

# **BUNTS SANGHA'S S.M. SHETTY EDUCATIONAL INSTITUTIONS**



## **DRUG AND ALCOHOL POLICY**

**2016**

## DRUG AND ALCOHOL POLICY

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### **Appendices** *(Attached separately to this document)*

1. Flowchart: Managing Drug Related Incidents
2. Operating Model: Drug Education Programme
3. Parents' Opinion Poll questionnaire
4. Questionnaire for Teachers

# **BUNTS SANGHA'S S.M. SHETTY EDUCATIONAL INSTITUTIONS**

## **DRUGS POLICY**

### **BACKGROUND:**

At Bunts Sangha's S.M. Shetty Educational Institutions, our policies are in accordance with our Mission of "Personality Development for Nation Building" and we make a commitment to the health and well-being of our students. We recognize that alcohol, tobacco and drug use among adolescents is one of the most detrimental risk behaviours affecting academic achievement, school bonding and student health and safety. With this in mind, a Drugs Policy has been formulated for our educational institution, with emphasis on prevention through safe and supportive education environment, intervention and support for students who may be involved in substance misuse.

### **SCOPE OF THE POLICY:**

The Drugs Policy covers

- the possession and use of drugs, alcohol and tobacco on school premises, school organized functions, sporting events, picnics, study tours and industrial visits, by:
  - Students
  - Parents
  - Teachers
  - Shadow teachers
  - Employed staff
  - Outsourced staff and
  - Visitors.
- Therapy and Rehabilitation.
- Counselling and Treatment.

## **RATIONALE:**

While we recognize the need for compassionate treatment of those addicted and seeking help, we also uphold the policy of not using drugs/alcohol any time while on campus or at any off-campus school/college event. In so doing, we are committed to provide a drug free environment, and will maintain a ZERO TOLERANCE policy toward drug and alcohol use in all facets of the students' life.

## **AIMS AND OBJECTIVES:** The Policy aims:

- To support all stakeholders of the educational institution by providing clear guidance and procedure on drug related issues
- To respond supportively to those whose use of drugs and other addictive substances interferes with their academic performance
- To promote a climate in which students can seek help if they are in distress from their own or others' use of drugs and alcohol.
- To develop a referral system which includes response to self-referrals and suspected users and in case of emergencies related to drug abuse or possession of drugs.
- To develop and implement guidelines and sanctions, which are clear and articulated to staff, parents and students.
- To develop an institution-wide programme on drug education as an integral part of the students' health and personal and social development.
- To train all school and college personnel in the guidelines related to drugs and alcohol.

## **RESEARCH FINDINGS: The Policy draws on -**

- 1) Drug Laws in India – Narcotic Drugs & Psychotropic Substances (Amendment) Act, 2014
- 2) Juvenile Justice (Care and Protection of Children) Act, 2015
- 3) Extensive documented research relating to drugs and alcohol in schools
- 4) Guidance from Psychiatrists and medical professionals
- 5) Focus groups and interactions with school and college students
- 6) Opinion polls from parents and teachers.

**Opinion Polls and Focus Group Discussions:** Extensive focus group discussions and opinion polls were held with students, parents and teachers of the educational institution to establish the understanding of substance abuse across cross sections and to involve them in the change-process. Findings from these focus groups and opinion polls have been incorporated into the policy.

**Responses from students** participating in the Focus Group indicated that students in the age group of 11-14 were aware of drugs being substances that are harmful for the brain and the body. Most students in the age group of 15-20 had themselves consumed, or knew of someone in their peer group who had consumed a glass of alcohol and had smoked cannabis at least once. The students expressed that those taking drugs or alcohol could be doing so as a coping mechanism to deal with stress caused by various factors like their studies, parental pressure and expectation, failed relationships and competitiveness in current times. The students stated that any welfare strategies proposed by the school/college need to strengthen the protective factors known to be associated with drug misuse by young people.

Protective factors:

- A sense of belonging to school/college
- Have at least one close relationship with a parent, teacher or a mentor who can provide guidance and emotional support
- A sense of self-efficacy and personal responsibility

- Well developed social and interpersonal skills, coping strategies and adequate decision making skills
- Academic success and commitment to schooling

**Responses from a sizeable sample of parents** participating in the opinion poll could be representative of the general view in society about young people taking to drugs and alcohol. While majority believed that young people experiment with smoking, alcohol and drugs between the ages of 15-25, a few did observe that the group could be younger, i.e. in the age group of 10-15 years. The parents observed that drug users could be of either gender and may not necessarily belong to poor socio-economic backgrounds.

All the respondents strongly agreed that there is a need for drug awareness programmes in schools, both for students and parents. Suggestions included counselling, workshops and group interactions, medical camps and visits to rehabilitation centre as means of educating the students about the ill effects of substance abuse.

When asked, parents offered a number of reasons a young person could be using drugs:

- A desire to change the way they feel, or to 'get high'
- Escape school/college and family pressures
- Problems in the family
- Low self-esteem
- To be accepted by their peers
- To feel adult-like or sophisticated
- Curiosity
- Perceived low risk associated with drugs

**Teachers participating in the opinion poll shared that the** age a child experiments with drugs has gotten lower, as low as 12-13 years. The teachers emphasized the importance of a strong teacher-student bond and identified some early signs that could be an indication of drug use in students:

- Drop in academic performance
- Poor classroom behaviour or social skills
- Unprovoked aggressive behaviour
- Prolonged absenteeism from school/college
- Change in physical appearance
- Lack of self control
- Lack of attachment and nurturing by parents

### **DEFINITION OF DRUGS:**

In this Policy, the term 'Drug' includes tobacco and alcohol and illegal drugs, as mentioned in the NDPS Act, such as cannabis, opiates, ecstasy, and methamphetamines, volatile substances such as petrol, solvents and inhalants, and other substances used for psychoactive effects, recreation or enhancement, as well as prescription drugs used outside medical or pharmaceutical advice.

### **LEGAL CONTEXT**

For a student below 18 years of age, the Juvenile Justice Act, 2015, applies for any offence he or she may commit under any law, including the NDPS Act.

Under the **Narcotic Drugs and Psychotropic Substances (NDPS) Act, 1985** and subsequent **NDPS (Amendment) Act, 2014**, it is illegal for a person to produce/manufacture/cultivate, possess, sell, purchase, transport, store and/or consume any narcotic drug or psychotropic substance. In the NDPS Act, the term 'narcotics' is used to mean 'opioids', Opioids are derivatives of opium like morphine, which are used to relieve pain. Psychotropic substances are amphetamines, which are stimulant drugs.

Possession of drugs is itself an offence under the NDPS Act as much as sale, purchase, production, etc. The punishment does not depend on whether the possession or purchase is for personal use or for resale but depends on the quantity of the drug.

Consumption of drugs is an offence under section 27 of the NDPS Act and is punishable with imprisonment of up to one year (in case of some drugs) or six months (in case of all other drugs). However, addicts volunteering for treatment get immunity under section 64A of the Act.

A juvenile can be defined as a child who has not attained a certain age at which he, like an adult person under the law of the land, can be held liable for his criminal acts. Juveniles accused of a crime or detained for a crime are brought before the Juvenile Justice Board under the **Juvenile Justice (Care and Protection of Children) Act 2015**. Under this act, children are not to be taken to a regular criminal court. The purpose of a separate court is that its purpose is socio-legal rehabilitation and reformation, not punishment. The aim is to hold a child culpable for their criminal activity, not through punishment, but counselling the child to understand their actions and persuade them away from criminal activities in the future.

## **ACTIONS:**

### **1 Alcohol**

- 1.1 Alcohol must not be consumed or brought to the school/college premises during school/college hours by students, employees or visitors.
- 1.2 Possession of alcohol in the school transport, by students or employees is strictly prohibited
- 1.3 The consumption of alcohol is not permitted at any school/college function, whether conducted within or outside the school premises. This applies to all types of functions, sporting events, picnics, study tours and industrial visits.
- 1.4 In cases where the student is in possession of or under the influence of alcohol, the Principal will manage the incident as students' health and welfare issue.
- 1.5 The student could receive a warning, be referred for counseling and other supportive measures in the first instance and if necessary, could be referred for rehabilitation services. Parents and students' participation in the



counseling/rehabilitation process will determine whether the student continues in the school/college or faces suspension.

- 1.6 Parents and visitors under the influence of alcohol will be asked to leave the premises and return at a later date when sober, in the interest of safety of the whole institution.
- 1.7 Staff and employees of the school/college, under the effects of alcohol, will receive a warning and counselling in the first instance and could face disciplinary action and suspension if necessary.

## **2 Tobacco** (*Applicable to both students and staff*)

- 2.1 The Institution is a No-Smoking site. Smoking anywhere on school premises, including school building and sports ground, or school vehicles, at school functions or picnics is strictly prohibited.
- 2.2 Students are not permitted to bring smoking materials, including matches and lighters to school/college.
- 2.3 Students are not allowed to chew tobacco or paan anywhere in the school/college premises and not possess any of the above materials on school premises.
- 2.4 In the event that a student is found possessing any smoking materials on school premises, they will be confiscated in the interests of health and safety of all.
- 2.5 Principal will manage the incident in the interest of the student's health and welfare and refer for counselling services.

## **3 Solvents**

- 3.1 The school will ensure that potentially hazardous substances and solvent based products are stored safely, away from easy access by young children.
- 3.2 Students will be supervised if it is necessary that they come in contact with solvents for the course of their work.

3.3 Where there are concerns that a student may be misusing inhalants/solvents at school/college, the Principal will manage the matter in the interest of the student's welfare and refer to the Counselling service.

#### **4 Drugs**

4.1 Any prescription drug for purposes of medication, brought to the school, must be accompanied by a registered doctor's prescription. Parents must provide written notification of the same to the school in advance and the prescription be verified by the school medical practitioner.

4.2 No illegal drugs are permitted to be brought on to, or used on school premises, school vehicles or school related functions or events, by students, parents, employees or visitors.

#### **5 Drug Related Incidents**

5.1 Drug related incidents will be dealt with by the Principal and Management in a manner appropriate and corresponding to the incident.

5.2 Drug related incident may include any of the following:

- A student who is suspected of being under the influence of a drug
- Finding drugs or related paraphernalia (i.e. foil, needles) on school premises
- Possession of drugs by an individual on school premises
- Use of drugs by an individual on school premises
- Supply of drugs on school/college premises
- Individuals (students, parents, teachers, employees) disclosing information about their drug use
- Reports of drug possession, supply or drug use

- 5.3 Incidents will be dealt with after making an assessment of the situation and reported to the Principal.
- 5.4 Appropriate support, in the form of counselling and/or referral to psychiatric support, or rehabilitation services, will be offered to those with substance misuse problems.
- 5.5 Evidence of drug use or possession, despite warning and support services, could result in suspension.

## **RECOGNISING THE SIGNS OF ABUSE AND ADDICTION**

Abuse of most substances will produce noticeable signs and symptoms. These may include physical or behavioral symptoms, most likely both.

### **Physical Symptoms**

Some of the most noticeable symptoms of drug abuse are those that affect the body's inner workings. Changes in students' appearance can be clues to possible drug use and may include:

- Dilated pupils
- Bloodshot or glazed eyes.
- Teeth grinding
- Problems focusing visually
- Hallucinations
- Delusions
- Abrupt weight changes.
- Bruises, infections, or other physical signs at the drug's entrance site on the body.

Disruption to normal brain functioning, changes in personality, and heart and organ dysfunction can be signs of long-term drug abuse. Signs will vary based on the substance.

## **Behavioral Symptoms**

Drug abuse negatively affects a person's behavior and habits as he or she becomes more dependent on the drug. The drug itself can **alter the brain's ability to focus and form coherent thoughts**, depending on the substance.

Changes in student behavior, such as the following, can indicate a problem with drug abuse:

- Increased aggression or irritability.
- Changes in attitude/personality.
- Poor concentration
- Poor short term memory
- Lethargy.
- Depression.
- Sudden changes in a social network.
- Dramatic changes in habits and/or priorities.
- Erratic behaviour
- Prolonged absenteeism from school/college

Learning to recognize the physical or behavioral signs of drug abuse can help prevent the problem from progressing further.

## **REFERRAL TO THE SCHOOL/COLLEGE COUNSELLOR:**

Consideration must be given to referring students involved in a drug related incident to the school/college 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 Counsellor will assess the student's drug or alcohol use, including motivation to change and will assess the need to refer the student to external health professionals. The Counsellor may recommend the student and their family to a specialized service such as a drug and alcohol service, or psychiatric treatment to address any mental health issues.

### **PROCEDURES and DISCIPLINARY ACTION IN DRUG RELATED INCIDENTS:**

The institution will consider each substance-incident individually and will consider very carefully the implications of any action it may take. It seeks to balance the interest of the student involved, with the interests of the other members of the school/college.

Where disciplinary action is appropriate, this might include:

- Warning
- Loss of privilege
- Discussing with parents their role in promoting acceptable student behaviour
- Suspension, where the circumstances warrant it.

1. As in 4.1, if a student is using a product for medicinal purposes, the medicinal purpose must be reported to the school nurse and the product kept by the nurse during school/college hours. If a teacher/Principal/designated school personnel discovers the student is in possession of a medicinal product and the nurse has no prior knowledge of the medicinal need of the product, the product shall be considered a controlled substance or alcohol for the purposes of this policy. The

incident will be reported to the Principal and a referral will be made to the Counselling Centre.

2. Any member of the educational institution concerned about a student's involvement with alcohol, tobacco or drugs should speak to the Principal and the Mental Health professional at the Counselling Centre as soon as possible. A referral to the Counsellor should be accompanied by a one page report about the reasons for the referral. All referrals are confidential.
3. Intervention from the Counsellor may progress to referral to psychiatric evaluation and rehabilitation services.
4. Self-referral: If a student recognizes that he/she has a problem with alcohol, tobacco, drugs and other impairing substances and chooses to do something about this problem, the educational institution will co-operate as fully as possible with the student.
5. If any student or adult (parent, visitor or employee) is found possessing an illegal drug, or alcohol, or related paraphernalia, it will be confiscated. If the substance cannot be legally destroyed or disposed of, it will be handed to the police as soon as possible and not stored for any longer than is necessary. The Principal will be notified and the school's mental health professional/counsellor will be consulted.
6. The immediate priority in any drug related incident is to ensure the safety and welfare of the students and the staff. Immediate action might include establishing the basic facts: what type of drug was taken; how much was taken; when and how it was taken; whether more than one type of drug was taken; whether anyone else was involved.
7. If a student is found to be disoriented, having trouble breathing, or is unconscious as a result of harmful toxic substance, or is at immediate risk of harm, medical help will be sought and first aid given if required. The priority will be the student's safety.
8. Upon ensuring immediate safety, if a student is showing signs which indicate particular risk of, or from, involvement with drugs, the emotional needs and mental health of the student will be considered and referral be made to the institution's Counsellor.

9. In general, parents or guardians 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. However, a decision must be made about informing the student's parents keeping in mind the student's psychological well being.
10. Parents will be expected to co-operate with the support services offered by the school/college.
11. Any student who is in possession of drugs is likely to try and 'dump' them surreptitiously. Teachers need to be aware of this and keep a watchful eye. The request to 'go to the toilet' is one obvious ploy. Teachers also need to be aware that students, even if 'isolated' may communicate by text message/mobile phone.
12. Where a student under 18 years of age, is suspected of abusing substances, the student will be referred to an expert with his/her parents for evaluation. Counselling will be provided to both the student and parents.
13. Refusal to undergo evaluation will lead to "time out" and escalation of the problem to higher authorities, i.e. Child Welfare Committee.
14. The period of "time out" is to allow time for: a) the student to reflect on his or her behaviour; b) the family and the school/college to plan appropriate support to assist the student to change the behaviour and to successfully return to school.
15. If the student is above 18, he will be referred for similar mandatory evaluation to an expert. Refusal to comply will lead to the student given "time out" till his evaluation is completed. Counselling will be provided too.
16. Inspection of personal property, including and not limited to clothing pockets, backpacks, personal vehicles, may be conducted by the Principal or a designated person at any time, without notice and without student or parent consent for reasons of security and for protecting the rights of other students in the institution.
17. If a student under 18 years of age, is found carrying drugs as listed in the NDPS Act, they will be handed over to the Special Juvenile Police Unit (SJPU) of the local police as mandated by the Juvenile Justice Act 2015. If the student is

above 18 years of age, the local police station will be informed and the student handed over.

18. All incidents will be recorded within 24 hours; the records will be stored securely in the student's/staff's file, held by the educational institution.

## **DRUG EDUCATION PROGRAMME**

The Drug Education Programme is a vital component of the Drugs Policy. Drug education in our institution will be aimed at enabling students to make healthy informed choices by increasing their knowledge, exploring a range of attitudes towards drug use and developing and practicing decision making skills. Drug education needs to take place as part of student learning about mental health, body and physical safety.

The institution-wide approach to health and wellbeing is aimed at helping students make positive choices, and developing their social and decision making skills. A pilot workshop for students aged 15 years, namely "ZINDAGI NA MILEGI DOBARA" was very successful and well received by the students, with the message 'Say No to Drugs and Alcohol' and 'Be Smart, Don't start'. Teachers have had an Information Session on drugs and its effects along with personal experiences shared by a rehabilitated youth. Interactive sessions of this nature will need to be held regularly for continued effectiveness.

The Drug Education Programme will consist of:

- 1) Regular age-appropriate awareness drives at the school and college level, to include interactive sessions that engage students in problem solving and critical thinking and to focus on mental health issues such as stress and coping mechanisms.
- 2) Sensitization and training of teachers to identify signs of drugs use among students
- 3) Engaging parents where possible



- 4) Visit to a rehabilitation centre (*proposed*)
- 5) Evaluation and reflection of current education programmes and practices and include goals and strategies for the future.

Effective drug education will place students at the centre of the teaching and learning process. It will assist students to:

- Acquire knowledge and understanding of the complex issues involved in drug use, including accurate information about drugs and their effects
- Increase understanding about the implications and possible consequences of use and misuse
- Develop skills to communicate assertively, including how to say no, and the skills to make informed decisions, solve problems and seek relevant support and information services
- Develop attitudes and values that promote a healthy lifestyle.
- Enable young people to identify sources of appropriate personal support.

Young people who have begun to use drugs need safety messages about risks and how to reduce or stop use. The Drug Education programme will be student-sensitive, responding to and inclusive of student voice in the process. The values of self-worth, sense of personal identity, integrity and respect for oneself and others will be at the core of the Drug Education Programme.

## **ROLES AND RESPONSIBILITIES**

1. Management and Principal are responsible for implementing the policy and procedures for managing drug related incidents in the school/college.
2. Principal is responsible for ensuring that the school rules and consequences about possession and use of tobacco, alcohol and illegal drugs at school/college by students, are made known to students, staff and parents.

3. Principal must monitor and review the implementation and effectiveness of responses to drug related incidents.
4. Teachers are expected to support the implementation of the Drugs Policy in school/college.
5. When a teacher /member of staff reasonably suspects, based on personal observation or knowledge, that a student is involved in drug related behaviours, the teacher must inform the Principal.
6. The purpose of informing the Principal is to ensure that appropriate actions are taken, which might include: a) speaking with the student about concerns; b) discussing concerns with parents/guardians; c) monitoring the situation; d) referring the student to the School/college Counsellor for assessment of drug use problems; e) self-referral by the student to the school/college counsellor.
7. The Principal must ensure that appropriate follow-up actions are implemented once the immediate safety and welfare needs of students have been attended to. The goals of the follow-up actions are to: i) support the student to continue his or her education; ii) assist the student to overcome problems relating to drug use; iii) ensure ongoing safety and welfare of students, teachers and staff.
8. Parents are required to co-operate with the procedures and support the Drugs Policy. Parents have a critical role to play in building the resilience of their children and helping them become healthy, active members of society.
9. Mental Health professional/Counsellor, in consultation with parent/guardian, will assess the student's involvement with drugs and implement appropriate strategies to help the student to change their behaviour
10. The Counselling Centre is responsible for formulating and implementing the Drug Education Programme with support from Principal and Management.
11. The Counselling Centre will provide a confidential service to the student and parents and inform teachers and Principal of the student's progress, on a need to know basis.
12. Management, Principal, Teachers, Employees, students and parents are required to participate in regular Drug Awareness education programmes organized in-house and any arranged externally.

13. This Policy will be uploaded onto the institution's website and will be updated as and when revised. Every student (new and existing), parent and staff will be required to read the Policy and sign an undertaking to abide by the expectations laid down in the policy.

## **CONFIDENTIALITY**

1. If a student discloses that he/she is using a drug without medical authorization, action will be taken to first ensure that the student comes to no serious harm.
2. If this disclosure is to a member of staff, it is the responsibility of the staff to inform the student of disclosure of this information to significant others (Counsellor or teacher or co-ordinator) and wherever possible, encourage the student to be involved in the process.
3. All records will be held securely in the student's file / staff file and strict confidentiality will be observed.
4. Staff are committed to protect the student's anonymity where his/her disclosure may implicate others.
5. Confidentiality and privacy will be respected of a student who returns to the school/college after "time-out" with a re-entry plan that ensures strict monitoring of behaviour and progress.

## **MONITORING AND EVALUATION:**

The Policy is designed to be preventative in nature and is intended to help any student having problems with alcohol or drugs. This is the first Drugs policy to be introduced in Bunts Sangha's S.M. Shetty Educational Institutions. The Drugs Policy will be monitored and evaluated on a yearly basis to include feedback from the stakeholders on its implementation and suggestions to strengthen the effectiveness of the policy.



## REFERENCES:

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3. National Policy for Drug Demand Reduction, 2014 – Government of India - <http://socialjustice.nic.in/pdf/NPDDR-2014.pdf>
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