

Beaufort Co-operative Academy



Drugs and Substance Abuse Policy

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Policy on Drugs and Substance Abuse

Drug use and misuse is becoming increasingly common in society and is a cause for concern for those who work with young people. Beaufort Co-operative Academy is committed to the health and safety of students and staff and will take the action to safeguard their wellbeing. We take the issue of drugs misuse seriously. We condone neither the misuse of drugs or alcohol by students or staff nor the illegal supply of these substances. We acknowledge the importance of education in helping young people to make wise choices and the role of our pastoral system in supporting those who need help.

Defining drugs

The word drug is used to include all mood-altering substances including alcohol, tobacco and medicines, illegal drugs and other such substances such as solvents and “poppers”.

“Drug taking” involves the consumption of any drug.

“Drug use” drug taking through which harm may or may not occur.

“Drug misuse” is drug taking, which harms health or functioning. It may include physical or psychological dependence or be part of a wider spectrum of problematic or harmful behaviour.

Trends in Drug Use

The trend in Gloucestershire is very similar to the national average. (See Appendix 1)

Aims

We believe and support the following educational aims in respect of substance use and misuse:

- To raise self esteem.
- To enable students to make healthy, informed choices by providing accurate information and by challenging and clarifying attitudes.
- To increase understanding about the implications and possible consequences of use and misuse.
- To encourage an understanding for those experiencing or likely to experience substance abuse.
- To widen understanding about related health and social issues e.g. sex and sexuality, crime, HIV and AIDS.
- To seek to minimise the risks that users and potential users face, whilst not condoning their activities.
- To enable young people to identify sources of appropriate personal support.

We acknowledge that the impact of drug education on drug using behaviour is limited and is unlikely to prevent students from ever experimenting with drugs.

How these aims are to be fulfilled

These aims are fulfilled through aspects of student’s experiences in the taught curriculum and through the involvement of the pastoral system. We deliver the taught curriculum mainly through Citizenship but other opportunities in Science, English, Drama, and

Humanities, to reinforce learning will occur in other areas. The Academy actively co-operates with other agencies such as the Community Police, Social Services, Health and Drug agencies, and the Youth Service to deliver its commitment to Drugs Education and to deal with incidents of substance use and abuse. Visitors who support the Academy will be informed of the values held within this policy.

How parents and governors are involved

The Principal takes overall responsibility for the policy and its implementation, for the liaison with the governing body, parents and appropriate outside agencies and for the appointment of Leader of Learning Community, who will have general responsibility for handling the daily implementation of the policy. The Principal will ensure all staff dealing with substance issues are adequately supported and trained.

Parents will be given the opportunity to share with us the philosophy and aims of the policy. Governors will continue to discuss the policy through the Curriculum Committee, who will review and evaluate the policy.

The composition and revision of the policy

The policy was written using a model supplied by DfE and Gloucestershire LA. Other staff and outside agencies were consulted and through the Academy Council the student's views are taken into consideration.

Appendix 1

Action to be taken should instances of substance misuse or supply occur on the premises or campus

1. The incident should be reported immediately to the Vice Principal who, after consulting other colleagues as necessary, will inform the Principal and will inform the parents. The Academy will then work with the parents to help the student.
2. If a student is found to be suffering from the effects of intoxication or substance abuse in the Academy, the first priority should be to ensure their safety and that of the students around them. They should be removed from classes and parents contacted immediately. In an emergency, an ambulance should be called and the student should receive attention from a qualified first-aider until it arrives.
3. Where a student admits using or supplying substances on the premises, the Academy cannot condone this, and will inform the police, through the Police Liaison Officer.
4. If a student admits to using or supplying substances off the premises, the teacher's discretion will be involved, but s/he should normally inform the Leader of Learning Community, who will agree an appropriate course of action, and will inform the parents.
Teachers must not promise confidentiality to any student.
5. Each incident will be considered individually, and a variety of responses will be necessary. Exclusion is seen as a last resort and the Governors Discipline Committee will consider any incidents deemed sufficiently serious to warrant the consideration of permanent exclusion, following the normal exclusion procedure.
6. The Principal or a delegated senior member of staff will take responsibility for liaison with the media concerning any incidents. We recognise that the issue of substance abuse is an emotive one, and the Academy will take legal action where necessary to ensure that any reporting remains in the best interests of the students, their families and the Academy.
7. The Academy will display details of telephone helplines for students who wish to seek individual help. Counselling may be offered through the Health Authority.

Other substance abuse

1. The Academy operates a no smoking policy. Staff are made aware of this policy at the time of their appointment.
2. The Academy recognises that smoking remains the largest preventable cause of death, and education to inform students of the effects of smoking is included in the PSHE, Citizenship and tutor programme.
3. If students are found smoking (including e-cigarettes) on the premises they will be sanctioned by the Academy. The tutor, who enlists their help, where possible to give up the habit, informs parents. A special effort is made to prevent students smoking in the toilets where they threaten not only their own health, but that of others through the effects of passive smoking.

4. Solvent and volatile substance abuse is covered in the same way as education on the risks of other drugs, by giving students the information they need to resist and decline experimentation. The dangers of abusing legally available substances will also be covered.
5. If students are found to be suffering from the effects of use or misuse of legally available substances or medicines, medical assistance will be sought and parents informed.
6. Codes of Health and Safety are carefully adhered to when storing solvents or other volatile substances on Academy premises.

Appendix 2

Guidance for staff

Where a student discloses information about substance misuse on or off the premises, you should follow the procedure outlined below.

Confidentiality

- 1a. Staff must make it clear that if students confide in them confidentiality cannot be promised. Staff must discuss with the appropriate Leader of Learning Community if they think there is the slightest chance that the student is at risk, it must be passed on as a “child protection issue”.
- 1b. There is no general legal duty for staff to disclose information about student involvement with drugs to colleagues, parents/carers, social services, police etc. Staff are contractually obliged to disclose information about physical or sexual abuse in line with Gloucestershire County Council Child Protection procedures. Failure to do so could result in being disciplined but the same situation does not apply to informing a third party about drug use in itself.

In law a 16 year old has rights to confidentiality but this also applies to under 16s who are of a mature nature. In reality few young people aged under 16 years old, who are experiencing significant drug-related problems, expect absolute confidentiality from staff. Even where they initially ask for absolute confidentiality they can often be persuaded that information should be passed on to another staff member, a parent/carer or someone else if they realise that doing so will clearly help them.

In rare cases where information is received about drug use that a student wishes to be kept confidential and staff are unsure whether or not a third party should be informed the following questions should be addressed:

- * Why is breaking of confidentiality being considered?
- * How serious is the situation?
- * How old and mature is the student concerned?
- * What immediate and significant risks does the student (or other people) face?
- * Are other agencies already working with the young person?
- * Has the young person already told other people about their situation?
- * Who might information be passed to and what might they be told?
- * How might informing the third party reduce the risks involved to the student (or other people)?
- * What significant harm (to the student, yourself or other people) could result from NOT breaking their confidence?
- * What implications - both positive and negative - could breaking confidentiality have?

If after considering these issues staff are clear that someone else should be informed they should explain this to the student involved and wherever possible encourage the student to be involved in informing the third party.

In cases where staff make a professional judgement that confidentiality should not be broken they are advised to make a written record of their decision and why they have made it. If staff are still unsure whether or not someone else should be informed they should discuss the issue with their line manager. If necessary, this can be done initially without naming the student involved.

2. If you discover substances on the premises, you should remove them immediately, preferably in the presence of a witness. Record the time, place and circumstances in which you found the substance. Take it to the Vice Principal; do not keep it on your person or in a safe place.
3. If you take a substance from a student, do so in front of a witness if at all possible. You should not attempt to search a student, though it is permissible to ask them to turn out their pockets or empty their bag. If the student refuses the police may be called. The student should be kept under surveillance until the police arrive. It is illegal to lock them up.
 1. Any substance taken from a student should be kept in a sealed container, with the details of where they came from and the signatures of the staff involved, on it. The police may be asked to dispose of the substance.
 2. If staff have to dispose of drugs (on a trip) – they should do so by flushing them down a lavatory and they must have a witness to this. If the drug is in tablet form they must be counted aloud. Both members of staff must make statements at the time. The students concerned must make written statements, as soon as possible.
 3. In the event of the discovery of any equipment associated with substance use especially needles and syringes, any staff handling them should do so with care and using the proper protective gloves. They should be stored carefully before being disposed of by the appropriate service.
 4. Staff should avoid expressing their own personal views on “drugs” or using anecdotal evidence.
 5. No one should bring illegal drugs onto the Academy premises unless they have a Home Office licence. For demonstration purposes the good copies should be used.

Sanctions

If students are caught smoking a C5 detention is issued, parents are informed by a letter sent to the parent explaining the circumstances and the Academy’s view of smoking.

Exclusion may also be looked at for persistent offenders.

Any other form of drug abuse will be dealt with according to each individual case.

Training

We are aware of the need for training of all staff, including non teaching staff and particularly tutors who are involved in delivering Drugs Education and for Management and Leader of Learning Community who might have to deal with drug related incidents. Such training will be provided by arrangement with the Staff Development organiser and inline with the Beaufort Co-operative Academy Development Plan.

To be reviewed by

- **Academy / House Councils**
- **Leader of Learning Community – House meetings**

APPENDIX 3 THE LAW, LEGAL OBLIGATIONS AND WORKING WITH THE POLICE

Drugs and the law

The laws controlling drug use are complicated. The Misuse of Drugs Act (MDA) regulates what are termed controlled drugs. It divides drugs into three classes as follows:

Class A: These include cannabis oil, cocaine and crack (a form of cocaine), ecstasy, heroin, LSD, methadone, processed magic mushrooms and any Class B drug which is injected.

Class B: These include amphetamine, barbiturates and codeine.

Class C: These include mild amphetamines, cannabis (in resin or herbal form), anabolic steroids and minor tranquillisers.

Class A drugs are treated by the law as the most dangerous.

Offences under the Misuse of Drugs Act can include:

- * Possession of a controlled drug.
- * Possession with intent to supply another person.
- * Production, cultivation or manufacture of controlled drugs.
- * Supplying another person with a controlled drug.
- * Offering to supply another person with a controlled drug.
- * Import or export of controlled drugs.
- * Allowing premises you occupy or manage to be used for the administration, use, supply or production of controlled drugs.

N.B. Certain controlled drugs such as amphetamines, barbiturates, methadone, minor tranquillisers and occasionally heroin can be obtained through a legitimate doctor's prescription. In such cases their possession is not illegal.

Maximum penalties under the Misuse of Drugs Act are as follows:

	<u>Possession</u>	<u>Supply</u>
Class A drug	7 years + fine	Life + fine
Class B drug	5 years + fine	14 years + fine
Class C drug	2 years + fine	5 years + fine

In recent times over 90,000 people each year have been found guilty or cautioned for the possession or supply of controlled drugs. The number has been going up each year. Over 90% of offenders are male and the majority are aged 17-24. About 6% of offenders are under 17 years old. Over 85% of cases concern the possession or supply of cannabis. Many cases involve the possession of small amounts of cannabis. This may result in a small fine but in many areas police will issue a caution (especially when it is a first offence) and not take the case to court. By 1992 over half of all drug offenders were receiving cautions and this trend has continued. A caution is noted by the police but does not count as a criminal record. It is a bit like a warning and is likely to lead to a prosecution if the offence is repeated. For under 18s cautions have now been replaced by a new system of reprimands and warnings.

The law is even more complicated by the fact that some drugs are covered by other laws, are not covered at all or treated in an exceptional way under the Misuse of Drugs Act.

Alcohol is not illegal for an over 5 year old to consume away from licensed premises. It is an offence for a vendor to knowingly sell to an under 18 year old. A 14 year old can go into a pub alone but not consume alcohol. A 16 year old can buy and consume beer, port, cider or perry (but not spirits) in a pub if having a meal in an area set aside for this purpose. In some areas there are by-laws restricting drinking of alcohol on the streets at any age. Police also have powers to confiscate alcohol from under 18s who drink in public places.

GHB (gammahydroxybutyrate) is a colourless, odourless liquid which comes in a small bottle and has sedative and euphoric effects. It is not controlled under the Misuse of Drugs Act so possession is not an offence. It is classed as a medicine so unauthorised manufacture and supply could be an offence under the Medicines Act. However, this still allows the drug to be legally imported for personal use.

Ketamine usually comes as a powder. The initial rush is usually followed by feelings of dissociation and an anaesthetic type experience. It is commonly used as an animal tranquilliser and for surgery on animals. Ketamine is not covered by the Misuse of Drugs Act and possession is not an offence. It is a prescription only medicine under the Medicines Act meaning unauthorised supply is illegal.

Khat is a plant which is grown in eastern Africa and the Arabian peninsula. Chewing the leaves has a stimulant effect. Some Khat is imported to the UK and sold in some greengrocers and specialist health food shops. The Khat plant (the main form in which khat is sold) is not covered under the Misuse of Drugs Act and possession or supply is not an offence.

Magic mushrooms are not illegal to possess or eat in their raw state. It can be an offence to process them by drying and storing them, making them into a tea or infusion or cooking with them.

Poppers (liquid gold, amyl or butyl nitrite) are not illegal to possess or buy. They are often sold in joke and sex shops but also in some pubs, clubs, tobacconists and sometimes music or clothes shops used by young people. Following a recent test case certain types of 'poppers' (amyl nitrite) are illegal to supply or sell, but not to be in possession of or buy. Most 'poppers' available in this country are not 'amyl' and have no legal restrictions.

Solvents (aerosols, gases, glues etc.) are not illegal to possess, use or buy at any age. In England and Wales it is an offence for a shopkeeper to sell them to an under 18 year old if they know they are to be used for intoxicating purposes. The Government intends to extend this legislation to make it illegal for shopkeepers to sell lighter fuel (butane) to under 18s whether or not they know it will be used for intoxicating purposes.

Anabolic **Steroids** are controlled under the Misuse of Drugs Act as class C drugs but their legal status is complicated. In most situations the possession offence is waived meaning that people who possess or use steroids without a prescription are unlikely to be prosecuted. However, Gloucestershire police drug squad have successfully prosecuted people for possession of steroids when the steroids have not been in the form of a medicinal product. It is always an offence to sell or supply steroids to another person.

People can also be prosecuted for possession with intent to supply if they have large quantities of steroids without a prescription for them.

Tobacco it is not an offence for people of any age to purchase or use cigarettes or other tobacco products. It is an offence for a vendor to sell tobacco products to someone they know to be under 18 years old. Police also have powers to confiscate tobacco products from under 18s who are smoking in public places. Tobacco products are prohibited on Academy site. (This includes the use of E-cigarettes / vaping devices)

Minor **Tranquillisers** (librium, valium etc) are controlled under the Misuse of Drugs Act as Class C drugs but the possession offence is waived so that it is not illegal to possess or use them without a prescription. It is an offence to sell or supply them to another person. The exception is temazepam and rohypnol tranquilisers which are illegal to be in possession of without a prescription.

Legal obligations of staff

There is no legal duty for staff to disclose information they receive about drug use or supply to line managers, colleagues, parents/carers, social services, police etc. even though doing so may sometimes be the best course of action. Informing the police about drug incidents is dealt with below.

Under the Misuse of Drugs Act it is an offence for staff to allow the Academy premises to be used for the use, administration, production or supply of controlled drugs.

Premises can include the Academy buildings, grounds and buildings used for residential.

Staff could be prosecuted if they knowingly allow any of these things to occur on premises. The law requires that if staff become aware of the use, administration, production or supply of controlled drugs on premises, they must take prompt and reasonable action to prevent this continuing.

If staff find, or are voluntarily given, an illegal drug on the premises there are two possible, legally permissible, courses of action open to them. One option is to call the police and hand the drug over to them. (See below). Alternatively, it is legally permissible to dispose of the drug without informing the police. This might be done by flushing the substance down the toilet. Wherever possible, a colleague should be present to witness what has been done. In either case action must be prompt (do not leave the drug in a drawer for a few days), a written record should be made of what has been done and a line manager should be informed about the situation.

There is no legal obligation for staff to inform senior managers about suspected or actual drug incidents on Academy premises. However, good practice suggests that in all cases staff should inform a senior manager.

Searching students

1) Section 93 of the Education and Inspections Act 2006 gives all school staff members a legal power to use reasonable force to prevent:

- Students committing a criminal offence
- Students from injuring themselves

- Students from damaging school property
- Students from causing disorder

Furthermore – reasonable force can be used to conduct a search for the following ‘prohibited items’:

- Alcohol
- Illegal drugs
- Tobacco and cigarette papers
- E cigarettes

However, force should only be used as a last resort.

Further details can be found in the behaviour for learning policy

Informing, and working with, the police

We need to continue to have good working relationships with the local police and particularly Academy Liaison Officers. Regular discussions need to take place between staff and the local police officers as to how the police can support the Academy’s drug education programme, how they might respond to different types of drug incidents, their expectations of Academies and how contact should be made if needed. They visit the Academy regularly in Citizenship lessons where they deal with the law.

If staff know that young people, parents/carers or anyone else are in possession of, or have been using or supplying, illegal drugs, on Academy premises or anywhere else, they do **not** have a legal obligation to inform the police. It is an offence, however, for staff to abet a crime or obstruct the police by, for example, hiding drugs or by helping a young person to avoid arrest.

The DfE guidance ‘Protecting Young People’ recommends that Academies should inform the police ‘whenever an incident involving illegal substances has taken place at Academy’. It then goes on to suggest that:

‘.... The degree and form of police involvement is best determined through close consultation with the local force at the stage of policy development. The police can then make their position clear and allow the Academy to know their expectations as to when, and to what extent, it is desirable for them to be involved. In addition, it will help all parties involved if there is a named officer, perhaps the local Academy liaison officer, as the point of contact’.

In deciding about whether or not to inform the police about particular drug incidents it is important for staff to know how the police are likely to respond. In most cases Academy Liaison Officers will take full account of the circumstances, discuss options with the Academy and also offer practical advice and support.

In deciding whether or not to inform the police about a particular drug incident the following questions should be considered:

- * How serious is the drug incident?
- * Does it involve illegal activity?
- * What might the police be told and will individual young people be named?
- * What action might the police take?

* What are the likely consequences of informing the police on individual young people involved, their families, other students and the image of the Academy in the community?

Staff should not hesitate in calling for police assistance in situations where violence occurs that is a threat to the health and safety of young people and/ or themselves.

The police have rights of entry to Academy premises to search if staff give them consent to come in or if they have a search warrant. It is also legally permissible for police to enter and search without a warrant or consent in certain situations. This includes to arrest someone for a drug offence, to avoid a breach of peace, to catch someone who is illegally at large or if the premises is in the immediate vicinity of supply of controlled drugs.

Staff are not legally obliged to answer police questions concerning individual young people. If asked to give a statement to the police, staff can request that this is done at the police station rather than at the Academy.

If police wish to interview a young person aged under 17 years old they must inform the young person's parent/guardian or other appropriate adult. A statement can only be taken with an appropriate adult present. Apart from a parent/guardian an appropriate adult can include a teacher, social worker or another responsible adult aged 18 years or over.

Appendix 4

Questions that should be asked in dealing with an alleged drug incident

- Are you clear about what has happened? Have you got your facts right?
- Which drug is involved and what is its legal status?
- Is it a case of intoxication, possession, use or supply and what quantities of drugs are involved?
- Has the young person(s) broken the law (see Appendix 5)
- What form of drug is being used – experimental, recreational, binge or dependent use?
- Is there strong evidence of the young person being involved? Do they admit or deny it?
- Have there been previous breaches of the Academy code of conduct? What is their attitude towards being involved?
- Is there evidence of bullying or coercion?
- What are the circumstances of the young person(s) especially their physical and mental health and home circumstances? Are they particularly vulnerable and experiencing problems in their life? If so what problems?
- What are the range of options for response, both in terms of use of sanctions and support?
- What are the likely consequences of using sanctions for the young person (s) involved, their families?
- How will their behaviour and their punishment influence the behaviour of others?

Appendix 5

Types of incident and response to incident form

Types of incidents

1. A student approaches staff making disclosures about their own involvement with drugs and seek help and support
2. There is suspicion or definite evidence of students being involved with drugs
3. There is evidence of drug use or supply, or drugs or drug paraphernalia have been found without knowing who is involved.

Response to Drug incidents			
	Type 1 incident	Type 2 incident	Type 3 Incident
Assessing drug incidents and drug use			
1a Finding out what has gone on	*	*	*
1b Vulnerable young people	*	*	*
1c Drug problems in the family	*	*	
1d Assessing student's involvement with drugs and their support needs	*	*	
1e Confidentiality	*	*	
The law and legal obligations			
2a Are student's breaking the law?	*	*	*
2b Legal obligations to inform other people including the police	*	*	*
2c Legal obligations regarding drug use and supply on the premises		*	*
2d Finding drugs on the premises		*	*
2e Police rights of entry and rights to question student's and staff		*	*
2f Locking up or searching students		*	
Responding to drug incidents			
3a The range of responses	*	*	*
3b Emergencies and first aid		*	*
3c Informing and involving parents/ carers	*	*	*
3d Support for students – start “close to home”	*	*	
3e Referring students for specialist help	*	*	
3f Use of sanctions		*	
3g Informing and working with the police		*	*
3h Disposal of used injecting equipment and other paraphernalia		*	*
3i Dealing with the media		*	*

APPENDIX 6

DRUG USE AMONGST YOUNG PEOPLE IN GLOUCESTERSHIRE

Research carried out by the Exeter University Health Education Unit ('Young People in Gloucestershire, 1998) gave the following results for Year 8 and Year 10 students from Gloucestershire Academies.

The picture in Gloucestershire is very similar to the national average. Recent national and local surveys across the UK have found that:

- Drug use has increased significantly amongst young people in recent years. This includes increases in use of medicines, an increase in cigarette smoking, greater consumption of alcohol and more young people using illegal and other drugs.
- Use of drugs tends to become significant by the age of 14 for many young people and numbers using, and quantities consumed, increase throughout the remaining teenage years.
- Drug use amongst young people occurs in all classes and communities.
- Excessive alcohol use causes more problems for young people than use of illegal drugs.
- Illegal drug use is only an occasional activity for most young people.
- Most illegal drug use amongst young people is experimental or on a relatively controlled, recreational basis.
- By far the most commonly used illegal drug is cannabis. In many areas by age 16 years a majority of young people may have tried cannabis and between 20 and 25% may be regular users. Use of other illegal drugs is not as prevalent or frequent.
- After cannabis the most commonly used illegal and other drugs are LSD, 'poppers', amphetamine, magic mushrooms, solvents (aerosols, gases and glues etc.) and ecstasy. Most young people who use these drugs tend to do so on an occasional basis.
- Most young people who use drugs – be it legal or illegal substances – do not come to serious harm.
- Only small numbers of young people use heroin or crack cocaine, inject drugs or become dependent on drug use.
- Experience of serious drug-related problems is strongly correlated with economic disadvantage and/or emotional deprivation.
- Apart from dependence young people may experience a range of problems associated with drug use including:
 - * physical and mental health problems.
 - * accidents and unsafe sexual practices whilst under the influence.
 - * problems with Academy and/or college work and/or employment, including exclusion from Academy/college and being sacked from work.
 - * relationship problems with peers, parents/carers, the police etc.
 - * financial problems, such as getting into debt.
 - * drug-related violence and/or crime.
 - * getting a criminal record and being barred from certain jobs and restricted in international travel.

- Most young people moderate or completely stop using illegal drugs and moderate their alcohol use by their mid 20s when they 'settle down' and take on adult responsibilities.

Keeping it in perspective

Each year in the U.K. about 120,000 people die from tobacco-related diseases. In recent years smoking has increased amongst young people. Each year between 25,000 and 35,000 people die from alcohol-related diseases and accidents. In recent years alcohol consumption has increased amongst young people and a significant number of alcohol-related accidents involve them. Recorded solvent-related deaths have fallen recently from about 150 to 65 each year. Deaths associated with illegal drug use currently run at about 1,000 a year. Whilst illegal drug use causes many other problems for young people, their families and the community at large we need to keep matters in perspective.

APPENDIX 7

EMERGENCIES AND FIRST AID

We have a member of welfare staff trained in first aid. She is based in reception next to the medical room. There are also other staff attached to science and design technology.

IF SOMEONE IS HEAVILY DRUNK, INTOXICATED OR HALLUCINATING BUT CONSCIOUS

- * Don't try to talk with them about what has happened in any detail - wait till they have sobered up.
- * Keep an eye on them and don't leave them alone.
- * Sit them down in a quiet area. The half-sitting position below is a good one.



- * Move onlookers away and try to give the person involved some privacy.
- * Open a window to allow in fresh air.
- * Talk quietly and calmly. Don't shout at them.
- * Help calm them down if necessary. Reassure them.
- * Sensitively make sure their clothing at the neck, chest and waist is loose.
- * If they are cold, cover them with a blanket but do not give them a hot water bottle.
- * Try not to give them anything to eat or drink. If they insist on a drink, give small sips of lukewarm water only.
- * Do not move them unless it is essential.
- * Do not try to induce vomiting.
- * If you are worried at all about their condition keep them awake for a while before allowing them to sleep. Don't leave them to "sleep it off" unattended. Each year some young people get very drunk or stoned, go to sleep and start vomiting. If unattended this can be very dangerous, even fatal.

Call a doctor if you think it necessary. This calls for some judgement by you. Err on the side of caution. If you are having difficulty waking someone up then it is better to have an unnecessary doctor's visit than a tragedy. If they are out cold, do not waste time. Dial 999 and get an ambulance.

IF SOMEONE IS OVERHEATING/DEHYDRATED

Drugs like Ecstasy and Amphetamine raise body temperature and give a boost of energy. If users take these drugs in hot places like clubs and dance for long periods they can lose a lot of body fluids. Overheating and dehydration can result. This can be very dangerous and has resulted in the death of over 80 young people in the UK since 1987.

The warning signs include:

- * feeling very hot and dehydrated.
- * cramps in legs, arms and back.
- * failure to sweat.
- * headaches and dizziness.
- * vomiting.
- * suddenly feeling very tired.
- * feeling like urinating but hardly going.
- * fainting or losing consciousness.

Overheating and dehydration can be prevented by:

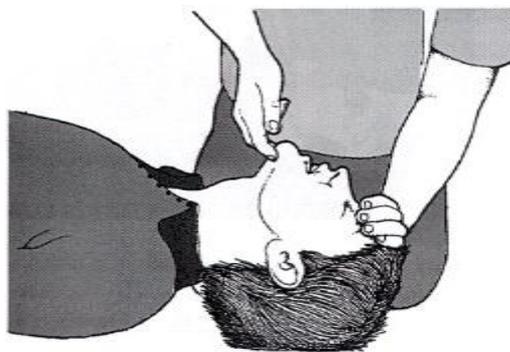
- * not dancing for long periods.
- * taking breaks between dancing.
- * sitting in cool areas.
- * wearing cool clothing.
- * not wearing caps or hats
- * drinking plenty of fluids to replace those lost (but not too much, a pint per hour is a maximum);
- * avoiding alcohol and coffee as they dehydrate even further.

If someone is overheating/ dehydrating

- * call an ambulance
- * move the person into a cool place (outside may be best)
- * splash them with cold water and fan them to cool them

IF SOMEONE HAS LOST CONSCIOUSNESS

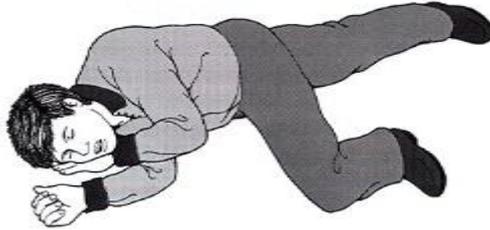
1. Clear the person's airway. Place one hand on their forehead and the other hand on their chin. Gently tilt their head backward.



2. Check to see if they are breathing. Do this by checking if you can hear or feel their breaths. Put your ear against their nose and lips. Look to see if their chest or abdomen is moving.

If they are breathing

1. Loosen their clothing at the neck, chest and waist.
2. Put them in the recovery position as in the diagram below.



3. Stay with them and keep checking their breathing. Get someone else to ring an ambulance.
4. If they come round provide reassurance.

If they are not breathing

Mouth to mouth resuscitation (the kiss of life) should be started straight away.

1. Clear their mouth of any dirt or vomit.
2. Tilt their head back and lift their chin. Give them 2 slow, deep breaths.
3. Pinch their nose then take a deep breath in. Seal your lips around their mouth and blow into it. See that their chest rises as you blow in.



4. Take your mouth away and watch their chest fall.
5. Check their pulse to see if their heart is beating. Do this by putting two fingers in the groove at the side of the Adam's Apple and pressing firmly. If you can't feel a pulse within a few seconds their heart has stopped beating.



If their heart is beating

1. Continue mouth to mouth. Do 16-18 breaths in each minute (about one every 3-4 seconds) until breathing starts again or the ambulance arrives.
2. When they start breathing again put them into the recovery position and monitor their breathing.

If their heart is not beating

Heart resuscitation will be necessary. This is more complicated. If no one with the necessary skill is at hand you can ring 999 and obtain professional advice about what to do over the phone.