

Student Alcohol and Substance Misuse Policy & Procedure 2018-19

Effective for employees, students, governors and volunteers October 2018

Overall responsibility: Principal
Implementation: Head of Student Services
Date issued: October 2018
Date for review: October 2019

Endorsed and approved by P&SG:



(Signature)

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Principal

Student Alcohol and Substance Misuse Policy

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Student Alcohol and Substance Misuse Policy

1. Introduction

1.1) Northampton College is committed to maintaining healthy, safe and productive learning and working environments for its students, staff, customers and visitors. The College recognises the adverse impact that both alcohol and drugs may have upon an individual's ability to study and work safely and appropriately.

In addition, the College is committed to promoting the health, safety and well-being of its students and will help and advise students of the risks associated with the use of alcohol and drugs, providing support to those with drug and alcohol dependency problems.

2. Aims

2.1) This policy has two overall aims:

- To ensure a safe learning and working environment free from the use of inappropriate substances.
- To promote the health, safety and well-being of our students by providing advice and guidance on the risks associated with the use of alcohol and drugs whilst also providing appropriate support to students with alcohol or substance dependency problems.

In order to achieve these aims, the College will work in partnership with public and voluntary sector agencies that are able to provide specialist information and support in addressing these issues.

2.2) In order to achieve the first aim, the following are explicitly prohibited:

Possessing, using or dealing in drugs or items related to drug use and/or possessing or drinking alcohol whilst engaged in College activities (including trips, external placements and work experience) or on College premises: anyone suspected of dealing in drugs on any College premises must be reported immediately to the Head of Student Services (or Safeguarding Officer) who will then inform the Police.

Reporting for study, studying or attempting to study whilst apparently under the influence of alcohol and/or drugs -- including not only substances covered by the Misuse of Drugs Act 1971 (as amended) but also prescribed and 'over the counter' drugs used inappropriately, so called "legal highs", and solvents and other such chemicals used inappropriately.

2.3) Where prescribed drugs are taken and their effects can limit an individual's ability to undertake certain tasks the tutor must be informed before study commences.

- **Appendix 1** provides definitions of some key terms used in this policy.
- **Appendix 6** provides information on some of the support agencies to whom the College may refer for advice, or to which it may refer students in need of help.

3. Specific Actions

3.1 In order to achieve these two overall aims, the College will:

- raise awareness and provide information to students and staff on issues relating to alcohol, drugs and similar substances through ongoing provision of health events, plasma screen presentations and information on Staff and Student Intranets.
- help students to understand the expectations of employers relating to drugs and alcohol in the work-place
- ensure students are aware of the College's position on the use of alcohol and drugs
- develop guidelines for appropriate disciplinary responses to incidents involving the misuse of alcohol, drugs and similar substances and apply these as appropriate with reference to the Student Behavior Policy /Code of Conduct
- provide students with access to information on relevant local support networks and agencies as appropriate
- brief staff on the implications for the College of legislation relating to alcohol, drugs and similar substances, and clarify how staff should deal with situations that arise relating to their suspected use
- maintain procedures for identifying and disposing of illegal substances or other prohibited substances found on College premises
- clarify the College's position in relation to testing for evidence of substance or alcohol misuse

4. Student Responsibilities

4.1) Each student is responsible for ensuring their own behavior and work or student performance remains appropriate whilst a) engaged in College activities (including trips, external placements and work experience), or b) on College premises, and that their behaviour and work or student performance is not affected by alcohol consumption or substance misuse.

4.2) It is not acceptable for a student to attend College or College activities (including trips, external placements and work experience) under the influence of any substance which impairs or may impair their judgement or dexterity in such a way that they may be a danger or disruption to themselves or others.

4.3) Students must not bring any illegal substances or equipment associated with, into College premises.

4.4) Students must not use or provide alcohol to others on College premises or College activities (including external placements and work experience) except where the provision is part of the curriculum i.e. Catering & Hospitality students are serving alcohol to clients or guests of the College, under the supervision of College staff.

4.5) Students need to be aware that the College's approach reflects and is a reinforcement of the standards and expectations of employers relating to alcohol and drugs.

4.6) Students who know or suspect that they have an alcohol, or substance-related problem should seek professional help at an early stage to avoid the problem becoming worse.

4.7) Students must notify a relevant member of staff (e.g. a Academic Coach) if they are taking prescribed medication that could adversely affect their ability to undertake their course of study safely and/or without disrupting others.

4.8) If a student has a medical condition that may make them mistakenly appear to be under the influence of drink or drugs they should inform an appropriate member of staff (for example their Academic Coach) so that other staff of the College can be advised as necessary.

5. Action to be taken when a Student appears to be under the influence of alcohol or drugs

5.1) Students will not be permitted to attend College or College activities where there are reasonable grounds to believe that they may be under the influence of alcohol and/or a controlled substance. (Including being found in the possession of drugs paraphernalia, smelling of alcohol or drugs)

5.2) If a student is acting in such a way that they can be reasonably suspected to be under the influence of alcohol or a controlled substance, the College's immediate response will be to remove the student to a safe place within the college environment to prevent the disruption or risk.

5.3) In deciding to take this action, the staff will not undertake any medical testing procedure but will rely on observation.

5.4) Staff in student services should be informed of the incident and will meet with the student to make a decision about the colleges concern. (where required it may be appropriate to involve a qualified first aider.)

5.5) When deciding if a student may be under the influence of alcohol or a controlled substance staff will also consider if the student has a strong odour that would indicate this.

5.6) If student services staff agree that a student may be under the influence of alcohol or a controlled substance then the student will be asked to leave the site once they have assessed that it is safe for them to do so. Where there is doubt as to whether the student can safely leave the premises appropriate professional help will be sought.

5.7) In all cases where a student is under the age of 18 a next of kin will be informed prior to the young person leaving college so that appropriate arrangements for leaving the site can be made.

5.8) In the case of students who are attending College as part of their employment (e.g. as apprentices, or on other block- release or day-release provision) the College will where possible notify the employer before the student is removed from College premises where those involved feel that it would not endanger the health and safety of the employee or other students or staff of the college, and, if the employer requests it, advise the employee to await the arrival of a representative of the employer (although the staff involved cannot constrain the individual to wait against their will).

5.9) Where it appears a criminal offence has been committed the staff involved will contact the police if it is determined an emergency or contact Head of Student Services who will contact the police and report the incident. Where appropriate the staff concerned may advise the individual to wait until the police attend.

5.10) The staff involved will report the incident to the Head of Student Services (Safeguarding Co-ordinator) who will then inform the appropriate Assistant Principal who will consider whether disciplinary action is required.

5.11) On returning to College studies the student must make arrangements to undertake an informal chat

with a member of staff from student services whereby they will be provided with relevant alcohol and substance misuse material and information relating to local support agencies.

6. Drug Testing

6.1) The College does not undertake or facilitate the testing of students for drugs or alcohol on College premises.

6.2) Where drug testing is a requirement of an employer or employer organisation as a condition of employment it is a matter for the employer or employer organisation to arrange the necessary testing away from College premises.

6.3) While this is a matter for the employer or employer organisation the College will expect that testing will be in line with best practice guidelines – i.e. involve obtainment of the student's explicit written consent, provide clarity and guidance on standards the students are being tested against, describe how the results are to be communicated and who to, and have a clear appeals process.

7. Stop & Search

7.1) The college, through the authority of the Principal, can instruct designated staff to conduct “with consent” searches of suspects whom they have reasonable grounds to suspect may be carrying concealed illegal substances, or alcohol.

7.2) The college will follow the Stop and Search Policy at all times where the college has reasonable grounds that a suspect may be carrying concealed illegal substances, or alcohol.

8. Review and Monitoring

8.1) The implementation of the policy shall be subject to annual review. To assess the policy's effectiveness there will be an analysis of available information including the number of reported incidents and feedback from student surveys and focus groups.

9. Linked Policies

- Behaviour Policy
- Stop and Search Policy
- Child Protection: Safeguarding Children & Vulnerable Adults Policy

Appendix 1

1. Definitions – Alcohol, drugs and prescription medications

Drugs

Drug – A chemical substance that affects the processes of the mind or body, any chemical compound used in the diagnosis, treatment, or prevention of disease or other abnormal condition. A substance used recreationally for its effects on the central nervous system, such as a narcotic.

Drug Dependence – Drug addiction (dependence) is compulsively using a substance, despite its negative and sometimes dangerous effects. Drug abuse is using a drug excessively, or for purposes for which it was not medically intended.

Alcohol

Alcohol - means any beverage that contains ethyl alcohol (ethanol), including but not limited to beer, wine and distilled spirits.

Alcohol Dependence – A disease in which a person craves alcohol, is unable to limit their drinking, needs to drink greater amounts to get the same effect and has withdrawal symptoms after stopping alcohol use. Alcohol dependence affects physical and mental health and causes problems with family, friends and work. This is known as alcoholism.

Prescribed medications and over the counter medication

Drugs prescribed by a medical practitioner or purchased over the counter can also be a cause for concern because they may impair mental or physical performance at College. Any student taking medication that may adversely affect their academic performance shall notify their tutor before starting any College based activity.

Students who are prescribed medication, or obtain over-the- counter preparations, must ask the doctor/chemist whether the medication is likely to affect their fitness for attending College and or work.

If any member of staff is informed of any such side-affects, they must assess any risks to safety arising, taking advice from the college Health & Safety Officer or Appointed College Nurse as appropriate.

Other Definitions

Northampton College premises or facilities means all property of Northampton College including, but not limited to, teaching areas, offices, facilities and surrounding areas on Northampton College owned property, parking areas and storage areas.

Misuse – the use of alcohol at work or dependency on alcohol and/or drugs for a purpose not consistent with legal guidelines or medical recommendations for dosage, intervals or amounts.

College Premises – the buildings or outside locations used by the College for the delivery of its

courses and services

Activities – any aspect of the experience provided by the College for its students, including formal classes on College premises and a range of events organised by the College in a range of locations, including those of third parties and in public spaces

APPENDIX 2

Facts about Drugs

Under the Misuse of Drugs Act 1971, illegal drugs are placed into one of 3 classes - A, B or C. This is broadly based on the harms they cause either to the user or to society when they are misused.

The class into which a drug is placed affects the maximum penalty for an offence involving the drug. For example, Class A drugs attract the most severe penalty as they are considered likely to cause the most serious harm. Drugs controlled under the Misuse of Drugs Act are illegal to have, produce, give away or sell.

- **Class A drugs include: heroin (diamorphine), cocaine (including crack), methadone, ecstasy (MDMA) LSD and magic mushrooms.**
- **Class B includes: amphetamines, barbiturates, codeine, cannabis, cathinones (including mephedrone) and synthetic cannabinoids.**
- **Class C includes: benzodiazepines (tranquilisers), GHB/GBL, ketamine, anabolic steroids and benzylpiperazines (BZP).**

Not all drugs are illegal, but that doesn't mean they aren't harmful .

For example, tobacco and alcohol can seriously damage your health. And recently new 'legal highs' have been developed to mimic the effects of illegal drugs like cocaine and ecstasy but are structurally different enough to avoid being classified as illegal substances under the Misuse of Drugs Act. However, they can still have dangerous side effects.

Some drugs do have a legitimate use, as a medicine, in research or in industry. To use, import or produce these drugs you need to obtain a licence from the Home Office.

Penalties

Maximum penalties under the Misuse of Drugs Act:

| Drug class | Possession | Supply |
|-------------------|-------------------|-----------------|
| Class A | 7 years + Fine | Life + fine |
| Class B | 5 years + fine | 14 years + fine |
| Class C | 2 years + fine | 14 years + fine |

Maximum sentences differ according to the nature of the offence – less for possession; more for trafficking, production, or for allowing premises to be used for producing or supplying drugs. They also vary according to how harmful the drug is thought to be.

Less serious offences are usually dealt with by magistrates' courts, where sentences can't exceed six months and/or a £5,000 fine, or three months and/or a fine. Most drug offenders are convicted of unlawful possession. Although maximum penalties are severe, only around one in five people convicted of possession receive a custodial sentence and even fewer actually go to prison, with the majority of fines £50 or less.

Commonly used Drugs – a summary

- Amphetamines
- Cannabis
- Cocaine/Crack Cocaine
- Ecstasy
- GHB
- Ketamine
- LSD
- Nitrates
- Opioids – Heroin
- Psilocin – Magic Mushrooms

AMPHETAMINES – Speed METHAMPHETAMINE (Crystal meth, meth, Ice)

Amphetamine is a synthetic drug originally used as an appetite suppressant. Speed is a stimulant. It quickens the heartbeat and breathing rate.

The drug can be snorted, taken orally, smoked or injected. The effects can be felt within minutes when snorted, smoked or injected. When taken orally, the effects of the drug tend to feel 'smoother' and are generally longer-lasting.

Increased heartbeat can put prolonged strain on the cardio-vascular system, with hypertension, agitation, feelings of being 'frazzled', short-tempered, irrational, with 'scratchy skin'

CANNABIS – Marijuana, grass, pot, dope, reefers, weed, hash, ganja, skunk, skunkweed.

A class C drug since 2004, this drug is usually smoked either with tobacco in the form of a 'joint' or it can be smoked on its own in a pipe. It can be used in some baking e.g. in cookies. Sometimes it is also brewed, like a tea.

The immediate effects are usually for the individual to feel relaxed, sometimes with an increased appetite ('the munchies'). The effects usually last for around 1-3 hours.

Smoking cannabis *without* tobacco, via a bong, vaporizer or in neat joints (while increasing the potency of the high) would substantially reduce lung damage and other physical health problems.

As a class C drug. Cannabis is still classed as an illegal substance and as such, supply and possession remain illegal.

COCAINE – coke, crack, nose candy, snow.

Smoked, sniffed (usually through a tube) or injected. This is a strong stimulant with similar effects to amphetamine but lasting only 15-20 minutes. **Crack cocaine** is the more potent form of cocaine, taken in the form of crystals. Although this tends to provide a more intense effect, it may lead to more dependency-related issues.

ECSTASY – E, MDMA, XTC, methylenedioxy-methylamphetamine

This drug affects the central nervous system and is a stimulant. It is taken through the mouth in capsule or tablet form. It is most commonly used as a 'dance' drug, and sometimes referred to as the 'empathy' drug, as the user can experience a keen awareness of other people's emotions for a while whilst taking the drug. It can also cause tiredness and extreme thirst, so it is important to monitor the amount of fluid that is being taken.

GHB – Liquid X, GBH, liquid E, gamma-hydroxyl-butyrate, sodium oxybate.

This is taken orally and often sold in liquid form. It is commonly dissolved in water to produce a clear and colourless liquid. The drug affects the individual in a similar way to alcohol.

KETAMINE – Kit kat, special K, super K, vitamin K.

This is usually swallowed as a liquid, although preparation can also mean it can be smoked, sniffed or taken in capsule or tablet form. Ketamine stimulates the cardiovascular system, creating a racing heart. Individuals may experience hallucinations and a feeling of paralysis whilst still being fully conscious.

LSD – Lysergide, diethylamide, lysergic acid, acid, haze, microdots.

This is taken by mouth as tiny coloured tablets (microdots) or absorbed on to small squares of paper, gelatine sheets or sugar cubes.

This is a perception-altering drug. It usually takes around 2 hours for the effects to reach their peak and will last for between 6 and 12 hours. The experience is usually referred to as 'tripping' and this relates to the experience of hallucinating. 'Bad trips' are often the result of a bad setting and/or pre-existing emotional problems, anxiety, bad mood, distrust of companions.

NITRATES – Amyl nitrate, butyl nitrite, poppers, snappers.

This is classed as a vasodilator, which means that it widens the blood vessels in the body. It is usually taken through inhalation, most commonly from small bottles. If it is swallowed, it is poisonous. It gives the user a rapid high and acts very quickly, usually within 30 seconds and lasting for around 5 minutes.

OPIOIDS (Heroin) – Horse, junk, smack, scag, H, diamorphine, morphine, opium.

This affects the central nervous system and is classed as a depressant. It comes in the form of white or speckled brown powder. Heroin is smoked, sniffed and injected. Other opioids may be taken by mouth. Street drugs are often cut with other substances and these can include caffeine, quinine, talcum powder and flour!

PSILOCIN – Liberty Cap or Magic Mushrooms

Magic mushrooms possess psilocin and psilocybin (which breaks down into psilocin in the body). These compounds are psychedelics and will produce a similar 'trip' and experience to that of LSD.

'The 2005 Drugs Act amended the Misuse of Drugs Act 1971 to clarify that both fresh and prepared (e.g. dried or stewed) magic mushrooms that contain psilocin or psilocybin (such as 'liberty cap') are Class A drugs. This means it's illegal to have this type of 'magic mushroom' for yourself, to give away or to sell.'

If you see any of the following symptoms, get help immediately

- Cocaine – Overdose leads to confusion and dizziness, change in breathing, short gasps followed by deep gulps.
- Ketamine – temporary paralysis, nausea, vomiting.
- Speed – can cause collapse.
- Ecstasy – hyperventilation, overheating and unconsciousness.
- Poppers – poisonous if swallowed. Can cause fainting.
- Hallucinogenic or Magic Mushrooms – eating the wrong type of mushrooms may cause cramps, breathing difficulties, loss of consciousness.
- GHB – overdose causes slow or erratic breathing with little or no response. Lips can turn blue – Nausea, vomiting, seizures, convulsions, stiffening of the muscles may occur

Signs & Symptoms of Drug Use

| Warning signs in individuals |
|--|
| <ul style="list-style-type: none">• Excessive spending or borrowing of money• Stealing from parents/friends/family• More time being spent away from home• Changes in work or university attendance patterns• Decline of willingness to participate in social activities• Disregard for physical appearance• Lack of appetite• Heavy use of aftershave/perfume to disguise smell of drugs• Wearing sunglasses at inappropriate times to hide dilated or constricted pupils• Bruising or marks on arms from injecting• Maintaining distance from other colleagues or students• Exchanging money or other objects in unusual circumstances <p>However, these signs may be an indication of other problems which are not drug-related</p> |
| Objects that may indicate drug use or supply |
| <ul style="list-style-type: none">• Metal tins (for storing drugs, especially cannabis)• Heat-discoloured spoons, foil containers or cup shapes made from silver foil,(used for preparing heroin / crack for injection)• Small bottles, pill boxes (used to store drugs)• Twists of paper (many powdered drugs are sold in these)• Straws (used for snorting cocaine/speed)• Syringes and needles (for injecting heroin, speed etc.)• Plastic bags and butane gas containers (used to inhale solvents) |

- Cardboard or foil tubes (used to smoke heroin)
- Shredded cigarettes (used to make 'joints' to smoke cannabis)
- Paper (approx. 2 inches square) folded to form an envelope (heroin often sold in these)
- Squares of card torn from Rizla packs, paperback covers etc. (used for making joints)
- Weighing scales (used for measuring quantities of drugs to sell)
- Bong/hooka pipe (used for smoking drugs)

Facts about Alcohol

How alcohol affects the body

- Alcohol is absorbed into your bloodstream within a few minutes and reaches your brain within 5 minutes of being swallowed.
- The concentration of alcohol in the body depends on a number of factors including how much you have drunk, whether you have eaten, your size and weight.
- It takes a healthy liver about 1 hour to break down and remove 1 unit of alcohol.
- If you drink half a bottle of wine or 2 pints of ordinary strength beer, you will still have alcohol in your bloodstream 3 hours later.
- If you drink heavily in the evening, you will still be over the drink/drive limit the following morning.
- Black coffee, cold showers and fresh air won't remove alcohol from the blood stream. Only time can do that.
- Blood alcohol concentrations lower than the legal drink/drive limit reduce physical co-ordination and reaction speeds and affect thinking, judgment and mood.
- Heavy drinking strains not just the liver, but also other parts of the body including muscle function and stamina, and the body needs 48 hours to recover.
- Alcohol raises blood pressure, increasing the risk of coronary heart disease and some kinds of stroke.
- Regularly drinking more than the daily benchmarks increases the risk of liver damage, cancers of the mouth and throat, and psychological and emotional problems including depression.

Units awareness

Drunk in a variety of forms; spirits, wine, beer, lager, alco-pops. Can be found in some foods, medication and cleaning products.

Recommended allowances:

- 2-3 units daily for an adult woman with two alcohol-free days a week
- 3-4 units daily for an adult man with two alcohol-free days a week

For those aged under 18, pregnant women and older people there are no safe recommended daily allowances.

The Law

- It is illegal to sell alcohol to anyone under the age of 18

- It is illegal to drive or attempt to drive when under the influence of alcohol; this means having a blood concentration of 80mg per 100ml, which is difficult to judge. Penalties include disqualification, a large fine and possibly a prison sentence. The best advice is not to drink and drive.

Category - Depressant

Immediate effects - Increases confidence, lowers inhibitions, can relax you, can make you feel dizzy, nauseas, tired and cause you to slur your words. It takes approximately one hour for each unit of alcohol to leave the body e.g. 1 pint of Stella = 3 unit = 3hours to leave the body.

Short term risks - Intoxication can lead to accidents, vulnerability, risky behaviour, memory loss and alcohol poisoning. Hangovers can cause dehydration, headaches, sensitivity to bright lights and noise, leading to you not being able to carry out your day-to-day activities such as work and college. Mental and sexual health can be affected, e.g. S.T.I.'s, feelings of guilt and remorse.

Long term risks - Regularly drinking above the recommended allowances can put you at higher risk of high blood pressure, liver cirrhosis, cancers, and strokes. It can lead to changes in physical appearance such ageing, weight gain, and thread veins. Heavy users can develop brain damage, loss of memory, and have problems with the nervous system. Alcohol use can and does have a huge impact on family, relationships and work.

Men

If you drink between 3 and 4 units a day or less, there are no significant risks to your health BUT If you consistently drink 4 or more units a day, there is an increasing risk to your health.

Women

If you drink between 2 and 3 units a day or less, there are no significant risks to your health BUT If you consistently drink 3 or more units a day, there is an increasing risk to your health.

Binge drinking

Originally, the term `binge' was used describe a period of continual drinking by someone who was alcohol dependent, ending only when the drinker was unable to continue. Recently, the term has come to refer to a high intake of alcohol in a single drinking session or at least during a single day.

There is no internationally agreed definition of binge drinking, but in the UK drinking surveys normally define binge drinkers as men consuming at least eight, and women at least six standard units of alcohol in a single day.

It is important to know how alcohol affects you as an individual. Know your limits and don't be pressured to drink more than you want or intend to:

- Set limits for yourself, and stick to them
- Start with a non-alcoholic drink
- Never drink on an empty stomach
- Drink slowly. Take sips, not gulps
- Try the low-alcohol alternative
- Avoid rounds or 'shouts'
- Have one drink at a time, so you can keep track of your drinks. Avoid 'topping up'
- Pace yourself
- Avoid drinking games
- Stay active—don't just sit and drink
- Have at least two alcohol-free days a week
- Avoid places where you'll be bored if you're not drinking, or uncomfortable if you don't have a drink in your hand

Lunchtime drinking and health & safety at work

Health and safety at work legislation requires both employers and employees to maintain a safe working environment. If an alcohol-related accident were to occur, then, depending on circumstances, the employer, the employee concerned or both could be liable.

- Alcohol can impair work performance in two ways: It will jeopardise both efficiency and safety – for example, an increased likelihood of mistakes and errors of judgment and increased proneness to accidents.
- Persistent heavy drinking can lead to a range of social, psychological and medical problems, including dependence, and is associated with impaired work performance and attendance.

Hangovers

For those who are worried about a hangover, the best piece of advice is 'don't get drunk'. But, here are some tips on drinking.

- Drink clear alcohol. Dark alcohol tends to contain a substance called congeners and is more likely to cause hangover symptoms.
- Eat something before and during alcohol consumption. This slows the absorption of alcohol.
- Drink water as well as alcohol.

Recovery

- More Water. The dehydration of getting drunk actually causes the body to absorb water from the brain, which in fact shrinks a bit, causing headaches, dry mouth, and part of the general malaise of the hangover.

- Taking some form of painkiller, as soon as you wake up, may help mask some of the effects of your hangover. It's NOT advisable to take these all the time because they can damage your liver.
- Eating something that is easy for your body to digest, such as toast, helps speed up recovery.

Alcohol Poisoning

Alcohol drunk in gross excess at one time affects the body in two ways that can be dangerous:

- It depresses the brain, which controls breathing, the heart and body temperature. In other words, it controls the body's accelerator, the thermostat is switched off and the body just winds down until something stops – such as your heart.
- It irritates the stomach, which causes vomiting. When this occurs and the brain is malfunctioning, there is a real risk of choking to death. Also vomiting in this condition can trigger an instant nerve reflex that stops the heart – dead.

If the two effects work together, a person could die from choking after a much smaller dose than is needed for direct poisoning.

Spiked Drinks

You can take precautions to stay safe from spiked drinks and drug rape:

- Plan your night out
- Think before you accept a drink
- Don't leave your drink unattended

You can't always tell if your drink has been spiked, but there are things to look out for:

- Some drugs have dye added to them that turns blue when added to a drink
- Sometimes the drinks can taste bitter
- If it tastes odd or if you're not sure, don't drink it!

Don't be afraid to call the police. They are there to help you.

Safer Sex

Alcohol impairs your judgment, communication skills, and ability to use condoms or lubricants properly. Being drunk can also lead many people to have sex without thinking of the consequences.

Getting Home

Think about how you will get home, at the start of the big night out.

If you have been drinking, you may feel more confident and prepared to take risks with your personal safety such as walking home alone, getting a lift with someone you don't know or even driving.

Driving

The chances of having a road accident are much higher under the influence of alcohol. It affects not only your body, but also your judgment and emotions:

- You cannot co-ordinate and control your muscles as well as you can normally
- It takes you longer to react
- You are less able to judge speed and distance
- You may think you are driving better than you really are
- You may feel more daring and reckless – making you more likely to drive faster. The legal limit is 80mg of alcohol in 100ml of blood.

The Recovery Position

If someone is unconscious, there is a safe position to put them in which allows them to breathe easily and stops them choking on any vomit.

However, you must first carefully consider whether there is any chance that they have hurt their back or neck, or have an injury that would be made worse by moving them. Putting them in the recovery position in this case could have serious consequences.

If you are in any doubt, and the casualty is in no further danger by being left in their original position, do not move them. Wait for the paramedics to arrive

How to put someone in the recovery position

Once you have checked that they are breathing normally, lie them on one side, with a cushion at their back, bring their knee forward, and point their head downward to allow any vomit to escape without them swallowing it or breathing it in.

Remember: when you are moving the patient onto their side, make sure their neck and back are well supported.

Appendix 3

Taking control of your drug or alcohol use

This document is designed to provide some guidance for people who want to reduce or stop their current use of alcohol or drugs. Some people will be able to do this on their own, but most will find it easier if they have support from someone else. This could be a family member/friend, or a professional adviser/counsellor.

Your personal use

If you haven't already done so, look at the "*Assessment of Personal Use Questionnaire*" – within this policy. After completing this questionnaire you should have a better understanding of why you use the particular substance you are focusing on and be starting to identify things that will help you to reduce or stop using it.

Different types of use

There are three main phases of drug use: experimental, recreational and dependent. Once a person has **experimented** with a particular drug, they will either never try that drug again or their use becomes **recreational** – something they do occasionally or frequently, but they are mostly in control of what they are doing. Recreational drug use does not necessarily lead to **dependence**, and becoming dependent on a drug does not necessarily mean that the person will remain dependent unless they give up the drug completely. Sometimes it is possible to move from dependency back to recreational use, but this depends on the type of drug and the nature of the dependency (see below).

Reasons for dependency

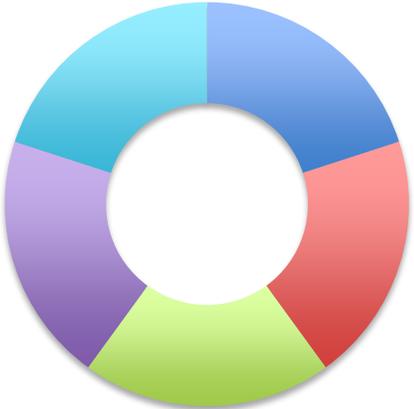
Dependency on a drug can take various forms. Some drugs cause **physical** dependence, where continuous use results in the body needing the substance to function normally and withdrawal symptoms are experienced if use is stopped. Often connected with physical dependence is **psychological** dependence, where a person thinks they need a drug in order to function normally. Dependency can also be **social** in the sense that a person only feels the need for the drug in certain situations (drinking alcohol in a pub, for example).

How to change your drug/alcohol use

Reducing or stopping drug or alcohol use can be very difficult, especially if you have become dependent on it. Understanding your pattern of use, what triggers it and the barriers that are likely to prevent you stopping or reducing your use will really help you to reach your goal successfully. A well-known tool which is commonly used by drugs counsellors and health professionals is the "Cycle of Change" which identifies six stages in changing a behaviour. Use the table below to create your own personal plan for reducing or stopping your drug/alcohol use.

Appendix 4

Assessment of Personal Use Questionnaire

| | | | | | | |
|--|--|--|---------|----------|--|--|
| <p>The Cycle of Change</p> <p>1. Pre-contemplation</p> <p>You are comfortable with your drug/alcohol use and have no reason to consider reducing or stopping it. (This is the only stage of the cycle that you are unlikely to return to)</p> | <p style="text-align: center;">Cycle of Change</p>  <ul style="list-style-type: none"> ■ Contemplation ■ Decision ■ Action ■ Maintainence ■ Replapse | | | | | |
| <p>2. Contemplation</p> <p>You are starting to think about reducing or stopping using.</p> <p>At this stage it is helpful to list your reasons for this and the benefits it will bring.</p> | <p>Use this space to make your own notes.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;">Reasons</td> <td style="width: 50%; padding: 5px;">Benefits</td> </tr> <tr> <td style="height: 80px;"></td> <td style="height: 80px;"></td> </tr> </table> | | Reasons | Benefits | | |
| Reasons | Benefits | | | | | |
| | | | | | | |
| <p>3. Decision</p> <p>You have reached a decision and decided that you want to stop or reduce you drug or alcohol use.</p> <p>If you have decided to stop completely, it will help if you decide on a date and write this down.</p> <p>If you want to reduce your use, then decide by how much and write this down.</p> | <p>I want to stop because _____</p> <p>_____</p> <p>_____</p> <p>Date I will stop: _____</p> <p>I will reduce my use from _____ (eg: per day)</p> <p>to _____</p> <p>_____</p> | | | | | |
| <p>4. Action</p> | <p>1. Remove/destroy any remaining drugs/alcohol and paraphernalia.</p> | | | | | |

| | | |
|--|---|--|
| <p>You are ready to put your plan into action.</p> <p>Think about what you need to do. The checklist opposite gives some suggestions, but add your own too.</p> | <p>2. Plan some activities that will take your mind off what you are trying do and keep you occupied for the first few days/weeks eg: start an evening class, play some sport, join a club, go to the cinema, see friends who don't use drugs.</p> <p>3. Choose someone to be your buddy: someone who won't judge you and can give you some moral support if you are finding it hard to stick to your plan. Ask them to help you and discuss what you have written here with them.</p> <p>4. Visit a Drop In service or make an appointment to see a professional adviser to talk through your plan and find out what support is available (see support information from page 31)</p> <p>5. Set yourself a goal (or several goals) and decide on a reward for achieving it: <i>"When I have been drug-free or have stuck to my reduced amount for..... weeks I will reward myself with"</i></p> | |
| <p>5. Maintenance</p> <p>Having started your plan of action, you now have to stick to it. To help you do this, list all the things that might stop you from sticking to your plan, and think about how you can avoid or resist them.</p> <p>Use a jar to put the money in that you would have spent on drugs/alcohol each week and decide what you will spend the money on.</p> | <p>Things I will find difficult</p> | <p>How I will overcome this</p> |
| <p>6. Relapse</p> <p>You start using again. This is part of the cycle of change and should not be seen as failure. Many people have several unsuccessful attempts before achieving their goal completely.</p> | <p>What went wrong</p> | <p>How will I avoid this next time</p> |

If this happens to you, list the reasons why it happened and consider how this could be avoided next time.

Most Important – Don't give up trying to give up!!

Appendix 5

What you can do to help a friend?

| Giving advice and support about drug or alcohol use | |
|---|--|
| <p>This information provides some guidance for people who want to help someone with a substance misuse problem. A person with a substance misuse problem is any person who experiences physical, psychological, social, academic or legal problems as a consequence of their own repeated use of a substance. A person's use of a substance may also cause problems for other people.</p> | |
| <p>Defining a 'problem'</p> <p>What constitutes a 'problem' is subjective. You may consider that someone's drug or alcohol use is problematic, but the person using drugs or alcohol may not consider that they have a problem at all, either because they are in denial about their use or because they feel they are in control of it. If they feel they are in control of their drug use, they may have not actually thought about how it is affecting their own lives or other peoples'. In relation to the 'Cycle of Change' (see below) they are in the pre-contemplation stage.</p> | |
| <p>The Cycle of Change</p> <p>A well-known tool, which is commonly used by drugs counsellors and health professionals, is the "Cycle of Change" which identifies six stages in changing a behaviour. Below are suggestions for ways of helping a person through this process.</p> | <p>Cycle of Change</p> <ul style="list-style-type: none"> ■ Contemplation ■ Decision ■ Action ■ Maintainence ■ Replapse |
| <p>1. Pre-contemplation</p> <ul style="list-style-type: none"> • be non-judgmental • point out any obvious negative consequences that have happened • provide the person with the "Assessment of Personal Use Questionnaire" to help them focus on their drug/alcohol use | <p>2. Contemplation</p> <ul style="list-style-type: none"> • establish whether the person really wants to stop/reduce their drug/alcohol use, and if they are ready to do this • encourage person to focus on the reasons and benefits of stopping/reducing their drug/alcohol use • provide the person with the "Taking Control of your drug/alcohol use" |

| | |
|--|--|
| | |
| 3. Decision | 4. Action |
| <ul style="list-style-type: none"> • support their decision • provide information about other sources of advice and support • discuss with them what they have written in their “<i>Assessment of Personal Use Questionnaire</i>” | <ul style="list-style-type: none"> • discuss choices for action • suggest alternative activities that will help them avoid situations they might find difficult • encourage them to set realistic and achievable goals and to decide on a reward for themselves |
| 5.Maintaience. | 6.Relapse |
| <ul style="list-style-type: none"> • provide or refer to appropriate follow-up support • remind the person of the goals they have set and the reward they have chosen | <ul style="list-style-type: none"> • point out that the first attempt is the hardest, and that each time they try again, it will get easier • discuss reasons why this attempt was unsuccessful • explore ways of overcoming these difficulties next time |

Appendix 6

Further Information & Support

| | | |
|--|--|---|
| AA (Alcoholics Anonymous) - Support group network for people with alcohol problems | 0845 769 7555 -National Helpline www.alcoholics-anonymous.org.uk Calls will automatically be redirected to an AA support worker in your region | Please contact AA for meeting times and venues |
| Al Anon Family Groups - Support group network for families and friends of people with alcohol problems | 020 7593 2070 -National Office for details of local groups www.al-anon.org | Please contact Al Anon for meeting times and venues |
| Aquarius – Supporting people in Recovery. Training for frontline workers. | 36-38 Abington Square Northampton NN1 4AA 0300 456 4292 northamptonshire@aquarius.org.uk | Monday to Thursday 9 - 5pm Friday 9 - 4.30pm |
| Bridge -A substance misuse programme which offers clients the chance to take part in sporting and other activities | 63c Gold Street Northampton NN1 1RA 01604 621259 www.bridge-northants .org.uk | See Bridge website for Timetable of events |
| CA (Cocaine Anonymous) - Support group network for people with drug problems | 0800 612 0225 www.cauk.org | Please contact CA for meeting times and venues |
| S2S - drug and alcohol treatment service for Northamptonshire | Spring House 39 Billing Road Northampton NN1 SBA 01604 211 304 | Please contact SDS for more information |
| Family Support Link - For families and carers affected by drugs and alcohol in Northamptonshire | West End House 60 Oxford Street Wellingborough Northants NN8 4JJ 01933 227 078 fslcontact@yahoo.co.uk | Please contact Family Support Link for more information |
| CAN Young People's Service-confidential drug and alcohol service for those under 19 and their families/carers | 81 St Giles Street, Northampton, NN1 1JF 01604 633848 ypadmin@can.org.uk | Look on the website or call the helpline number for more information. |
| Hope Centre -Help services, big issue regional distribution centre, activities and projects, life skills workshops and social activities | Oasis House 35-37 Campbell Street Northampton NN1 3DS 0845 519 9371 | Please contact the Hope Centre for activities and opening times |
| Maple Access Partnership - Specialist GP Practice | 17-19 Hazelwood Road Northampton NN1 1LG 01604 250 969 www.ma12leaccess.org.uk | See website for further information |

| | | |
|---|--|---|
| NA (Narcotics Anonymous) - Support group for people with drug problems | 0300 999 1212 -National Helpline www.ukna.org | Please contact NA for meeting times and venues |
| NAASH -NAASH work with homeless people to relieve hardship, need and distress amongst those who are homeless | Oasis House 35-37 Campbell Street Northampton NN1 3DS 0845 206 8646 | Please contact NAASH for more information |
| National Drink Line - A helpline offering support, advice and information about alcohol | 0800 917 8282 | Lines open between 9am and 1pm weekdays and 6pm till 11pm weekends |
| Solve-It - Provides a Dedicated service to young people, adults, professionals and organisations that promote understanding, awareness and education of the consequences of volatile substance abuse. | 0300 3301420 info@solveitonline.co.uk | Office hours 10am - 5pm Mon- day to Friday Answer phone sometimes in operation |
| The Sunflower Centre - Offers non- judgemental support to high-risk victims of domestic abuse across Northamptonshire. | 01604 888 211 | Please contact the Sunflower Centre for more information. |
| First for Wellbeing 30 minute assessment. Following the assessment the client will be given brief advice or asked to attend a 1:1 meeting with a Wellbeing Advisor . | 0300126 5000 www.firstforwellbeing.co.uk | Look on the website or call the helpline number for more information |

Appendix 7

COMMUNICATIONS PLAN

| | |
|---|--|
| TITLE OF COLLEGE POLICY: | DATE APPROVED BY EMT/CORPORATION: |
| Student Alcohol and Substance Misuse Policy & Procedure | 30/10/2018 |

| AUDIENCE (select appropriate with v) | | | | | |
|---|---|------------------|--|------------------------|---|
| Managers | | Curriculum teams | | Business Support teams | |
| All staff | ✓ | Suppliers | | Partners | ✓ |
| Other (please state) | | | | | |

| CHANNEL (select appropriate with v) | | | | | |
|---|---|--|---|--|----------------|
| Policy & Strategy Team (PST) | | Quality Improvement Network (QIN) | | Marketing team | |
| e.g. Meeting Email | ✓ | e.g. Meeting Email | ✓ | e.g. NC Update Managers' Update Intranet Website | ✓ ✓ |
| Individual team | | Suppliers | | Partners | |
| Document Library Noticeboards Team meeting Email | ✓ | Letter or email Meeting | | Letter or email Meetings | |
| College Management Team | | JCNC | | CORPORATION | |
| Meeting | | Meeting | | Meeting | |

| | | | | | |
|-------|--|-------|---|-------|---|
| Email | | Email | ✓ | Email | ✓ |
| | | | ✓ | | |

| | | |
|--|--|-------------------------|
| COMMUNICATIONS PLAN ACTIVATED BY: | | |
| Name: Mark Owen | Job title: Head of Student Services | Date: 30/10/2019 |

Appendix 8

EQUALITY & DIVERSITY IMPACT ASSESSMENT

This form should be used by managers and policy authors within their area of responsibility to carry out Equality & Diversity Impact Assessments (E&DIAs) in relation to protected characteristics including: Age, Sex, Disability, Gender/Trans, Racial or Ethnic Group, Religious Belief and Sexual Orientation.

The word ‘policy’ is taken to include strategies, policies, procedures and guidance notes; both formal and informal, internal and external.

The Impact Assessment may be carried out on any policy, service, function or plan you are engaged in, or are about to commence. All policies should be clearly stated. However, in reality, some policies are built into everyday procedures and customs, therefore not all policies are open to inspection and review. Any assessment of a policy should include these customs and practices as well as the formal written policy. ‘Functions’ means your duties and powers and includes internal and external functions, including service delivery.

1. Name of policy

Student Alcohol and Substance Misuse Policy & Procedure

2. What is the aim(s), objective(s) and/or purpose of the policy?

Support the college and students when there are concerns about substance misuse.

3. Who is the policy lead?

Mark Owen

4. Which of the following groups could be affected by this policy? (Tick all that apply)

Students Staff Wider community

5. Team

Names and position of Impact Assessment Team (min of 3 preferably from areas across the College):

| Name | Position |
|-----------------|---------------------------|
| Patrick Leavey | Deputy Principal |
| Beverley Davies | Assistant Principal |
| Mark Owen | Head of Student Services. |

Date EDIA undertaken: 23/010/2018

EDIA undertaken as a result of:

Renewal / Revision of Policy / Procedure

New Policy / Procedure

SAR process

Other Please state _____

Date of last EDIA (if applicable) _____

6. Complaints

Have complaints been received from anyone with one or more protected characteristic about the service provided? If yes then please give details.

N/A

7. The Impact

Four possible impacts should be considered as part of the assessment:

- Positive impact** – Where the policy might have a positive impact on a particular protected characteristic.
- None or little impact** – Where you think a policy does not disadvantage any of the protected characteristics.
- Some impact** – Where a policy might disadvantage any of the protected characteristics groups to some extent. This disadvantage may be also differential in the sense that where the negative impact on one particular group of individuals with protected characteristics is likely to be greater than on another.
- Substantial impact** – Where you think that the policy could have a negative impact on any or all of the protected characteristics. This disadvantage may be also differential in the sense that the negative impact on one particular protected characteristic is likely to be greater than on another.

Use the guidance provided above and complete the following table:

| Gender/ Age | Positive impact | No or little impact | Some adverse impact | Substantial adverse impact |
|-------------|-----------------|---------------------|---------------------|----------------------------|
| Women | | x | | |
| Men | | x | | |

| | | | | |
|-----|--|---|--|--|
| Age | | x | | |
|-----|--|---|--|--|

| Disability | Positive impact | No or little impact | Some adverse impact | Substantial adverse impact |
|--------------------------------|-----------------|---------------------|---------------------|----------------------------|
| Visually impaired | | x | | |
| Hearing impaired | | x | | |
| Physical disability | | x | | |
| Specific Learning difficulties | | x | | |
| Global learning difficulties | | x | | |
| Autistic Spectrum Disorder | | x | | |
| Any other disability - various | | x | | |

| Race or Culture | Positive impact | No or little impact | Some adverse impact | Substantial adverse impact |
|-----------------------|-----------------|---------------------|---------------------|----------------------------|
| White | | x | | |
| Other minority groups | | x | | |

| Other Factors | Positive impact | No or little impact | Some adverse impact | Substantial adverse impact |
|--------------------|-----------------|---------------------|---------------------|----------------------------|
| Religious Belief | | x | | |
| Sexual Orientation | | x | | |
| Trans | | | | |

Please comment on any areas where some or substantial impact is indicated. Any resulting actions must be added to the attached action plan.
 Policy has been updated to reflect changes in legislation and procedure. The procedure ensures a fair process is carried out for all staff and as such has a positive impact.

8. Is there anything that cannot be changed?

| What cannot be changed? | Can this be justified? | If so, how? |
|-------------------------|------------------------|-------------|
| | | |

e.g. Disabled people can be treated more favourably under the 2005 DDA. If a policy appears to treat disabled people more favourably than other equality groups, the disadvantage may be justifiable.

Please list the main actions that you plan to take as a result of this assessment in your area of responsibility.
 (Continue on separate sheets as necessary)

EQUALITY & DIVERSITY IMPACT ACTION PLAN FOR INCLUSION IN QUALITY IMPROVEMENT PLAN

| | |
|---|-----|
| Area for Improvement and expected impact (linked to Corporate Objectives) | N/A |
| SMART actions/activities | N/A |
| Staff development or Resources required | N/A |
| Timescale including Milestones | N/A |

Success Indicators and evaluation

N/A

DISTRIBUTION: Copies of the final E&dIA and QIP should be sent to:

Jan Hutt -Director of HR, Patrick Leavey - Deputy Principal – Teaching, Learning & Success and Caroline Banning/Jo Daly Executive Team Administrator

And to those whom this Impact Assessment will cause to have further work to do in either changing processes or re-writing the policy(s) concerned.

All actions recorded here should be carried forward into your QIP, so that actions can be monitored and evaluated to measure the impact. There will be random sampling of action plans through the Equality & Diversity Forum