

From mountain to sea

Guidance for Managing Substance Use Incidents Involving Children and Young People in Aberdeenshire Educational Establishments

May 2023



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1 Aim of the guidance

This document sets out the guidance and procedure to enable education staff to ensure an adequate, appropriate and measured response to incidents of substance use on their premises or while learners are under the supervision of education staff in Aberdeenshire.

This guidance is relevant for staff in schools and other educational settings, and for all adults involved in any activities being run by Aberdeenshire Council. Where the term “school” is used, this also refers to other educational settings unless otherwise specified.

For the purposes of providing support to children in need in terms of the Children’s and Young People (Scotland) Act 2014, the term ‘children’ includes all those below the age of 18 years.

Use of drugs, alcohol, volatile substances, tobacco and vapes will be referred to as ‘substance use’ in this document.

This document refers to incidents involving children and young people. Any incidents involving substance use (including smoking on school grounds) by staff should be dealt with under Aberdeenshire Council staff disciplinary procedures. Any incidents involving parents or carers on school premises or a disclosure involving parents or carers should be dealt with under the Aberdeenshire Child Protection Procedures (including children and young people affected by Parental Substance Use).

For the purposes of this document, incidents of substance use include:

- Children/young people who display signs and symptoms of substance use (Appendix 1).
- Children/young people consuming substances on school premises, trips or transport.
- Children/young people possessing substances on school premises, trips or transport.
- Children/young people selling substances on school premises, trips or transport.
- Suspicion and allegations surrounding in-school and out-of-school activities.
- Disclosure about substance use taking place in school and during out of school activities.
- Drugs, drug-related litter or evidence of substance use on or near school premises.
- Use of tobacco and tobacco products (including e-cigarettes and vapes)

Aberdeenshire Council is clear that no substances are permitted to be brought on to, or used, shared, or supplied on Aberdeenshire school premises (including school excursions and transport). As stated, this guidance applies to all staff within Aberdeenshire Council educational establishments and outlines actions to be taken along with the relevant roles and responsibilities.

Within this guidance a drug will be defined as a substance that when taken into the body, changes the way a person feels, the way they perceive things, and the way their body works. Further information on specific drugs and their effects can be found in Appendix 1.

To enable staff to meet their responsibilities in relation to substance use and / or substance - related incidents, this guidance contains information and guidelines on the following areas:

- Identifying a drug-related incident
- Management of substance use and / or substance-related incidents prioritising the safety, wellbeing and best long-term outcomes for individuals and the wider school community.
- Support for children and young people involved in a substance use and / or substance-related incident
- Methods of reporting and recording of incidents
- Communication with relevant partners following incident to support the child / young person
- Signposting further support opportunities and identifying further learning opportunities

2 Corporate Context

This guidance should be considered in conjunction with:

- [Aberdeenshire Child Protection Guidance](#)
- [National Guidance for Child Protection in Scotland, 2021](#)
- [GIRFEC Toolkit 2020](#)

Other supporting documents can be found in Appendix 2.

3 Principles

The principles of this guidance are to:

- Ensure the safety and ongoing support of Aberdeenshire's children and young people where a substance use incident is identified
- Provide clear procedure for staff to follow in the instance or suspicion of a substance use related incident.

Aberdeenshire Council prioritise the health and wellbeing of all children / young people and staff and therefore regards substance use incidents as a very serious matter. Substance use affects the physical and emotional health and wellbeing of our children and young people and Aberdeenshire Council's Educational establishments have an important part to play in educating children, young people and their families about substance use and the associated risks

4 Child Protection

The school should follow the school and Aberdeenshire Guidance for Child Protection in Education when managing such incidents.

These situations will require effective multi-agency working and comply with the Children and Young People (Scotland) Act 2014 within which: We want Scotland to be the best place for all of our children to grow up. The Scottish government developed [Getting it Right for Every Child \(GIRFEC\)](#), the National approach to improving the wellbeing of children and young people in Scotland. This builds on a growing body of evidence demonstrating the value of supporting children and families at the earliest opportunity, rather than waiting until families reach crisis point. This approach aims to achieve secure, nurturing, positive, childhoods, from which all children and young people can develop into successful learners, confident individuals, responsible citizens and effective contributors. This is underpinned by the Scottish Government's commitment to the [United Nations Convention on the Rights of the Child \(UNCRC\) 1989](#).

This guidance supports our responsibilities as set out in the United Nations Convention on the Rights of the Child:

- Article 3 says that adults should think about the best interests of children and young people when making choices that affect them.
- Article 24 says that healthcare for children and young people should be as good as possible, but also goes further than this by saying children and young people have the right to be both physically and mentally fulfilled.
- Article 33 says that children and young people have a right to be protected from all harmful drugs.

This guidance provides staff and partners with a procedure to help respond to information, evidence or allegations that children or young people are involved in substance use; as well as managing substance use incidents and supporting children, young people and other adults involved.

5 Definition of substance-use or substance-use related incident

- Use of a substance that results in any impairment to the capability, conduct, behaviour and/or safety of the individual (or to the safety of others in proximity) and/or;
 - Use of an illegal drug and/or;
 - Use of a prescription or 'over the counter' OTC medication in a way that is inconsistent with medical guidance
 - Medicines that have not been prescribed and may be from the illicit market
 - A child/young person who display signs and symptoms of substance use (drugs, alcohol or tobacco). (Appendix 1)
 - A child/young person taking drugs on school premises, trips or transport.
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- A child/young person possessing drugs or drug related paraphernalia (e.g. papers, packaging needles, grinders, 'bongs'/pipes, tin foil etc.) on school premises, trips or transport.
- A child/young person selling drugs on school premises, trips or transport.
- Suspicion and allegations surrounding in-school and out-of-school activities.
- Disclosure about drug use taking place in school and during out of school activities.
- Use of tobacco and tobacco products (including e-cigarettes/vapes).
- Parent / Carer being under the influence whilst visiting the school
- Staff member under the influence whilst at school
- Drugs, drug-related litter or evidence of drug use on or near school premises that are not directly linked to a pupil.

6 Drug Exploitation

Education staff need to be vigilant for children/ young people being involved in Drug Exploitation. Some adults abuse children/ young people by getting them to deal drugs for them. The adult thinks that this will prevent them getting caught or getting into trouble with the Law themselves. They may offer payment or gifts, but they may also use blackmail, violence and threats- this is called Criminal Exploitation. Children/ young people who are in gangs or have difficulties at home or school can be targeted for this, but anyone can also be a target. Children /young people who are involved in Drug/ Criminal Exploitation are very likely to be abused in this process. Signs of Drug Exploitation can be found Appendix 3.

7 Prevention and Response

Responsibilities of Senior Leadership Teams:

- To ensure the safety and wellbeing of all pupils by ensuring they are educated on substance use and their uses as well as their dangers
 - To ensure Aberdeenshire guidance is followed for [Managing Medicines in Educational Establishments](#) in order to support children and young people's health needs within an educational setting.
 - Ensure all staff members are familiar with the procedure for dealing with a substance use-related incident and are aware of their role in management of incidents involving substance use and / or substance use-related incidents- with the main aim being the safety of all involved.
 - To be aware of the legal implications of discovering a child or young person with a controlled drug, and how they are expected to deal with such an event.
 - Ensure robust reporting and recording of any incident to the appropriate channels.
 - To be informed of the limits of confidentiality that can be offered.
 - To be aware that it is acceptable for a responsible person to take possession of a controlled drug for the purpose of preventing an offence in connection with that drug. Once in possession contact should be made with the Police to hand over the controlled drug to them
 - After any incident organise a meeting to discuss incident management and procedures and ensure that the health and wellbeing of the child/young person
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has been supported. This meeting will also ensure a plan is in place to support the pupil moving forward. A Child's Plan could be part of the consideration at this stage.

- To work collaboratively with agencies to support the child/young person and their family

Responsibilities of **all** school staff members:

- To be aware of the procedure for dealing with substance use incidents and their role in managing any incident ensuring the safety and wellbeing of all involved
- To provide a consistent stance regarding substance use
- To educate children and young people and inform Parents/Carers about substance use
- Promote the principles of GIRFEC in ensuring the responsibility of all to support children and young people
- Use relevant, up to date resources which promote engagement by the target audience and ensure the information being given is current and accurate.
- Encourage children and young people to share key messages about drug use with other pupils and with Parents/Carers.
- 'What works in Drug Education and Prevention' 2016 notes that children and young people benefit from prevention models that are delivered in a supportive environment, which use non-fear arousal techniques, and which provide the freedom to learn about alcohol and drug use within a broader conversation about choice and risk, rather than standalone input.
- Promote awareness of this document- *'Guidance for Managing Substance Use Incidents Involving Children and Young People in Aberdeenshire Educational Establishments'*

Responsibilities of children and young people:

- Complete all learning activities on substance use through the curricular studies led by class teachers
- To share any information with staff about substance use and / or substance-related incidents

Response to a substance use related incident (where there is suspicion of possession, dealing or the child/ young person being under the influence):

The health and wellbeing of the pupil / staff member involved in any substance use related incident is paramount. **The procedure to follow can be found Appendix 4 for managing a substance use incident involving a child/ young person.** The Drug Related Emergencies booklet (Appendix 5) offers staff guidance on characteristics of a child/ young person under the influence and how they may present and how to support them. Staff also need to safely remove and retain any drug related evidence from the child/young person (where possible). Please note- education staff should not perform a search. Medical staff will require a description of any drugs or related items or other pertinent information that may have a bearing on the young person's health.

All staff should be made aware that extreme physical dangers present after an incident of solvent use. **Solvent use** demands a different approach from other types of drug use. The potential for heart failure demands that any suspected incident of this nature be treated as a medical emergency, **999 should be called immediately and the use of solvents mentioned specifically**. Care should be taken not to 'over-excite' the person under the influence in any way as this may exacerbate their condition.

Medical assistance should always be the **first** consideration if there is any possibility that the young person has taken an unknown psychoactive drug or there is concern or uncertainty regarding the nature of that drug. If there is only a suspicion that a young person has used a drug, continue to monitor their behaviour and physical presentation in case medical treatment is required.

Immediate role and responsibility of staff:

When there is an incident of substance use in school it is important that all staff and partners working within schools are familiar with the procedure for dealing with the incident. The member of staff will contain the situation and make contact through the main office to senior management (and another member of staff to act as witness) as soon as possible. In some instances, it may be difficult to access the support of another member of staff immediately. Until another member of staff can be contacted the child or young person should not be left alone or have contact with anybody else.

The member of staff will remind the child or young person of guidance regarding substance use/substance use related incidents and the procedures to be followed to investigate the incident, including the intention to contact Parents/Carers (consent is only required if the young person is over 16) and the Police. There can be little doubt as to the potential seriousness relating to incidents of substance use/substance use related incidents. It is important that all incidents are dealt with robustly. **The Recording Form** should be completed (Appendix 7) to detail drug-related incidents and the response taken by staff. This form (some sections) can also be used to record substance-use related incidents too.

8 The Law Regarding Drugs:

The Misuse of Drugs Act (1971) (MoDA) is the legislation which makes it against the law to possess, supply, make, import or export named drugs. This includes giving the drugs away for free or what is known as 'social supply'

The Psychoactive Substances Act (2016) prohibits the supply (including giving the drug away for free), the sale and import of any psychoactive substance but does not cover possession. This means a young person may not have broken the law if they have a suspected drug on their person. However, where a suspected drug is tested and found to contain a substance controlled under the Misuse of Drugs Act 1971, then the law will have been broken.

The consumption of drugs under the MoDA is not illegal, however their possession is. Nonetheless, the stance of Aberdeenshire Council is clear that no controlled drugs or psychoactive substance are permitted to be brought on to, or used, shared or supplied on Aberdeenshire school premises (including school excursions and transport).

9 Contacting Parents/Carers and Police Scotland

The Age of Legal Capacity (Scotland) Act 1991 states that a person under the age of 16 has legal capacity where they have sufficient maturity and understanding, and there is a general presumption that children aged 12 and over have that capacity. This requires schools to communicate directly with the pupil if he/she has legal capacity. However, it is considered good practice to also keep Parents/Carers informed and involved at every stage regardless of the age of the child unless this action is seen to contrast with the welfare of the child. Care should be taken when discussing the suspicion of the involvement of controlled drugs if this has not been confirmed.

If the young person is over the age of 16 and requests that their Parents/Carers should not be informed/contacted this should be respected. School staff should however inform the child/ young person that if the Police are involved, they will contact the Parents/Carers as part of their investigation. If the young person is incapacitated staff ensure the health, safety and wellbeing of the child/young person and inform Parents/Carers of any actions taken.

Where a child is **Care Experienced** by the local authority away from home, is on the **Child Protection Register**, is **Looked After** or is known to **be receiving a non-statutory service from Children & Families Social Work**, the school **must** contact the Duty Team or allocated Social Work Team. Social Work advice must be sought for the potential impact on the child/ young person, and how to contact and inform the child/ young person's Parents/Carers.

When contacting Parents/Carers the time of the call should be recorded. The child/young person's Parents/Carers will be asked to come to the school as soon as practicable. If Parent/Carers are not available, the authority has a duty of care to the young person and, accordingly, the designated senior member of staff must support the young person, during Police involvement.

Police should be contacted by calling 101; unless of course the situation requires a more urgent response in which case call 999 e.g. if the pupil runs off and may require medical assistance.

If Parents/Carers arrive before the Police, the Parents/Carers should be allowed access to the child or young person with a member of school staff always present, unless otherwise instructed by the Police. If the Police arrive before Parents/Carers, school staff act as Corporate Parent if any searching of the pupil has to occur. Police are entitled to detain and search anyone suspected to be in possession of suspicious drugs. Such searches are the responsibility of the Police. Children under 16 cannot consent to the search themselves and consent must be sought from the Parents/ Carers and or another designated appropriate adult for a search to take place. If the Police require to search the child/young person on the premises, this must be carried out in the presence of the Parent /Carer and/or appropriate member of staff. Any formal interview would be completed in a Police station with the Parent/Carer. Any health issue/ concern would be responded to by school staff as a priority until the Parents/Carers can attend and assume responsibility of their child.

10 Safe removal and retention of drug related evidence

Any child or young person suspected of being involved must be requested to hand over suspected drugs and/or related items. Education staff should not search a pupil.

A description of the items handed over, including any packaging or paraphernalia, must be recorded and signed by both the person in charge, and the member of staff involved acting as a witness (Appendix 7).

It is acceptable for a responsible person to take possession of a controlled drug for the purpose of preventing an offence in connection with that drug. The controlled drug must then be delivered into custody of a person lawfully entitled to take custody of it (Section 5(4)(b) of the Misuse of Drugs Act 1971). They will then have a defence against prosecution for possession if the incident were deemed severe enough for prosecution.

The receiving adult must lock the suspected drugs and/or related items away in a secure place, in the presence of a witness. The items must be handed over to the Police at the first opportunity. If a young person refuses to hand over any drugs or related items, isolate them until the Police arrive who then have the power to search them.

This guidance applies equally on school excursions. When there is no access to a safe place to hold the drug, the person in charge should take overall responsibility for holding the drug(s). All such actions must be witnessed and recorded and subsequently reported to the Police at the earliest opportunity.

Schools also have a responsibility to remove any drug paraphernalia found in school grounds. The procedure for safe removal is detailed on (Appendix 6).

11 Recording and Reporting

Incident Discussion

Anyone involved in dealing with an incident of substance use should expect to discuss the incident with a senior member of staff, possibly followed by an interview led by the Police, and to supply a statement of their involvement. A court case may result from an incident and, therefore, a written record of the discussion with a young person suspected of being in possession of or supplying drugs, must be made (Appendix 7).

Reporting

Incidents of drug use and drug related incidents are reported to Social Work and the Police as part of Child Protection procedures by Child Protection Coordinator (CPC) in the school.

Recording

Reference to the incident is to be written in the young person's pastoral notes or chronology. If an evidence-based incident has occurred this constitutes the opening of a chronology (if not already open) See Appendix 8 for information to record in the chronology. All incidents should also be recorded online via the completion of a 'Near

Miss' and/ or the Education and Children's Services (ECS) Accident Reporting system.

Education and Children's Services work towards an agenda for inclusion of all children/young people. For this reason every effort must be made to allow the child/young person to continue his/her education. If the incident does result in the exclusion of the young person involved, ensure that the exclusion reason is recorded as 'Drug Use and / or Drug-related incident involving alcohol' or 'Drug Use and / or Drug-related incident not involving alcohol'. This will ensure accurate collation of drug use data and appropriate allocation of support and resource.

The collection of drug use data serves to act as an early warning system for establishing patterns and overall prevalence of use throughout the authority. This can help inform where limited resources can be allocated as a way of reducing the likelihood of trends becoming common use. Without data collection it can be difficult to argue for additional support or input from funders, service or agency intervention.

12 Communication of the Incident

Responding to the media

Where applicable and in consultation with the Quality Improvement Manager (QIM)/ Quality Improvement Officer (QIO) following an incident of substance use and /or substance-related incident, Aberdeenshire Corporate Communications should be informed by the QIO and a statement for the press prepared.

If school staff are approached by the press, they must be directly referred to the Head Teacher. If the press approaches the establishment before an agreed statement is prepared, they must be directed to Aberdeenshire Council Corporate Communications office. Apart from the agreed statement, no further comment should be made.

Communicating with staff members

School Senior Leadership Teams will need to consider how information on individual substance use and /or substance use related incidents should be communicated.

School staff need to:

- Be given the broad facts
- Know that the incident is being managed in line with current procedures
- Agree the response to inquiries by children, young people and Parents/Carers, and the need to follow this advice to ensure consistency
- Know that they are required to refer all media inquiries to the designated senior member of staff

In the event of school exclusion, all staff directly involved with the child/young person should be informed of the decision, but no details should be given. Other than to the staff involved, the name of the child/young person involved must be kept confidential.

13 Support and Moving forward:

It is important that children and young people receive appropriate support and reassurance in the period following an incident of substance use and / or a substance-use related incident. Staff should work closely with the child/ young person, Parents / Carers and identified partner agencies to ensure the best outcome for the child or young person involved

All children and young people are unique and their individual needs and circumstances should be considered, those needs and circumstances may change.

It is impossible to predict when a young person may need support for substance use and / or substance use related issues however as professionals we may be able to identify children and young people more at risk. The response that the school gives has to match the level of concern that the school has for the young person. The response must be appropriate for that young person, an appropriate response for one young person may not be appropriate for another. Children and young people themselves may be involved in substance use in ways which impact on their care and welfare. Not all incidents of substance use involve obvious features or signs that could be seen within school. However, schools will still find that substance use is an issue requiring a response. Some issues arise from longer term problems, such as:

- absence from school, or patterns of absence dictated by substance use
- changes in health and emotional wellbeing
- withdrawal symptoms when substances are not available
- 'come-down' symptoms after binge use (e.g. at weekends)
- psychosis associated with prolonged and heavy use of psycho-stimulant drugs
- social impact on peer relationships following regular intoxication outside school or incidents while intoxicated
- peer exploitation (or exploitation by others) of young people when intoxicated and deliberate attempts by others to intoxicate those susceptible to this
- children/young people involved in regular substance use may be in families with little or no Parental control or where substance use is regarded as the norm
- the effect of debt on children/young people, which may cause them to steal; or may result in the people to whom they owe money hanging around at school gates to receive payment or to threaten the children/young people

Some of these signs may not be solely associated with substance use, and some substance use is a form of self-medication used by children/young people to help them cope with, or blot out other difficulties they are experiencing, such as abuse or neglect

At the conclusion of any substance use incident in school, it is essential to review the specific needs of the child/young person involved and the actions taken by all agencies involved. Keeping a record of the de-briefing of each incident and the evaluation, as well as a record of the actual incident is advised (Appendix 7).

A meeting should be arranged with the Parents/Carers, school staff and all agencies involved with the child/young person to identify a support plan for moving forward. This meeting would also provide valuable insight into how each agency responded to the incident of substance use. A Child's Plan could be created to monitor the progress and

impact of the interventions. Additional Support information can be found Appendix 9.



Appendix 1: Signs and symptoms of drug use:

Category	Drug	Also known as/type	Effects
Stimulants (uppers)	Cocaine	Coke, white, ching, charlie, snow	Increase energy, activity, heart rate, blood pressure
	Amphetamine	Speed, amphet, whizz, base	
	Mephedrone	Drone, MCatT, magic, meow, bubbles, mep	
	ADHD Medication	Ritalin, Modafinil Crystal -andy, molly, MD, MA, crystal	
Depressants (downers)	Alcohol,	Booze, drink, bevvv	Slow down reactions, heart rate, breathing, "Buzzing", euphoric, confident, relaxed, risk-taking behaviour, violence, unconsciousness, reduced reaction times, slurred speech, sensitivity to light, blackouts, confusion, vomiting For solvents, as above plus: feelings similar to being drunk, dizzy, giggly, dream-like state, loss of co-ordination and disorientation. Light headedness, Headaches, nausea and vomiting, mood swings, aggression. Can lose consciousness, visual distortions similar to hallucinations if large doses inhaled. Damage to nasal membrane
	Benzodiazepines: Alprazolam	Xanax, xans, xannies, bars, benzos	
	Benzo's: Diazepam	Valium, vallies, benzos	
	Benzo's Etizolam	Etiz, blues, benzos	
	GHB/GBL	G, gina, liquid E, liquid X	
	Solvents/Inhalants- Solvent use comes with many risks and can be fatal from the first use	Aerosols, Butane, Gas, Glue, Volatile substances, glues, huffing, tooting, chroming, dusting	
Psychedelics	LSD	Acid, tabs, trips, Sidney, sid	Causes changes in perception/ hallucinations (see hear and feel things differently), "Trips", spiritual connection, heightened senses, visual or auditory hallucinations, anxiety, panic, terror, fear
	Magic Mushrooms	Magics, Shrooms, psilocybin, mushies, little smoke, Philosopher's Stones, Liberties	

Category	Drug	Also known as/type	Effects
Opioids	Heroin	H, brown, kit	Pain-killing and relaxing effects – high risk of overdose, constricted pupils, “Invincible”, confident, pain-free, safe, euphoric, vomiting, sleepy
	Codeine	Lean	
	Tramadol		
Cannabinoids	Herbal Cannabis and cannabis products containing THC, Synthetic Cannabinoids and cannabis edibles	Weed, grass, hash, marijuana, skunk, ganja, green, resin, pollen, butane hash oil. Rolled to smoke – spliff, doobie, joint, blunt	“Stoned”, calm, munchies, chilled out, floaty, sensual, paranoid, dry mouth, anxiety, lazy, unmotivated, Red-eyes, giggles, changes in perception
Dissociatives	Ketamine,	Ket, K, special K	‘Out of body’ experiences, euphoric, floaty, disconnected, relaxed, numb, scared, unable to move, in a ‘hole’, disconnected, body contortion
	Nitrous Oxide (Laughing gas)		
Empathogens	MDMA/Ecstasy	Pills – sweeties, swedgers, by the logo on the front	Increased energy, heart rate, temperature, dilated pupils, “Loved up”, connectedness, warmth, understanding, sweating, mood swings, a sense of belonging, warm, understanding, cuddly, sexually aroused, anxious, energy, clenched jaws
Medicines and Pharmaceutical Prescription Drugs	<p>If you are made aware that young people have consumed a medicine e.g. one prescribed to someone else or a drug that would normally be a prescription medicine or otherwise controlled under The Human Medicines Regulations 2012 you should:</p> <ul style="list-style-type: none"> • Call 999 in an emergency • Refer to information on the packaging if available • If no immediate medical emergency is apparent call 111 and ask to speak to the poisonings team 		

Appendix 1.1: The Drug Wheel:

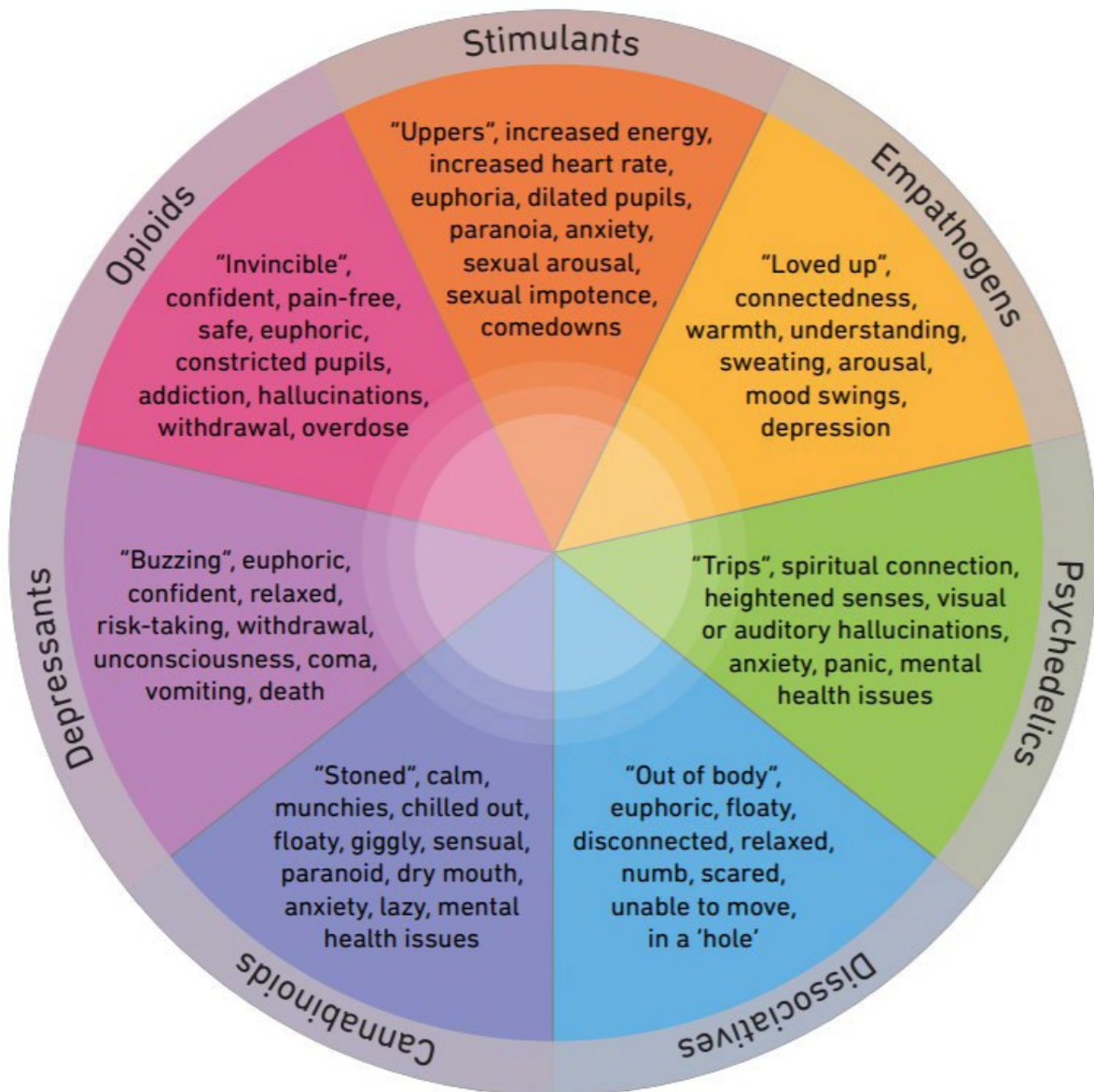


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Appendix 2: Additional Policy Documentation:

- [Curriculum for Excellence](#)
- [Aberdeenshire Children's Services Plan 2020-2023](#)
- ['What Works' in Drug Education and Prevention? \(7 Dec 2016-Scottish Government\)](#)
- [Rights, Respect and Recovery: alcohol and drug treatment strategy \(28 Nov 2018 – Scottish Government\)](#)
- [Alcohol Framework: Preventing Harm – next steps on changing our relationship with alcohol \(20 Nov 2018-Scottish Government\)](#)
- [Raising Scotland's tobacco-free generation: our tobacco control action plan 2018 \(20 Jun 2018 – Scottish Government\)](#)
- [Supporting Children and Young People with health Care Needs and managing Medicines in Educational Establishments 2016](#)
- [Aberdeenshire Alcohol and Drug Misuse Policy \(Local Government Staff\)](#)
- [Aberdeenshire Smoking Policy](#)
- [Families Affected by Drug and Alcohol Use in Scotland : A Framework for Holistic Whole Family Approaches and Family Inclusive Practice \(www.gov.scot\)](#)

Appendix 3: Signs of Drug Exploitation:

Signs of exploitation...

- Going missing from school or home
- Travelling alone to places far away from home
- Unexplained absences from school, work, college or training
- Lots of money/new clothes/new phones/gadgets
- Suddenly being secretive about who they are talking to or where they are going
- A change in behaviour – more disruptive, aggressive, anxious
- New friends/ older friends than usual/being picked up in cars of unknown people
- Scared or unusually reserved - injuries that cannot be explained
- Using drug-related or adult language you would not expect that young person to know
- Increasing drug use, or a young person having drugs on them when they do not use drugs themselves
- In possession of hotel keys or keys to unknown places



Appendix 4: Summary guidelines for management of a substance use incident in school or educational setting:

Member of Staff has a concern



Contact Senior Management

Emergency Situation (clear signs a drug has been taken)

- Call ambulance
- Provide first aid as necessary
- Ensure safety of pupil(s)
- Inform Parent/Carer/Duty Team (if appropriate) of ambulance being called
- If child/young person is Care Experienced/ Looked After or on CP Register contact Duty / Allocated Social Work Team
- Arrange Staff Member to accompany child/young person to hospital until Parent/Carer arrives
- Contact QIO/QIM/Chief Officer

Non- Emergency Situation (but there is a possibility of a drug being taken or possession)


- Ensure child/ young person is supported, supervised and monitored
- Establish facts
- Discuss involvement of Police and legal implications
- Contact Parent/ Carer (See supporting notes pg 9)
- Contact Police
- If child/young person is Care Experienced/ Looked After, on CP register or receiving non-statutory support from Social work- contact Duty / Allocated Social Work Team
- Ensure completion of Recording events

- When intelligence has been received regarding potential drug use/ dealing but there is no evidence of possession or ingestion- Education staff should contact Social Work and DIONorthEast@scotland.police.uk and GIRFEC procedures should be followed

- **SOLVENT USE-** dial 999 and state that a potential use of solvents- try and keep child/young person calm
- **Possession/ Suspected to be in possession of substances - DO NOT SEARCH CHILD/YOUNG PERSON.** Education staff can ask pupil to voluntarily surrender the substance.
- **Emergency Situation and Search:** Any staff member or medical responder would be within their rights to conduct a cursory search if the child/ young person is unconscious. This can be defined as a non-intrusive search restricted to outer clothing only, including pockets, (with a witness) of the individual to look for any potential causes of the child/young person's condition including medical alert bracelets etc
- Ensure child/young person is supported, supervised, and always monitored. Pupil must be supported by 2 members of staff. Closely monitor for any health and safety concerns.
- **Drugs/suspected drugs:** call Police Scotland on 101 non emergency or 999 in emergency situation. See guidance notes for pupil 16 and over
- Where there are no apparent health concerns but it is suspected pupil has taken drugs, isolate pupil and seek permission from the child/young person to search their bag and request pockets are emptied out. Child/young person must be supported by 2 members of staff. When a child/young person does not volunteer suspected drugs wait for Police to arrive and ensure child/young person is continually supervised. Closely monitor the child/young person for any deterioration in their health condition and respond to any health concerns.
- **No drug found-** update Police on 101 and follow Police advice
- **Drugs found-** staff to lock away drugs(s) and await Police arrival. Staff to hand over drug(s)to Police. Staff to detail the drugs taken from child/ young person on the Reporting Form (Appendix 7)
- Alcohol or tobacco or vapes: request item from pupil stating that it will be held in a safe place until collected by Parent/Carer, or Parent/ Carer requests that school dispose of it. Note, children should not be in possession of alcohol, tobacco or vapes.
- Follow GIRFEC processes and where required follow Child Protection processes
- Complete Reporting Form (Appendix 7) to record a drug related incident (can be used for other substance related incidents if required)
- Complete Near Miss / Accident Report
- Arrange a Meeting to discuss options of support


Appendix 5: Summary guidelines for management of a substance use incident in school or educational setting:

Information Sheet
Overdoses & Emergencies
Date: 14/04/2014
Version: 1.0




If somebody is unconscious and then vomits while lying on their back, they can swallow their vomit and literally drown in it. That is why you should put an unconscious person in the recovery position and **call for an ambulance**.


The Recovery Position




Put the hand closest to you by the head (as if they were waving)



Put the arm furthest away from you across the chest, so that the back of the hand rests against the cheek



Hold the hand in place and lift up the knee furthest away from you, making sure the foot is planted firmly on the ground



Turn them on their side by pushing down on their knee

Antidotes

Doctors and paramedics can administer an antidote to some types of overdoses caused by depressants. If it is an opiate (eg. heroin) overdose and there is **naloxone*** available you should administer it as directed by its Patient Information Leaflet within the naloxone pack. It is perfectly legal for you to do so in an emergency.

*In some areas naloxone is given out as Prevoid, a licensed product but still containing naloxone HCL (at 1mg/ml).

Calling an ambulance

Never hesitate to call an ambulance. In most areas, the police are only called to overdoses if there is a death or an under 16 involved, or if there has been a previous incident of violence at the address given. In some areas the police may also attend if the caller states that the casualty is not breathing normally or not breathing at all. In this circumstance their priority is the preservation of life rather than law enforcement.

"Look after people who have overdosed in the same way you would want them to look after you"

Appendix 5.1: Drug Emergencies – A guide for staff (Hard copies can be provided to schools):

NALOXONE

Opioids (such as heroin and methadone) were implicated in 86% of drug-related deaths in Scotland in 2019. Naloxone is a life-saving medicine that temporarily reverses the effects of an opioid overdose by 'kicking' the opioid out of the receptors in the brain, allowing normal breathing and heart rate to resume.

Naloxone should be given to anyone who is non-responsive and displaying the signs of an overdose. If you are unsure if the person has taken opioids, always use naloxone as this will not cause any harm. If they do have opioids in their system amongst other drugs, reversing the effects may be enough to bring that person round.

Anyone over the age of 16 can get a naloxone kit easily. Get one delivered by visiting Scottish Families Affected by Alcohol and Drugs: www.sfad.org.uk/support-services/take-home-naloxone

To supply naloxone to anyone under the age of 16 there should be a multi-agency approach to planning and decision making. This should include consideration of involving the child in the planning process. If the child is likely to witness an opioid overdose, an assessment of whether the environment with the parent or carer is safe for the child should be carried out. Workers should be sure that the child will be able to:

- Call 999 and ask for an ambulance
- Administer naloxone (the child should be given nasal naloxone)
- Perform basic life support
- Observe the casualty while waiting for the emergency services and decide if further action should be taken

THE RECOVERY POSITION

1 Put the hand closest to you by the head (as if they were waving).



2

Put the arm furthest away from you across the chest, so that the back of the hand rests against the cheek.



3

Hold the hand and lift up the knee furthest away from you, then turn them on their side by pushing down on their knee.



4

Open their airway by gently tilting their head back and lifting their chin, and check that nothing is blocking their airway.



KEY MESSAGES

Always call for help as soon as you can and be as honest as possible. Try to tell the emergency services what the person has taken, how much of it they took and how long ago they have taken it.

DON'T

- Leave them alone
- Inflict excessive pain to wake them
- Give any other drug
- Encourage them to vomit
- Give them anything to eat or drink (apart from small sips of water)
- Put them in a bath/shower
- Walk them about or attempt to restrain them



SIGNPOSTING AND SUPPORT

- CREW | www.crew.scot
- Know the Score | www.knowthescore.info
- Reach | www.reach.scot
- Childline | www.childline.org.uk
- Scottish Families Affected by Alcohol and Drugs | www.sfad.org.uk
- Aye Mind | www.ayemind.com
- Young Minds | www.youngminds.org.uk
- See Me | www.seemscotland.org/young-people
- LGBT Youth | www.lgbtyouth.org.uk
- Quarriers | www.quarriers.org.uk/services/young-carers-support-service-aberdeenshire



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DRUG EMERGENCIES
A GUIDE FOR WORKERS

CREW

V1 | May 2021

DRUG EMERGENCIES

People take drugs for many different reasons and in many different settings. Harm reduction strategies can reduce the risks associated with taking drugs but cannot remove them completely. This leaflet covers what you need to know about drug-related emergencies.

Someone's health might be affected if they have a bad reaction to a drug, they have taken different drugs at the same time, they have taken too much of a drug (an overdose), they have injured themselves while taking drugs, or the drugs they have taken have brought on or made an existing health condition worse.

A drug-related emergency might be something that is affecting someone's physical health, or it might affect their mental health. Both should be taken seriously.

IN AN EMERGENCY

- Keep calm and get help
- Call 999. Give as much information as possible including location, age, gender, what has happened and be honest about what they have taken
- Stay with them and check on them regularly
- If they are very worried or distressed, sit them somewhere calm and give reassurance
- If they are having a seizure (fitting), keep the area safe and move anything that could hurt them
- If they are unconscious, put in the recovery position (or on their side) and monitor breathing
- If they stop breathing, call 999 and if you know how to do them start chest compressions. The call handler will provide guidance and support on what to do if you aren't sure
- If you have someone there, ask them to get a defibrillator
- Carry a resuscitation face mask/shield. If you are unable or don't feel comfortable giving rescue breaths, give chest compressions only
- If you think opioids may be involved, administer naloxone

MENTAL HEALTH

Sometimes when people take drugs the effects might feel overwhelming or uncomfortable. Some people can take too much of a drug and be okay physically but become worried, scared or anxious. It is important to take them seriously and remember that mental health can be an emergency too.

Always try to stay calm, reassure the person and help them to move somewhere quiet and comfortable. Get help if you need it. If in doubt, call 999 for an ambulance.

UPPER DRUGS

Different types of drugs have different effects on your body and your brain. Some drugs will have what is known as an 'upper' effect. We call these stimulant drugs because they stimulate your central nervous system - so they speed up your heart rate, reaction time and you feel like you have more energy.

Drugs in this category include caffeine, nicotine, cocaine, amphetamine (speed) and drugs like mephedrone (known as Mcat).

Drugs like MDMA (the active ingredient in ecstasy pills) also have a stimulant effect.

Stimulant drugs can cause the body to heat up and people to sweat - this means that they are at risk of dehydration if they become overly sweaty.

If someone takes too much of a stimulant drug, they might experience the effects of a stimulant overdose.

SIGNS TO LOOK OUT FOR

- Seizures/fitting/rigid
- Hyperthermia (overheating)
- Severe nausea and vomiting
- Rapid heart rate/chest pains
- Hallucinations
- Difficulty breathing
- Anxiety/fear/panic

DOWNER DRUGS

Downer drugs have the opposite effect to stimulant drugs. They slow down your central nervous system, meaning they slow your breathing, your heart rate and your reaction time. We call these 'depressant drugs' but we aren't talking about the effect on your mood - they might still give you a buzz or feeling of euphoria but, if you take too much, your breathing and heart rate can slow down to life-threatening levels.

Drugs in this category include benzodiazepines like Xanax and Valium (diazepam); opioids like heroin, methadone and lean; and alcohol.

Drugs like ketamine and nitrous oxide (laughing gas) can also slow your breathing if you take larger doses or mix them with other drugs.

If someone takes too much of a depressant drug, they might experience the effects of a depressant overdose.

Mixing different downer drugs (including alcohol or medicines) puts you at more risk of an overdose and is the most common type of overdose in Scotland.

BENZOS

Benzodiazepine tablets in circulation may produce different and stronger effects than expected.

Pills sold as 'diazepam', 'Valium' or 'vallis' may not contain only (or any) diazepam. Instead, they often contain 'street benzos' such as etizolam, flubromazolam and flualprazolam.

Many of these 'New Psychoactive Substance' benzos are extremely potent. This means that people would need to take significantly less to feel the same effects and it is easier to overdose.

The active ingredient can be spread unevenly throughout a batch of pills. This means some pills contain no psychoactive substance, whereas others that look the same can contain much more than expected.

In Scotland, benzodiazepine-related deaths have increased from 149 in 2008 to 888 in 2019, so it is important to be extra careful if taking them.

IF YOU TAKE BENZOS

- Avoid mixing with other drugs. If you do mix, take less of each drug than you would if you were only taking one.
- It can take a few hours to feel the full effects
- Wait as long as you can between doses (at least two hours)
- Benzos can accumulate (build up) and you may have more in your body than expected, which increases the risk of overdose
- Sudden withdrawal from heavy/regular use is dangerous and can be fatal. Try to gradually reduce your intake

SIGNS TO LOOK OUT FOR

- Unconsciousness - won't wake with a shout or a shake
- Confusion
- Severe nausea and vomiting
- Seizures/fitting
- Slow or erratic pulse (heartbeat)
- Difficulty breathing/snoring/raspy breathing
- Blue/pale tingeing of knees, hands and lips
- Pale, cold and clammy skin
- Pin-point pupils (in opioid overdose)



PIN-POINT PUPILS



NAUSEA/VOMITING



SEIZURE/FITTING



UNCONSCIOUS

NALOXONE

Opioid overdoses can be reversed. Naloxone is a life-saving medicine that temporarily reverses the effects of an opioid overdose by 'kicking' the opioid out of the receptors in the brain, allowing normal breathing and heart rate to resume.

Naloxone should be given to anyone who is non-responsive and displaying the sign of an overdose. If you are unsure if the person has taken opioids, always use naloxone as this will not cause any harm. If they do have opioids in their system amongst other drugs, reversing the effects may be enough to bring that person round.

If you are over the age of 16 you can get a naloxone kit easily. Get one delivered by visiting Scottish Families Affected by Alcohol and Drugs: www.sfad.org.uk/support-services/take-home-naloxone

If you are under 16 you will need to speak to your local drugs worker, a youth worker, social worker or other adult/professional that you trust.

THE RECOVERY POSITION

1 Put the hand closest to you by the head (as if they were waving).

2 Put the arm furthest away from you across the chest, so that the back of the hand rests against the cheek.

3 Open their airway by gently tilting their head back and lifting their chin, and check that nothing is blocking their airway.

4 Hold the hand and lift up the knees furthest away from you, then turn them on their side by pushing down on their knee.

MENTAL HEALTH

Sometimes when people take drugs the effects might feel overwhelming or uncomfortable. Some people can take too much of a drug and be okay physically but become worried, scared or anxious. It is important to take them seriously and remember that mental health can be an emergency too.

Always try to stay calm, reassure the person and help them to move somewhere quiet and comfortable. Get help if you need it. If in doubt, call 999 for an ambulance.

REMEMBER

Always call for help as soon as you can and be as honest as possible. Try to tell the emergency services what the person has taken, how much of it they took and how long ago they have taken it.

DON'T

- Leave them alone
- Inflict excessive pain to wake them
- Give any other drug
- Encourage them to vomit
- Give them anything to eat or drink (apart from small sips of water)
- Put them in a bath/shower
- Walk them about or attempt to restrain them

Visit the Crew website to find harm reduction info on lots of different drugs and how you can reduce the risk.

SUPPORT

Witnessing a drug emergency can be frightening and stressful. It will be important to find someone that you trust to talk about it with afterwards. Talk to a trusted adult about how you are feeling.

You can get in touch with the Crew Drop-in to chat about drugs and harm reduction. You might find some of the services below useful too!

www.crew.scot

- Know the Score | www.knowthescore.info
- Reach | www.reach.scot
- Childline | www.childline.org.uk
- Scottish Families Affected by Alcohol and Drugs | www.sfad.org.uk
- Aye Mind | www.ayemind.com
- Young Minds | www.youngminds.org.uk
- See Me | www.seemescotland.org/young-people
- LGBT Youth | www.lgbtyouth.org.uk
- Quarriers | www.quarriers.org.uk/services/young-carers-support-service-aberdeenshire

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DRUG EMERGENCIES

A GUIDE FOR YOUNG PEOPLE



V1 | May 2021

DRUG EMERGENCIES

People take drugs for many different reasons and in many different settings. Harm reduction strategies can reduce the risks associated with taking drugs but cannot remove them completely. It's important to know what to do when things don't go as planned, when someone starts to feel unwell or becomes unconscious.

This leaflet will cover drug-related emergencies and what to do when you or someone else needs help.

Someone's health might be affected if they have a bad reaction to a drug, they have taken different drugs at the same time, they have taken too much of a drug (an overdose), they have injured themselves while taking drugs or the drugs they have taken have made an existing health condition worse or brought on symptoms of an existing health condition.

A drug-related emergency might be something that is affecting someone's physical health or it might affect their mental health. Both instances should be taken seriously.

Sometimes people might be worried about calling for help when someone has been taking drugs or medicines that are not prescribed to them or if they are drinking and smoking under the age of 18. It is really important to always call for emergency help as soon as possible. The main priority for the ambulance or police service is the wellbeing of people.



UPPER DRUGS

Different types of drugs have different effects on your body and your brain. Some drugs will have what is known as an 'upper' effect. We call these stimulant drugs because they stimulate your central nervous system - so they speed up your heart rate, reaction time and you feel like you have more energy.

Drugs in this category include caffeine, nicotine, cocaine, amphetamine (speed) and drugs like mephedrone (known as Mcat).

Drugs like MDMA (the active ingredient in ecstasy pills) also have a stimulant effect.

Stimulant drugs can cause your body to heat up and you to sweat - this means that you are at risk of dehydration if you become overly sweaty. Stay hydrated by sipping water or an isotonic drink. Aim to drink half a pint (284mL) per hour.

If someone takes too much of a stimulant drug, they might experience the effects of a stimulant overdose.

SIGNS TO LOOK OUT FOR

- Seizures/fitting/rigid
- Hyperthermia (overheating)
- Severe nausea and vomiting
- Rapid heart rate/chest pains
- Hallucinations
- Difficulty breathing
- Anxiety/fear/panic



If you see any of these signs you should call 999 straight away and ask for an ambulance.

If the person is conscious, remove any excess clothing like jackets and jumpers and encourage them to sit down somewhere cool and quiet.

If the person is not conscious put them in the recovery position. Try to cool the person down with a damp cloth while you wait for help to arrive.

DOWNER DRUGS

Downer drugs have the opposite effect to stimulant drugs. They slow down your central nervous system meaning they slow your breathing, your heart rate and your reaction time. We call these 'depressant drugs', but we aren't talking about the effect on your mood - they might still give you a buzz or feeling of euphoria but, if you take too much, your breathing and heart rate can slow down to dangerous levels.

Drugs in this category include benzodiazepines like Xanax and Valium (diazepam); opioids like heroin, methadone and lean; and alcohol.

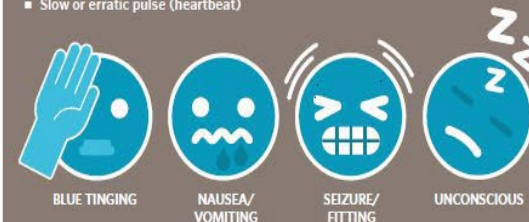
Drugs like ketamine and nitrous oxide (laughing gas) can also slow your breathing if you take larger doses or mix them with other drugs.

If someone takes too much of a depressant drug, they may experience the effects of a depressant overdose.

Mixing different downer drugs (including alcohol or medicines) puts you at more risk of an overdose.

SIGNS TO LOOK OUT FOR

- Unconsciousness - won't wake with a shout or a shake
- Confusion
- Severe nausea and vomiting
- Seizures/fitting
- Slow or erratic pulse (heartbeat)
- Difficulty breathing/snororing/raspy breathing
- Blue/pale tingeing of knees, hands and lips
- Pale, cold and clammy skin
- Pin-point pupils (in opioid overdose)



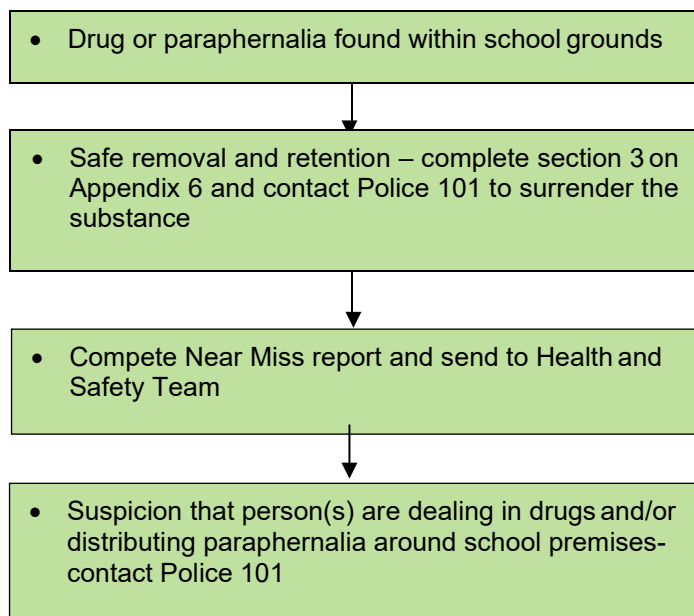
If you see any of these signs you should call 999 straight away.

Put the person into the recovery position and monitor their breathing while you wait for help to arrive. If you think that they have taken opioid drugs, then you should administer naloxone if you have it.

Appendix 6: Drug use and /or Drug-related incidents not involving a pupil

Procedural and operational guidance for all Aberdeenshire Council schools and communities with regard to drug use and / or drug-related incidents not involving a pupil:

- a. Drug or paraphernalia found within school grounds
- b. Suspicion that person(s) are dealing in drugs and/or distributing paraphernalia in or around school premises



For needle/syringe type litter

- Discarded needles and used syringes present environmental health and safety implications for school, staff, young people and the wider community and should only be removed by persons appropriately trained and equipped to do so. The removal of drug related litter of this nature should be in accordance with Health Scotland protocols and the Council's Health and Safety at Work Standing Procedures.
 - Staff, if not properly trained or equipped, should isolate discarded needles and syringes from young people and other staff members before contacting Environment Health: <https://www.aberdeenshire.gov.uk/waste/recycling-and-waste-contact/> who will arrange the safe removal of needles. Needles and syringes can only be transported or stored safely in a "sharps" box.
-

Appendix 7: Recording Form and Supporting Notes for the Pupil Discussion

RECORDING FORM – Substance Use Incident (drugs)			
SECTION 1			
School:	Date of Incident:	Date & Time Reported:	
Staff supporting pupil: (name and designation)		Reported By:	
Pupil(s) Involved:		D.O.B	Home contact number:
Time Police contacted		Time Police Arrived	
Time Parent/Carer contacted		Time Parent/Carer arrived	
SECTION 2			
Description of Incident:			

26 |Guidance for Managing Substance Use Incidents Involving Children and Young People in Aberdeenshire Educational Establishments May 2023

At school (please tick)		On school transport (please tick)	
Outside school grounds during school day (please tick)		On school excursions (Please tick)	

SECTION 3

Drug (if known) or description:	Received by: (if appropriate)	Where retained: (Ensure storage is secure and appropriately witnessed)	Name and ID of Police Officer drug is passed on to:
---------------------------------	----------------------------------	---	---

Section 4

Pupil Discussion (should be completed by most relevant professional) See supporting notes on Appendix 7

Establish facts
 Consider wider health and wellbeing
 Any legal implications

Police Interview undertaken? Yes No

Record any relevant outcome

Final outcome of this incident:

Further actions:

Date and Signatures of supporting staff:

Date and signature of Head Teacher:



Appendix 7.1: Supporting Notes for the Discussion with Child or Young Person under the influence

Key Aspects of an Effective Response:

When meeting with a pupil – **do**

- Ensure two members of staff are present
- Make clear the limits of confidentiality
- Ask factual questions about
 - which drug
 - source
 - quantity
- Identify who is at risk
- Identify the age of pupil
- Identify whether other pupils were involved
- Ask why the pupil has taken the substance
- Operate within school rules and responsibilities for pupils.
- Record the facts

When meeting with a pupil – **do not:**

- Ask leading questions
 - Interrogate
 - Accuse
 - Make assumptions about guilt
 - Detain a pupil in a locked room or without access to food or drink.
 - Remove or search personal belongings.
 - Pledge secrecy or keep drug incidents to yourself (you alone cannot have an overview of the situation and the risk factors).
 - Rely on memory or general impressions – they may be inaccurate and make it more difficult for others to help/obtain evidence.
-

Appendix 8: Chronology

Information to record in the chronology:

1. Date and time of incident
 2. What has been observed as a significant event
 3. What actions have been taken as a result
 4. How this will be followed up and monitored
 5. Has consent been given to share this information? If not, give justifications.
-

Appendix 9: Additional Support Information:

Additional Support and Information	
ASH Scotland	Action on Smoking and Health (Scotland) - is the independent Scottish charity taking action to reduce the harm caused by tobacco. Information on Vapes too. Homepage ASH Scotland
CREW	Harm reduction information, advice and support Crew 2000 – Mind altering
Know the Score	Drug information and helpline Find Out About Drugs - Know the Score
Release Drugs	Information on drugs and the law Release Drugs, The Law & Human Rights
Scottish Families Affected by Alcohol and Drugs	SFAD supports anyone concerned about someone else's alcohol or drug use in Scotland. Scottish Families Affected by Alcohol & Drugs (sfad.org.uk)
Aberdeenshire GIRFEC	Aberdeenshire GIRFEC Mental Health and Wellbeing Toolkit
Counselling	Aberdeenshire School Counselling Service
RADAR	Rapid Action Drug Alerts and Response
Young Minds	YoungMinds Mental Health Charity For Children And Young People YoungMinds
See Me	See Me End Mental Health Stigma and Discrimination (seemescotland.org)
DSM Foundation	Daniel Spargo-Mabbs Foundation (dsmfoundation.org.uk)
Scottish Drugs Forum	Stigma and substance use – SDF – Scottish Drugs Forum
FEARLESS	Drugs Crimestoppers (crimestoppers-uk.org)
Disrespect Nobody	www.disrespectnobody.co.uk National campaign to help young people understand what a healthy relationship is and to help re-think their views of controlling behaviour, violence, abuse, sexual abuse and what consent means within their relationships.
Staff Training Opportunities	
CREW	Training (crew.scot)
Scottish Drugs Forum	Training – SDF – Scottish Drugs Forum
ALDO	Trauma Informed Training - ALDO
Aberdeenshire GIRFEC	Substance Misuse (girfec-aberdeenshire.org)