



Dilseacht don Fhíor agus don Dúchas

Scoil Ailbhe Naofa



St. Ailbe's School

Policy Document

On

Substance Mis-Use

Dilseacht don Fhíor agus don Dúchas

Scoil Ailbhe Naofa

St. Ailbe's School

SUBSTANCE MIS-USE POLICY

March 2008

TABLE OF CONTENTS

	Page No:
Section One - Introduction	3 - 7
Section Two - Education	8 - 9
Section Three - Managing a Substance Mis-use Incident	10 - 15
Section Four - Training	16
Section Five - Monitoring and Evaluation	17
<u>Appendices</u>	
1 - Signs and Symptoms of Drug Use	
2 - Emergency Procedures	
3 - Glossary of Terms	
4 - Alcohol	
5 - Tobacco	
6 - Solvents	
7 - Cannabis	
8 - Magic Mushrooms	
9 - Ecstasy	
10 - LSD	
11 - Heroin and Other Opiates	
12 - Illegal Use of Prescribed Drugs	
13 - Drugs and the Law	
14 - Report Form for Recording Incidents Involving Alcohol, Tobacco, Volatile Substances and Illegal Drugs	
15 - Medical Checklist at Enrolment to School	
16 - Emergency Procedures in the School Situation	
17 - Directory of Services	

SECTION ONE

INTRODUCTION

SECTION ONE

INTRODUCTION

Policy Context

The National Drugs Strategy 2001-2008 sets out a detailed programme of action to be implemented by Government Departments and Agencies to combat the very serious problem of drug mis-use in our society.

The Drug Strategy highlights the important contribution that schools can make in the area of education and prevention, and requires them to have Substance Use Policies in place. The central objective of a School's 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 representing an integrated community based response. A School Substance Use Policy addresses both education concerning alcohol, tobacco and drugs and the procedures for managing incidents relating to these substances. It is recognised that a School Substance Use Policy be developed through existing consultative structures within a School and build on existing School Policies and Plans.

Why a Policy on Substance Use?

- ❑ The world in which we live presents young people with many challenges that affect their health and well-being. Exposure to alcohol, tobacco and drugs is part of this reality. Schools need to reflect upon how they might provide for the needs of their student cohort and respond appropriately to what are sometimes sensitive and emotive issues.
- ❑ The Education Act (1998) provides that Schools should promote the social and personal development of students and provide Health Education for them.
- ❑ The National Drugs Strategy, 'Building on Experience' is now Government Policy and it requires Schools to have a Substance Use Policy in place.
- ❑ The recent report from the National Advisory Committee on Drugs entitled 'Drugs Use Prevention' (November 2001) underlines the importance of Schools developing Substance Use Policies.
- ❑ The 1999 the European School Survey Project on Alcohol and Other Drugs (ESPAD) Report highlighted the seriousness of the problem among sixteen-year olds in Ireland, as compared to the other twenty-nine ESPAD Countries surveyed.

St. Ailbe's School Position and Ethos

St. Ailbe's Mission statement

We will:

- provide a safe supportive learning environment to enhance the holistic development of every student.
- encourage learning and achievement in a progressive setting using ongoing positive communication, while delivering the curriculum in a professional manner.
- nurture a culture of respect in the student and school body by providing leadership in a well managed school.
- foster ongoing links with the wider community both socially and educationally.

St. Ailbe's is committed to addressing the needs of all students who participate in the process of learning via Schools, Education Centres and Community Facilities in relation to substance mis-use. St. Ailbe's position is to provide a health promoting ethos and environment where the use of, possession and dealing in drugs are strictly forbidden. This position is in keeping with the Mis-use of Drugs Act 1977 - 1984. It is recognised that we live in a drug using society and students, irrespective of social background or educational attainment, are at risk. Both legal and illegal drugs are available in our community and accordingly, drug incidents may occur which require a measured, consistent, fair and sensitive approach.

The Ultimate Aim of this Ethos:

This Policy is to create a drug free educational environment for all students and bring about decisive action to reduce the incidence and negative effects of drug mis-use among students.

Included in St. Ailbe's policy are the following aims:

- To create a community which promotes good relationships, mutual respect and which encourages personal development.
- To develop the School's role within the wider community and to prepare our young people for a constructive role in society.

This Policy contributes to the furtherance of these aims and includes the following, more specific aims and objectives:

- To enable pupils to make healthy and informed choices.
 - To provide a clear framework for all staff for dealing with incidents of substance mis-use in St. Ailbe's.
 - To ensure the health and welfare of the students are maintained by providing Programmes and Policies appropriate to the needs of the students.

What is a Drug?

Any substance including alcohol, tobacco, volatile substances, over the counter drugs, medication and all substances covered under the Mis-use of Drugs Act 1977 - 1984 that changes the way a person feels, acts and thinks.

2.

Definition of Drug Paraphernalia

Any items that may be deemed to be **used for taking** of any illicit substances **including hash** pipes, bongs, lungs and any other written or printed materials **promoting the use** of any illicit substances or any banned or prohibited substances. Aerosols should not be approved for use by students during School activities. Students should be advised to use roll-ons as an alternative. Aerosols relating to Art and other such classes should always be locked safely away when not in class use and under the supervision of a teacher. Tipp-ex Thinner and Tipp-ex Liquid should not be approved during classes. Students should be advised to use Tipp-ex Pocket Mouse as an alternative.

Definition of a School/Education Centre

Anywhere within the boundaries of the School grounds.

- All open areas within the School boundary or palisade fence.
- The football field(s)/games field.
- The public property i.e. roadways and footpaths in the immediate vicinity of the School where School students and staff congregate on the way to or from School at the start and end of the days activities.
- All organised and supervised extra curricular activities.
- Wherever the School population is organised to be eg. School trips, School related activities taking place on or off School grounds.

St. Ailbe's School is entitled to intervene in student activity when the activity is taking place either on School property or on some occasions where a 'nexus' exists between the occasion and the School itself.

Definition of a Parent

The definition of a parent under this Policy is the person who is the natural biological parent of the student, the adoptive or foster parent of the student, the guardian or person in charge of the student.

When can Drugs be used in a St. Ailbe's School

ST. AILBE'S SCHOOL does not, under any circumstances accept or condone the possession, use, supply or dealing of drugs in the School, on School trips or in non-School time by any member of the School Community.

The only exception to this is for legitimate medicinal use and the following applies:

- ❑ If a student is on a prescribed medication, use is allowed in accordance with medical instructions.
- ❑ When a student is suffering from a minor illness the Principal/Deputy Principal, following a confirmation over the telephone with a parent, may give an analgesic e.g. Panadol, to alleviate symptoms.
- ❑ Full medical history of students must be provided by parents at Enrolment with a list of prescribed medications which the student has to take. Any illness arising subsequent to Enrolment and requiring prescribed medication must also be notified to School Authorities.
- ❑ All allergies, in particular allergic reactions to medication, must be notified to School Authorities.

Footnote: Prescribed medication to be administered to a student under the supervision of the Principal/Deputy Principal or designated staff member. Written permission from his/her parent/guardian is required by the School Authorities. Students encouraged to only bring into School the required medication for that day. General analgesic e.g. panadol to be locked safely in Principal's Office with prescribed medication; to be opened only by Principal/Deputy Principal or designated staff member. Maximum amount i.e. one packet of e.g. panadol to be stored at any one time.

SECTION TWO

EDUCATION

SECTION TWO

Programme for Alcohol, Tobacco, Volatile Substance and Drug Education
--

Within the limited resources available to it, ST. AILBE'S SCHOOL expects to provide alcohol, tobacco and drugs Education Programmes for its students as part of the Social and Personal Health Education Programme currently operational in Schools. Parents acknowledge that these Programmes are essential for the health and wellbeing of their children and that they as parents are in partnership with the School:-

- a. To provide honest and age-appropriate information on drugs, alcohol and volatile substances.
- b. To adequately inform pupils of the risks arising for them and for others from the abuse of alcohol, drugs or any other volatile substances.
- c. To prepare students for present and future experiences and to enable them to make informed decisions which will eliminate the harm to themselves, their families and their communities that can arise from drug use/mis-use or the abuse of alcohol or any volatile substance.
- d. To enable students to make informed, healthy and responsible choices.
- e. To equip students with the necessary personal and social skills to deal with the situations they will be presented or confronted with in relation to the abuse of those various substances.
- f. To increase the self-esteem and confidence of the students.
- g. To adequately inform the students of this Policy and the consequences for any student(s) on offending the School Policy in this area.
- h. To minimise the harm caused by the abuse of alcohol, tobacco and illegal drugs by offering supportive interventions where abuse occurs.

ST. AILBE'S SCHOOL agrees with:-

- (a) Parents will, at all times, have access to information on what is happening in the School with regard to these Education Programmes.
- (b) It will encourage and welcome ongoing consultation with parent(s) as appropriate, mainly through the Parents' Council, in relation to the best use of whatever resources are available in the community to support the School in these Programmes and this Policy.

The Drug Education Programme will be carried out using methodologies such as: Quizzes, Questionnaires, Surveys, Class Discussions, Case Studies, Videos, Brainstorming - why start?, Working in pairs - Report Back, Designing Posters, Work Sheets and Guest Speakers.

Outside or Guest Speakers give students another, and often, very convincing perspective which reinforces or supplements work done in the classroom. Such speakers include:

1. Medical Viewpoint - Health Board Personnel etc.
2. Legal viewpoint - Gardaí, Juvenile Liaison Officer.
3. Peer Group i.e. Alateen.
4. Alcoholics Anonymous, former addicts, alcoholics recommended by experts working in the area of Alcohol and Drug Rehabilitation.
5. Addiction Counsellors.

SECTION THREE

MANAGING A SUBSTANCE MIS-USE INCIDENT

Managing a Substance Mis-use Incident

St. Ailbe's Approach

It is acknowledged that in all situations involving drugs, a balance between the needs of the young person concerned, the needs of the School Community and the reputation of the School will be taken into account.

The initial approach to the situation will be to listen, to separate fact from myth and to offer support. **Each case will be dealt with on its own merits.** Disciplinary procedures will be called in if the School's Code of Behaviour has been breached. Expulsion is seen by the School as a last resort. This is mandatory where the offence of dealing is established.

Involvement by the Gardaí is at the discretion of the School Principal

The student and the student's well being is of prime importance. Disclosure of a student's involvement in drugs will be strictly on a 'need to know basis'. It is important in all suspected or confirmed drug incidents that a limited number of people are involved in managing the incident.

Procedural Objectives:

- ❑ To set out clear procedures to be followed by staff who suspect that substance mis-use is taking place or that controlled substances are being brought onto School premises.
- ❑ To provide an agreed framework for Liaison Agencies including the Gardaí and press.
- ❑ To set out the support and counselling which will be part of the response to drug related incidents.
- ❑ To ensure that all members of the School Community understand the very serious view which the School takes of all instances of possession, use or supply of drugs.
- ❑ To ensure that all staff are aware of the agreed procedures.
- ❑ To ensure that all staff involved in Specific Drugs Education have an adequate level of training.
- ❑ This Policy has the theme that individuals who have a high level of self-esteem and who possess the necessary knowledge and skills to make thoughtful decisions about their behaviour will be best equipped to take a place in the adult world.

Substance Mis-use Incidents

The following are some examples of drug incidents:

- ❑ Student in School in an intoxicated state/displaying unusual behaviour.
- ❑ Student is uncharacteristically unkempt/deterioration in physical condition and appearance.
- ❑ Student indulging in uncontrolled giggling or silliness.
- ❑ Emergencies, when a student may be unconscious or semi-conscious.
- ❑ Drugs or drug paraphernalia found on a student, on School premises or on a School related activity.
- ❑ Disclosure by another person.
- ❑ School grounds being used for drug activity.
- ❑ Person seeking help from member of staff.
- ❑ Suspicion of drug use, possession or dealing.

The Roles of the Principal and Board of Management

The Principal takes overall responsibility for the Policy and its implementation, for liaison with the Board of Management, parents, VEC and appropriate outside agencies.

The Principal will ensure that any staff dealing with substance abuse issues are adequately trained and supported.

The Role of School Staff

Staff in whom pupils confide need to consider their responsibilities carefully. They must warn pupils that certain information cannot be kept secret e.g. details of a pupil who may be supplying drugs to other pupils. However, staff will want to be sensitive to the needs of individuals who speak to and gain advice from adults they trust. Students may, for instance, confess to some drug involvement in or out of School. This will require referral to the Principal depending on the seriousness of the involvement and its location.

Recording Procedures

In situations of confirmed use, possession, supply or dealing, the Drug Incident Form must be completed. All the details will be recorded and acted upon. A Written Recording Procedure will be used to ensure that a fair process of challenging the student about behaviour of concern is in place. The Principal/Deputy Principal is responsible for recording procedures.

A copy of the Incident Form is in the Appendices attached.

Managing a Substance Mis-use Incident

Pupils will be made aware that the use of illegal drugs on the premises, outings, journeys or any School related or School organised activity will lead to an immediate suspension and could lead to permanent exclusion. Permanent exclusion may be considered as an appropriate response if a pupil distributed or sold drugs in School. Cases involving substance mis-use are considered to be very serious infringements of School Regulations. In all cases the Principal will discuss the matter with the Board of Management.

As previously mentioned each case will be dealt with on its own merits.

Where there is **suspicion** that a student is using drugs, the Principal /Deputy Principal will invite parents in and will, with sensitivity, alert them to the situation. It will be recommended to the parents to consider taking their child to their GP to check out whether or not the suspicion is correct. If this action is taken they will be asked to inform the Principal/Deputy Principal of the result. If drug taking is confirmed, the School will expect full parental co-operation in ensuring that their child attends a Drug Rehabilitation Course, that s/he engages with such a course and that s/he completes the course. As places on such courses are limited, the student may be placed on a waiting list. Should this occur, an agreed alternative plan of action will be organised between all parties.

The facilitator of the course may suggest that the student takes time out of School to engage in the course and to recuperate. S/he may alternatively suggest that it is in the student's best interest to continue attending School while participating in the course. The School will be guided by the advice of the facilitator.

The School will receive written or verbal confirmation from the facilitator that the student has attended, engaged with and completed the Drug Rehabilitation Course. If the student refuses to attend, engage with or complete the course, s/he will be suspended from School until s/he chooses to comply with the School's above requirements.

Students under eighteen years of age require **written parental consent** to attend a Drug Rehabilitation Course. Where such parental consent is withheld the School will be obliged to suspend the student and notify the Education Welfare Officer of the suspension and the reason for it. This is a legal requirement (Education Welfare Bill 1999).

Where a student is caught in possession of drugs within the School:

- Drugs will be confiscated and may be handed over to the Gardaí.
- Student will be brought immediately to the Principal/Deputy Principal's Office.
- Principal/Deputy Principal will notify student's parents and may notify Juvenile Liaison Officer.
- Student will be suspended pending further investigation of incident.
- School will provide full assistance to help student engage in a Drug Rehabilitation Course as already outlined above.

[In the absence of both Principal/Deputy Principal, a senior member of staff will be designated in advance to take responsibility should this occur.]

A substance mis-use incident may warrant implementation of disciplinary actions, by the Principal, as listed below:

- An oral warning.
- A written warning.
- A three day suspension.
- A suspension of more than three days.
- Other discipline action short of expulsion.
- Expulsion.

The Chief Executive Officer of Tipperary (S.R.) and School Board of Management will be informed and consulted at all stages in relation to disciplinary measures taken where a student is suspended or warrants expulsion for drug offences.

Supply/dealing/promotion (i.e. Marketing) of drugs by any student within the School (School as defined in this Policy) will incur automatic exclusion from the School.

Confidentiality

The School recognises that the issue of confidentiality is complex. No teacher can offer confidentiality to a student who discloses drug involvement. We recognise the need for care in this area as the student may approach a particular teacher because s/he trusts that teacher and needs help. The way in which situations are handled will have an important bearing on the outcome. Information must remain private and only disclosed strictly on a 'need to know' basis. The student must be informed about what is happening and why. The wellbeing and welfare of the student and the teacher must be the prime focus.

All students need to understand the limits of confidentiality. It is important that this issue be clearly discussed with them. Such discussion will take place in SPHE classes at the start of each academic year.

Media

The Principal/Deputy Principal or designated spokesperson will handle all Media queries. No comment will be made by the School on any individual case. The School will refer to its Policy and procedures in place to manage any drug related incident. Tipperary South VEC will be informed of any Media queries.

Summary of Eight-Step Approach

1. As each case is taken on its own merits a student may be withdrawn for the wellbeing of himself/herself and the wider School Community.
2. In the case of suspicion of a substance mis-use incident the parents of students under eighteen will be contacted by the Principal/Deputy Principal or designated person. A G.P. will be contacted for advice if a parent cannot be contacted.
3. A Written Substance Mis-use Incident Report Form will be completed by the Principal/Deputy Principal or designated person.
4. An information process takes place by arranging a meeting with parents and Principal at the earliest convenience.

5. A full investigation will be facilitated by the Principal. Information will be divulged to relevant persons only on a need to know basis.
6. Any suspected banned/prohibited substance and drug paraphernalia will be confiscated by the Principal/Deputy Principal or designated person and stored in a safe place. A **detailed** Written Record will be filled out by the Principal. Relevant outside Agencies e.g. Gardaí may be contacted.
7. A **written and signed by all bodies** Plan of Action will be agreed with the parents and student involved in the incident e.g. Addiction Treatment S.E.H.B. etc.
A student who continues to be included in School, will engage in an Agreed Plan of Action where it is considered they are not a danger to themselves or others in the School community. Written verification of the student's participation/co-operation will be required.
8. Thereafter, a process of monitoring and evaluation will be applied in consultation with the student, parents and other outside agencies who may be involved in the Agreed Plan of Action.
 - Although each incident will be considered individually, and it is recognised that a variety of responses will be required to deal with different incidents, there are certain minimum requirements related to specific situations which may occur.

Response to Specific Incidents.

- No pupil may smoke on School premises, or on School visits/outings. If a pupil is known to be smoking, this should be reported to the Head of Year who will inform the parents and place a note on the pupil's Record.

In each of the following cases the incident is to be reported, in the first instance, to the Principal who will take the required action:

- If any pupil is found drunk on School premises, the parents will be informed immediately and requested to remove the pupil.
- Alcohol, cigarettes or tobacco found on School premises will be confiscated. The parents will be informed and given the opportunity to redeem such items.
- If any pupil is found intoxicated through solvent abuse, urgent medical attention should be given (via the hospital) and the solvent, if available, will be confiscated and handed to the Medical Staff.
- Controlled drugs found on School premises will be confiscated and may be handed over to the Gardaí.
- A member of staff, having good reason for believing that a pupil may be in possession of an illegal substance, will refer the matter immediately to the Principal/Deputy Principal or their representative. The pupil will be requested to empty their pockets.
- In the event of a refusal, the parents should be contacted to obtain their permission. When there is good reason for pursuing this course of action, the Gardaí may be called.
- If any pupil or any other person is found supplying or offering to supply a controlled drug the Principal must be informed immediately. He will inform the C.E.O. of the Tipperary South V.E.C., the Chair of Board of Management and the parents.
- Any equipment involved in drug mis-use found on School premises will be disposed of with due regard to Health & Safety Regulations. Needles and syringes, which present a considerable health hazard, must be handled with extreme care and stored in a suitable

container until disposed of. Any member of staff involved in dealing with Substance Mis-use Related Incidents **must** keep detailed Written Records.

SECTION FOUR

TRAINING

Staff Training

In-service will be provided by an external facilitator for all staff regarding ST. AILBE'S SCHOOL Substance Mis-use Policy Documents and Procedures.

- ❑ All teachers involved in SPHE will be given the opportunity to avail of training in group facilitation skills and personal development.
- ❑ Staff teaching the Drug Education Programme will be given the opportunity to avail of training in The Substance Abuse Prevention Pact (SAPP) - 'On My Own Two Feet' - Department of Education and Science and the Department of Health and Children.
- ❑ All teachers will be offered Drug Information and Drug Awareness training through regular In-service Training.
- ❑ A Drug Co-ordinator will be appointed in each School/Education Centre.
- ❑ Interested staff will be facilitated to acquire training in First Aid.

Parents

Parents are the primary educators of their children in Health Education matters. The School's role and legal obligation is to complement this. Thus, parents are to be made aware and informed of what is happening in the School with regard to Drug Education. This will happen on a yearly basis. Parenting Programmes and Drug Education Programmes will be organised and made available by each School to meet their needs.

Similarly, Boards of Management will be offered training which will assist their understanding of the School's role, parents role and that of the ST. AILBE'S SCHOOL in prevention and management of Substance Mis-use Incidents.

SECTION FIVE

MONITORING AND EVALUATION

Monitoring of the Policy

The School will monitor aspects of the Policy once a term to ensure that it is of practical benefit to the School.

The three areas are:

- Drug Education Programmes.
- Managing Drug Related Incidents.
- Parent, staff and Management Training.

The results of the monitoring will be recorded and made available to the Principal.

Review of the Policy

The Policy will be reviewed in the light of changing information in St. Ailbe's School, by the Drug Policy Working Group in consultation with the wider School Community.

Evaluation

Teachers, Parents, Students and Boards of Management will be involved in the evaluation of this Policy and any changes incorporated into the amended Policy.

Three main areas of the Policy which will be evaluated are:

- Drug Education.
- Managing Substance Mis-use Related Incidents.
- Parent, Staff and Management Training courses offered to the School community.

Dissemination of Policy

Copies of the Policy will be disseminated to all partners in St. Ailbe's. It is also freely available, on request, from the Principal's Office and it will be given to all new staff and parents of new children as part of their Induction to the School. All outside agencies directly involved with the St. Ailbe's will be informed of the Policy

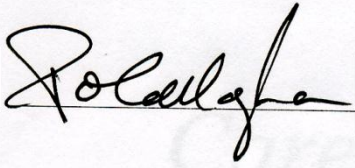
Young people will be made aware of the Policy as part of their Drugs Education within the context of a Social and Personal Health Education Programme.

The Policy will be included in the School Policy and Procedures Documents and a summary version will become part of the School Diary/Journal.

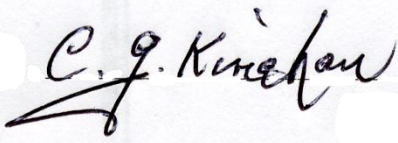
St. Ailbe's school will continue to monitor and evaluate the implementation of this policy on an ongoing basis.

Coordinator: Mr. Paul O'Callaghan

This Policy was ratified by St. Ailbe's School Board of Management on Tuesday Jan 29th 2008.



Mr. P.O'Callaghan (Principal)



Mr.C. Kinihan (Chairman B.O.M.)

Appendix 1

Signs and Symptoms of Drug Use

- ❑ Very often there are no clear signs attached to irregular experimental drug use. It is usually when drug use becomes problematic for the young person that some of the symptoms may manifest themselves.
- ❑ The signs and symptoms must not replace careful observation, listening to and talking with the young person.
- ❑ Many of the signs and symptoms listed are normal aspects of growing up.

Changes in behaviour, which may include drug use:

- ❑ Erratic mood swings.
- ❑ Lying and secretive behaviour.
- ❑ Changes in appearance. In serious cases, the person may begin to look unwell, mixed with periods of more energetic behaviour.
- ❑ Changes in eating habits. Regular use of some drugs can lead to a loss of appetite.
- ❑ Gradual loss of interest in School, hobbies and friends.
- ❑ Changes in friendship patterns. If a young child is mis-using drugs, s/he will tend to mix with older children and drop former friends.
- ❑ Involvement in stealing and 'bartering' personal and family possessions for money.
- ❑ Possessing unusual items and apparatus. Apart from tablets, powders, aerosols, etc. which may be found, some forms of drug taking require equipment, e.g. pieces of foil, syringes, straws, plastic bags, cigarette papers 'wraps' (square folds of paper).
- ❑ Unusual smells around the child, or on his/her clothing e.g. smells of solvents and glues, the characteristic smell of cannabis.

Appendix 2

Emergency Procedures

- ❑ Do Not Panic.
- ❑ Approach the abuser in a firm, caring way avoiding confrontation. DO NOT CHASE OTHER SOLVENT ABUSERS as physical activity or stress may cause heart failure if particular types of drugs have been taken.

- ❑ Remove the materials especially from around the nose and mouth. Open windows and doors to improve ventilation.

Treating the Abuser

- ❑ Check breathing and circulation. Check that the airway is open and the abuser is breathing. If not, begin the ABC Resuscitation.

If the abuser is breathing but unconscious, convulsed, collapsed or suffering severe chest pains:

- ❑ Place the abuser in the recovery position (See ABC Resuscitation). However, if a spinal injury is suspected DO NOT MOVE unless difficulties in breathing make it essential.
- ❑ Cover with a blanket or coat to maintain body heat. Do not interfere with breathing by placing covers close to the nose and mouth.
- ❑ Call for help. Send someone to call the emergency services at 999 alerting the Ambulance Crew that solvent abuse is suspected. Send any solvent product to the hospital with the ambulance.
- ❑ Stay with the abuser and check that breathing is maintained. If breathing stops commence the ABC Resuscitation.

If the Abuser is Conscious but Intoxicated

- ❑ Loosen clothing around the neck and chest. Advise the abuser to breath deeply and slowly.
- ❑ If hyperventilation (very rapid breathing) occurs, instruct the abuser to breath into a paper bag or into cupped hands until the rate of breathing slows to normal.
- ❑ Give nothing to eat or drink.
- ❑ Stay with the person until they are sober and if possible inform the parents.

Appendix 3

GLOSSARY OF TERMS

ADDICTION: A drug dependency developed to such an extent that it has detrimental effects on the user.

ADDICT: A drug user whose use causes them serious physical, mental, or social problems.

ANALGESIC: A Painkiller.

BENZODIAZEPINES:	Prescribed minor tranquilliser for daytime (anxiety relief) and hypnotics to promote sleep.
COLD TURKEY:	A rapid withdrawal from drugs.
CONTROLLED SUBSTANCES:	Drugs whose distribution is forbidden or limited to Medical Channels.
DEPENDENCE:	A compulsion to continue to take a drug in order to feel good or to avoid a bad feeling.
DEPRESSED:	A drug which acts on the central nervous system to suppress neural activity in the brain.
DESIGNER DRUG:	A term coined in the 80's to describe drugs specifically created to avoid regulations on controlled substances.
DETOXIFICATION:	A process by which users withdraw from the effects of drugs, it usually refers to withdrawal in a safe environment.
DRUG:	Any chemical substance which alters an individual's body functions and or an individual's emotional state and or an individual's behaviour.
DRUG MISUSE:	In general, mis-use can be taken to mean using drugs in a socially unacceptable way. Abuse means using them in a harmful manner. As abuse could be viewed as a morally loaded term, many people prefer to talk of drug mis-use or harmful use instead?
FLASHBACKS:	Hallucinations which occur a long time after a drug has been used.
FREEBASE:	Freebase is cocaine hydrochloride chemically treated to free the base material from the salt. Crack is a modern version of the original free base.
FUNCTIONAL DRUG USE:	Refers to the use of drugs to aid performance.
HALLUCINOGENIC:	A drug which induces hallucination and alters perception.
HARD DRUGS:	Drugs that are perceived to be most dangerous.
ILLICIT DRUGS:	Substances listed as controlled drugs and also the deliberate inhaling or ingesting which is deemed socially unacceptable and harmful.
NARCOTICS:	Commonly used to mean an illicit drug. The term technically refers to chemicals which induce stupor, coma or insensibility.

OPIATES:	Drug derived from the opium poppy, e.g. heroin, morphine, etc.
OVER THE COUNTER DRUGS:	Those which are available from chemists without a prescription e.g. codine etc.
OVERDOSE:	The use of any drug in such quantities where acute adverse physical or mental effects occur.
PARAPHERNALIA:	The equipment for drug taking e.g. spoon, silver foil, etc.
PHARMACEUTICAL:	Drug available from chemists either on prescription or over the counter.
PSYCHEDELIC:	Is synonymous with hallucinogenic. Psychedelic implies that the drug or experience acts as a catalyst to further feeling and thoughts and is not purely hallucinatory.
RECREATIONAL DRUG:	Use of drug for leisure/pleasure.
REHABILITATION:	Process by which someone with a drug problem is brought back to an optimal state of physical, psychological and social well being and reintegrated into the community.

Appendix 4

ALCOHOL

Street Names

A wide variety of trade names.

Drug Type

It is a depressant drug, which slows down the activity of the brain similar to the effects of an anaesthetic.

Forms of Drug

Different drinks contain different amounts of alcohol, from beers generally containing 4% to spirits which may contain over 40%.

Withdrawal and Dependency

Alcohol is a drug that is both physically and psychologically addictive. However, the extent of one's dependency on it and any associated withdrawal symptoms depend on a number of factors including the level of consumption, drinking style, frequency of consumption, personality, environment and culture. The best way of looking at the amount a person drinks is to view consumption in units, as one of the most common misconceptions about alcohol is that 'sticking to beer cannot do you any harm'. What is important, is how often and how much you drink and the effect alcohol has on you as a person.

What is a unit and how much is safe.

In general, 1/2 pint of Beer or Cider contains one unit of alcohol as does one glass of Port or Sherry or a glass of Wine. A small measure of spirits contains 1 1/2 units of alcohol. In recommendations issued by the Department of Health the following units per week are considered low risk levels of consumption:

MEN **21 units per week.**

Women **14 units per week.**

However, for some people even these may be to high.

Short term effects:

Alcohol rapidly enters the bloodstream via the stomach and intestine walls, no digestion is needed. It reaches the brain where it numbs judgement, feeling and muscle co-ordination control centres and it is broken down by the liver and eliminated through the lungs and kidneys at the rate of 1 unit per hour. Short term consequences of alcohol abuse may include injury or death from accidents, drink driving offences, family violence, hooliganism, sickness, work absenteeism, marital problems and occasional deaths from alcohol overdose or interaction with other drugs.

Long term effects

The extent to which long term alcohol consumption will affect an individual depends on a number of factors including frequency, amount consumed and personality type. In general, sustained alcohol intake at a higher level increases the risk of cirrhosis of the liver, liver cancer, stomach cancer, hearth disease, brain damage, weakness of muscle and bone, kidney damage, high blood pressure, depression and physical and psychological dependency (addiction).

Appendix 5

TOBACCO

Street names

Variety of trade names.

Drug Type

Tobacco smoke contains more than 1,200 different chemicals. However, the main drug contained in tobacco, nicotine, gives a feeling of relaxation which allows the smoker face stressful situations more easily.

Forms of drug

Tobacco comes from the dried leaves of *Nicotiana Tabacum* with almost 93% of it being used in the form of cigarettes. Cigars are made from darker, stronger tobacco rolled up in tobacco leaves. This form of tobacco is also used for smoking in pipes.

Withdrawal and dependency

As nicotine is both physically and psychologically addictive, tolerance rapidly develops to its effects. Therefore, individuals who begin to smoke tend to increase their consumption until

they smoke regularly. If a regular smoker stops suddenly they will experience withdrawal symptoms such as restlessness, irritability and depression which can be reduced or suppressed by nicotine.

Short term effects

Tobacco smoke contains 1,200 different chemicals in the form of particles and gases, up to 5% of which is toxic gas carbon monoxide. Nicotine is a very poisonous drug which affects the heart, blood vessels, stomach, kidneys and the central nervous system as 90% of it is retained in the lungs when smoke is inhaled. While first time smokers often suffer from nausea and vomiting the more one smokes the more likely they are to suffer from a wide variety of health problems.

Long term effects:

The Department of Health in Ireland estimate that over 6,000 deaths each year are directly attributed to smoking and the more one smokes, and the longer one smokes, the more likely one is to suffer from some of the following ailments; heart disease, heart attacks, blood clots, bad circulation, ulcers, lung infections, bronchitis, emphysema, strokes, cancers of the lungs, mouth and throat. It is widely accepted that 90% of lung cancers are caused by the cancer-inducing chemicals of cigarette tar.

Legal Status

Under the 'Tobacco (Health Promotions and Protection) Act 1988 it is illegal to sell tobacco to children under the age of 16. Under the 'Tobacco (Health Promotion and Protection) Regulations 1990' the Minister for Health has prohibited or restricted the smoking of tobacco in a number of designated areas such as aircraft, trains, hospitals, clinics, schools, public buildings, cinemas, theatres, concert halls, kitchens of hotels as well as supermarkets and grocery shops. The penalty for an individual who commits an offence under these regulations is a €100.00 fine, while the owner, or person in charge of the premises who permits smoking in a designated area or facility, faces a €500.00 fine or 6 months in prison or both.

Appendix 6

SOLVENTS

Product

Usually volatile substances fall into four categories:

- adhesives and glues.
- aerosols.
- cleaning and de-greasing agents.
- a miscellaneous group, which includes fire extinguishers, gas lighter fuels and petrol.

Drug Type

Depressants - vapours from Volatile substances pass rapidly from the lungs causing depression of the central nervous system.

Street form of drug

A wide variety of household substances are abused including cleaning and other products.

Withdrawal and dependency

Tolerance develops fairly rapidly with repeated use so that, over time, larger and larger quantities of volatile substances are required to produce the same effect. Occasional mild physical withdrawal symptoms, such as headaches have been noted. However, psychological rather than physical dependence is more common.

Short term effects

Immediate affects, which occur within two to three minutes, are similar to acute alcohol intoxication. Initially there is stimulation of the nervous system followed by depression and if enough is taken, unconsciousness. The most obvious difference between solvents and alcohol is that with solvents, the effects are felt very quickly and disappear within a few minutes. If inhalation continues there is further depression of the Central Nervous System, which leads to loss of awareness, judgement, muscle co-ordination, unconsciousness and coma. Users often report a mild hangover for up to a day after use.

Long term effects

Regular users often experience 'sniffers' rash, memory impairment and loss of concentration. Long term heavy use may also lead to heart, liver, kidney and even brain damage.

Legal Status

Under section 74 of the 'Child Care Act 1991' it is an offence for any person to sell, offer or make available any substance to persons under eighteen which they know, or have reasonable cause to believe, is likely to be inhaled for the purpose of intoxication. Anyone found guilty of this offence is liable to a fine of up to €1,000 or twelve months imprisonment or both. Under this Act, a Garda is entitled to seize any substance in the possession of a child in a public place, which the Garda has reasonable cause to believe is being abused by the child.

Appendix 7

CANNABIS

Street Names

Hash, Weed, Dope, Pot, Draw, Grass, Blow, Ganga.

Drug Type

Naturally occurring hallucinogen from the hemp plant 'Cannabis Sativa', obtained from the female flowers of the plant.

Street form of Drug

Most common form is cannabis resin/hashish. Usually sold as small blocks/lumps of brown resinous material. Also herbal cannabis, which resembles dried grass, commonly referred to as

marijuana, weed or grass. More rarely cannabis oil, which is the strongest form, comes as brown or black coloured oil.

Withdrawal and dependency

When smoked, the dependency of cannabis can last for up to three hours. If taken orally, (in food or in a drink), the drug is absorbed more slowly and the effects may last for up to twenty-four hours. While there is not evidence of physical withdrawal symptoms, heavy users may experience restlessness and depression once the drug is withdrawn. Psychological dependence has, however, been noted in some users.

Short term effects

When smoked, effects are felt quickly and include relaxation and mild euphoria. Moderate doses also interfere with short-term memory and learning ability which can still be detectable after a six-week drug-free interval.

Long term effects

Long-term cannabis use causes respiratory problems such as those associated with smoking. It leaves users more susceptible to infections, and may cause psychological disturbance in heavy users. Individuals who suffer from diabetes, epilepsy or anxiety problems should avoid taking the drug as should expectant mothers.

Legal Status

All cannabis products are controlled by the 'Mis-use of Drugs Act' and are included in schedule 1, which prohibits both its medical and non-medical use. Therefore, it is illegal to grow, produce, supply or possess the drug in any form. The penalties arising out of court appearance may vary depending on the nature of the charge. However, any conviction under the 'Mis-use of Drugs Act' may have far-reaching consequences regarding employment and one's right to travel abroad.

Appendix 8

MAGIC MUSHROOMS

Street names:

Mushies, shrooms.

Drug Type

The drug contained in the 'liberty cap', the most common type of magic mushroom, is psilocybin, a naturally occurring hallucinogen.

Street form of drug

Usually the mushrooms are either eaten raw, cooked or boiled in water to make 'tea'. Some times they are also dried for storage.

Withdrawal and dependency

While no withdrawal symptoms have been noted there are, however, some questions regarding psychological dependency.

Short term effects

The effects are similar to that of a mild LSD trip, and usually begin half an hour after taking the drug and last for up to 4 hours. As with LSD, blood pressure and heart rate increase, but hallucinations, if they occur, are usually only visual. Occasionally, stomach pain, nausea and vomiting may also occur.

Long term effects

Heavy users may experience panic attacks, anxiety and even psychotic reactions, which may trigger long term mental health problems in some individuals. Magic mushrooms use can also cause impaired cognitive functioning resulting in the user having a poorer than normal attention span.

Legal Status

Psylocybin, the main drug found in magic mushrooms, is controlled under schedule 1 of the 'Mis-use of Drugs Act', which prohibits its use. Therefore, it is illegal to prepare for use, supply or possess, the drug in any form. The penalties arising out of court appearance may vary depending on the nature of the charge. However, any conviction under the 'Mis-use of Drugs Act' may have far-reaching consequences regarding employment and one's right to travel abroad.

Appendix 9

ECSTASY

Street names

E, Mitsubishis, XTC, Adams, Doves, names change frequently and are usually something topical. However, less than half of tablets bought as ecstasy are believed to be pure MDMA, with many containing no ecstasy at all, and some containing various toxic substances that mimic the effect of MDMA.

Drug type

Stimulant with a mild 'psychedelic' effect. Possible hallucinogenic in high doses.

Street form of drug

Most common form is off-white, or occasionally, coloured tablets, with designs or logos, clear or coloured capsules or more rarely white powder.

Withdrawal and dependency

Tolerance to Ecstasy develops with time but not as rapidly as with amphetamine or cocaine. There is no evidence of physical withdrawal, although, after-effects of the drug may include fatigue, depression and anxiety. Psychological dependence, however, does occur where there is regular usage which can leave the user believing that s/he can only feel good when using the drug.

Short-term effects

Short-term effects include intense sweating, dryness of the mouth, increased heart rate, increased blood pressure, loss of appetite, convulsions, nausea and a desire to urinate. As ecstasy also causes the release of anti-diuretic hormone, which prevents the production of dilute urine, it is possible for a user to die from water intoxication if large amounts of fluid are taken on board too quickly. It is recommended that one pint per hour, sipped, of water or an isotonic drink will reduce both this risk and the risk of dehydration.

Long term effects

As ecstasy has not been in use as a recreational drug long enough for in-depth research to have taken place, it has been associated with anxiety, panic attacks and insomnia. It also increases the user's susceptibility to infections, and pre-existing conditions such as high blood pressure, glaucoma and epilepsy can be exacerbated. Many recent studies have shown Ecstasy to be neurotoxic which means it has the potential to cause brain damage.

Legal Status

Ecstasy is controlled under the 'Mis-use of Drugs Act', under schedule 1, which prohibits its use. The penalties arising out of court appearances may vary depending on the nature of the charge. However, any conviction under the 'Mis-use of Drugs Act' can have far-reaching consequences regarding employment and one's right to travel abroad.

Appendix 10

LSD

Street name

Acid, Acid Tabs, Trips, Microdots.

Drug Type

Very potent hallucinogen.

Street form of drug

Most common form is blotting paper with various designs, usually topical, in the form of paper squares. It also comes as small tablets and microdots.

Withdrawal and dependency

A trip usually begins after a delay of thirty - sixty minutes and can last from two - twelve hours depending on the strength. Tolerance to the drug develops quickly, however, there is no evidence of the drug causing physical dependency and there are no reports of either physical or psychological withdrawal symptoms occurring once an individual has stopped taking the drug.

Short term effects

It is very difficult to predict the effect of the drug as an individual's mood and expectation, as well as the setting in which the drug is taken, all play an important role in the outcome. In general, the drug causes an increase in heart rate, rise in body temperature, dilation of pupils and a rise in blood pressure. The drug also causes altered perception, increased self awareness,

hallucinations, visions, delusions, euphoria and may result in an overestimation of one's capacities (believing one can fly), which often results in injury or death. Users of the drug may appear distant, agitated, anxious and 'insane'.

Long term effects

Heavy use can lead to temporary psychological disturbances, although it is possible to trigger major mental health problems with any use of this drug. Flash backs (re experiencing a previous trip) may also occur even after a single dose of the drug.

Legal Status

LSD is controlled under schedule 1 of the 'Mis-use of Drugs Act' with unauthorised possession, supply or production of the drug being an offence. Penalties in the courts may vary depending on the nature of the charge, however, any conviction under the 'Mis-use of Drugs Act' may have serious implications regarding employment and one's right to travel abroad.

Appendix 11

Heroin and Other Opiates

Opiates can be divided in two groups

The **naturally occurring opiates** like heroin and morphine that are derived from the opium poppy, and the **synthetic opiates** like morphine and dipipanone. Opiates can be smoked, sniffed, inhaled or injected. Opiates are used for their painkilling properties. Tolerance to opiates develops very quickly, and after a few weeks of regular use, doses must be increased to produce the same effect. Withdrawal from opiates can be unpleasant and uncomfortable.

Opium

The dried milky juice of unripe seed pods of the opium poppy (*papavera somniferum*). The chief constituents of opium are the alkaloids codeine, papoaverine, noscapine, and morphine, from which heroin is synthesized.

Morphine

The most effective painkiller known is morphine ($C_{17}H_{19}NO_3H_2O$), isolated from the juice obtained from unripe seed pods of the opium poppy. Apparently morphine changes the perception of pain even when the pain itself is not much diminished. For this reason, the drug is valuable in medicinal practices. Unfortunately, it is addictive, and the body builds up a tolerance to it, so larger doses may be necessary to provide the same relief from pain. The drug also depresses the function of the brain centre that controls respiration; large doses of morphine (or of heroin, a very similar molecule) can kill by causing respiratory arrest.

Codeine

An alkaloid drug ($C_{18}H_{21}NO_3$) derived from opium. A narcotic with effects like those of morphine. Codeine is prescribed as an analgesic, cough suppressant and hypnotic.

Papaverine

A non-addictive opium derivative (C₂₀H₂₁N₀₄) used medically to relieve spasms of smooth muscle.

Appendix 12

Illegal Use of Prescribed Drugs
--

There are many different types of illegally used prescribed drugs. Some of these include:

Barbiturates:

These are prescribed for severe sleeping problems and to control epilepsy.

Barbiturates are depressants or downers. They work on the whole nervous system producing a generalised sedation. Tolerance and dependence develops very rapidly as the level of drug use increases.

Benzodiazepines:

There are two groups in this category, one for prescribing drugs for anxiety and mild depression, and the other prescribed for insomnia. Benzodiazepines are depressants/downers. They act on the part of the brain associated with anxiety, reduce tension and induce sleep e.g. of benzodiazepines is Diazepam brand name is Valium.

Anabolic Steroids

Although the body does produce anabolic steroids, synthetic anabolic steroids on the market are mainly made from testosterone. They have a building up effect on the body in that they promote the build up of muscle tissue and increase body weight. Most anabolic steroids are distributed legally through gyms, sporting organisations and body building clubs.

Illegal use of anabolic steroids can make the user feel aggressive. The term steroidal mania has been used about people who commit violent crimes while using anabolic steroids. There is also evidence that they increase muscle strength but this is inconclusive. Steroids can cause a decrease in sperm count, development of breasts in males, development of male characteristics in women, high blood pressure, liver cancer and psychiatric problems. Anabolic steroids are prescription drugs only. It is illegal to possess them if you don't have a relevant prescription. It is also illegal to supply anabolic steroids if you are not a registered pharmacist.

Drugs and the Law

Administration of Medicines

Drug Laws are complex and the South Eastern Health Board advises Schools to be proactive in developing a good working relationship with local Gardai. They will be able to give more details on the Drug Laws.

The Laws that are most relevant to the School settings are:

The Mis-use of Drugs Act 1977 and 1984

The Mis-use of Drugs Act is intended to prevent the non-medical use of drugs. The drugs included are known as Controlled Drugs and include opiates (e.g. heroin), sedatives (e.g. Valium), stimulants (e.g. amphetamines) and hallucinogenic drugs (e.g. LSD).

Offences under the Mis-use of Drugs Act include:

- Possession (small amount for personal use).
- Possession with intent to supply to another person.
- Production.
- Growing of opium poppies, cannabis and cocoa plants.
- Supplying or intent to supply to another person.
- Importation or exportation.
- Allowing premises you occupy to be used for the supply or production of drugs or permitting the use of drugs on premises.
- The printing or sale of books or magazines that encourage the use of controlled drugs or which contain advertisements for drug equipment.

There are other laws controlling tobacco, alcohol, solvents and medicines.

Reference: 'Facts about Drug Abuse in Ireland'.

Appendix 14

<p style="text-align: center;">Report Form for Recording Incidents Involving Alcohol, Tobacco, Volatile Substances and Illegal Drugs</p>

Date: _____

Time: _____

Name of Teacher: _____

What happened? (Include only the facts. What was seen? What was said? Who was involved?)

Who has been informed?

What action has been taken?

Signed: _____

Appendix 15

Medical Checklist at Enrolment to School

Do you have a medical condition?

No:.....

Yes (Please give details):

Are you taking any medication at the moment?

No:

Yes (Please give details):.....

Do you have any allergies e.g. Penicillin or Hay Fever?

No:.....

Yes (Please give details):

Name: is in good health and has my permission to Participate in e.g. Soccer Club.

I give permission to the management team to act on my behalf to use their best judgement in a case of medical emergency and authorise all medical/surgical procedures as advised by attending doctor/surgical personnel.

Signed:

Parent/Guardian

Date:

Contact Telephone No.(s): 1.

2.

Appendix 16

Emergency Procedures in the School Situation

- ❑ Do Not Panic.
- ❑ Approach the substance mis-use abuser in a firm, caring way avoiding confrontation. DO NOT CHASE SOLVENT ABUSERS as physical activity or stress may cause heart failure to the user if particular types of substances have been taken.
- ❑ Remove the materials especially from around the nose and mouth. Open windows and doors to improve ventilation.

Treating the Abuser

- ❑ Check breathing and circulation. Check that the airway is open and the abuser is breathing. If not, begin the ABC Resuscitation.

If the student is breathing but unconscious, convulsed, collapsed or suffering severe chest pains:

- ❑ Place the student in the recovery position (See ABC Resuscitation). However, if a spinal injury is suspected DO NOT MOVE unless difficulties in breathing make it essential.
- ❑ Cover with a blanket or coat to maintain body heat. Do not interfere with breathing by placing covers close to the nose and mouth.
- ❑ Call for help. Send someone to call the Emergency Services at 999 alerting the Ambulance Crew that solvent abuse is suspected. If available, send any solvent product to the hospital with the ambulance.
- ❑ Stay with the abuser and check that breathing is maintained. If breathing stops commence the ABC Resuscitation.

If the Abuser is Conscious but Intoxicated:

- ❑ Loosen clothing around the neck and chest. Advise the abuser to breathe deeply and slowly.
- ❑ If hyperventilation (very rapid breathing) occurs, instruct the abuser to breathe into a paper bag or into cupped hands until the rate of breathing slows to normal.
- ❑ Give nothing to eat or drink.
- ❑ Stay with the person until s/he is sober and if possible inform the parents at the earliest opportunity.

Appendix 17

Directory of Services

South Tipperary Substance Mis-use Service,
South Eastern Health Board,
11-12 Peter Street,
Clonmel.

Tel: (052) 77900
Fax: (052) 77919

Coolgreaney House,
Queen Street,
Clonmel,
Co. Tipperary

Tel: (052) 26533
Fax (052) 70951

Community Based Drugs Initiative

Clonmel Community Based Drugs Initiative
Wilderness Youth Resource Centre,
The Wilderness,
Clonmel,
Co. Tipperary.

Tel: (052) 70876
Fax: (052) 70876

Suir Valley Community Drugs Initiative,
56 New Street,
Carrick-on-Suir,
Co. Tipperary.

Tel: (051) 645775

Residential Treatment Centres

Aislinn Adolescent Treatment Centre,
Ballyraggot,
Co. Kilkenny.
Tel: (052) 41166

Aiseiri Treatment Centre,
Townspark,
Cahir,
Co. Tipperary.

Tel: (052) 41166