



Community Services: Education

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To: Heads of all Educational Establishments

Dear Colleague

Solvent abuse

Solvent abuse continues to be a dangerous practice engaged in by some young people including those in attendance at school. To assist head teachers/campus principals to address this issue, information and guidance are detailed below.

1 Legislation

The Children (Scotland) Act 1995 includes solvent abuse in the conditions on which a child/young person might be referred to the Reporter to the Children's Panel as being in need of compulsory measures of care. The legislation applies to children within the ages of statutory education. The power to refer should be used with care and discretion.

Under the terms of the legislation anyone can make a referral to the Reporter; but in educational establishments all referrals should be channelled through the head. In practice, however, it will usually be a member of staff, for example a class teacher, who detects a child/young person under the influence of solvents, and he/she therefore should immediately inform the head of the establishment.

Before taking a decision to make a referral in an individual case the head should generally take advice from professional colleagues representing agencies such as the school medical service, the psychological service, the area social work team which liaises with the school, the police, or the staff of the Reporter to the Children's Panel. The head teacher/campus principal is not expected automatically to contact all of the agencies but only those appropriate to the circumstances of the case. It should be remembered that, in all cases of referral, there should be available the names of witnesses and, where possible, evidence of solvent abuse as proof of the grounds for referral may require to be found by the sheriff.

2 Recognising a solvent abuser

Parents/carers and teachers who see individual children/young people regularly will notice natural changes in the behaviour of adolescents but sudden changes which cannot be explained reasonably should be subtly observed. These **may** be signals that suggest abuse of solvents.

The following signs **may** require further enquiry:

- glazed, red and unfocussed eyes with dilated pupils;
- running nose;
- cracked lips;
- pimples or sores around the nose and mouth;
- unsteadiness;
- vacant expression;
- slow response and co-ordination;
- drowsiness.

Observation of one or some of these signs should be followed up with great sensitivity as there could be a legitimate explanation for the signs.

3 Dealing with incidents

The safety of the child/young person is of primary importance if an abuser is discovered to be unconscious or semi-conscious. The practices as described in the guidance document for heads of establishments on first aid treatment should be put into operation (see appendix 2).

Where children/young people are detected smelling of solvents but not immediately at risk it is advisable that they are supervised at all times until they have recovered. The parents/carers should be informed as soon as possible.

When children/young people are found to be in possession of substances which may be toxic, information regarding their source and for what purpose they are to be used should be sought. If solvent abuse is suspected, any such substance should be temporarily confiscated and the parents or emergency contact should be informed in order that the matter can be discussed. Under such circumstances, interviews should be conducted in a low-key and non-threatening way. It should be stressed to the children/young people that the main concern is the safety aspects of the substance in their possession. Close co-operation with the home is the key to resolving such situations satisfactorily.

All incidents of solvent abuse must be reported using the report form in appendix 1. A copy must be sent to the Executive Director of Community Services or his/her

representative with an additional copy lodged in the child's or young person's file and kept there for 5 years. It should be transferred, as necessary, during the child's or young person's career. The record will be subject to the terms of the Data Protection Act 1998.

4 Safe procedures

Children/young people should not normally be supplied with solvent-based substances for use in curricular activities. Pens, glues and correcting fluids, for example, are available as water-based products and these should be ordered for use by children rather than the solvent-based alternative.

When a particular activity dictates the use of solvent-based substances as in, for example, certain craftwork activities which require the use of a strong adhesive, their use should be closely supervised at all times.

Solvents should always be stored in lockfast storage cupboards. Children/young people should not be given the responsibility of fetching or carrying any solvent-based substances. Similarly children/young people should never be given access to storage cupboards where solvents are kept.

Solvents are used by staff other than teachers and consequently their attention should be drawn to the potential dangers. In particular when staff employed by external contractors are visiting an educational establishment their attention should be drawn to the need for security of any solvent-based materials.

5 Curriculum

Educational establishments will ensure that drugs education programmes should include information on solvents. Lessons will be delivered to meet the experiences and outcomes from A Curriculum for Excellence: health and wellbeing - substance misuse (HWB 38-43). Activities should be appropriate to the needs and stage of development of each child and young person. Approaches to learning and teaching should provide challenges and opportunities for children and young people to develop their knowledge, skills, attitudes and values to make informed personal choices with the aim of promoting healthy lifestyles.

Pupils' learning experience of health and wellbeing should include:

- Assessment is for Learning;
- co-operative learning;
- interdisciplinary studies;
- input from partner agencies;
- effective and appropriate use of ICT.

Argyll and Bute Council has a service level agreement with NHS Highland to supply information leaflets and other health education resources.

Yours sincerely

Executive Director of Community Services

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Appendix 1

Argyll and Bute Council : Community Services : Education

Managing incidents of drug abuse in educational establishments

Record of drug related incident

Name of establishment	Date of incident	Date and time reported	
		Reported by	
Name of child(ren)/young person(s) involved	Class	Date of birth	Home phone number

Description of incident

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Category of incident	Action taken	By whom	Parent/carer contacted and when
Drug related litter on or near establishment premises			
Suspicion, allegation and disclosure in and out of establishment activities			
Symptoms of drug misuse			
Child/young person/parents/carers with drugs of establishment premises/trip/transport			
Child/young person/parents/carers selling/supplying drugs on establishment premises/trip/transport			

Drug type (if known) or description	Removed by	Where retained	Receipt given and countersigned

Contacts made (where appropriate)	Action taken	By whom	Contact time	Arrival time
Police				
Ambulance				
Other health professionals				
Health promotion department				
Education and social work services				
Child protection team				
Environmental health				
Local drug support agency				
Other (please state)				

Child/young person interview details

If a member of staff is required to be present, a summary should be detailed below

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Record of events

Time	Details	Outcome
Overall outcome(s), including sanctions		

Head of establishment signature..... Witnessed by

Title..... Title.....

Date..... Date.....

Appendix 2

Drugs situations - medical emergencies

The procedures for an emergency apply when a child or young person or others are at immediate risk of harm. A person who is unconscious, having trouble breathing, seriously confused or disoriented or who has taken a harmful toxic substance, should be responded to as an emergency.

Your main responsibility is for any child or young person at immediate risk, but you also need to ensure the well-being and safety of others. Put into practice your school's first aid procedures. **If in any doubt, call medical help.**

Always

- Assess the situation;
- If a medical emergency, send for medical help and ambulance.

Before assistance arrives

If the person is conscious:

- ask the person what has happened and to identify any drug used;
- collect any drug samples and leave any vomit for medical analysis;
- do not induce vomiting;
- keep the person under observation, warm, quiet and conscious.

If the person is unconscious:

- ensure that the person can breathe and place in recovery position;
- do not move the person if a fall is likely to have led to spinal or other serious injury which may not be obvious;
- do not give anything by mouth;
- do not attempt to make the person sit or stand;
- do not leave the person unattended or in the charge of another child or young person.

When medical help arrives:

- pass on any information available including vomit and any drug samples.