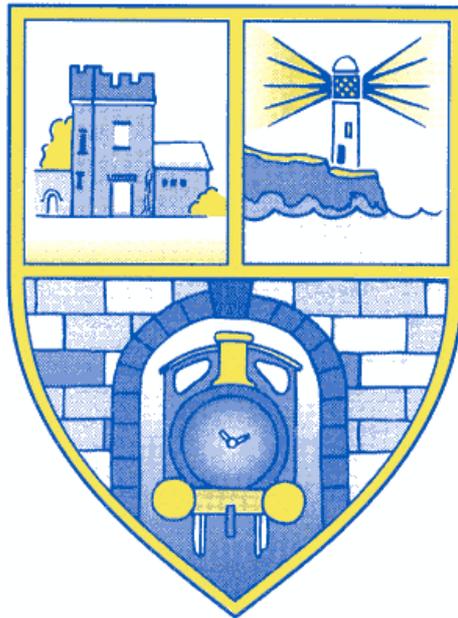


Whitehead Primary School and Nursery Unit

“Learning & Growing Together”



Misuse of Drugs Policy

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School's Mission Statement

In accordance with DENI circular no 2004/09 (*Drugs: Guidance for Schools*)

Whitehead Primary School recognises that it has a duty in law to...

- Teach drugs education, as part of the Health Education cross-curricular theme.
- Have a drugs education policy.
- Inform the police where they believe or suspect a pupil to be in possession of a controlled drug. If the school is in any doubt about the nature of a substance, the police should be informed.

In addition to these statutory requirements, the Department of Education has identified a number of issues which we as a school need to address in order to fulfil our responsibilities to our pupils and their parents.

Rationale

All children, regardless of social class or background are now at risk from being exposed to messages about the use and misuse of drugs from an early age. This exposure may come through parents/ guardians, older siblings, friends, television programmes, the media or popular music. Research carried out by The Young Person's Behaviour and Attitudes Survey (2001) has found that amongst key stage 3 pupils in Northern Ireland...

- Seventeen percent of pupils said they used or had tried a controlled substance, mainly cannabis. Most pupils were 14 years of age the first time they were offered a controlled substance.

- Twenty percent of pupils were offered solvents on at least one occasion. Most pupils who used or tried solvents were 12 years old the first time they experimented with them.

- Fifty-six percent of boys and fifty-two percent of girls surveyed had taken an alcoholic drink, with most of these drinking for the first time at the age of 12.

- Thirty-eight percent of girls and thirty-three percent of boys surveyed have smoked tobacco. For most of these pupils they had their first cigarette at 12 years of age.

It is evident from this research that Northern Irish children are not only exposed to drugs at an early age but by their early teens many have acquired and experimented with controlled substances.

The survey also found that just under a third of all pupils (32%) said that they knew a lot about the effects or risks of taking drugs. It is clear that children must have access to information about the dangers of misusing drugs while they are in primary education and before they begin experimenting with them in secondary and grammar school.

Defining Drugs

CCEA (2004) states that the term drug should include...

“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.”

As well as everyday substances such as tea and coffee, drugs include:

- Alcohol and tobacco
- Over the counter medicines, such as Paracetamol, aspirin etc.
- Prescribed drugs, such as antibiotics, tranquillisers, inhalers and Ritalin.
- Volatile substances, such as correcting fluids/thinners, gas lighter fuel aerosols, glues and petrol.
- Controlled drugs, such as cannabis, LSD, Ecstasy, amphetamine sulphate (speed), magic mushrooms (processed), heroin and cocaine.
- Other substances such as amyl/butyl nitrite (poppers) and unprocessed magic mushrooms.

Policy Aims

The aims of Whitehead Primary School’s Misuse of Drugs Policy are to:

- provide a clear statement of the school’s view on drug education.
- ensure a consistent approach from staff to drug education and in the handling of drug related incidents.

- safeguard good practice in the future.

Drug awareness is a whole school issue. This policy seeks to empower all key stakeholders within our school with the knowledge and means to convey to our pupils the dangers of misusing drugs and effectively deal with any drugs related incident that may occur on school grounds.

Roles, Responsibilities and Legal Duties

The roles, responsibilities and legal duties of the principal, the designated drug awareness teacher, teaching, non teaching and ancillary staff as well as the Board of Governors are set out in full in Section 2 of the Drugs Policy in Education (2004).

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 offence. In any suspected drugs-related incident the principal will make every effort to contact the parents/guardians of those pupils involved. The principal will ensure that in any incident involving a controlled drug there is close liaison with the police. After contacting the police, the principal will confine his responsibilities to the welfare of the pupil(s) involved in the incident, the other pupils in the school and the handling, storage and safe disposal of any drugs/drugs-related paraphernalia. This will also include informing the Board of Governors, agreeing any appropriate pastoral/disciplinary response, reporting the incident to the NEELB and, if appropriate, completing a written

report and forwarding a copy to the Board of Governors and the designated officer within the NEELB.

The role of the designated drug awareness teacher

The designated drug awareness teacher should be a senior member of staff but not the Principal. His/her duties include the oversight and co-ordination of the planning of curricular provision, in compliance with the statutory requirements and liaison with other staff responsible for pastoral care. The designated teacher is also responsible for the co-ordination of the school's procedures for handling suspected drugs-related incidents and the training and induction of these procedures with new and existing staff.

The designated teacher / Principal will act as the contact point, as necessary, for outside agencies that may have to work with the school or with a pupil or pupils concerned. In the absence of the designated teacher a recognised deputy will be available as deemed appropriate by the school. It is the responsibility of the designated teacher / Principal to take possession of any substance(s) and associated paraphernalia found in the event of a suspected incident and complete a factual report which is forwarded to the Board of Governors.

The role of teaching, non-teaching and ancillary staff

Individual staff members are likely to be the first to encounter a suspected drugs related incident. It is not their responsibility to determine the circumstances surrounding the incident; however they should deal with any emergency procedures if necessary. Any information, substance or paraphernalia received should be forwarded to the designated teacher for drugs who may have to take

immediate action. A brief factual report of the suspected incident should be completed and forwarded to the designated teacher for drugs.

The role of the Board of Governors

School governors have responsibility for Whitehead PS and should foster and support the development and on-going review of the drugs policy and education programme by collaborating with appropriate staff, pupils and parents/ guardians. They will also facilitate the consultative process whereby the school community can respond and contribute to the effectiveness and quality of the policy and programme which the governors should examine and approve prior to their implementation in the school.

Staff training

Whitehead Primary School's Misuse of Drugs Policy will be reviewed every other academic year. During this time any amendments will be conveyed to staff and the Board of Governors. It is the responsibility of the designated drug awareness teacher / Principal to ensure that all members of staff receive appropriate training and are fully aware of their responsibilities during a drugs related incident. In addition to training responsibilities the designated drug awareness teacher should ensure that:

- emergency first aid procedures exist and that all members of staff are aware of them. Safety is of paramount importance when a young person is discovered to be unconscious or semi-conscious or acting in a manner that leads you to suspect that he or she may be under the influence of a controlled substance.

- any substitute, student or peripatetic teacher has access to information regarding the school's policy and procedures in the event of a suspected drugs-related incident.

Overview of Drugs Education programme

In the Northern Ireland Curriculum (2007) drugs education is specifically included within the programmes of study for Personal Development and Mutual Understanding (PDMU). Strand one of the PDMU programmes of study focuses on personal understanding and health and makes provision for a drugs education programme.

Programme aims and objectives

Strand one of the PDMU programme of study states that...

At Foundation Stage and Key Stage 1, children should have opportunities to:

- understand that medicines are given to make you feel better but some drugs are dangerous.

At Key stage 2: children should have opportunities to:

- learn about the harmful effects of tobacco, alcohol, solvents and other illicit and illegal substances.

At each key stage different year groups may take responsibility for addressing a specific area of the drugs education programme.

Outline of Programme

The CCEA resource Living Learning Together covers issues and topics related to drugs, particularly in the yellow units.

Year 1

“Taking Care of Me” Yellow booklet

- Activity 1 – Things I put in my body, the children will learn and know the Keeping Safe Message – Never taste or out anything in your mouth unless you know it is safe.
- Activity 5 – Things I put on my body, the children will identify common things that they put on their skin and will explore and name things that are safe and those that may be harmful.
- Activity 6 – ‘Miss Polly’, the children will recognise and name the potential dangers of sharp objects and medicines and discuss rules for keeping safe with medicines.

Year 2

Yellow booklet

- Activity 2 – Things I put in my body, the children will identify common things that go in our bodies and practise ways of keeping safe (related to food topic)

Year 3

Yellow booklet

- Activity 4 – Risks, the children will learn dangers associated with traffic, water, fire and electricity.

- Activity 5 “Danger” - Danger Cards Resource – in groups children talk about dangers and suggest ways they could respond safely – how would you respond to the risk?
- Make a poster – Don’t Touch Medicines
- Senses Topic – not to taste or smell substances other than Mum or Dad gives them.
- Activity 5 - Role Play Scenarios, eg what would I do if someone dared me to do something dangerous?

Year 4

- Activity 6 “Injections”, children will understand the purpose of planned inoculations and recognise the safety needed with regard to needs and syringes.
- Activity 4 – “Too much of a good thing”, the children will explore how some energy giving foods can be harmful if taken in excess.

Year 5

Yellow booklet

- Learning Activity 5 Resource G “Drinking”, children will understand the negative effects of excess alcohol intake.

Year 6

- Yellow booklet Learning Activity 2- Smoking: What Do You Think? (LLT Yellow book)
- Yellow booklet Learning Activity 3 Don’t Make it a Habit (Smoking)
- Yellow booklet Learning Activity 4: Alcohol
- Yellow booklet Learning Activity 5: What is a Drug?, children will know that medicines need to be used with care. Looking at the dangers of misusing illegal substances and prescribed medication.

Year 7

- Yellow booklet Learning Activity 5 “Hazards”, children will explore the dangers associated with hazardous substances and ways to prevent or minimise harm.
- Yellow booklet Learning Activity 1 Alcohol “How we see it”, children will examine and clarify some of their own attitudes about alcohol and will discriminate between fact and opinion
- Smokebusters
- PSNI Willpower activities

Procedures for managing drugs-related incidents

These actions should be followed by members of staff in the event of a suspected drugs-related incident.

Teaching, non teaching and ancillary staff

- Assess situation and decide action.
- Secure first aid and send for additional staff support if necessary.
- Make situation safe for all pupils and other members of staff.
- Carefully gather up any drugs and/or associated paraphernalia /evidence.
Pass all information/evidence to the designated teacher for drugs.
- Write a brief factual report of the incident and forward it to the designated drugs awareness teacher / Principal.

Designated Teacher for Drug Awareness

- Respond to the designated emergency first aid teacher’s advice/recommendations regarding the incident.

- In the case of an emergency inform parents/guardians immediately.
- Take possession of any substance(s) and associated paraphernalia found.
- Inform principal.
- Take initial responsibility for pupil(s) involved in suspected incident.
- Complete an incident report form and forward it to the principal.

The Principal

Determine the circumstances surrounding the incident.

- Ensure that the following people are informed where relevant:
 - Parents/guardians.
 - Community and Schools Involvement Officer (CSIO).
 - Board of Governors.
 - Designated Officer in NEELB.
 - Agree pastoral and disciplinary responses including counselling services/support.
 - Forward a copy of the incident report form to the chairperson of the Board of Governors and the designated officer within the NEELB if appropriate.
 - Review procedures and amend, if necessary.

It is the responsibility of the designated drug awareness teacher to ensure that members of staff are aware of these procedures and that they are clearly visible in school.

Emergency first-aid procedures

The following is the current advice from the Health Promotion Agency for Northern Ireland. *'Illicit Drug Use in Northern Ireland – A Handbook for the Professionals'* (2000) highlights what to do if someone is in difficulty as a result of misusing drugs.

If a drugs related issue occurs in school, a responsible adult will contact the parents / guardians of the child, the designated first aid teacher should be informed and the following actions should be taken:

- It is important to find out what has been taken as this could affect emergency aid, for example it will help the ambulance crew.
- If the person has taken a depressant drug, for example, solvents, alcohol, sleeping pills, 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 getting them to walk if possible, talking to them, or applying a cool damp cloth or towel to the back of their neck. They should not be given 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 airway if blocked, loosen clothing and call for an ambulance immediately. Keep checking on any changes to pulse and breathing rates.
- If they stop breathing, begin mouth-to mouth resuscitation. 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 out loud slowly. If hyperventilation occurs, that is they can't control their breathing, get them to breathe in and out of a paper bag if there is one available (not a plastic bag).

- If the person has taken LSD, they should be supervised in a darkened, quiet room to avoid sensory stimulation.
- 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 drugs and that the effects 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. This may take a long time depending on amount taken. If they show no signs of becoming calmer or they become hysterical, take them to hospital. Explain calmly to the person what is happening this will help decrease any feelings of panic.

Guidance for confiscation and storage of harmful substances

The law permits school staff to take temporary possession of a substance suspected of being a controlled drug for the purposes of protecting a pupil from harm and from committing the offence of possession.

The Misuse of Drugs Act (1971):

It is a defence to the offence of possession that, knowing or suspecting it to be a controlled drug, the accused took possession of it for the purpose of preventing another from committing or continuing to commit an offence and that as soon as possible after taking possession of it he/she took all such steps as were reasonably open to him/her to destroy the drug or to deliver it into the custody of a person lawfully entitled to take custody of it.

The teacher should take the suspected drug and any associated equipment and/or paraphernalia as soon as possible to the designated teacher for drugs who should arrange for its safe storage until it can be handed over to the local police to identify whether or not it is a controlled drug.

School staff should not attempt to analyse or taste an unidentified substance.

An adult witness should be present when confiscations occur and a record kept of the details.

Confidentiality

In the event of a drugs related incident Whitehead Primary School cannot promise total confidentiality. Information regarding any illegal activity that involves a controlled substance must be passed on to the designated drug awareness teacher, the school principal, the Board of Governors, the relevant employing authority (NEELB) and the PSNI.

Disciplinary measures

The principal retains the responsibility for deciding how to respond to a drugs related incident and what disciplinary measures to take in school. Disciplinary measures will be determined by factors such as the age of the pupil concerned, whether the incident involved one pupil or a group of pupils, whether there has been evidence of particular peer group pressure and the level of involvement e.g. using, supplying.

The needs of individual pupils will be considered and appropriate interventions / support mechanisms will be put in place.

Using outside agencies

As part of our drugs education programme, Whitehead Primary School may at times invite education and health professionals from statutory or voluntary organisations to talk to pupils during school. In this event parental consent will be sought for pupil participation. In accordance with our child protection policy a teacher will always be present during these activities and the school will ensure visiting individuals have been evaluated by the PSNI. (Access NI certificate)

Dealing with the media

Any media enquiries will be addressed by the principal or, in the absence of the principal, the vice -principal. An official statement will only be issued if necessary. Any response will ensure that the privacy of any pupil and his/her family is respected.

Monitoring and evaluation

If a drugs related incident occurs, once it has been resolved and if it has been deemed necessary, a review of this policy and its procedures will take place. The evaluation will be carried out by the principal and the designated drug awareness teacher who may seek feedback from parents, teachers and ancillary staff. If necessary, the policy will be amended and staff will be retrained.

Last Reviewed: February 2019

Next Review: January 2022

Appendices

i) Drugs: Guidance for schools in Northern Ireland (2004)

Example of a Drugs Education Programme

Key Stages 1 and 2

The following outline illustrates the topics that might be covered in a drugs education programme for all key stages. The outline is not intended to be definitive or prescriptive and there may be a degree of overlap in content between the key stages. Teachers will recognise that in this, as in other subjects of study, relationships exist between the development of knowledge and understanding, skills, attitudes and values. This outline is provided as a starting point for teachers' own thinking. The sequence in which ideas are presented is not intended to imply a prescriptive teaching order; that is a matter for teachers to determine according to the needs of their pupils.

YEAR 1

YEAR 2

YEAR 3

YEAR 4

SKILLS, VALUES AND ATTITUDES

Knowledge and Understanding

Basic information about how the body works, what goes onto and into the body, and ways of looking after the body.

Safe and unsafe substances used in the home and school and simple safety rules.

Medicines and tablets, the reasons people use them, simple safety rules and school rules.

People who can help pupils when they have questions and concerns.

Basic information about how the body works, what goes onto and into the body, and ways of looking after the body.

Safe and unsafe substances used in the home and school and simple safety rules.

Medicines and tablets, the reasons people use them, simple safety rules and school rules.

People who can help pupils when they have questions and concerns.

Basic information about how the body works, what goes onto and into the body, and ways of looking after the body.

Safe and unsafe substances used in the home and school and simple safety rules.

Medicines and tablets, the reasons people use them, simple safety rules and school rules.

People who through their work handle medicines and drugs, (for example, health professionals, chemists, shopkeepers).

People who can help pupils when they have questions and concerns.

Basic information about how the body works, what goes onto and into the body, and ways of looking after the body.

Safe and unsafe substances used in the home and school and simple safety rules.

Medicines and tablets, the reasons people use them, simple safety rules and school rules.

People who through their work handle medicines and drugs, (for example, health professionals, chemists, shopkeepers).

People who can help pupils when they have questions and concerns.

Introduction to the drugs which pupils may encounter and an understanding that all drugs can be harmful if not used properly.

All skills, attitudes and values should be inherent throughout the curriculum in all four years at Key Stage 1.

Skills

Personal likes and dislikes.

Being friends with others.

Communicating feelings and concerns about illness and taking medicines.

Following simple safety instructions. For example, actions which pupils need to take to keep themselves and others safe.

When and how to get help from adults.

Knowing how and why to say "NO".

Attitudes and Values

Respect and caring for oneself and valuing the uniqueness of one's own body.

Respect and caring for others.

Realising that it is sometimes appropriate and important to say "NO".

Realising that adults or older children are not always "friends".

ii) **Drugs: Guidance for Schools in Northern Ireland (2004)**

Factors Identified with Effective Drugs Education

Recent research has identified a number of factors, both positive and negative which impact on the effectiveness of drugs education programmes in schools. This research (Lowden and Powney 2000) suggests that when developing drugs education programmes schools should:

- Tailor the programmes to the age of the pupils;
- Create programmes that challenge pupils' views on drug use before the end of Key Stage 2;
- Identify needs in terms of drugs-related knowledge, attitudes and behaviour;
- Identify local patterns and prevalence of drug-use;
- Identify a range of clear and realistic intervention objectives which relate to individual and community needs;
- Identify drugs education programmes and approaches which are compatible with needs and intervention objectives as well as being feasible in relation to resources;
- Clarify expectations of, and support from, the school and wider community;
- Ensure that senior management and the school ethos support realistic interventions;
- Employ appropriate teaching and learning methods such as interactive and participative methodologies and avoid over-reliance on didactic approaches;
- Ensure interventions are appropriate for the developmental stage of the individual pupil(s) and are culturally sensitive;

- Evaluate the drugs education programmes using evaluation criteria that relate to the stated objectives.
- Involve families and the local community in the drugs education programmes, as this can increase the likelihood of its effectiveness and promote longer-lasting results.

- Maintain contact with local Education and Library Boards and other relevant agencies to keep up-to-date with information relating to drugs education.

The research also argued that drugs education programmes are likely to be less effective when:

- Incomplete, inaccurate or incomprehensible information is given.
- The possible factors that may have a role in initiating experimentation with drugs are not addressed.
- There is a lack of clear and realistic objectives.
- Only one isolated strategy is used. Drug misuse is likely to be multifaceted.
- Scare tactics are used.
- They are delivered in such a way that they seem to be imposed on the target audience.
- These are delivered by participants without adequate skills in dealing with children and young people.
- They are not an ongoing part of the school curriculum and
- They cannot be properly evaluated.

iii) Misuse of drugs act 1971. Main types of controlled drug by class.

	Class A	Class B	Class C
Principal drugs included	Opium Heroin/methadone Cocaine/Crack LSD Ecstasy Magic mushrooms (processed) Cannabis Oil (derived from herbal cannabis) Class B Drugs prepared for injection	Amphetamines, eg Ritalin Barbiturates Codeine	Mild amphetamines Anabolic steroids Benzodiazepines (minor tranquillisers, eg temazepan, diazepam) Some stimulant, anti-depressant and anti-obesity medicines Cannabis resin Cannabis herb GHB (Gamma-hydroxybutyrate)
Maximum penalties for possession	7 years and/or a fine	5 years and/or a fine	2 years and/or a fine
Maximum penalties for possession with intent to supply	Life imprisonment and fine	14 years and/or a fine	5 years and/or a fine 14 years (cannabis only)

- Although a Class C drug the maximum penalty for supply/possession with intent of cannabis is 14 years.
- Magic mushrooms are not illegal to possess or eat in their raw state, but it is an offence to process, dry, store or use them in tea, stew etc.
- 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)

- **Possession** – to knowingly be in possession of a relatively small quantity of a controlled drug for personal use. What constitutes a small quantity is left to the discretion of the police.
- **Possession with intent to supply another person a controlled drug** – possessing a larger quantity of a drug or packaging it in a way that indicates it is going to be supplied to others.

- **Supplying another person a controlled drug** – giving or selling drugs to someone else, including friends.
- **Supplying or offering to supply drug paraphernalia** – this includes equipment for smoking cannabis or crack cocaine, but needles and syringes are exempt.

iv) Monitoring and evaluation form for school drugs policy

1 Are you familiar with the school's Drug Policy?

Yes No Never heard of it

2 Have you received a copy of the school's Drugs Policy?

Yes No

3 Are you familiar with the school's drug education programme?

Yes No Never heard of it

4 Would you like to know more about the school's drug education programme?

Yes No

5 Would you be interested in any of the following? (Please tick)

receiving a copy of the school's Drugs Policy

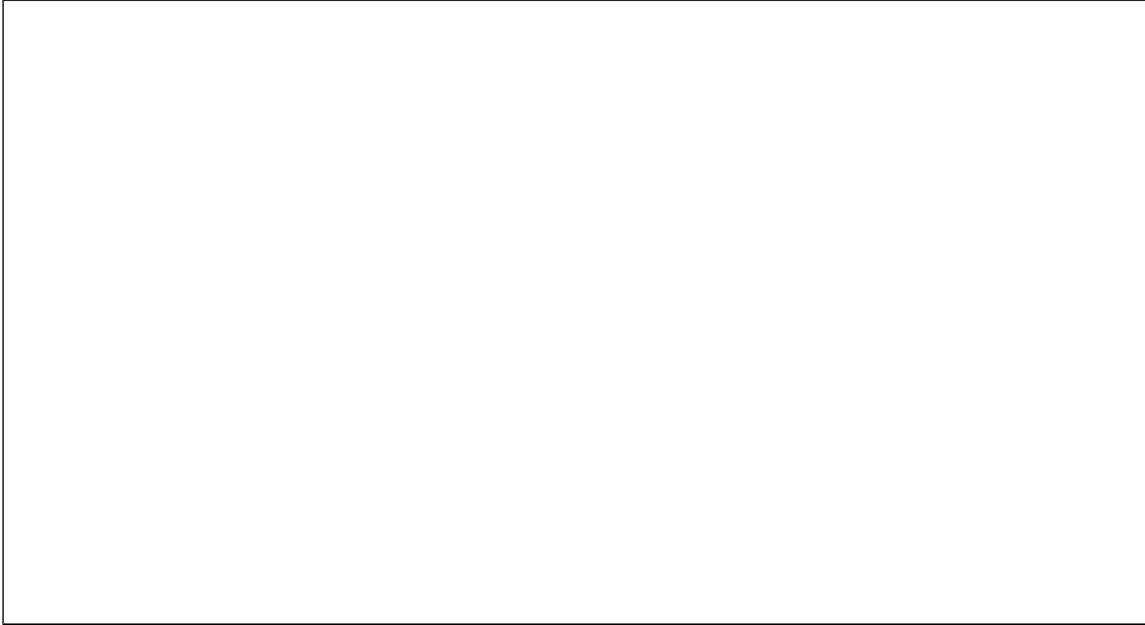
becoming involved in reviewing the school's Drugs Policy

attending an information session on the school's drugs education programme

having an opportunity to see the resources available or used in the school's
drugs education programme

receiving drugs information leaflets from the school

Comments (including suggested amendments)



1 Are you aware of the school's Drugs Policy?

Yes No

2 Have you received a copy of the school's Drugs Policy?

Yes No

3 Do you know who is the designated teacher for drugs within the school?

Yes No

4 Are you familiar with the school's position on: (Please tick)

Confidentiality

Procedures for inviting/using visitors

Procedures for dealing with an allegation of an incident of suspected drug misuse.

5 Do you think the school's Drugs Policy is workable?

Yes No

Please explain _____

6 Are you involved in delivering the drugs education programme?

Yes No

If no go to Question 11.

7 In your opinion which areas of the drugs education programme have been successful?

8 In your opinion which areas of drugs education have not worked well?

9 What, in your opinion, are the reasons for this? (Questions 7 and 8)

10 In your opinion what aspects of the drugs education programme are not meeting the needs of the pupils?

11 Have you participated in any in-service training about using active learning approaches in your teaching?

in the last year in the last 2 years in the last 4 years Never

12 Have you received any in-service training about basic drugs awareness or procedures for handling suspected drugs-related incidents?

in the last year in the last 2 years in the last 4 years Never

Training Needs Assessment:

How competent do you feel in each of the following areas?

Very.....Not Very

Trends in young people's drug use	1	2	3	4
Legal issues relating to drug use	1	2	3	4
Society's attitudes towards drug use	1	2	3	4
Approaches to drug and alcohol education	1	2	3	4
Interactive teaching methodologies	1	2	3	4
Building self-esteem	1	2	3	4
Dealing with drugs-related incidents	1	2	3	4
Specialised support available to pupils	1	2	3	4

C Questionnaire for Pupils

Section A: About You

1 Are you: Male Female

2 Do you live: in the town in the countryside

3 How many years have you been at this school?

5 years 4 years 3 years 2 years 1 year

Section B: Smoking

4 Have you ever smoked a cigarette?

Yes No If you've answered "No" – Go to Section C

5 What age were you when you smoked your first cigarette?

11 10 9 or younger

6 Do you still smoke?

Yes No If you've answered "No" – Go to Section C

7 How many cigarettes do you usually smoke in a week?

5 4 3 2 1

8 Do any of your friends smoke?

None of them Some of them Most of them

9 Do your parents/guardians allow you to smoke?

Yes No

Section C: Alcohol

10 Have you ever tasted alcohol (that is had a sip of it)?

Yes No If you've answered "No" – Go to Section D

11 What age were you when you actually had a "proper" drink rather than a sip or a taste?

11 10 9 Never had a "proper" drink

12 Do you still drink?

Yes No If you've answered "No" – Go to Section D

13 Do you usually drink something alcoholic:

At least once a week Once a month Only on special occasions

14 How many drinks do you usually have when you are out for the night?

None 1 or 2 Enough to get me drunk

15 Do any of your friends drink?

None of them Some of them Most of them

16 Where do you usually drink?

In a pub/bar At a club/disco In a park/public place

At home In someone else's home

Somewhere else (Please state _____)

17 Do your parents/guardians allow you to drink?

Yes No

vi) Contact details for NEELB drugs officer

Gill Bingham or Dolores Davidson

Antrim Board Centre

02894 482334

Gillian.bingham@neelb.org.uk

Dolores.davidson@neelb.org.uk

**vii) Contact Numbers for local Community and Schools Involvement Officers
(CSIO)**

Carrickfergus

Community & Schools Involvement Officer 028 9335 1880

Address

Carrickfergus DCU Ext 29819

16-18 Green Street

CARRICKFERGUS

BT38 7DT

Larne

Community & Schools Involvement Officer 028 2827 2266

Address

Larne DCU Ext 41055
2 Hope Street
LARNE
BT40 1UR

viii) Links to relevant websites

Main source

Drugs: Guidance for Schools 2004

<http://www.deni.gov.uk/index/80-curriculum-and-assessment/80-curriculum-and-assessment-drugsguidance-pg.htm>

Other documents for reference, background and further detail:

The Misuse of Drugs Act (1971) reclassification of cannabis and 'Legal Highs' (2009)

<http://www.ukcia.org/pollaw/lawlibrary/misuseofdrugsact1971.php>

<http://news.bbc.co.uk/1/hi/8218688.stm>

<http://press.homeoffice.gov.uk/documents/legal-high-facts2835.pdf?view=Binary>

Criminal Law Act (NI) (1967)

http://www.opsi.gov.uk/RevisedStatutes/Acts/ukpga/1967/cukpga_19670058_en_1

Police and Criminal Evidence (PACE) (Northern Ireland) Order (1989)

[http://www.nio.gov.uk/police_and_criminal_evidence_\(northern_ireland\)_order_1989_-_government_proposals_in_response_to_a_review_of_police_and_criminal_evidence_\(pace\)_in_northern_ireland_.pdf](http://www.nio.gov.uk/police_and_criminal_evidence_(northern_ireland)_order_1989_-_government_proposals_in_response_to_a_review_of_police_and_criminal_evidence_(pace)_in_northern_ireland_.pdf)

The Medicines Act (1968)

http://www.opsi.gov.uk/acts/acts1968/pdf/ukpga_19680067_en.pdf

Tobacco Laws

Sales

http://tobaccoalliance-ns.printplatform.co.uk/the_law_on_selling_tobacco.html

Smoking in Public Places

<http://www.nidirect.gov.uk/index/health-and-well-being/healthy-living/smoking-regulations-in-northern-ireland.htm>

Smoking (NI) Order 2006

http://www.opsi.gov.uk/si/si2006/uksi_20062957_en.pdf

N.I Licensing Order 1996

http://www.opsi.gov.uk/si/si1996/uksi_19963158_en_5.htm#mdiv60

Intoxicating Substances (supply) Act (1985)

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