

**Drug Policy**

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Introduction

This policy document has been prepared to assist and support PRISM Independent School staff in dealing with drug related incidents throughout their work in a variety of settings. These incidents are not a common occurrence but, if and when presented, it is important that workers are aware of their legal position, clear about the actions the organisation may require and that there is consistency throughout PRISM Independent School.

Drug education and work with drug users should either lead to a reduction of those using drugs or reduction in the associated harm from use. The Government’s The Year Strategy “Tackling drugs to build a better Britain” (1988) clearly outlines the vision.

“Create a healthy and confident society increasingly free from the harm caused by the misuse of drugs”

Drugs both legal and illegal are used by a variety of people for a variety of reasons. For some, the use is experimental, casual or recreational. For a minority of people, the use of drugs becomes problematic. However, and for whatever reason drugs are used, there are a number of risks associated with their use. There are the immediate risks to the individual affecting their health and social welfare. Drug use often contributes to tensions in other areas of an individual’s life, i.e. relationships, families, employment, social contact, behaviour, financial position, criminal record, etc.

As an organisation, we need to be able to recognise and respond to the incidence and nature of drug use in the communities in which we work. This means working within the legal framework, adhering to policy where indicated and developing a range of good practice which supports the achievement of the PRISM Independent School.

These guidelines provide a framework within which staff should be working. Having a clear policy, procedures and practice provides a foundation from which we can deliver the curriculum of the Service. Within our methodology and approach to working with those who use drugs we would seek to:

* Recognise a range of drug using behaviours including non-use, experimental, recreational and dependency.
* Recognise and address that all substances, both legal and illegal, pose potential risks and consequences as a result of use to the individual and others.
* Recognise that differing personal backgrounds and individual life experiences affect people’s vulnerabilities to and capacity for dealing with drug use and related harms.
* Contribute to reduction in the potential harm caused by drug use by providing accurate, clear and balanced information, through a variety of methods, to the individuals, groups and communications within which we work.
* Work a non-judgemental and non-coercive style, which aims to minimise the harmful effects of drug use rather than ignore or condemn drug users.
* Adapt and develop projects and curriculum content to respond to the specific and differing needs of race, gender, sexuality, disability and culture.
* Develop a range of responses to dealing with drug related incidents, which aim to reduce the harm caused by the drug use itself but also the consequence of any action taken. Too hasty or too limited a response or over reaction about a specific drug incident can often put the person’s health and well-being at greater risk than the original incident itself.

**DRUGS AND THE LAW**

This section gives outline information on the current law about drugs.

All workers within PRISM Independent School should be aware of the relevant legislation that applies to the “possession, supply or manufacture of controlled substance”. This section refers not just to illegal drugs but also the law and Acts concerning alcohol, tobacco and other drugs.

**Misuse of Drugs Act 1971**

Cocaine/Crack, Opiates (Heroin & Morphine), processes Magic Mushrooms, LSD, Ecstasy, Cannabis, Codeine, Amphetamines, Barbiturates, Tranquillisers, Anabolic Steroids and Methadone.

There are several major offences listed under the Misuse of Drugs Act. These are:

* Production
* Supply or attempt to supply
* Possession
* Possession with intent to supply
* Cultivation
* Opium Offences (I.e. preparation of and smoking of prepared Opium)
* Allowing premises to be used
* Obstruction, Incitement, Conspiracy, False Information, Assisting Criminal Activity.

Under the Act it is an offence for the ‘occupier’ of a premises (i.e. someone who has the authority to exclude persons from the premises) or a person concerned with the management of a premises to knowingly permit) or ignore clear evidence) that persons on the premises are:

* Producing (manufacturing) or attempting to produce controlled drugs
* Supplying or attempting to supply or offering to supply a controlled drug
* Preparing opium for smoking
* Smoking cannabis resin or prepared opium

The Misuse of drugs Act lists the drugs which are subject to control and group them into three categories and five schedules. The classes determine criminal penalties.

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| **Class A drugs:** | |
| **Cocaine/Crack, Methadone, LSD, Opiates (inc. Heroin), Ecstasy (MDMA), Magic Mushrooms (prepared), any Class B drug prepared for injection** | |
| Possession: | Min – 6 months and/or up to £5,000 fine  Max – 7 years and/or unlimited fine |
| Supply/Dealing: | Min – 6 months and/or £5,000 fine  Max – Life and/or unlimited fine |
| **Class B drugs:** | |
| **Amphetamine, Barbiturate, Codeine**  **N.B: Class B drug in injectable form is treated as a Class A drug** | |
| Possession: | Min – 3 moths and/or up to £2,500 fine  Max – 5 years and/or unlimited fine |
| Supply/Dealing: | Min – 6 months and/or £5,000 fine  Max – Life and/or unlimited fine |
| **Class C drugs:** | |
| **Distalgesic, Temazepam, Clauim, Supply of Anabolic Steroids/Tranquillisers/Cannabis/Cannabis Resin** | |
| Possession: | Min – 3 months and/or up to £1,000 fine  Max – 2 years and/or unlimited fine |
| Supply/Dealing: | Min – 3 months and/or £2,500 fine  Max – 14 years and/or unlimited fine |

These are the maximum penalties a Crow n Court can impose. It is important to realise that maximum sentences will depend on previous offences and other factors. They are not automatic. Many controlled drugs have medical uses, so the Misuse of Drugs Act places them into five schedules, which control their uses.

**Schedule 1**

These are the most controlled drugs and are not authorised for medical use and Doctors cannot prescribe them. They can only be supplied, possessed or administered with a Home Office Licence. Unlicensed possession and supply is an offence. Includes: Raw Opium, LSD, Cannabis, Ecstasy.

**Schedule 2**

These drugs are considered to have medical use and are prescribed to people. The person who is prescribed them can legally possess them. Unlicensed possession and supply is an offence. Include: Heroin, Morphine, Methadone, Amphetamine, Cocaine, Quinalbarbitone (Barbiturate).

**Schedule 3**

These drugs are treated much as same as Schedule 2 and are prescribed. Includes: Temazepam, Barbiturates (except Quinalbarbitone).

**Schedule 4**

It is legal to possess these drugs in the form of a medicinal product without prescription, but it is illegal to supply them. Includes: Benzodiazepines (except Temazepam i.e. Diazepam, Lorazepam, Nitrazepam), Anabolic steroids.

**Schedule 5**

Some controlled drugs included in preparations in small quantities can be bought ‘over the counter’. These are drugs that are considered to have little risk of illicit use and can be legally possessed. Once purchased, they cannot be legally supplied to another person. These drugs include well-known cough medicines and mild painkillers.

**Medicines Act 1968**

Ketamine, Anabolic Steroid (it is not illegal to possess steroid for personal use but is illegal to supply – Class C penalties apply), Amyl, Butyl and Iso-butyl Nitrate (poppers) and GHB.

The legitimate manufacture and supply of medicines are divided into three categories:

* **Prescription Only** – the most restricted, can only be dispensed by a pharmacist if prescribed by a doctor. Supply of prescription drugs is an offence without a license.
* **Pharmacy Medicines** – can be dispensed without a prescription but only by a pharmacist.
* **General Sales List** – the least restricted, can be dispensed without a prescription by any shop.

Some prescription only medicines are also controlled by the Misuse of Drugs Act (i.e. most anabolic steroids, the tranquilliser Tamazepam). Some prescription only medicines (such as other tranquillisers - Ketamine) are not controlled by the Misuse of Drugs act and so can be legal to possess without a prescription, even where they can only be obtained on prescription. Supply from other than Pharmaceutical outlets is technically a civil offence against the Medicines Act.

**Licensing Act 1964**

**Alcohol**

The Licensing Act 1964 controls the sale of alcohol. It states that it is an offence to supply alcohol to a young person under the age of 18 in licensed premises. It is also an offence for a young person under the age of 18 to buy, attempt to buy or drink alcohol in licensed premises (restaurant, pub or hotel).

Between the ages of five and sixteen they may only drink in a private place. Children may enter a pub at any age in the company of a person over the age of 18 if the licensee holds ‘a children’s certificate’ but may not drink alcohol. Once aged 14 young people may enter a bar on their own but can only buy soft drinks. Supply to an under five year old is always illegal unless given upon order of a GP in the case of sickness, in urgent cases.

**Children/Young Person’s Act 1963 (amended 1968/91)**

**Tobacco**

The Children and Young Person’s Act 1963 and the Protection of Children (Tobacco) Act 1986 both state that the sale of tobacco products to a young person under the age of sixteen is an offence. It is not an offence to *give* a cigarette to an under sixteen year old. It is not illegal for young people to smoke at any age in private, however, uniformed Police Constables and park keepers can seize all tobacco and cigarette papers from under sixteen year olds seen smoking in a street or public place.

**Intoxicating Substances (supply) Act 1985**

**Solvents**

Under the intoxicating Substances Supply Act (1985) it is illegal for a retailer to sell any substance (i.e. solvents) to a young person under the age of eighteen years when there is reasonable suspicion that the substance maybe used for the purpose of intoxication. Sniffing solvents in a public place is also likely to be considered a Breach of the Peace.

**Consumer Protection Act (1987) Section 11 (1) (b) (amended 1/10/99)**

Gas lighter refills

From October 1st 1999 it became an offence for shops to sell gas lighter refills to young people under the age of 18.

**Drugs not controlled by the Law**

Unprepared Magic Mushrooms, Khat and Caffeine.

**Police and Criminal Evidence Act 1994 (PACE)**

PACE provides police with extended and new powers. In relation to drugs and PRISM Independent School, the relevant pasts of the Act relate to Stop and Search (when out of a centre) and search on Premises.

**Stop and Search**

Concerns the searching of a person without first arresting them. Police have the power to stop and search individuals or vehicles in relation to a number of offences including drugs. Before carrying out a search (either an individual or vehicle) the police must have reasonable grounds for suspicion which cannot be based on individuals clothing, hairstyle, colour or the fact than an individual is known to have other convictions.

Before carrying out the search the officer must inform the individual of:

* His/her name and the police station
* The purpose of the search
* The grounds for undertaking the search
* That they are entitled to a copy of the record of the search

The Act only requires the person to give their name if they have committed an offence or if the police officer claims have reasonable suspicion that they may have. The officer should make a written report following the search and the individual is free to go unless they are arrested.

**Entering and Searching premises**

PACE outlines powers to enter and search premises in connection with any arrestable offence including drug offences. Police can enter if they have:

* A valid warrant
* Reasonable suspicion that an offence has been committed and a reasonable suspicion that the suspect is present
* Permission from the person entitled to grant entry
* On and immediately following the arrest to search the premises that the person was in at or before arrest to search for evidence relating to the offence.

Before asking consent the officer must:

* State the purpose of the proposed search
* Tell the person they are not obliged to consent
* Tell a person who is not suspected that they are not under suspicion
* Inform the person that anything seized may be produced in evidence

The police officer must contain the search to the extent of searching for evidence relating to the offence and only seizes items connected to the offence. A record of any goods seizes should be given.

**POLICY AND GUIDELINES FOR GOOD PRACTICE**

Throughout this section:

**P** refers to **Policy**

**G** refers to **Guidelines for Good Practice**

**Section 2**

1. Relating to Drug Use on Premises
   1. Relating to the use of controlled drugs
   2. Other Drugs
   3. Alcohol and Solvents
   4. Prescribed Drugs and Painkillers
   5. Admission of Drug Users
   6. Smoking
   7. Police Entry
2. Disposal of Syringes
3. Recording Drug Related Incidents
4. Medical Treatment
5. Work in Other Settings
   1. Detached/outreached/street work/home visiting
   2. Working in Schools
6. Confidentiality

Outcomes in the light of Policy and Guidelines

1. **Relating to Drug Use on Premises**

‘Premises’ is taken to mean any property and ‘land associated with’ on/in which the staff member is working with groups i.e. rented buildings, land associated with buildings (i.e. car parks, fields), residential centres, mobile units, minibuses, etc.

**1.1 Relating to the use of controlled drugs (those covered by the Misuse of Drugs Act) on the premises**

That premises are not used for the production, *supply* or *attempt to supply* of controlled drugs.

That premises are not used for opium smoking or the smoking of cannabis, cannabis resin or prepared opium.

That where this occurs the persons seen to be *producing, preparing or taking controlled* drugs should be asked to stop immediately and/or leave the premises.

If the person refuses to stop/leave the police should be called to assist in the person’s removal. Should the police subsequently request statements from staff these should be given.

If a person makes it evident that they are in possession of small amounts of controlled drugs for their own use it is acceptable for a worker to:

1. Personally supervise (with another staff witness present) the destruction of the drugs by the person in possession and record the incident.
2. A worker can receive the drug from a person in order to destroy it. Both the transfer of the drug to a worker and its destruction should take place in the presence of two workers and be recorded.
3. Call the police to remove the substance. The worker does not have to give information to the police though they must be careful not to obstruct the police or become an accessory to criminal activity.

Under no circumstances should a worker keep the drug in their own possession.

The police should be contacted immediately if controlled drugs are being supplied/dealt on the premises.

Any incident of possession, intent to supply or supply should be recorded confidentially and line managers informed of the incident and the course of action taken (see Relating to Records 3.0).

Workers should not search a person even if they suspect them of carrying drugs or alcohol.

There may be circumstances where a person needs to take a *controlled drug* on prescription whilst attending a PRISM Independent School (i.e. Methadone on a residential). In such a situation workers should discuss this with the line manager, any appropriate drug services/treatment services and the person concerned to find an appropriate and agreed method of collection, storage and administration. Workers may need to assess programme content in the light of this as some prescribed drugs may restrict full participant in some activity.

Workers are encouraged to intervene in any drug incident in ways which will encourage positive communication with those using drugs which potentially offers the opportunity for them to address drug use issues, seek support, etc.

Workers are encouraged to intervene in any drug related incident in ways which will create minimum harm to themselves, other workers and the other people involved in the situation. It is not expected that workers will put themselves at risk of personal injury. Where assistance is required or a situation is getting out of hand workers should contact the police.

* 1. **Relating to other drugs on the premises**

Some other drugs are not controlled by the Misuse of Drugs Act or scheduled and thus *possession* *and use* of them is an offence. Drugs in this category include unprepared Magic Mushrooms, Poppers (amyl, Butyl and Iso-butyl Nitrite), Khat, GHB and Ketamine. But some of these drugs are classed as medicines and come under the Medicines Act and though possession can be legal, under the Medicines Act are an offence to *supply*.

Workers should ensure that premises are not used for the consumption of such drugs.

Where this occurs the person seen to be using such drugs should be asked to stop immediately and/or asked to leave the premises.

If a person makes it evident that they are in *possession* of such drugs for their own use the worker can ask them to destroy it in their presence, receive it from that person in order to destroy it or ask the person to leave.

Where a person is seen to be **dealing** or *supplying* such drugs on the premises they should be asked to stop and/or leave the premises.

Any incident of possession, intent to supply or supply should be recorded confidentially and line managers informed of the incident and course of action taken.

In dealing with any such incident workers should assess the risk to the individual should they be asked to leave at that point, particularly if they are under the influence of the drug, and act to ensure the safety of that person.

* 1. **Relating to alcohol and solvent use on premises**

There may be occasions when alcohol is consumed on the premises as part of an organised event. Workers should ensure that they operate within the law in relation to the consumption of alcohol on premises – this should take into account legal age limits, appropriateness of event and/or setting, local by-laws and any licence/requirements which covers the building or event, etc.

Outside particular occasions or events alcohol should not be consumed on premises. Where this happens the person should be required to stop/leave immediately.

Alcohol should not be consumed in any PRISM project, vehicle or private vehicle on PRISM business.

Persons consuming solvents on the premises should be required to stop and/or leave immediately.

Workers are encouraged to intervene in ways which will create minimum harm to themselves, other workers and other people involved in a situation which could become confrontational and possibly physically violent. It is not expected that workers will put themselves at risk of injury.

Workers may assess that the person may be at risk if intoxicated and asked to leave the building at that point. Workers should take appropriate action to ensure the safety of that person (i.e. monitoring person within centre/project, calling parent/guardian, First Aid, etc.).

* 1. **Relating to prescribed drugs/painkillers on premises**

Prescribed drugs should not generally be brought on to the premises unless the person requires them at some point throughout their attendance at session/project.

It is acceptable for workers to look after prescribed drugs in a safe place for service users and to hand them back when required. It is good practice, dependent on the age of the user and the drug being used, to oversee the taking of the drugs.

Workers should not give painkillers to young people.

Workers should take note of any prescribed drugs which persons are taking then medical information is available. i.e. parental/guardian permission forms for trips or residential.

**1.5 Relating to the admission of drug users to premises**

People should not be excluded from PRISM Independent School premises/projects solely on the grounds that they are known drug users or that they appear to have been taking legal or illegal drugs.

If a person seeks admission to the premises when they appear to have recently taken drugs an important consideration is the safety of the person concerned. The person may be ‘at risk’ and may be admitted to the premises rather than turned away provided their entry would not endanger other occupants of the premises, including staff.

Consider the condition of the individual and assess the risk both to the individual, to staff and other users. The person may require supervision or medical treatment.

If a person is excluded from the premises as a result of unacceptable behaviour due to drug use or where there has been evidence of possession, this exclusion or ban should not readily be used and should always be discusses with the line manager.

All staff should be informed of any temporary exclusion.

* 1. **Relating to smoking on the premises**

PRISM Independent School has a policy of no smoking on its premises. In addition the following apply when using all premises.

Smoking is not allowed where there are specific health, hygiene or safety hazards or where special safety precautions are required (i.e. designated areas where food is prepared, areas where flammable substances are used, stored, produced, etc.). This applies to any person, employee, visitor, client, etc.

Smoking is prohibited in PRISM Independent School vehicles.

It is prohibited for workers to give cigarettes to or accept cigarettes from young people or service users.

PRISM Independent School staff are significant role models for young people, as such staff are **no to smoke** in the company of young people during work contact times.

* 1. **Relating to entry of police to premises**

Where the police seek entry to the premises, workers should identify themselves, ask for police identity, names, station and numbers and respond in an appropriate and professional manner.

If the premises are entered for the purpose of arrest an/or search, a worker should co-operate and respond in a manner which enables this to happen with as little confrontation as possible and maintain an appropriate professional manner.

Whilst there is no legal obligation to report an offence or give information to police about an offence, workers must ensure that through their actions they do not become an accessory to criminal activity or ‘obstruct’ the police. ‘Obstruct’ has a technical meaning i.e. giving false information to the police or preventing arrest by hiding a person or destroying drugs which are the subject of a police search.

If the police seek entry the worker should make a detailed notes of what happened including any items seized which should be signed, dated and witnessed. The line manager should be informed of action taken as soon as possible.

If the police require to speak to a person or to search for evidence, workers should consider the following:

* Finding space in which conversation can happen in some privacy and with the least disruption possible.
* That they know when and how to support the person in relation to the police and the roles and responsibilities are clear to all concerned.
* Maintain professional boundaries and behaviour.

If a person is arrested the worker will need to decide what role they can/may/need to take with that person - if any, and to make this clear, if the person is under 17 they have the right to an ‘Appropriate Adult’ – an adult who accompanies a young person to the police station and who has the role of ensuring that the young person knows what is happening, advise the person being questioned, observe whether the interview is being conducted fairly and to facilitate communication. This role has a legal implication. Depending on the level of relationship with the young person and the level of training it may be appropriate for the worker to take this role.

1. **Relating to disposal of syringes**

Workers must act with extreme caution when finding or taking into their possession a syringe. Blood residue in used or dirty needles could be infected with a number of viruses including HIV and Hepatitis B or C. the syringe should be removed to a safe container preferably by the use of tong whilst at all times taking care not to come into contact with the needle. If a purpose made container is not available, a used drink can will serve as a temporary substitute. At the earliest opportunity the container and its contents must be handed in at the nearest point of disposal.

1. **Recording Drug Related Incidents**

When working with young people and community groups a worker should maintain records of drug related work and any dealing of drug related incidents. These should be kept in a secure place. Such records are technically the property of PRISM Independent School and can therefore be required by the worker’s line manager at any time as a basis for reviewing the progress of the worker in the context of management supervision.

In order to protect confidentiality and the consequences which may result if the workers nots were mislaid or stolen, it is recommended that some form of simple coding be used to protect the identity of the persons referred to in the workers records.

1. **Relating to medical treatment**

Where a person is clearly in need of medical attention as a result of drug use an ambulances should be called and as many helpful details given to the ambulance crew as possible including:

* Name and address of person (if known)
* Parental contacts (if known)
* Details of what happened
* Any residue of drugs taken

Where a young person needs medical attention workers should inform a parents/person with parental responsibility that the young person in question has been/is being taken to hospital. Workers should be aware of confidentiality and how much and what information they pass on.

On trips away from projects (i.e. residentials, trips out, etc.) workers should ensure that each young person has a signed permission letter giving parental permission for emergency medical treatment should the need arise.

In the absence of a parent/person with parental responsibility being available to go with the young person to hospital, it is good practice for a worker to accompany the young person in the ambulance until the parent/person with parental responsibility arrives.

1. **Relating to working in other settings**
   1. **Relating to street based work/home visiting**

Workers should not put themselves at unreasonable risk. Where workers are in the company of the use of either legal or illegal drugs the worker must assess:

* The risk to the worker – both legal and physical
* The risk to the other person using the drugs – both legal and physical
* The nature of the relationship and setting being worked in and therefore appropriate action to be taken.

In line with the ‘Safety of the Workers’ document, workers should be provided with appropriate equipment to facilitate their own safety and should include:

* A mobile phone with pre-recorded emergency contact numbers or phone card with an emergency contact list.
* Agreed tracking systems including details of venues to be visited, estimated times of working and log on/log off arrangements and on-call support
* Personal attack alarms or personal screech alarms
* Identity cards

It is not an offence to be in the company of people using illegal drugs although it is an offence for those people to be in possession of those drugs. Workers should be aware that if police arrest a group with whom they are with on the street for possession/supply then they too may be arrested. It is therefore good practice to make workers known to the police prior to the commencement of any detached/outreach work.

* 1. **Relating to work in schools**

Schools will have their own policy for dealing with drug related incidents. Before commencement of any work in schools or with schools (i.e. residentials) it is good practice to discuss with the school:

* Whose policy is to be worked to
* Confidentiality and its boundaries
* Procedures regarding known use/possession/supply
* Child protection issues

A written agreement with the school will assist to clarify roles and responsibilities

When delivering a drug education curriculum in school consideration should be given to identifying a key teacher within the school to support the work being done and with whom the work can be discussed and any concerns can be raised (i.e. materials and content, issues raised through delivery of the work).

1. **Relating to Confidentiality**

Many young people experiment with alcohol and some experiment with other legal and illegal drugs. This may not take place on PRISM Independent School premises but workers may be aware of such activity through the disclosure of young people wither through informal conversations, specific projects or through seeking information. These disclosures are enabled by a relationship of trust between workers and young people. This relationship is fundamental to the service. In working around the issue of drug use workers must look to the welfare of those using drugs as the primary consideration but must also take care not to over react to drug use which incurs little apparent risk of harm. Workers should encourage those they work with to make their own choices about how they deal with drug related issues and should support them in any positive decisions they take.

There may be occasions when it becomes clear that the use of drugs has gone beyond experimentation. It is crucial to know how and when to intervene.

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| **P** | Workers are referred to the Confidentiality Statement and Child Protection Guidelines of PRISM Independent School for specific guidance regarding the nature and boundaries of confidentiality. These should be made clear to young people using the service. |
| **P** | Often a young person may approach a worker for information regarding drugs and drug use. Confidentiality should be maintained if a young person approaches the service for simple advice or information about drugs. Young people are entitled to seek such information without the consent of a parent and services are under no legal obligation to inform parents or other agencies that a young person has sought advice. However, young people should be made aware that if, whilst seeking advice and information they indicate they are at risk of serious harm, a worker will have to consider whether it is in the young person best interests to disclose this information to a third party although this would not happen without their prior knowledge. They should know that if it becomes necessary for health and safety reasons for a worker to speak to a third party, contact may be made without their consent. Depending on the individual and their circumstance this could be to parents or another agency. Workers are referred to the guidance contained in the Child Protection Policy for good practice in doing this. In the first instance where there is concern for a young person regarding drug use this should be discussed with line managers in order for workers to seek appropriate guidance and support and supervision and the young person made aware of this.  The issue of contacting parents/persons with parental responsibility may emerge as a consideration in some circumstances. Factors which raise this issue may include the age of the young person, drugs being used, regularity of use, etc. workers should support and encourage young people in any decisions they may make to tell parents of any problems they are experiencing. This may include accompanying a young person in meeting with the parent(s) and trying to secure their understanding of the issues and positive support for young person involved. However, for a variety of reasons, some young people find this difficult or refuse to do so. Their views should be respected, unless there are exceptional circumstances which it is deemed necessitate contact. Alternatively a worker may consider that family relationships may not be beneficial to the welfare of the young person concerned. In the first instance the situation should be discussed with line managers before any decision to contact parents is taken.  Within communities there are several agencies who are skilled and equipped in working with those for whom the use of drugs has become problematic or chaotic. It is good practice to build up a knowledge of these services and the range of responses they offer and be able to use them as source of information and support and, if appropriate, a source of referral. |

**INFORMATION AND REFERENCE**

This section provides a quick reference point for essential drug facts, procedures and contacts.

**Section 3**

**Information & Reference**

Drug Facts

First Aid Procedures

National Drug Agency Contacts

Drug Agency Contacts

National Curriculum Key Stages

Glossary of Terms

Further Information & Reading

**Information & Reference**

**Drug Facts**

When a drug is used by an individual the effects upon that person may vary depending on several factors including:

* The drug used and the amount
* The expectations of the user
* The setting in which the drug is used
* Individual tolerance
* The way in which the drug is taken (i.e. smoked, swallowed, injected)
* Whether other drugs are being used at the same time
* The age and gender of the user
* The body weight/mass of the user
* Amount of food ingested at the time of drug use

It is often difficult to tell if young people are using drugs – whether for the first time or occasionally. Many of the ‘signs’ and ‘symptoms’ are just like the normal signs of adolescence and growing up. The following offer some guidance and changes to a person which may indicate drug use but conclusions should not readily be drawn without observation, knowledge of the young person and evidence!

* Sudden and regular mood changes
* Gradual loss of interest in friends, school hobbies
* Sudden appearance of new friends
* Usually tired
* Bouts of talk able, excitable and overactive behaviour
* Flushed face and eyes
* ‘Wraps’ (square folds of paper) cling film, foil, small plastic bags
* Money and other objects going missing
* Increased evidence of secretive behaviour and/or lying
* Cigarette papers
* Loss of appetite

The following offers some brief information about drugs, effects and associated risks. More in-depth information is available via leaflets, etc., available throughout the Service.

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| **Drugs** | **Scientific Trade/Slang Names** | **How Taken** | **Effects/Risks** |
| Alcohol | Ethanol, Ethyl Alcohol, Booze, Alcohol brand names | A swallowed liquid | Relaxation, increased confidence, loss of inhibitions/elf control, behaviour becomes clumsy, tiredness, blackouts leading to coma and death. Can lead to dependency and damage to brain, liver and stomach. |
| Amphetamine | Speed, Whizz, Uppers, Dexedrine, Ritalin, Sulphate | Powder swallowed or dissolved in drink, injected | Stimulation, confidence and energy with alertness. Nervousness, panic, damage to organs, loss of sleep and appetite. |
| Amyl Nitrite | Poppers, Rush, Liquid Gold | Vapour inhaled through nose | An immediate and short lived effect, including a rush of ‘blood’, reduction of inhibitions and relaxation of muscles. Headaches, nausea, fainting. Blood pressure reduces, heart rate accelerates. |
| Anabolic Steroids | Brands such as Dianabol, Decadurabolin, Nandrolone | Swallowed as pills or injected | Used in improve physique, muscle bulk and athletic performance. other effects include increased aggression and sex drive, menstrual abnormalities and deepening voice in women. |
| Barbiturates | Sleepers, Downers, brands such as Amytal | Generally swallowed thought some are injected | Slows brain activity causing relaxation and sleepiness. Judgement is impaired and high overdose potential leading to death. |
| Caffeine | Coffee, chocolate, soft drinks, tablets | Swallowed or eaten | A stimulant that increases alertness, delays sleep, can cause anxiety and nervousness. |
| Cannabis | Blow, Pot, Draw, Grass, Weed, Hash, Hemp, Ganja | Smoked as cigarette/pipe or added to food | Relaxation and alters perception, high doses lead to hallucination. Short-term memory loss, links with cancer and reduction in male virility. |
| Cocaine | Coke, Snow, Charlie | Usually snorted up the nose, also injected | A powerful and short acting drug that increases alertness provides feelings of great confidence and strength. Problems include mental illness, both short and long term as well as potential damage to organs and nasal passages. |
| Crack Cocaine | Rocks | Smoked in pipe/heated on foil, inhaled vapours | Crack has similar though more potential effects which affect the user for a very short time approx. – 15 minutes. Problems same as cocaine. |
| Ecstasy | Methylenedioxymethamph etamine (MDMA), E, XTC, Doves | Swallowed as tablets | Provide stimulation and empathy, alters sensory perception in sight, sound and touch. Nausea, sweating, raise body temperature, may lead to heart-stroke, coma. Long-term damage to organs |
| GHB | Gamma Hydroxy Butyrate, Liquid E, Liquid X | Swallowed liquid/tablet | Can last 12 hours euphoria, relaxation, drowsy. Increased sex drive. Muscle spasms, poisoning, cardiac arrest, coma, amnesia. |
| Heroin | Smack, Skag, H, Brown, Gear, Tack, Yack | Smoked, sniffed or injected | Warm, drowsy, euphoric. Drug causes physical dependency, constipation and overdose leading to coma/death. Injecting drug causes dangers of infection including HIV and Hepatitis. |
| Ketamine | Special K, Green | Injected powder snorted, crystal smoked | An anaesthetic used by vets for animals. Out of body experience, increase energy, flashbacks, aggression, hallucinations. Affects vision, causes nausea. |
| Khat | Green leaves, herbs, Horn of Africa, Arabian Pen | Chewed | Increase in confidence, alertness, and energy. Loss of appetite, cancer of the mouth, impotence, low sperm count. After: depression, aggression, lethargy. |
| LSD | Lysergic Acid, Diethylamide Acid, Trips, Microdots | Drug ingested orally | Heightened sensory experience, hallucinations. Dangers – mental illness, paranoia, depression. Immediate problems include panic attacks, dizziness, disorientation and ‘bad trips’, flashbacks or re-living experiences can occur at any time. |
| Magic Mushrooms | Contain drug Psilocybe. Mushies, Liberty Caps, Elf caps | Swallowed raw, cooked or brewed into a drink | Altered sensory perceptions with possible hallucinations. Nausea and sickness, possible poisoning if wrong type of mushroom taken. |
| OTC Medicine (over the counter) | Codeine, Paracetamol, Ephedrine, Antihistamine | Swallowed pills, liquid, sprays into nose | Various effects including euphoria and stimulation. Overdose can lead to coma and death and irreparable damage to organs. |
| Solvents | Gases, glues, aerosols, tippex, spirit pens, petrol | Vapour inhaled through mouth/nose | Light headedness and hallucinations. Problems include sudden death, nausea, vomiting, asphyxiation and accident injury and death. |
| Tobacco | Cigarette, cigars, snuff, smokes, fags, ciggies | Generally smoked, snuff snorted | Stimulant – nicotine. Causes alertness, used as a relaxant, causes cancer, heart disease and ulcers, can affect unborn foetus in pregnant women. |
| Tranquillisers | Valium, Mogodon, Librium | Swallowed as a tablet, may be injected | Calms and sedates, reduces anxiety and promotes sleep. Causes lethargy and dependency. Extremely dangerous when mixed with alcohol. |