

# CARRICKFERGUS MODEL SCHOOL



## DRUGS POLICY

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### INTRODUCTION

The care, welfare and safety of the pupils at Carrickfergus Model Primary School are of paramount importance to the Board of Governors and the teaching and non-teaching staff of the school. We feel that our drugs education programme will promote that sense of wellbeing, as well as the safety and the security of pupils within our school.

This policy has been written based on the guidance provided by the Department of Education for Northern Ireland (DENI) in the following documents:

- DENI Circular 2015/23: Drugs Guidance; and
- DENI- Drugs Guidance for Schools in Northern Ireland (CCEA)

It is a statutory requirement for all schools in Northern Ireland to:

- have a drugs policy and publish details in relation to the policy in their prospectus (Education (School Information and Prospectuses) Regulations (Northern Ireland) 2003);
- deliver drugs education to include legal and illegal substances (The Education (Curriculum Minimum Content) Order (Northern Ireland) 2007); and
- inform the PSNI if they believe or suspect a pupil to be in possession of a controlled substance (Criminal Law Act (Northern Ireland) 1967) (See Appendix 1).

### RATIONALE

Schools must respond to the challenges of substance misuse. The Northern Ireland Curriculum has a statutory requirement to deliver drugs education as part of the statutory curriculum for Personal Development and Mutual Understanding (PDMU) at primary level. At post-primary level, schools deliver drugs education through the Personal Development (PD) strand of Learning for Life and Work. These requirements, as well as guidance and advice on planning, implementing, delivering, evaluating and monitoring PDMU can be found in the Key Stages 1 and 2 Areas of Learning at [www.ccea.org.uk](http://www.ccea.org.uk).

Children and young people are exposed to messages about drug use from an early age. Their exposure to the use and misuse of drugs may come through parents/guardians, older brothers and sisters, friends, television programmes, the media and popular music.

Research shows that by post-primary school age, some young people are likely to have tried substances such as alcohol, cigarettes or solvents, and/or to have misused prescribed medicines or other drugs. Research also shows that the age at which children and young people are being offered drugs is getting younger. The steady increase in the use of drugs by young people might also be influenced by three additional factors:

- a significant fall in the price of controlled drugs;
- an increase in the availability of a wider range of drugs within local communities; and
- an increase in the amount of spending money that children and young people have.

There also appears to be an increasing focus on the use of performance enhancing drugs in certain sports and leisure pursuits. Furthermore, the use of substances such as cannabis in a therapeutic setting provides a context in which drug use is seen as being more acceptable.

## **DEFINITIONS**

**For the purpose of this policy , the terms drug and substance include any product that, when taken, has the effect of altering the way the body works or how a person behaves, feels, sees or thinks.**

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

- alcohol, tobacco and tobacco-related products, including nicotine replacement therapy (NRT), and electronic cigarettes;
- over-the-counter medicines such as paracetamol and cough medicine;
- prescribed drugs, such as antibiotics, painkillers, antidepressants, antipsychotics, inhalers and stimulants such as Ritalin;
- volatile substances such as correcting fluids or thinners, gas lighter fuel, aerosols, glues and petrol;
- controlled drugs such as cannabis, LSD, ecstasy, amphetamine sulphate (speed), magic mushrooms, heroin and cocaine;
- new psychoactive substances (NPS), formerly known as legal highs\*, which contain one or more chemical substances that produce similar effects to illegal drugs and are sold as incense, salts or plant food and marked 'not for human consumption' to avoid prosecution; and
- other substances such as amyl or butyl nitrite (known as poppers) and unprocessed magic mushrooms.

The term 'legal high' is no longer used because it is misleading as the public perceived that 'legal' meant safe. This is not the case, as these substances are not regulated and there is no way of knowing what chemicals they contain. The UK Government has published an NPS resource pack for informal educators and practitioners. It is available on the C2k digital library, Equella. You can find further information on NPS at [www.drugscope.org.uk](http://www.drugscope.org.uk).

## **AIMS OF THE POLICY**

- To provide a clear statement of the school's view on drug education;
- To ensure a consistent approach from staff to drug education and in the handling of drug related incidents;
- To inform pupils of the effects of drug use and abuse; and
- To ensure that the ethos and values of the school are reflected in the policy.

## **ROLES AND RESPONSIBILITIES**

Individual staff members are likely to be the first to encounter a suspected drugs related incident, however they should deal with any emergency procedures, if necessary. Any information, substance or paraphernalia received should be forwarded to the designated teacher for drugs. A brief factual report of the suspected incident should be forwarded to the designated teacher for drugs.

**Designated Teacher for Drugs: Mrs J Miller**

**Deputy Designated Teacher for Drugs: Mrs J kirkland**

The duties of the designated teacher will include the oversight and co-ordination of the planning of curricular provision, in compliance with the statutory requirements, and liaison with other staff responsible for pastoral care.

The designated teacher is responsible for the co-ordination for the school's procedures for handling suspected drugs related incidents and the training and induction of these procedures with new and existing staff.

The designated teacher will act as a contact point, for outside agencies that may have to work with the school or with a pupil. In the absence of the designated teacher a deputy will be available. It is the responsibility of the designated teacher for drugs to take possession of any substance(s) and associated paraphernalia found and complete a factual report.

### **THE ROLE OF THE PRINCIPAL**

It is the Principal's responsibility to contact the PSNI if there are any incidents. It is the responsibility of the PSNI to investigate any criminal offence.

The Principal is able to search school property but will not search a pupil's property unless the pupil agrees to this. If this happens, another member of staff will be present. However, if the pupil does not agree, the police will be called to conduct the search. The pupil will be asked to remain in the school until the police arrive. In any suspected drug-related incident the principal will make every effort to contact the parents/carers of those pupils involved.

The Principal will ensure that in any incident involving a controlled drug that there is close liaison with the police. After contacting the police the principal will confine his / her responsibilities to the welfare of the pupil(s) involved in the incident, the other pupils in the school and the handling, storage and safe disposal of any drugs/drugs related paraphernalia. This will also include informing the Board of Governors, agreeing any appropriate pastoral/disciplinary response, reporting the incident to the Education Authority and if appropriate, completing a written report and forwarding a copy to the Board of Governors and the designated officer within the Education Authority.

The Principal will ensure that all staff (teaching and non-teaching) are aware of the school's Drugs Policy and procedures in the event of a suspected drugs related incident. The Principal will also make any new members of staff aware regarding the contents of this policy as part of their induction training.

### **THE ROLE OF THE BOARD OF GOVERNORS**

The school governors have responsibility for Carrickfergus Model Primary School and will foster and support the development and on-going review of the Drugs Policy and education programme by collaborating with appropriate staff, pupils and parents/carers. They will facilitate the consultative process where the school community can respond and contribute to the effectiveness and quality of the policy and programme, which the governors will examine and approve prior to their implementation in the school. They will ensure that the policy is summarised and is published in the school prospectus and that it is reviewed at regular intervals. All school governors should be fully aware of and one governor will take responsibility for drug-related incidents and their appropriate disciplinary response.

### **THE ROLE OF PARENTS/CARERS**

All parents/carers should be made aware that the school has a 'Drugs Policy' and how it applies to them and their children. Parents/carers have a role in the creation of this policy and form part of the consultative process.

## **RESPONDING TO DRUG RELATED INCIDENTS**

The problems resulting from the misuse of drugs, tobacco-related products including electronic cigarettes and alcohol affect every part of our society, including schools. Alcohol use and smoking among young people in Northern Ireland has declined. Fewer young people are receiving treatment for drug use. According to the *Young Peoples' Behaviour and Attitudes Survey (YPBAS)*, few young people have been involved in incidents of being under the influence of, in possession of and/or supplying substances to others. Despite these positive indicators, teachers inevitably have to deal with situations in their classrooms and schools.

### **WHAT CONSTITUTES A DRUG RELATED INCIDENT?**

For the purposes of this policy, a drug-related incident may include:

- a pupil displaying unusual or uncharacteristic behaviour;
- an allegation;
- suspicion of possession, possession with intent to supply and/or supply of any substance as defined in this policy; and
- finding substance-related paraphernalia.

#### **Illness, unusual or uncharacteristic behaviour**

Young people's behaviour may be unpredictable and bizarre for many reasons during their time at school. Changes in behaviour may indicate a range of difficulties and problems and may be related to a medical condition, rather than substance misuse.

Details in recognising the physical and behavioural signs of drug use can be found in Appendix 3. It is, however, important to note that intoxication, physical collapse or unconsciousness can also result from an initial experiment with drugs. Any indications of illness, unusual or uncharacteristic behaviour because of suspected substance misuse should be brought to the attention of the designated teacher for drugs. No judgement should be made until the circumstances surrounding the incident have been determined.

Where staff believe a pupil may have taken a substance they suspect is a drug, medical assistance should be sought immediately and the parents/carers and police informed is appropriate.

#### **Taking possession of a suspected controlled substance and/or associated paraphernalia**

The law permits school staff to take temporary possession of a substance suspected of being a controlled drug to protect a pupil from harm and prevent the pupil committing the offence of possession. The teacher should, using appropriate safety precautions, take the suspected substance and any associated equipment and/or paraphernalia to the designated teacher for drugs as soon as possible who should arrange for its safe storage until the school can hand it over to the local PSNI officer to identify whether it is a controlled substance. **School staff should not attempt to analyse or taste an unidentified substance.** An adult witness should be present when staff confiscate the substance and the school should keep a record of the details.

#### **An allegation of a suspected controlled drug-related incident**

If the designated teacher for drugs receives an allegation of possession, he or she may need to search a pupil's desk or locker, if he or she has cause to believe it contains unlawful items, including controlled drugs. However, teachers cannot search personal belongings in the desk or locker without consent. A search of the pupil's personal belongings, including schoolbag, coat or other items should only be made with the pupil's consent. Such a search should be made in the presence of the pupil and another adult witness.

Where a pupil is suspected of concealing controlled drugs on his/her person or in their personal belongings, every effort should be made to secure the voluntary production of these substances, by asking them to turn out their pockets or schoolbags. If the pupil(s) refuse, the parents/carers and PSNI should be contacted, if appropriate to deal with the situation. **A member of staff should never carry out a physical search of a pupil.** If a substance or object is recovered which may be linked to the allegation, this should be taken possession of and a full record should be made.

### **Possession, Possession with Intent to Supply and Supply of Controlled Drugs**

In handling suspected controlled drugs-related incidents in schools, it is necessary to distinguish between cases in which the pupil(s) involvement may take several forms. These could include:

- possession;
- possession with intent to supply; and/or
- the supply of controlled drugs.

It is illegal for pupils to be in possession of a controlled drug. If a member of staff comes across a pupil in possession of what they believe or suspect to be a controlled drug, they should immediately attempt to take possession of the substance and escort the pupil to the designated teacher for drugs, who will deal with the incident.

### **STAFF TRAINING**

Staff will be trained every two years. All staff, teaching and non-teaching will be trained in drugs awareness and what to do if drugs or drug related items are found. This training will be combined with **Child Protection** Training.

### **OVERVIEW OF THE DRUGS EDUCATION PROGRAMME**

The drugs education programme in Carrickfergus Model Primary School will be included in teachers' planning and will form part of the curricular area, PDMU. It will also be supported by the pastoral care programme and policy throughout the school and will link with other subject areas such as, Religious Education, Health and Physical Education. When available the school will use PSNI staff to deliver a specialised drugs education lessons. The programme is a preventative one and is pupil centred, delivered through active learning. The aims of the programme are;

- To promote positive attitudes towards personal health;
- To inform pupils of the effects of drug use and abuse;
- To help pupils acquire skills to resist peer pressure;
- To build up the self-esteem of pupils;
- To help pupils acquire decision making skills that will empower them to take responsibility for their own health and safety.

### **STAFF POLICY ON SMOKING AND ALCOHOL**

Carrickfergus Model Primary School is a smoke and alcohol free zone. For further information refer to the Health and Safety Executive's website ([www.hse.gov.uk](http://www.hse.gov.uk)) and also the school's 'No Smoking' policy.

### **COMMUNICATING THE POLICY TO PARENTS AND OTHER RELEVANT AGENCIES**

Reference should be made to the Drug's policy in the school prospectus and parents/carers will have access to the policy at any time. Any comments made will be taken to the Board of Governors. The Board of Governors is fully aware of the policy and the disciplinary measures to be followed. All outside agencies will be made aware of the policy to ensure that what they offer, is part of the programme and is always appropriate.

## **CONFIDENTIALITY**

Should a pupil reveal any personal drugs information, which puts them, or any other pupil at risk, this has to be passed onto the principal/designated teacher. Confidentiality can never be guaranteed, as we are responsible for all the pupils in our school. The teacher will remain in the class with the pupils whenever a visitor is present, to ensure that nothing untoward could take place and that the content is appropriate.

## **PROCEDURES FOR MANAGING DRUG RELATED INCIDENTS**

Dealing with a suspected incidence requires extreme sensitivity on the part of all those involved. All staff should be aware of the procedures for:

Dealing with substances found in the school premises;

- Finding/suspecting a pupil/adult of possessing/distributing an illegal substance;
- Pupil suspected of having taken drugs in school.

These procedures are outlined in the '**Department of Northern Ireland's Drugs Guidance for schools: Section 2 – Guidance on Managing Suspected Drugs-Related Incidents**'. By following this guidance the staff will ensure that those handling such incidents will do so fairly and consistently. This guidance can be found on the DENI website.

## **DISCIPLINARY MEASURES**

The Principal will retain responsibility for deciding how to respond to a particular incident and will take into account factors such as:

- the age of the pupil concerned;
  - whether the incident involved one pupil or a group of pupils;
  - whether there has been evidence of particular peer group pressure; and
  - the level of involvement.
- 
- Does the pupil admit or deny the allegations?
  - Is this a first offence?
  - Is the substance legal or illegal?
  - What quantity of the substance was involved?
  - What was the pupil's motivation?
  - Is the pupil knowledgeable and careful or reckless about their own or others' safety?
  - Does the pupil have a parent or carer or family member who is misusing drugs?
  - Does the pupil know and understand the school policy and school rules?
  - Where does the incident appear on a scale from 'possession of a small quantity' to 'persistent supply'? If the school suspects the pupil of supplying, how much was supplied and was the pupil coerced into the supply role or the one 'whose turn it was' to buy for others, or is there evidence of organised or habitual supply?

At all times the needs of individual pupils will be considered and appropriate interventions and support mechanisms will be put in place. Any sanction imposed will be justifiable in terms of:

- the seriousness of the incident;
- the identified needs of the pupil, which are most important under such circumstances;
- the needs of other pupils, the school and the community;
- the published school rules and expectations; and
- disciplinary action for breaches of other school rules (such as theft, violence or bullying).

### **GUIDANCE FOR CONFISCATION AND STORAGE OF HARMFUL SUBSTANCES**

Any confiscated drugs or drug-related items would be given to the principal for storage in a locked cabinet in the principal's office and then given to the PSNI.

### **GUIDANCE ON THE ADMINISTRATION OF MEDICATION IN SCHOOL**

Medication for pupils will be stored in the Office and can be administered by staff if agreed. Medication will only be given in school if the parent/carer has provided written consent. In the case of asthma inhalers, children may keep inhalers in their schoolbag and self-administer.

### **GUIDANCE ON THE ADMINISTRATION OF MEDICATION ON SCHOOL TRIPS**

Medication will only be given on trips if the parent/carer has signed a consent form. If the child needs any other medication, he/she will be taken to the nearest hospital.

### **MONITORING AND EVALUATING**

The policy will be reviewed every two years and after drug related or suspected drugs related incident, to see if there are any weaknesses or improvements to be made.



## **MANAGING AN INCIDENT- SUMMARY**

### **Individual Member of staff**

- Assess the situation and decide action;
- Secure First Aid and send for additional staff support if necessary;
- Make the situation safe for all pupils and other members of staff;
- Carefully gather up any drugs and/or associated paraphernalia/evidence. Pass all information/evidence to the designated teacher for drugs; and
- Complete an incident report form and forward it to the Principal

### **Designated Teacher**

- Respond to first aiders advise/recommendations regarding the incident;
- In the case of an emergency inform parents/carers immediately;
- Take possession of any substance(s) and associated paraphernalia found;
- Inform the Principal;
- Take initial responsibility for pupil(s) involved in suspected incident; and
- Complete an incident report form and forward it to the Principal

### **Principal**

- Determine the circumstances surrounding the incident;
- Ensure that the following people are informed where relevant;
  - Parents / Carers;
  - Community and Schools Involvement Officer (CSIO);
  - Board of Governors;
  - Designated Officer in the Education Authority
- Agree pastoral and disciplinary responses including counselling services/support;
- Forward a copy of the incident report to the Chairperson of the Board of Governors and the designated officer with the Education Authority if appropriate; and
- Review procedures and amend if necessary.



## EMERGENCY PROCEDURES

**The following guidance can be found in the DENI's 'Drugs: Guidance for Schools in Northern Ireland' (page 40)**

The following is the best current advice of what to do if someone is in difficulty as a result of misusing drugs.

Reproduced from 'Illicit Drug Use in Northern Ireland – A Handbook for the Professionals' (2000).

- It is important to find out what has been taken as this could affect emergency aid, for example it will help the ambulance crew.
- If the person has taken a depressant drug, for example solvents, alcohol, sleeping pills, painkillers, it is likely that they will be drowsy or unconscious. If the person is drowsy, it is important to try to keep them awake – by getting them to walk if possible, talking to them, or applying a cool damp cloth or towel to the back of their neck. They should not be given anything to eat or drink as this could lead to vomiting or choking.
- If they are or become unconscious, put them into the recovery position, clear airway if blocked, loosen clothing and call for an ambulance immediately. Keep checking on any changes to pulse and breathing rates.
- If they stop breathing, begin mouth-to-mouth resuscitation. Stay with the person until the ambulance crew arrive, and then tell them all the facts, including what the person has taken. This is very important as it could save his or her life.
- If the person has taken a stimulant, such as amphetamines (speed) or Ecstasy, they may show various signs of stress. If the person is panicking try to reassure them. It is important that they calm down and relax. Get them to breathe in and out, deeply and slowly. Help them by counting out loud slowly. If hyperventilation occurs – that is they can't control their breathing – get them to breathe in and out of a paper bag – if there is one available (not a plastic bag).
- If the person has taken LSD, they should be supervised in a darkened, quiet room to avoid sensory stimulation.
- If the person has taken a hallucinogen, such as LSD, magic mushrooms, or cannabis in combination with Ecstasy, they may become very anxious, distressed and fearful.

They may act in an unusual way. It is very important to reassure the person – tell them that you will look after them, that they are in no danger, that it is the effects of the drugs and that the effects will soon wear off. You may want to take them to a quiet place, keep other people away, and continue to reassure them. Just stay with them and talk calmly to them. This may take a long time depending on amount taken. If they show no signs of becoming calmer or they become hysterical, take them to hospital – explain calmly to the person what is happening – this will help decrease any feelings of panic.



## RECOGNISING SIGNS OF DRUG USE

The following guidance can be found in the DENI's 'Drugs: Guidance for Schools in Northern Ireland' (pages 76-78)

The recognition of current drug use is a major issue for many professionals who work with young people. There is also the issue of identifying those young people who may be at increased risk of drug use. Below are specific physical and behavioural signs that may be associated with drug use but it should be noted that some of these can also be confused with the onset of adolescence.

### **Physical Signs**

These can differ depending on the type of drug taken, for example stimulant or hallucinogenic. Below are some of the physical signs related to those drugs used illicitly in Northern Ireland.

### **Solvents**

Solvents include glues, butane gas refills, areosols, typewriting correcting fluids and thinners.

- Usual signs of intoxication – uncoordinated movement, slurred speech;
- Possible odour on clothes and breath;
- If using glue, redness around the mouth and nose;
- A cough; and
- Possible stains on clothing etc. depending on type of solvent used.

### **Cannabis**

Cannabis can have the effect of a depressant or mild hallucinogen, depending on the amount taken and situational factors. The effects of taking cannabis include:

- Tendency to laugh easily;
- Becoming talkative;
- More relaxed behaviour;
- Redding of the eyes;
- Hunger.

If the drug is smoked, it produces a sweet smell.

### **Ecstasy**

Ecstasy is sometimes referred to as an hallucinogenic stimulant. It's effects will therefore include those listed for stimulants. In addition it can cause:

- Increased temperature;
- Perhaps excessive sweating;
- Very dry mouth and throat;
- Jerky, uncoordinated movements;
- Clenched Jaws;
- Occasional nausea when first used; and
- Fatigue after use, but also some possible anxiety
- Depression and muscle pain

## **Stimulant drugs (amphetamines (speed), butyl nitrate (poppers), cocaine).**

The effects can result in:

- Increased pulse rate;
- Increased blood pressure;
- Agitation;
- Lack of coherent speech or talkativeness;
- Dilated pupils;
- Loss of appetite;
- Damage to nasal passages;
- Increased tendency to go to the toilet;
- Mouth ulcers; and
- Fatigue after use.

## **Hallucinogens (LSD, Magic Mushrooms)**

Effects can be varying depending on nature of experience.

- Relaxed behaviour;
- Agitated Behaviour;
- Dilation of pupils; and
- Uncoordinated movements.

## **Heroin**

Heroin acts as a depressant. The effects of taking heroin include:

- Slowing down of breathing and heart rate;
- Suppression of cough reflex;
- Increase in size of blood vessels;
- Itchy skin;
- Runny nose;
- Lowering of body temperature; and
- Sweating.

## **Behavioural Signs**

Drug use can often result in behavioural changes and to recognise them demands some prior knowledge of the person in order that an accurate comparison can be made. Such changes can be obvious or very subtle and may be due to some other reason totally unconnected with drug use.

Signs can include:

- Efforts to hide drug use through lying, evasiveness and secretive behaviour;
- Unsatisfactory reasons for unexpected absences or broken promises;
- Changes in friendships;
- Changes in priorities, including less concern with school work; less care of personal appearance, non-attendance at extra-curricular activities.
- Efforts to get money for drug use, ranging from saving dinner or allowance;
- Money, borrowing money from friends and relatives and selling own possessions;
- Stealing from friends and home and involvement in petty crime; and secretive telephone calls.

Other possible signs include:

- Being very knowledgeable about drugs and the local drug scene;
- A defensive attitude towards drugs and drug taking;
- Unusual outbreaks of temper;
- Absence from or poor performance at school or work experience on days following attendance at a night club, bars etc.; and
- A pattern of absences on a certain day, for example, Monday



## SUMMARY OF RELEVANT LEGISLATION APPLICABLE TO NORTHERN IRELAND

The following guidance can be found in the DENI's 'Drugs: Guidance for Schools in Northern Ireland' (pages 67-69)

### 1 Misuse of Drugs Act (1971)

It is an offence under the Misuse of Drugs Act (1971):

- To supply or offer to supply a controlled drug to another in contravention of the Act;
- To be in possession of, or to possess with intent to supply to another, a controlled drug in contravention of the Act.
- **It is a defence to the offence of possession that, knowing or suspecting it to be a controlled drug, the accused took possession of it for the purpose of preventing another from committing or continuing to commit an offence and that as soon as possible after taking possession of it he/she took all such steps as were reasonably open to him/her to destroy the drug or to deliver it into the custody of a person lawfully entitled to take custody of it;**
- For the occupier or someone concerned in the management of any premises knowingly to permit or suffer on those premises the smoking of cannabis; of the production, attempted production, supply, attempted supply, or offering to supply of any controlled drug.

The offences listed above are arrestable offences.

**Section 8:** A person commits an offence if, being the occupier or concerned in the management of any premises, he/she knowingly permits or suffers any of the following activities to take place on those premises, that is to say:

- Producing or attempting to produce a controlled drug in contravention of section 4 (1) of this Act;
- Supplying or attempting to supply a controlled drug in contravention of section 4 (1) of this Act, or offering to supply a controlled drug to another in contravention of section 4 (1) of this Act;
- Preparing opium for smoking; and
- Smoking cannabis resin or prepared opium.

### 2 Criminal Law Act (Northern Ireland) 1967

Section 5: Failing to give information. Where a person has committed an arrestable offence, it shall be the duty of every other person who knows or believes:

- That the offence or some other arrestable offence has been committed; and

- That he/she has information, which is likely to secure, or to be of material assistance in securing the apprehension, prosecution or conviction of any person for that offence to give that information, within a reasonable time, to a constable and if without reasonable excuse, he/she fails to do so then that person is committing an offence.
- This places an onus on individuals to inform a constable.

### **3. Police and Criminal Evidence (PACE) (Northern Ireland) Order 1989, Article 26 (4)**

- Any person may arrest without a warrant
  - (a) Anyone who is in the act of committing an arrestable offence;
  - (b) Anyone whom he/she has reasonable grounds for suspecting to be committing such offence.

### **Article 26 (5)**

- Where an arrestable offence has been committed, any person may arrest without a warrant
  - (a) Anyone who is guilty of the offence;
  - (b) Anyone whom he/she has reasonable grounds for suspecting to be guilty of the offence.

These powers of arrest are available to non-police and, as the following drug offences fall within the definition of Arrestable Offence, are available for use in such circumstances.

- (a) Possession of Controlled Drugs;
- (b) Possession of Controlled Drugs with intent to supply;
- (c) Supply of controlled drugs.

**NB: The above information is advisory only and does not represent legal opinion.**

### **The Medicines Act (1968)**

This Act divides into three distinct categories:

- Restricted medicines or prescription-only medicines, which can only be supplied by a pharmacist on receipt of a doctor's prescription;
- Pharmacy (or over-the-counter) medicines, which can be sold without a prescription but only by a pharmacist in a pharmacy; and
- General sales medicines, which can be sold without a prescription by any shop.

Pharmacists and other retailers can be prosecuted and fined for offences under this Act. Possession of some prescription-only medicines, such as Temazepam, is illegal under the misuse of Drugs Act (1971) if no prescription is held.

### **Tobacco Laws**

It is an offence under Section 7 of the Children and Young Persons Act 1933 (as amended by the Childcare and Young Persons (Protection from Tobacco Act 1991) for a vendor to sell tobacco products to anyone under the age of 16. Children under the age of 16 who purchase tobacco products are not themselves committing an offence. Police have the power to confiscate tobacco products from under 16s who are found smoking in a public place.

### **Alcohol Laws**

It is an offence under the Children and Young Persons Act (Northern Ireland) 1968 to give alcohol to any child or young person under the age of 14. A person under the age of 14 is only allowed to consume alcohol in a private residence for medical purposes only.

It is illegal for vendors to knowingly sell alcohol to anyone under the age of 18. Police have the power to confiscate alcohol from under 18s who are found drinking in a public place.

**Intoxicating Substances (Supply) Act (1985)**

Solvents (eg aerosols, gases, glues) are not illegal to possess, use or buy but this Act makes it an offence for a shopkeeper to sell them to anyone under the age of 18 in the United Kingdom (excluding Scotland), knowing they are to be used for intoxicating purposes.

**Cigarette Lighter Refill (Safety) Regulation 1999**

In recognition of the high number of butane-related deaths, butane product sales, such as lighter refills, are further restricted under the Cigarette Lighter Refill (Safety) regulations 1999. These regulations make it an offence for retailers to sell butane products to anyone under the age of 18, in any circumstances.