

# MANAGING DRUG RELATED INCIDENTS PROCEDURES

---

Implementation document for the Drugs in Schools policy

**Policy document number:** PD-2002-0040-01-V01.2.0

**Implementation date:** 15 July 2010

**Applicable from:** 10 October 2022

**Contact:** Learning Improvement

**Phone:** 02 7814 0226

## Document history

Version	Date	Description	Approved by
	15/07/2010	First publication	
V01.1.0	11/06/2021	Minor update to the policy and implementation procedures to include e-cigarettes, reflecting the change to the Public Health (Tobacco) Act 2008 and the Smoke-free Environment Act 2000.	Director, Curriculum Secondary Learners
V01.2.0	10/10/2022	Updated to new template. Updated links and references to align with updated Student Behaviour policy and procedures. Clarified information about individual support planning (section 3.2.8) and suspending students (section 3.3.1).	Executive Director, Curriculum and Reform

## Contents

1	Introduction .....	5
2	Prevention .....	6
2.1	Clear rules and consequences for use or possession of drugs at school.....	6
2.2	Safe and supportive school environment.....	6
2.2.1	Protective factors.....	6
2.2.2	Risk factors.....	6
2.3	Effective drug education.....	6
2.4	Positive links with key community agencies .....	7
2.5	Responsibilities .....	7
2.5.1	Policy and procedures .....	7
2.5.2	First aid and emergency care .....	7
2.5.3	Responding to information about possible drug use.....	7
2.5.4	Up-to-date information on drugs and support for young people with drug use problems.....	8
3	Managing drug-related incidents .....	9
3.1	General principles .....	9
3.1.1	Immediate action .....	9
3.1.2	Follow-up action .....	9
3.1.3	Continuing the student's engagement with education and training.....	9
3.1.4	Involving parents .....	9
3.1.5	Assessing student needs and providing support.....	9
3.1.6	Ensuring staff safety, health, welfare and wellbeing.....	10
3.2	Immediate action.....	10
3.2.1	Ensuring safety, health, welfare and wellbeing of students and staff.....	10
3.2.2	Informing the principal .....	10
3.2.3	Contacting school safety and response hotline .....	10
3.2.4	Seeking advice .....	10
3.2.5	Notifying police in matters relating to illegal drugs .....	11
3.2.6	Informing parents.....	11
3.2.7	Sending students home .....	11
3.2.8	Staff communication and support.....	11
3.2.9	Incident reports.....	11
3.2.10	Media .....	11
3.3	Follow-up action – use, possession or supply of illegal drugs.....	11
3.3.1	Suspending the student.....	11
3.3.2	Identifying substances suspected of being restricted or illegal substances .....	12
3.3.3	Securing suspected illegal substances and related items (paraphernalia) .....	13

3.3.4	Police investigations .....	14
3.3.5	Contacting parents .....	14
3.3.6	Planning the return to school .....	14
3.3.7	Return to school .....	14
3.3.8	Monitoring students on return to school .....	15
3.3.9	Reviewing the school supervision plan .....	15
3.4	Follow up action – tobacco, e-cigarettes, vaping and alcohol .....	15
3.5	Follow up action – misuse of over the counter and prescribed medications, including supply of restricted substances .....	16
3.6	Follow up action – misuse of inhalants/solvents .....	16
4	Drug testing students, including breath testing .....	19
5	School based interventions for students with drug-related problems .....	20
5.1	Assessment .....	20
5.2	Intervention .....	21
5.2.1	Drug awareness .....	21
5.2.2	Referral to the school counsellor.....	21
5.2.3	Referral to specialist health and drug and alcohol services.....	21
5.2.4	Quitline 13 78 48 .....	22
5.2.5	Other school programs and support.....	22
5.2.6	Behavioural management action.....	22
Appendix 1	.....	23
Appendix 2	.....	24
Appendix 3	.....	28
Appendix 4	.....	29
Appendix 5	.....	30
Appendix 6	.....	31

# 1 Introduction

Principals may have to manage incidents that involve drugs.

Principals must respond to a drug related incident in a way that is authoritative, consistent and fair, taking into account:

- the nature of the incident
- the circumstances of the individuals involved, including age, developmental and other relevant considerations
- the needs and safety of others.

This document will assist principals to implement the and provides guidelines for managing drug related incidents. It is intended to be used in the context of the Drugs in Schools policy and related documents including the Student Behaviour policy and the Student Behaviour procedures Kindergarten to Year 12.

## 2 Prevention

Schools will be better able to prevent and manage drug related incidents when they have:

### 2.1 Clear rules and consequences for use or possession of drugs at school

Principals must ensure that:

- the Discipline Code or School Rules or School Behaviour Support and Management Plan reflect government and departmental policy on drugs
- students, parents and school staff are aware of the rules about drugs and the consequences of possession or use of drugs at school.

### 2.2 Safe and supportive school environment

Schools play an important role in helping to prevent drug use problems amongst young people. They do this when the curriculum and student health, safety, welfare and wellbeing strategies help to strengthen protective factors and minimise risk factors known to be associated with drug misuse by young people.

#### 2.2.1 Protective factors

- a sense of belonging to school or other societal institutions
- having at least one close relationship with a parent, teacher, relative or mentor who can provide guidance and emotional support
- membership of a peer group that actively discourages drug use
- a sense of self-efficacy and personal responsibility
- well-developed social and interpersonal skills and adequate decision-making skills
- academic success and commitment to schooling.

#### 2.2.2 Risk factors

- school failure and academic difficulties
- a high rate of absenteeism and truancy
- a lack of commitment to schooling
- transitions to a more impersonal, more anonymous and less protected environment.

### 2.3 Effective drug education

Children and young people need to be equipped with the knowledge and skills to keep themselves safe in a society in which drug use occurs and is often condoned or encouraged, for example the use of alcohol. An approach which promotes abstinence and helps to reduce harm is a useful strategy given the proportion of adolescents who engage in some form of experimentation with drugs.

Drug education activities will be more effective when they are part of a comprehensive whole-school approach to promoting health and wellbeing for all students. Drug education should begin before young people are likely to face situations when they make decisions about drug use and before behavioural patterns have become established.

Drug education content is included in the Personal Development, Health and Physical Education K-10 syllabus, and Life Ready course for students in Years 11 and 12.

Effective drug education will assist students to:

- acquire knowledge and understanding of the complex issues involved in drug use, including up-to-date information about drugs and their effects
- critically examine the influences on drug use
- develop skills to communicate assertively, including how to say no, and the skills to make informed decisions, solve problems and seek further information or help from the department and other relevant support and information services
- develop attitudes and values that promote a healthy lifestyle.

Young people who have begun to use drugs need safety messages about risks and how to reduce risks, including how to reduce or stop use.

For assistance with drug education contact the [PDHPE Advisors](#) in the Curriculum and Reform directorate. A useful resource for schools is the booklet, [Principles for school drug education](#). This was made for schools in 2005.

## **2.4 Positive links with key community agencies**

Links with key community agencies strengthen the school's capacity to respond to drug-related issues and reinforce the notion of community 'ownership' of drug issues. Where possible, schools should establish proactive relationships with relevant community agencies that provide support services to school age community members and their families.

Police youth liaison officers may be valuable contacts for schools responding to a drug-related incident. In high schools, the School Liaison Police Officer is also available to work with the school on a range of intervention strategies.

## **2.5 Responsibilities**

### **2.5.1 Policy and procedures**

Principals must ensure that all employees have ready access to and are familiar with the and the procedures and the [School Behaviour Procedures Kindergarten to Year 12](#) for managing drug-related incidents.

For information on standards of behaviour expected of employees with respect to alcohol, tobacco and other drugs refer to the [Code of Conduct](#).

### **2.5.2 First aid and emergency care**

Principals must ensure that members of staff with current training in first aid, emergency care and cardio-pulmonary resuscitation are identified for contact in the case of a drug-related incident that requires first aid or involves an emergency situation.

Refer to [Health and Safety](#) for further information on the provision of emergency care and staff training.

### **2.5.3 Responding to information about possible drug use**

Teachers have a duty to ensure steps are taken to protect children and young people against any risk of harm which is reasonably foreseeable. Duty of care is exercised daily through the supervision practices within a school and the way information about students is assessed and acted on.

Information concerning possible drug use by students is an example of a situation where a teacher's response must be carefully considered. Where a teacher reasonably suspects, based on personal observation or knowledge, that a student is involved in drug-related behaviours, the teacher must inform the principal.

The purpose of informing the principal is to ensure that appropriate actions are taken. Appropriate actions might include:

- speaking with the student about concerns
- discussing concerns with parents/carers
- monitoring the situation
- referring the student to the school counsellor for assessment of drug use problems
- self referral by the student to the school counsellor.

#### **2.5.4 Up-to-date information on drugs and support for young people with drug use problems**

Staff, particularly those who have a specific safety, health, welfare and wellbeing role, including school counsellors, and those who teach drug education, need to have a knowledge and understanding of the:

- spectrum of drugs and drug use in the school age population and in the community
- support services available to students and families within their local area.

Refer to [section 5](#) for further information on supporting students involved in drug-related incidents.



## **3 Managing drug-related incidents**

### **3.1 General principles**

#### **3.1.1 Immediate action**

The immediate priority in any drug-related incident is to ensure the safety, health, welfare and wellbeing of students and staff.

#### **3.1.2 Follow-up action**

The principal must ensure appropriate follow-up actions are implemented once the immediate safety, health, welfare and wellbeing needs of students have been attended to. The goals of any follow-up actions are to:

- support the student to continue his or her education
- assist the student to overcome problems relating to drug use
- ensure ongoing safety, health, welfare and wellbeing of students and staff.

#### **3.1.3 Continuing the student's engagement with education and training**

The school's response to a drug-related incident must not isolate and marginalise students as this is likely to put them at further risk and increase the likelihood of them developing problematic drug use. The school's role is to:

- educate
- provide support aimed at promoting the student's safety, health, welfare and wellbeing
- encourage the student to continue on an education pathway
- where appropriate, assist the student and the family to link to appropriate community support services.

Where a student is suspended for a drug-related incident, the purpose of the suspension is to allow time for:

- the student to reflect on his or her behaviour
- the family and the school to plan appropriate support to assist the student to change the behaviour and to successfully return to school.

The principal should take into account the student's safety, health, welfare and wellbeing when considering the appropriate length of the suspension.

#### **3.1.4 Involving parents**

In general, parents or carers should be informed about and involved in the management of drug-related incidents. Their support may be vital in helping their children overcome drug-related problems. Consideration needs to be given to privacy rights of children and young people, depending on the nature and severity of the incident, particularly in the case of older students, 16 years and above, before disclosing their actions to a parent or caregiver.

#### **3.1.5 Assessing student needs and providing support**

Problematic drug use by young people may be associated with:

- underlying school and learning problems
- mental health problems
- problems in the family
- abuse and neglect.

A careful assessment of student needs is critical in determining appropriate support. Referral to school-based and regional support services and external agencies may be indicated. Refer to [section 5](#) for information on appropriate assessment, intervention and referral for students.

Principals must ensure that there is a plan for monitoring and supporting students following a drug-related incident. This may include:

- monitoring behaviour
- providing appropriate student safety, health, welfare and wellbeing support
- providing curriculum support.

### **3.1.6 Ensuring staff safety, health, welfare and wellbeing**

Where a drug-related incident has involved violence towards students or staff, principals must discharge WHS obligations. Refer to [Legal Issues Bulletin No 40 \(Intranet only\)](#), [Legal Issues Bulletin No 37 \(Intranet only\)](#) and [Work Health and Safety \(WHS\) policy](#).

A student's right to privacy must be considered and protected. Personal information about the student should only be shared to the extent necessary to discharge workplace health and safety obligations. Staff who are provided with personal information should be reminded from time to time that the information is disclosed only to ensure safety and needs to be handled with appropriate sensitivity.

## **3.2 Immediate action**

### **3.2.1 Ensuring safety, health, welfare and wellbeing of students and staff**

The immediate priority in any drug-related incident is to ensure the safety, health, welfare and wellbeing of students and staff. Immediate action might include:

- establishing the basic facts necessary to ensure the safety, health, welfare and wellbeing of the students. It may be necessary to find out from the students:
  - what type of drug was taken
  - when and how it was taken
  - whether more than one type of drug was taken
  - whether anyone else was involved
- summoning help or providing first aid or emergency care
- isolating students or confiscating any drugs.

Staff must attend to the safety, health, welfare and wellbeing needs of all students involved, including those not directly concerned but who may have observed the incident.

### **3.2.2 Informing the principal**

The principal must be informed, as soon as possible, of any drug-related incident in the school.

### **3.2.3 Contacting school safety and response hotline**

If the incident involves illegal drugs or misuse or supply of restricted substances, principals must contact the Incident Report and Support Hotline on 1800 811 523, contact the Child Wellbeing unit on 02 9269 9400 and run the [Mandatory Reporter Guide](#).

### **3.2.4 Seeking advice**

Where principals require general advice in managing a drug-related incident they should contact the Director, Educational Leadership.

### **3.2.5 Notifying police in matters relating to illegal drugs**

If a student is in possession of a suspected illegal substance the police must be notified immediately.

Note: there is an obligation under the Crimes Act to report the commission of a serious indictable offence or belief that such an offence has been committed. Some offences in relation to drugs are serious indictable offences.

### **3.2.6 Informing parents**

In general, the principal should inform parents or carers of the incident and involve them in the management of drug-related incidents.

The principal may need to consider informing the parents of students not directly involved but who may have observed the incident.

Refer to [section 3.1.4](#) regarding the privacy rights of children and young people.

### **3.2.7 Sending students home**

A student must not be sent out of the school before the end of the school day without notifying a parent or carer and, if necessary, reaching agreement about arrangements for the collection of the student from school.

### **3.2.8 Staff communication and support**

Relevant staff may need to be briefed about a drug-related incident particularly where there is a need to coordinate staff support and implement individual student support planning.

A briefing might include advice to staff about the basic facts of the incident and advice about appropriate responses staff might give to questions that they may be asked. This will help to avoid inflaming the situation or passing on rumours. The nature of the briefing for staff will vary considerably depending on the nature of the incident.

Depending on the circumstances of the incident, some members of staff may need support.

Refer to [section 3.1.6](#) for further information about WHS obligations.

### **3.2.9 Incident reports**

Incidents involving illegal drugs, or use or supply of restricted substances must be reported to the police and Incident Report and Support Hotline on 1800 811 523, contact the Child Wellbeing unit on 02 9269 9400 and run the [Mandatory Reporter Guide](#).

### **3.2.10 Media**

The media may contact the school about a drug-related incident. The principal should contact the Media Unit for advice.

## **3.3 Follow-up action – use, possession or supply of illegal drugs**

### **3.3.1 Suspending the student**

Incidents involving drugs in schools are listed as a behaviour of concern which may lead to a suspension in section 3.3 of the [Student Behaviour Procedures Kindergarten to Year 12](#). Principals must suspend consistently with Student Behaviour Procedures Kindergarten to Year 12, any student who uses, or is in possession of, a suspected illegal substance (not including tobacco or alcohol) or supplies a restricted substance.

Student behaviour suspension, may occur immediately if the substance is being represented by the students as an illegal substance, or on confirmation (in accordance with relevant procedures for

identification of illegal substances) that the substance is, in fact, illegal, where the suspension is in accordance with section 3 of the Student Behaviour Procedures Kindergarten to Year 12.

Students who assist other students to obtain illegal substances or supply restricted substances, such as prescription drugs, may also be suspended. Refer to Appendix 2 for further information about restricted substances.

### **3.3.2 Identifying substances suspected of being restricted or illegal substances**

Principals may be confronted with a situation where substances suspected of being illegal drugs or restricted substances are found in the possession of students or other school community members. To properly identify the substance, principals must seek the assistance of the local police who will come to the school and take possession of the substance.

Where the nature of a substance is in doubt (the student does not admit the substance is illegal or is not passing the substance off as illegal), principals may request a priority analysis. Priority analysis should only be requested if the decision for behavioural intervention depends on the nature of the substance. Otherwise analysis is undertaken at police discretion. The results of a priority analysis will normally be available within 48 hours. If the decision as to the appropriate action is linked to the status of the substance, the principal must defer any decision to suspend the student until the analysis has been completed.

If a priority analysis is required, the principal will:

- ensure the School Safety and Response Unit has been notified through the Incident Report and Support Hotline on 1800 811 523, contact the Child Wellbeing unit on 02 9269 9400 and run the Mandatory Reporter Guide
- inform the attending police officer of the request
- seek advice from the Director, Educational Leadership that priority analysis is required
- complete Section A of Request for priority analysis of a substance suspected of being an illegal drug (Appendix 1)
- ascertain the Director, Educational Leadership's availability before sending the form for endorsement.

The **Director, Educational Leadership** will:





- confirm a priority analysis is necessary
- complete Section B of Request for priority analysis of a substance suspected of being an illegal drug (Appendix 1) and forward it to the Manager, School Safety and Response.

The **Manager, School Safety and Response** will:

- confirm if a priority analysis is necessary
- complete Section C of Request for priority analysis of a substance suspected of being an illegal drug (Appendix 1) and forward it to the Police Local Area Command.

Principals will be advised of the result of the analysis by the investigating officer. The outcome of the analysis needs to be passed on to the School Safety and Response Unit so that the report can be updated and payment for the analysis can be approved.

**Table 1 Request for a priority analysis of a substance suspected of being an illegal drug**

Flow	Steps to be taken
School principal 	<ul style="list-style-type: none"> <li>• Inform the investigating police officer of the intention to request a priority analysis.</li> <li>• Complete <b>Section A</b> of the request form.</li> <li>• Confirm the Director, Educational Leadership's availability before sending.</li> <li>• Send the request form to the Director, Educational Leadership for endorsement.</li> </ul>
Director, Educational Leadership 	<ul style="list-style-type: none"> <li>• Confirm that a priority analysis is necessary.</li> <li>• Complete <b>Section B</b> of the request form.</li> <li>• Send the request form to the School Safety and Response Unit.</li> </ul>
School Safety and Response Unit 	<ul style="list-style-type: none"> <li>• Review the incident report provided by the school via the Incident Report and Support Hotline.</li> <li>• Confirm that priority analysis is necessary.</li> <li>• Complete <b>Section C</b> of the request form.</li> <li>• Forward the request form to the police local area command.</li> </ul>
Police Local Area Command 	<ul style="list-style-type: none"> <li>• Arrange priority analysis of the substance.</li> <li>• Notify the school principal of the results of the analysis.</li> </ul>
School principal	<ul style="list-style-type: none"> <li>• Notify the School Safety and Response Unit of the results of the analysis.</li> </ul>

### 3.3.3 Securing suspected illegal substances and related items (paraphernalia)

Principals must ensure that all handling of an illegal substance or a substance suspected of being illegal and related items (paraphernalia) is limited and documented, noting:

- who handled the substance or related items
- when and where it was handled
- who was present.

When the substance is given to the principal it must be placed in a bag and sealed. The principal will lock the sealed bag in a secure place at the school to which only he or she has the key. This will ensure no other person has access to the substance before the police are able to take possession of it for lawful disposal. The police should be notified immediately and arrangements made for collection of the substance on the same day. Only under exceptional circumstances where the police are unable to attend on the same day should the substance be stored overnight. This should be done in consultation with the police. The principal may negotiate with police to convey the substance to the local police station, if appropriate.

Disposal of the substance is the responsibility of the police. Principals are not required to dispose of the substance and related items (paraphernalia).

### 3.3.4 Police investigations

Where there are implications of illegal activity, investigation is the responsibility of the police. Principals must not initiate investigations, beyond establishing the basic facts, unless advised to do so by the police.

The police will carry out any enquiries consistent with approved police practice. Principals may obtain further details about police action in schools in Legal Services Bulletin No 13, [Police or DCJ – interviews in schools](#) (intranet only).

For details about what information may be shared and the development of local procedures when there is police investigation of a matter, refer to the [Memorandum of understanding for information exchange between schools and NSW Police](#) (Intranet only).

Decisions about criminal investigation in a matter involving a student and illegal drugs are the responsibility of police.

A police investigation of a particular matter does not remove the principal's obligation to deal with the behaviour as a behaviour of concern in accordance with the [Student Behaviour Procedures Kindergarten to Year 12](#).

Further information regarding police involvement in incidents involving illegal or restricted drugs can be obtained from the School Safety and Response Unit. The unit has police officers available to provide advice.

### 3.3.5 Contacting parents

Parents or carers must be notified within 24 hours once the details of the suspension have been formalised, consistent with Section 3.4.1, [Student Behaviour Procedures Kindergarten to Year 12](#).

### 3.3.6 Planning the return to school

Planning the return to school following suspensions for drug-related incidents must be consistent with Section 3.5.5, [Student Behaviour Procedures Kindergarten to Year 12](#).

The principal must convene a return to school planning meeting of personnel involved in the safety, health, welfare, wellbeing and guidance of the student, including the parents or carers, to discuss the student's transition back into school, and plans to minimise any further disruption to their learning and the learning of others. This must be convened at the earliest opportunity.

Where necessary, principals must organise an interpreter, cultural assistance or translation of documents to allow parents or carers to participate fully in the process. For details on arranging an on-site or telephone interpreter, refer to the [Interpreting and translations](#) page of the department's website.

### 3.3.7 Return to school

Returning to school following suspensions for drug-related incidents must be consistent with section 3.5.6, [Student Behaviour Procedures Kindergarten to Year 12](#).

Principals are encouraged to facilitate the student's return to school by involving them in a targeted intervention to help them change their drug-related behaviours. Participation in an appropriate program can take place before or after the student's return to school and should not delay the return to school.

School counsellors, in consultation with parents/carers, will assist principals to:

- assess the student's involvement with drugs and implement appropriate strategies to help the student to change their behaviour
- determine the nature of the targeted intervention program.

The targeted intervention might include:

NSW Department of Education | PD-2002-0040-01-V01.2.0

If this is a printed document, refer to the department's Policy Library for the most recent version.

- counselling at school
- participation in a school-based intervention program
- referral to a specialised drug and alcohol or health service.

Refer to [section 5](#) for further information about appropriate interventions.

### **3.3.8 Monitoring students on return to school**

Appropriate staff within the school's delivery support team will monitor progress and provide support to the student on return to school. A student who has been suspended for supplying illegal or restricted drugs must return to school with a plan that ensures that behaviour and progress are strictly monitored. It is important that confidentiality and privacy be respected. Refer to [Use and disclosure of personal information PB04](#).

### **3.3.9 Reviewing the school supervision plan**

It is the responsibility of the police to investigate any illegal activity within the school or the wider community. The school, however, must make it clear to students and the community that unlawful behaviour is not acceptable. Inaction can be interpreted as condoning unlawful activities. After an incident involving illegal drugs the principal will consider whether the incident is part of a wider problem within the school community.

Appropriate actions following an illegal drugs incident would include:

- reviewing the school's supervision plan to ensure that opportunities for using or supplying drugs at school are minimised
- reminding the school community about the school's rules and departmental policy on drugs
- staff vigilance in bringing to the attention of the principal any information they may have from their day-to-day observations and interactions with students that suggest illegal activities might be occurring within the school. If preliminary enquiries indicate that there are implications of illegality, the principal must refer the matter to the police for advice on how to proceed.

## **3.4 Follow up action – tobacco, e-cigarettes, vaping and alcohol**

The principal will implement the school's student welfare and discipline policies or School Behaviour Support and Management Plan and strategies appropriate to the circumstances. Student use of tobacco, e-cigarettes and alcohol is primarily a health issue.

In circumstances where measures detailed under sections 2 and 3.2, [Student Behaviour Procedures Kindergarten to Year 12](#), have been unsuccessful in resolving inappropriate behaviour involving alcohol, tobacco and e-cigarettes, a suspension in accordance with section 3, [Student Behaviour Procedures Kindergarten to Year 12](#) may be imposed for continued disobedience in use of alcohol, tobacco and e-cigarettes.

If a student is suspended, appropriate staff within the school's delivery support team will monitor progress and provide support to the student on return to school. It is important that confidentiality and privacy be respected.

If a student is caught smoking tobacco, e-cigarettes or vaping a substance that has been mixed with an illegal drug, it must be treated as an illegal drug issue, not a tobacco issue.

Students who use tobacco and e-cigarettes at school may be dependent on nicotine which is a highly addictive drug. Refer to [section 5.2](#) for information on the Quitline.

### **3.5 Follow up action – misuse of over the counter and prescribed medications, including supply of restricted substances**

Where there are concerns that a student is misusing over-the-counter or prescribed medicines, the principal will discuss possible interventions with the student, where appropriate, or with the school counsellor or the parents or carers.

If doubts remain as to the medical circumstances of the case or possible treatment required, the parents can be advised to consult the family doctor.

If there are concerns that student misuse of prescribed medications could have implications of illegality, the principal will refer the matter to the police to seek advice as to the next appropriate steps to be taken. The School Safety and Response Unit should also be notified. Where the police are consulted the parents of any students involved will be informed as soon as practicable.

In cases where students are supplying a restricted substance, police and the School Safety and Response Unit must be notified. Principals will manage the situation consistent with Student Behaviour Procedures Kindergarten to Year 12.

Refer to Student Health in NSW Public Schools: A summary and consolidation for information about the administration of prescribed medications, the supply and storage of medications at school.

### **3.6 Follow up action – misuse of inhalants/solvents**

Misuse of inhalants/solvents (also known as volatile substances) by children and young people is a matter for serious concern. These substances include butane gas, aerosol sprays, petrol, glue, correction fluids, paint thinners, and cartridge bulbs for whipped cream dispensers.

Inhalants are not illegal substances and it is not an offence to inhale products containing volatile substances.

Young people who are regular or chronic inhalants users have often experienced many adverse life circumstances and will require coordinated support from a number of community agencies. Effective management requires schools to work collaboratively with other agencies including NSW Health, Department of Communities and Justice, NSW Police and non-government and community organisations.

In cases where students are sniffing inhalants or solvents, students may be supported by:

- providing an individualised education program that highlights the harms associated with sniffing, assists the student to find alternative behaviours and identifies a specific support network so that he or she knows where to get help
- identifying and providing an appropriate mentoring strategy
- maintaining links with local area health service staff regarding joint case management to ensure a coordinated approach, especially with parents and community.

Where schools require assistance in managing issues involving the use of inhalants/solvents they should contact the Director, Educational Leadership and refer to the booklet, Sniffing: The Dangers of Solvent Use by Young People.



### **3.6.1 Education about inhalants/solvents**

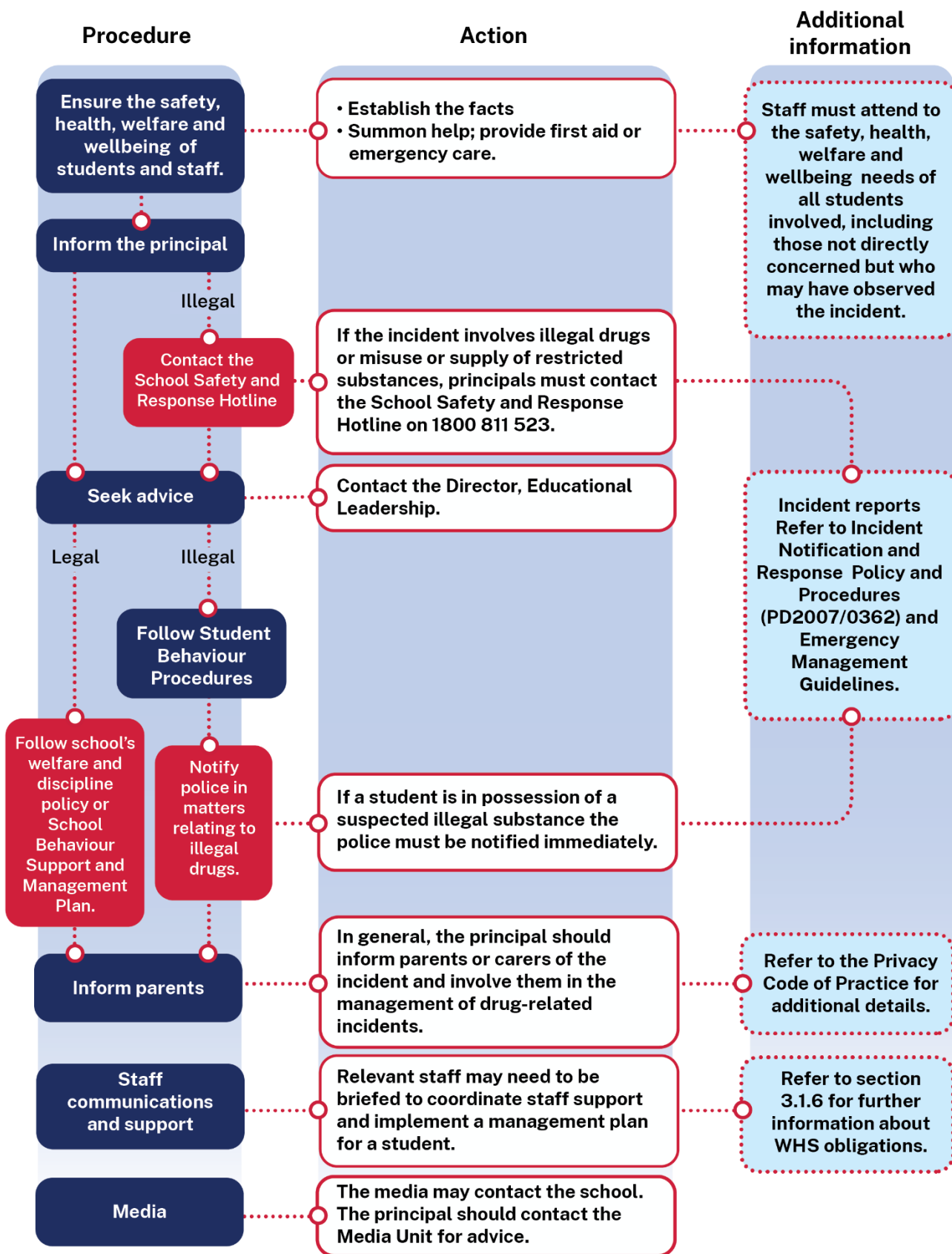
In general, it is not appropriate, where students are not using inhalants, to include specific information about them in drug education lessons. This has the potential to arouse young people's curiosity and increase experimentation with these readily available substances.

Inhalants/solvents must not be referred to as 'drugs'. One approach to teaching about inhalants is to refer to them as 'poisons' and to link prevention messages to topics such as poisons, product safety, first aid and fire safety.

It is, however, important for staff members to be aware of the various products that offer potential for abuse of solvents, to know how they are abused and to be aware of the effects of abuse.

Contact the Director, Educational Leadership or PDHPE Advisors for more information on approaches to inhalant/solvent education where this is a need in the school community.

Figure 1 Summary flowchart



## 4 Drug testing students, including breath testing

Students must not be drug tested at school or during school activities such as school socials, excursions and sporting events. This includes breath testing. If staff believe that a student is intoxicated or under the influence of drugs including alcohol, staff will follow departmental procedures for responding to students who are unwell.

Students who become unwell at school are best transferred to the care of a parent/caregiver. The aim of care given at school to such students is to make them comfortable in the interim. Refer to Section 1.12 [Student Health in NSW Public Schools: A summary and consolidation](#).

In some cases it may be necessary to summon help or provide first aid or emergency care.

Once the immediate safety, health, welfare and wellbeing of the student has been ensured, any follow up action must be appropriate to the circumstances and consistent with the Drugs in Schools policy and departmental procedures.

The role of the school is to educate young people about drugs and provide support where students are involved in drug-related incidents in schools. Educational programs, counselling, effective monitoring and support for young people who may have drug use problems are more appropriate options for schools than drug testing.

The use of drug testing is contrary to some of the key aims of government school education including establishing and maintaining the trust of students. There are important considerations about cost, accuracy and sensitivity, relevance, privacy and due process rights of students, and which drugs are detected.

Drug tests are limited in their capacity to show whether a person has a drug-related problem and to indicate the degree of impairment. They do not explain why a student is using a drug or how to effectively intervene to support the student to overcome problems. A report, *Drug Testing in Schools: evidence impacts and alternatives*, by the Australian National Council on Drugs released in March 2009, concludes that there is insufficient evidence to show drug testing in schools has any benefits, it lacks evidence of effectiveness and introducing it could create mistrust and stigmatisation between students and teachers.

## 5 School based interventions for students with drug-related problems

Schools can play a role in early intervention for students who experience drug use problems by providing support at school and linking students and their families to relevant community agencies. Problems may then be reduced or eliminated before they become entrenched.

Schools cannot address the problems of drug use alone. Parents or carers should be consulted and involved wherever possible. Schools need to work collaboratively with community agencies, particularly where specialised treatment services are required.

### 5.1 Assessment

A careful assessment of student needs is critical in determining an appropriate intervention. The following are some of the important questions to consider.

- Why is the student using the drug?
  - Young people use drugs for a variety of reasons including availability, experimentation and risk taking, to change their perceptions and heighten sensations, association with peers who use drugs, rebellion, to relax, to help eliminate problems or relieve symptoms of anxiety or depression and to boost confidence and self esteem.
- What is the type of drug use?
  - Most drug use among adolescents is experimental and occasional. Some young people, however, may develop problems with drug use and may become dependent.
- What is the impact of the drug use?
  - Is it compromising the student's safety, participation at school or relationships with significant others?
- In what context does the drug use occur?
  - Is it restricted to social activities or is the student drinking or using substances alone?
- Are there any other concerning indicators?
  - These may include depression, anxiety, violence or self-harming behaviours.
- How vulnerable is the student?
  - Is he or she isolated, with an unsupportive home and social environment?
- Is the student dependent on the drug?
  - The longer a certain behaviour has been sustained, the harder it is to change. Drug dependence is a chronic relapsing condition and a young person who is drug dependent may require support over a long period of time from home, school and specialised services to help him or her overcome drug dependence.
- Does the student see his or her drug use as a problem?
  - A student who does not perceive his or her drug as a problem will not be motivated to change. Motivation is important in changing any established behaviours.

Appropriate supportive intervention may need to address a number of aspects of the student's life, including at school and home, amongst peers and in the wider community.

## 5.2 Intervention

### 5.2.1 Drug awareness

Some students may require information about the health, social and legal consequences of drug use. This may be an appropriate intervention where there is concern that the student is placing himself or herself at risk of further behavioural management action including suspension or adverse health and social consequences.

The student could be provided with appropriate materials including:

- Drugs and alcohol: What you need to know?

### 5.2.2 Referral to the school counsellor

Consideration must be given to referring students involved in a drug related incident to the school counsellor. Referral is indicated when:

- there are concerns that the drug use may be a symptom of underlying school or family problems or mental health problems
- there are significant problems at school such as serious behaviour problems
- the drug use behaviour is associated with high levels of risk to the student
- the student's drug use is causing significant disruption to his or her school and social functioning
- the student appears to be using drugs in an attempt to cope with his or her problems
- the student appears to be drug dependent
- the student has been suspended for possession, use or supply of illegal drugs.

School counsellors have additional training to assist them to work with students who have drug and alcohol problems. The counsellor can assess the student's drug use, including motivation to change, and can assess the need to refer the student to other health professionals.

### 5.2.3 Referral to specialist health and drug and alcohol services

The school counsellor may recommend to the student and their family that referral to a specialised service such as a drug and alcohol service, a youth service or a mental health service would be an appropriate intervention.

Referral to agencies may develop a plan to support the student and family that might include:

- individual drug and alcohol counselling for the student over a number of weeks
- participation by the student in a skills training program tailored to address issues relating to problematic drug use
- participation in a residential drug treatment program
- other specialist intervention for the student, such as counselling or psychiatric treatment, to address mental health problems
- family therapy
- parent participation in a parent support group.

The plan might also include:

- the nomination of a case manager and point of contact with the school
- strategies to support the student at school
- an agreement about appropriate exchange of information between the school, the parents or carers and the agency.

The school counsellor may be involved in aspects of the management of the intervention.

### **5.2.4 Quitline 13 78 48**

Students who smoke may be addicted to nicotine. Encouraging students to seek help through the Quitline may be appropriate.

The Quitline 13 78 48 is a free confidential telephone based service primarily designed to help smokers quit smoking. The Quitline 13 78 48 can also provide assistance to the family and friends of smokers and others requesting information about smoking. An interpreter service is available for those who are not fluent in English.

### **5.2.5 Other school programs and support**

Some students involved in a drug related incident may be experiencing difficulties at school such as:

- behaviour problems
- poor school attendance
- poor peer adjustment
- bullying
- learning difficulties
- poor school achievement
- disengagement from school.

These problems may be contributing factors to the student's drug use. Referral to relevant supports within the school and the region must be made to ensure that appropriate programs to assist the student can be developed and implemented. Relevant support personnel from the delivery support team might include:

- learning and support team
- behaviour specialist team
- home school liaison officer
- Aboriginal community liaison officer
- multicultural community information officer.

### **5.2.6 Behavioural management action**

Where behavioural management action is appropriate, this might include:

- warning
- loss of privilege
- detention
- discussing with parents their role in promoting acceptable student behaviour
- suspension, where the circumstances warrant it.

# Appendix 1

## Request for priority analysis of a substance suspected of being an illegal drug

To be completed by the school principal and forwarded to the Director, Educational Leadership and Manager, School Safety and Response Unit for approval

### Section A

Date of request: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

School: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Investigating police officer: \_\_\_\_\_

Police Local Area Command: \_\_\_\_\_

Phone: \_\_\_\_\_ Email \_\_\_\_\_

School Safety and Response Unit – Incident Report number: \_\_\_\_\_

Brief details of the incident that gave rise to the request for priority analysis:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Principal: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### Section B Endorsed by the Director, Educational Leadership

Comment: \_\_\_\_\_

\_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Director, Educational Leadership

### Section C: Approved by Manager, School Safety and Response Unit

Comment: \_\_\_\_\_

\_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## Appendix 2

### Laws regarding tobacco, alcohol, inhalants, prescribed medications

#### Tobacco

Tobacco products are not prohibited drugs as defined by the Drug Misuse and Trafficking Act 1985. Their possession and use do not constitute an offence.

The Public Health Act 2008 states that a person who sells tobacco products or non-tobacco smoking products to a person who is under the age of 18 years is guilty of an offence.

Recent amendments to the Public Health Act 1991 include banning the sale of sweet, fruit or confectionery flavoured tobacco products and tobacco products from mobile or temporary premises including at events targeted at young people such as music festivals.

For more information contact your local Public Health Unit. To report an offence, please contact the Tobacco Information Line 1800 357 412 or alternatively email [tobacco@doh.health.nsw.gov.au](mailto:tobacco@doh.health.nsw.gov.au) or the nearest police station.

#### Smoke-free Environment Act 2000

The NSW Smoke-free Environment Act 2000 requires enclosed public places to be smoke free. The ban includes smoking cigarettes, e-cigarettes, pipes, cigars or other products in any form.

Schools are listed as an example of a smoke free place under Schedule 1 of the Act if they are an enclosed public place. An 'enclosed' public place means having a ceiling or roof and, except for doors and passageways, completely or substantially enclosed whether permanently or temporarily. Playgrounds or open areas would not come under this definition. The NSW Department of Education further requires that smoking and vaping is prohibited on all school premises for staff, students and visitors.

Section 9 of the Act requires that signs be displayed in prominent areas of the premises notifying that smoking is prohibited and clause 4 of the Smoke-free Environment Regulation 2007 refers to the prescribed requirements for signs being displayed in smoke free zones. Under clause 5 of the Regulation there is an exemption for displaying signs, if the place is one in which persons would reasonably be expected to know, by custom or otherwise, that smoking is not permitted and in which persons do not usually smoke.

The Act (Section 7) provides that it is an offence for a person to smoke in a smoke free area. Section 8 indicates that an occupier is guilty of an offence if someone smokes in a smoke free area. (An occupier includes a person having management or control of the premises [or part of the premises] or someone in charge of the premises). It is a defence to a prosecution under section 8 if the occupier (or the agent or employee), did not provide implements to facilitate smoking, (for example, ashtray), and the occupier either:

- did not know or could not reasonably be expected to have known that a person was smoking
- on becoming aware that a person was smoking, advised the person that he or she was committing an offence, asked them to stop or required them to leave the premises if the person continued to smoke.



Principals must:

- comply with the department's policy on smoking on school premises
- ensure that the prohibition of smoking on school premises is well known to students, parents, staff and others who use the school facilities by means of the school discipline policy, school rules and other communications
- do what is reasonable to enforce the policy.

The agreement with community groups who use school facilities includes the prohibition of smoking as a condition of use. Refer to [Sharing of School Facilities policy and procedures](#).

Schools that wish to display signs may obtain them free of charge from [NSW Health](#) or email: [MOH-PopulationHealthResources@health.nsw.gov.au](mailto:MOH-PopulationHealthResources@health.nsw.gov.au).

### **Non-tobacco smoking products**

A person who sells a non-tobacco smoking product to a person under 18 years is guilty of an offence. A non-tobacco smoking product is defined as any product (other than a tobacco product) that is intended to be smoked and includes any product known or described as herbal cigarettes or e-cigarettes.

### **Alcohol**

Alcohol products are not prohibited drugs as defined by the Drug Misuse and Trafficking Act 1985. The Liquor Act 2007 contains a number of offence provisions that make it unlawful for liquor to be supplied to under 18s. This prohibition applies in licensed premises, and, except where liquor is supplied by a parent or guardian, or by another adult with a parent or guardian's consent, anywhere else, including schools, homes, halls, parks and other places. Sanctions for this offence include a maximum court fine of \$11,000 and/or 12 months imprisonment, or an on-the-spot penalty of \$1,100.

Parents and other adults should be aware that it is against the law to supply alcohol to under 18s as part of Higher School Certificate celebrations, school formals, schoolies week or other activities involving under 18s.

In addition, prohibitions also apply to under 18s drinking alcohol on, or taking it away from, licensed premises. A maximum court fine of \$2,200 or an on-the-spot penalty of \$220 applies for these offences.

### **Licensed premises**

Restrictions apply to under 18s entering certain parts of hotels and registered clubs. These restrictions normally apply to bar and poker machine areas of a hotel or club, while other areas, like a bistro or function area, are often approved to allow under 18s to enter with a responsible adult, for example a parent or guardian.

### **Acceptable ID for purchasing alcohol**

The NSW liquor laws prescribe the following types of ID that can be used by young adults to purchase alcohol or enter licensed premises:

- a current photo card issued by the Services NSW
- a current driver's licence issued by the Services NSW or a licence issued in another state or country
- a current passport issued by the Australian Government or by a foreign government
- a proof of age card issued by another state or territory of Australia.

Other forms of ID are not recognised by the NSW liquor laws.

Where ID is used fraudulently by a young person, \$220 penalty notices can be issued. Sanctions can also be imposed under the motor traffic laws resulting in young people who use false IDs to purchase

alcohol and enter licensed premises being required to spend an additional six months on their provisional driver licence.

### **Use of alcohol as a prize in raffles**

Liquor may be offered as a prize in a raffle under certain conditions. These are:

- the maximum quantity that may be offered as a prize or part of all prizes in a raffle is 20 litres (for example, 2 cartons [48X375 ml cans] of beer or 24X750 ml bottles of wine or spirits)
- tickets for liquor prizes cannot be sold by, or to, under 18s. Also, under 18s cannot give or collect a liquor prize.

Refer to [Legal Issues Bulletin Number 36, Fundraising Activities](#) (Intranet only). The use of alcohol as a prize in a raffle is governed by the [Community Gaming Bill 2018](#).

For more information about the NSW underage drinking laws visit the [Liquor and Gaming NSW website](#).

Under 18s checklist regarding alcohol and the law

- general prohibition applies to liquor supply to under 18s
- under 18s can't purchase alcohol from, or drink alcohol on, licensed premises
- under 18s can't sell raffle tickets where alcohol is a prize
- under 18s can't give or collect a liquor prize
- under 18s can enter approved areas of a hotel or club with a responsible adult
- general prohibition applies to under 18s serving alcohol in licensed premises
- only prescribed forms of ID are recognised in NSW
- under 18s cannot accept home deliveries of alcohol.

### **Inhalants and solvents (volatile substances)**

Volatile substances are compounds that give off vapours and fumes at room temperature. Volatile substances are commonly known as inhalants and solvents. They include butane gas, aerosol sprays, petrol, glue, correction fluids, paint thinners, and cartridge bulbs for whipped cream dispensers.

In NSW it is not an offence to inhale or sell products containing volatile substances.

Products with the potential to give off dangerous fumes such as aerosol pain relief sprays, type correction and lighter fluids, carry warning labels.

There are restrictions on marketing certain products. The [Graffiti Control Act 2008](#) prohibits the sale of spray paint cans to persons under the age of 18 years with fines of \$1,100 for sale to juveniles. It also states that a police officer may seize a spray paint can in the possession of a person, suspected of being under the age of 18 years, in a public place, unless the person satisfies the officer that the person has the spray paint for a legitimate purpose.

### **Prescribed medications**

The Poisons and Therapeutic Goods Act 1966 states that the possession or use of prescribed restricted substances is illegal unless the person is professionally entitled to possess the substance or has a prescription in their name given by an appropriate person such as a medical practitioner.

Prescribed medications that may be used illegally include:

- benzodiazepines such as Valium, Serepax
- image and performance enhancing drugs (anabolic steroids)

- methadone
- methylphenidate (Ritalin), prescribed for the treatment of Attention Deficit Hyperactivity Disorder (ADHA)
- dexamphetamine, prescribed for the treatment of Attention Deficit Hyperactivity Disorder (ADHA).

### **Restricted substances**

A restricted substance is defined in the Poisons and Therapeutic Goods Act 1966 as any substance specified in Schedule Four of the Poisons List.

#### **Schedule Four**

Substances which in the public interest must be supplied only upon the written prescription of a medical practitioner, nurse practitioner authorised to prescribe the substance under section 17A, midwife practitioner authorised to prescribe the substance under that section, dentist, optometrist authorised to prescribe the substance under section 17B or veterinary surgeon.

## **Appendix 3**

### **Safe handling and disposal of sharps**

Refer to Appendix D Procedures for sharps handling and disposal (Intranet only), pp15-17, [Infection Control Guidelines](#), for guidelines on safe handling and disposal of sharps and purchasing sharps containers.

If a member of staff, student or visitor believes they have sustained a needle stick/sharps penetration of the skin they should immediately follow the advice in Appendix B contact with blood or body fluids, page 13, Infection Control Guidelines.

## Appendix 4

### Searches of students' persons or property

Searches of a student's person or property (for example, bags/lockers) require strict adherence to guidelines. Wherever possible, these should be carried out by police. **Under no circumstances should staff carry out a physical search of a student.** If immediate safety is in doubt principals can search a student's property. Principals may obtain further information about powers of search from [Legal Services Bulletin No 16, Searching Students](#) (Intranet only).

## **Appendix 5**

### **Equipment for use on the administration of drugs**

The Drug Misuse and Trafficking Act 1985 makes it an offence to possess any item of equipment for use in the administration of a prohibited drug. The maximum penalty for the offence for persons under 18 years is \$1,100.

This offence includes the possession of 'bongs' and water pipes.

The Act specifically provides that possession of a hypodermic syringe or hypodermic needle is not an offence.

The Act also creates a number of offences in relation to cultivation, supply, administration, possession and manufacture of certain drugs, which are prohibited under the Act, and other related matters.

## Appendix 6

### Reporting 'at risk' drug-related behaviours

Principals sometimes ask whether common risk taking adolescent behaviour such as binge drinking and substance use should be reported to the [Child Protection Helpline](#).

A report must be made to the Child Protection Helpline if there are reasonable grounds to suspect that the child or young person is at risk of significant harm. In this situation, 'at risk' adolescent behaviours should be considered with other factors to make judgements about suspected risk of significant harm.

Examples of these factors that would establish reasonable grounds for concern about suspected risk of significant harm are:

- there are reasonable grounds to suspect that the 'at risk' adolescent behaviours could result from the impact of current or past abuse or neglect or from the impact of living with domestic violence
- the student's safety, welfare or wellbeing is at risk of significant harm because their physical or psychological needs (including their need for adequate supervision) are not being met
- the behaviour is likely to have resulted from failure to receive necessary medical care including treatment for mental health concerns.

The cumulative impact from one or more factors should also be considered when making judgements about suspected risk of significant harm.

The [Mandatory Reporter Guide](#) can assist principals to determine whether the risk of significant harm threshold is reached and whether a report to the [Child Protection Helpline](#) is required. The Mandatory Reporter Guide also provides guidance about when principals must contact the [Child Wellbeing Unit](#). Principals can contact the Child Wellbeing Unit on telephone 02 9269 9400 if they require further assistance in determining the level of suspected risk of harm.

Where the student is 16 or 17 years of age, he or she should be provided with the opportunity to express his or her views about a report being made, unless there would be serious risks in doing so (for example, creating further risk of harm). Any views expressed should be conveyed to the [Child Protection Helpline](#) when reporting suspected risk of significant harm.

Consideration should be given to student safety, health, welfare and wellbeing issues and whether the drinking and substance abuse by a student falls within the normal range for adolescent risk taking.

Some questions to consider are found at [section 5.1](#). If answers to these questions give rise to concerns about the seriousness of the student's drug use, the principal or school counsellor may wish to consult with the [Child Wellbeing Unit](#) or a youth health service and be guided by that advice.

In the following cases, the [Mandatory Reporter Guide](#) and professional judgement should be applied to determine whether a report is required to the [Child Protection Helpline](#). The [Child Wellbeing Unit](#) may also be contacted for advice and assistance.

- where 'at risk' behaviour might be the result of a young person (or a child) being in crisis because of serious or persistent conflict with his or her family
- where the parents are unable to provide adequate supervision for a young person (or a child).

The reporting of 'at risk' drug related behaviours must be consistent with [Child Protection: Responding to and reporting students at risk of harm](#).

Relevant legislation can be accessed at [Children and Young Persons \(Care and Protection\) Act 1998](#).