

# SCOIL MHUIRE



# GREENHILL

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## **Substance Use / Abuse Policy Scoil Mhuire Greenhill, Carrick on Suir, Co. Tipperary.**

### Mission Statement of Scoil Mhuire

Scoil Mhuire is an all-girls Catholic school. "Scoil Mhuire is a Christian caring community which encourages the integrated development of every individual concerned". Every member of this community – teachers, students, staff, parents –feel a sense of commitment and belonging. Our principal objective is to provide for our students a broad and balanced education in all its aspects – intellectual, emotional, physical, moral and cultural. This objective is achieved within a controlled but relaxed and happy environment.

Our SUBSTANCE Use Policy has been devised within the context and parameters of Department of Education and Science regulations and resources, as well as the ethos of Scoil Mhuire which supports the principles of inclusiveness, equality of access and participation, parental choice in respect of enrolment and a respect for diversity of traditions, values, beliefs, languages and ways of life.

Scoil Mhuire is a secondary school and as such the financial and teaching resources of the school are provided by a combination of Department of Education and Science grants, fundraising and voluntary contributions. School Policy is implemented with due regard to resources and funding available.

Scoil Mhuire operates within the regulations laid down by the Department of Education and Science.

Scoil Mhuire follows the curricular programmes prescribed by the Department of Education and Science, which may be amended from time to time, in accordance with sections 9 and 30 of the Education Act 1998.

### **Definition**

***A Substance/drug can be defined as a chemical which alters how the body works, or how the person behaves or feels.***

## **Context and Rationale**

Why a Policy on Substance Use? The world in which we live presents young people with many challenges that affect their health and well-being. Exposure to alcohol, tobacco, and substances is part of this reality. Schools need to reflect upon how they might provide for the needs of their student cohort and respond appropriately to what are sometimes sensitive and emotive issues.

- The Education Act (1998) provides that schools should promote the social and personal development of students and provide health education for them.
- The Minister of State for Health Promotion and the National Drugs Strategy, 'Reducing Harm, Supporting Recovery' is now Government policy and it requires schools to have a Substance Use policy in place.

## **Reducing Harm, Supporting Recovery**

**'A health-led response to Substance and alcohol use in Ireland 2017-2025'**

### **School-based interventions**

Most universal prevention programmes take place in an educational setting. In Ireland, substance use education in primary and post-primary schools has been developed through Social, Personal and Health Education (SPHE). The 2015 Life Skills Survey (forthcoming) indicates that more than 90% of schools provide their students with information on alcohol and Substance misuse through SPHE and other means and that 95% of post-primary schools have, or are progressing, a substance use / abuse policy. RDTFs can play a valuable role in supplementing, complementing and supporting a planned, comprehensive and established SPHE programme.

Building the capacity of young people to take charge of their own physical and mental health and wellbeing is at the heart of a whole-school health promotion approach to substance misuse. The Action Plan for Education 17 aims to ensure resilience and personal wellbeing are integral parts of the education and training system.

Evidence suggests that comprehensive school-based programmes that combine social and personal development and provide information about substance use are more likely to be effective in preventing early substance use. This is the approach recommended in the Action Plan for Education 17 and is a key component of a new wellbeing area of learning at Junior Cycle level from 2017 onwards.

Schools will have flexibility in designing their Wellbeing Programme to ensure that it suits their students and their local context. They will be encouraged to work towards a shared vision and set of indicators which describe what is important. Activity, responsibility, connectedness, resilience, respect and awareness are the six indicators which have been identified as central to wellbeing.

It will also be important to ensure that SPHE teachers and guidance counsellors are given the opportunity to avail of continuing professional development to build their capacity to deliver substance use education in line with the Action Plan.

In addition, Wellbeing Guidelines that provide a clear and rational structure to support the promotion of health and wellbeing in all schools, have been developed by the Department of Education and Skills, the Department of Health and the Health Service Executive and the Action Plan is committed to the roll out of a national programme to support the implementation of these guidelines in all primary and post-primary schools.

## **School policy**

### **What is a Substance Use / Abuse Policy and how is it developed?**

A substance use policy sets out, in writing, the framework within which the whole school community manages issues relating to substance use. It reflects the unique ethos of the school and aims to develop a shared understanding of the term 'substances/drugs. The partnership approach based on the 'whole school' model was used for the development of this policy. The policy applies to the entire school community, including teachers, students, parents/guardians and users of the school building. It is strongly recommended that schools within the same community collaborate on policy development.

In our school policy, the word "substance" refers to any chemical substances, which alter the way, the body functions and/or the person behaves. "Substances" will include illegal drugs such as cannabis, ecstasy etc. and legally available drugs such as painkillers, alcohol, tobacco, caffeine and solvents. Tippex and similar type products are also considered as "Substances" under this policy.

**Drug Definition** - A term of varied usage.

In medicine, it refers to any substance with the potential to prevent or cure disease or enhance physical or mental welfare, and in pharmacology to any chemical agent that alters the biochemical physiological processes of tissues or organisms. Hence, a drug is a substance that is, or could be, listed in a pharmacopoeia. In common usage, the term often refers specifically to psychoactive drugs, and often, even more specifically, to illicit drugs, of which there is non-medical use in addition to any medical use.

Professionals often seek to make the point that formulations of caffeine, tobacco, alcohol, and other substances in common non-medical use are also drugs in the sense of being taken at least in part for their psychoactive effects. (World Health Organisation, WHO)

Scoil Mhuire pursues a holistic ethos with the care and wellbeing of each student forming a core part of the school's philosophy of education/curriculum. As an education community we believe that the personal and social development of each member of the school community is important. Good relationships are fostered, people feel valued and respected and there is genuine tolerance, fairness and support for those in difficulty.

As a health promoting school we have an important role in enabling students to increase control over and improve their mental and emotional health and well-being.

The well-being of students is enhanced by:

- Providing a safe and healthy environment
- Promoting positive attitude towards physical, emotional and mental health
- Increasing knowledge about health
- Actively promoting self-esteem and self-awareness
- Working in partnership with the parents/guardians and pupils

The world in which we live presents young people with many challenges which affect their health and well-being. Exposure to alcohol, tobacco and substances is part of this reality. We as a school, aim to provide for the needs of our students and respond to what are sometimes sensitive issues. The use of non-prescribed substances, including tobacco and alcohol is illegal and has no place in the healthy environment that schools strive to achieve, so that students do not put themselves at risk of suffering damage or causing social harm. If an incident does occur the response will be keeping with the Scoil Mhuire Code of Behaviour and Departmental Guidelines.

### **Programmes for Alcohol and Drug Education**

The policy is focused on four key areas:

- Alcohol, Tobacco and Substance Education Programmes
- Managing Substance Use Related Incidents
- Training and Staff Development
- Monitoring, Review and Evaluation

Scoil Mhuire is committed to providing a comprehensive and time-tabled substance use education programme for all students which will be incorporated into the Social and Personal Health Education Programme currently running in the school. This will be supported by the following subject areas, Religious Education, P.E., Science, Home, Economics and all Wellbeing Being programmes.

### **Our educational aims in relation to substance use education are:**

- To increase the self-esteem and confidence of the students
- To equip students with personal and social skills
- To enable students to make informed, healthy and responsible choices
- To provide honest and age appropriate information on substance use
- To minimise the harm caused by substance use by offering supportive interventions

### **These aims will be met through the following:**

#### **Training and Staff Development**

- All teachers involved in SPHE will be given the opportunity to avail of training in group facilitation skills and personal development
- Staff teaching the substance use programmes will be given the opportunity to avail of training in The Substance Abuse Prevention Pack (SAPP)— “On My Own Two Feet “, Department of Education and Skills and the Department of Health and Children, Putting the Pieces Together training manual and any other up to date substance awareness training that would be deemed appropriate.
- All teachers will be offered substance use information and substance use training through in-service training.

#### **External Agencies / Outside Speakers**

Trained teachers are in the best position to carry out substance use education but sometimes it may be appropriate to use external agencies /an outside speaker to supplement or reinforce the work done in Scoil Mhuire. The contribution of external agencies to substance use education programme complements the teaching that takes place across the curriculum. External agencies provide specialist advice and guidance to young people who may be using substances and are used as a means of ensuring quality and appropriate information and services are on offer to young people. All external agencies/ guest / outside speakers will be expected to meet the school’s policy requirements and will be part of a co-ordinated approach involving other substance use education programmes during the school’s curriculum. Students will have pre and post information sessions regarding any outside speaker being involved in substance use education.

## **Procedures for Managing Alcohol, Tobacco, Drug Related or Substance Abuse Incidents**

### **Managing Alcohol, Tobacco and Drug Related Incidents**

Scoil Mhuire acknowledges that in all situations involving substance use, there needs to be a balance between the needs of the young person, the needs of the school community and the reputation of the school. Listening, separating fact from myth and support will be our initial approach to the situation. Disciplinary procedures will be called in if school rules are broken and appropriate sanctions imposed. Procedures are in place to handle specific substance use incidents. See school's code of behaviour policy.

### **Substance / Drug Effects**

Drug effects are strongly influenced by the amount taken, how much has been taken before, what the user wants and expects to happen, the surroundings in which it is taken, and the reactions of other people. All these influences are themselves tied up with social and cultural attitudes to and beliefs about drugs, as well as more general social conditions. Even the same person will react differently at different times. So, it is usually misleading to make simple cause-and-effect statements about drugs, such as 'drug X always causes condition 'Y'.

### **Recognising Substance Use**

Behavioural signs Substance use can often result in behavioural changes and you may need some prior knowledge of the person to make an accurate comparison. Such changes can be obvious or very subtle and may be due to another reason totally unconnected with drug use.

Behavioural signs can include:

- efforts to hide substance use through lying, evasiveness and secretive behaviour;
- sudden and regular changes of mood;
- bouts of talkative, excitable and overactive behaviour;
- unsatisfactory reasons for unexpected absences or broken promises;
- more time spent away from home;
- changes in friendships;
- loss of appetite;
- unusually tired;
- unable to sleep at night;
- changes in priorities, including less concern with school/college, less care of personal appearance, non-attendance at usual recreational/leisure activities;
- efforts to get money for substance use, ranging from saving dinner or allowance money, borrowing from friends and relatives and selling own possessions, stealing from friends, school and home and involvement in petty crime;
- secretive telephone calls.

### **Other possible signs include:**

- Being very knowledgeable about substances and the local substance use scene;
- A defensive attitude towards substances and substance use taking;
- Unusual outbreaks of temper;
- Absence from class and school
- Poor performance at school, college or recreational activities.

### **Correlates of Drug Use**

Research with drug users since the 1970s has identified certain factors, or correlates, as being either positively or negatively associated with drug use.

A positive correlation indicates that drug use tends **to occur** when certain specific factors or variables are present, e.g.

- Knowledge of substances;
- Intentions to use;
- Impulsive behaviour;
- Excessive personal stress;
- Boredom;
- Anti-social tendencies;
- Scepticism about school substance use education and media prevention efforts;
- Peer pro-substance use attitudes and behaviour;
- A lack of parental concern.

A negative correlation indicates that substance misuse tends not to occur when other specified factors/variables are present e.g.

- Self-esteem;
- Liking school;
- Achievement;
- Religious beliefs;
- Optimism about future;
- Parental intolerance of deviance;
- Presence of controls and regulations in the home.

*It's important to remember that correlates do not necessarily indicate someone's reason to use or not use substances.*

### **Substance use incidents**

The following are examples of substance abuse incidents.

- Emergencies when the person may be unconscious
- Intoxication/unusual behaviour

- Suspicion/rumour of substance abuse
- Disclosure by another person
- Possession of a legal/illegal drug on the school premises or a school related activity
- Possession of a legal/illegal drug on a school related outing–ex: School trip, sports occasion.
- Selling/supplying legal/illegal drugs
- Person seeking help from a member of staff
- School grounds being used for substance use activity
- Substance use paraphernalia found on school property

### **Action Required**

In all the listed incidents, it is essential to inform school Principal as soon as possible. Professional help should be contacted if necessary.

### **Assessing a substance use incident**

Never respond to an incident on your own. All staff are advised to familiarise themselves with “Responding to critical Incidents – Resource Materials for Schools” (DES) In all cases where there is no immediate danger to the young person/s, it is important to take time to assess the situation before responding. The substance use incident report form should be completed. **(Appendix 4)**

### **Recording Procedure**

All staff should be aware of the signs of substance use and be alert for changes in behaviour. Adolescence is a period of great change and rumour must not be taken as evidence of substance use. In all incidents the Principal is to be notified and the incident report form **(Appendix 4)** will be completed by the relevant member of staff and submitted to the Principal.

### **The Involvement and roles of various parties in an incident investigation**

#### ***Managing a substance use incident***

It is important in all suspected or confirmed substance use incidents that a limited number of people are involved in managing the incident. People will be informed on a “need to know” basis.

The Principal, Guidance Counsellors and person/s directly involved in the case will be informed and all written documentation and will be held confidentially by the Principal. When a staff member identifies a substance use incident, it is important not to under or over react. All professionals working with young people should be competent to engage in the identification of substance use or misuse.

**NB: if in doubt, contact the HSE Substance Misuse Treatment Service, St Tipp for professional advice. Phone 052 6177900**

### **Parental Involvement**

In any incident involving unauthorised substances we will normally involve the child's parent/carer and explain how the school intends to respond to the incident and to the pupil's needs. In exceptional circumstances, where the school suspects that to this might put the child's safety at risk or if there is any other cause for concern for the child's safety at home then the school should exercise caution when considering involving parents/carers. In any situation where a pupil may need protection from the possibility of abuse, Scoil Mhuire Designated Liaison Person must be informed, and the child protection procedures followed.

Parents/carers should be encouraged to approach Scoil Mhuire if they are concerned about any issue related to substance use and their child. Scoil Mhuire will refer parents/carers to other sources of help, e.g. HSE Substance Misuse Treatment Service, South Tipperary.

### **A Gardaí Síochána Involvement**

The Principal or a designated staff member will contact An Garda Síochána in the event of a suspicious substance being found on school grounds. This substance will be stored in a container, with date and time written on the outside and stored in a secure place until An Gardaí Síochána arrive to remove the container.

### **Pastoral Care / Counselling**

For some young people, their involvement with substance use may be masking some underlying difficulties and for others it may be a phase of experimentation which they will pass through safely. In response to all incidents, counselling will be offered. If the person has a substance use problem, then a referral to GP / Caredoc / Emergency Department and or HSE Substance Misuse Treatment Service, St Tipp will be recommended.

### **Disciplinary Procedures**

Substance use incidents are complex and in situations where the school rules regarding substance use are broken;

- The sanctions and punishments will be implemented depending on the nature of the incident.
- These will be consistent with school rules regarding other breaches of conduct. (See the Code of Conduct and Behaviour Policy).
- Scoil Mhuire aims to keep students in the school system wherever possible, as early school leaving is associated with increased risk of problem behaviours including substance use.

## **Confidentiality**

Staff cannot offer total confidentiality to a young person who discloses substance use involvement. We recognise the need for care in this area as the student may be coming to the teacher because they trust him/her and need help. The student will be informed that all disclosures will be made known to the Principal. The handling of this situation will have an important bearing on the outcome. The parent / guardian will be informed about all decisions made and the reasons for any action that may be taken. The well-being and welfare of the student will be the primary focus.

## **Media**

The Principal or a nominated spokesperson will handle all media queries. The staff will not comment on any individual cases but will refer all queries to the principal or nominated person.

## **Parents and Boards of Management**

The school will provide opportunities to attend information evenings and workshops on issues relating to substance use and the updating and review of the school's substance use policy.

## **Policy Review & Evaluation**

The policy will be reviewed on an ongoing basis and changes may be applied in accordance with ongoing substance use trends.

The policy will be evaluated periodically

The three main areas of the policy we will evaluate are:

- Substance Use Education Programmes
- Managing Substance Use Related Incidents
- Parents, Staff and Management Training and courses offered to the school community.

## **Dissemination of the policy**

Copies of the policy will be disseminated through the school website and available on request. Students will be made aware of the policy as part of their substance use education within the context of the various programmes previously outlined.

## **Appendix 1**

### **The 2015 European School Survey Project on Alcohol and other Drugs (ESPAD) reported the following:**

#### **Smoking**

On average, over 60% of the students in the participating countries replied that they would find it fairly or very easy to get hold of cigarettes if they wanted to. More than one in five ESPAD students (23%) had smoked cigarettes at the age of 13 or younger. Both on average and in most individual countries, more boys than girls have smoked cigarettes at the age of 13 or younger. On average, 4% of the students began smoking cigarettes daily at the age of 13 or younger. This finding is of some concern, particularly when we consider that the younger people are when they have their first cigarette the more likely they are to continue smoking into adulthood.

In general, the results on cigarette smoking among European students can be interpreted as showing positive developments. Today, most adolescents have never smoked (54%) and less than one quarter (21%) of the sample can be considered current smokers, i.e. having smoked in the last 30 days. The average lifetime prevalence of cigarette smoking was about the same among boys (47%) and girls (44%). More than 10% of the students reported that they had smoked every day in the last 30 days.

#### **Alcohol**

Alcoholic beverages were perceived to be easily available in most countries. More than three in four students (78%) stated that alcoholic beverages would be easy to obtain if they wanted to. Nearly half of the students (47%) reported alcohol use at the age of 13 or younger. One in twelve students had experienced intoxication at the age of 13 or younger. Students who reported alcohol use in the last 30 days drank alcohol on an average of 5.4 occasions. Every third student (35%) reported heavy episodic drinking in the past month. Despite the continued high rates of alcohol use, of heavy alcohol use, temporal trends over the past two decades indicate a positive development, with an overall decrease in lifetime and last-30-day use of alcohol between 1995 and 2015 from 89% to 81% and from 56% to 47%, respectively. Most interestingly, both lifetime and last-30-day prevalence decreased markedly after a peak in 2003. Unfortunately, changes in heavy episodic drinking were less pronounced and only observed among boys, with overall rates declining from 36% to 35% over the past 20 years.

Adolescents report that alcohol is more difficult to obtain now than it was 12 years ago. However, there is still a major issue in relation to drunkenness: over half the respondents (54%) in ESPAD 2015 reported being drunk at some time in their lives.

The clear majority (86%) of Irish students have experimented with alcohol by the age of 16.

Irish girls are drinking as often as boys with negligible percentile differentiation with girls (13%) and boys (14%) reported being drunk during the previous month. The tendency for boys and girls to binge-drink with equal regularity was also observed in 2003 and 1999 and reflects a narrowing of the gender gap in this aspect of drinking since 1995.

### **illegal substances**

About three in ten students (30%) rated cannabis to be easily available. On average, 3% of the students reported that they had first used cannabis at the age of 13 or younger. In all ESPAD countries apart from the Czech Republic, prevalence rates were higher among boys than girls. On average, 21% of boys and 15% of girls have tried illicit drugs at least once during their lifetime. The most prevalent illicit drug in all ESPAD countries was cannabis. On average, 16% of the students have used cannabis at least once in their lifetime. On average, more boys than girls reported lifetime cannabis use (19% versus 14%). On average, 7% of the students had used cannabis in the last 30 days. Among students who had used cannabis in the last 12 months, the drug was used on average on 8.9 occasions. Reported frequency of use was higher among boys than among girls

### **Internet use, gaming and gambling (Refer to: Acceptable Internet Use Policy)**

Overall, the students stated that they had used the internet on average on 5.8 days within the last 7 days. No gender differences were observed. On average 78% of the students had used the internet for social media activities on 4 or more days in the last week and this was the predominant internet activity in all countries. In all countries, considerably more boys than girls have gambling experience (23% versus 5% on average) or gambled frequently (12% versus 2%) in the last 12 months.

In the last few years, evidence has accumulated that behaviours such as internet use, gaming and gambling have the same potential to become addictive as psychoactive substances. However, while gambling has been included in the revised DSM-5 chapter 'Substance-related and addictive disorders', there is still no consensus for classifying excessive internet use and gaming as addictive behaviours (Regier et al., 2013). Independently of how these behaviours are treated by the international classification systems, extensive internet use, gaming or gambling in adolescents has long raised public concerns. This led the ESPAD researchers to extend the scope of the survey. In addition, new psychoactive substances, which are a public health and safety problem and have been monitored since the late 2000s, received special attention in the 2015 survey. With widespread access to the internet, online communication has become an integral part of life, especially for adolescents (Inchley et al., 2016; Valkenburg and Peter, 2011). Not only has interacting with peers expanded to the virtual world, but also

the internet plays an important role in learning and entertainment. Therefore, questions on the amount and purpose of use were included in the current ESPAD questionnaire. In 2015, students were using the internet on an average of 5.8 days per week.

## **Conclusion**

Overall, a general decreasing trend can be observed in cigarette use and alcohol use among adolescents. However, despite rather strict regulations on tobacco in most countries and on alcohol in some countries, adolescents still report relatively easy access to tobacco and alcohol. Moreover, trends over the past two decades indicate a closing of the gender gap in the use of tobacco and alcohol. The data suggest that cannabis remains an 'established' drug. Although prevalence peaked in 2003 and decreased slightly thereafter, the prevalence rates in lifetime and current cannabis use are higher in 2015 than in 1995. In many countries, prevalence rates for NPS suggest that these

substances are more attractive than the 'old drugs' amphetamine, ecstasy, cocaine or LSD. Availability of NPS and adolescents' use of these substances needs to be closely monitored.

With the popularity of smartphones and tablets, internet use has become more popular and increasingly mobile. The students were using the internet quite regularly and most commonly reported using it for social media, for instance to stay in contact with friends. Since the internet has become an integral part of life and is used daily, the development of patterns of addictive use among children and adolescents needs to be closely monitored and investigated in further studies. Associated with increased internet use, online gaming has also become more popular, especially among boys. Moreover, youth gambling has become a popular form of recreation. Measures to prevent adolescents from developing problems associated with gambling, such as debts, psychological deficits and social disadvantages, are of high priority. Substance or internet use should not always be considered individually: there seems to be a high association between the use of different drugs, including alcohol and tobacco, and risky behaviours such as gambling. It seems necessary to make efforts to prevent early substance use and gambling as well as excessive use of the internet and gaming in childhood and adolescence. As a basis for decisions or approaches to achieve this goal, ESPAD provides data on such behaviours over a period of up to 20 years. In the following years, ESPAD will not only monitor substance use behaviour but will also assess future developments in internet use as well as online gaming and gambling and strive to increase its contribution to the protection of children and adolescents from the negative consequences of substance use and addictive behaviours.

## **School influences**

A complex pattern emerges on the findings relating to school influences. Involvement and satisfaction in school is very weakly related to substance misuse; in fact, the patterns suggest that the effects of involvement with school are somewhat stronger in the case of legal substances (e.g. alcohol) than illegal ones. Generally, the study's respondents expressed satisfaction with the way in which schools prepare them for pressures to experiment with substances and to make them aware of issues surrounding their use. While a survey approaches such as ESPAD 2015 cannot measure effectiveness, these are important findings on the perception by students of such educational programmes by schools.

## **Appendix 2 (sections 2/3/5/19/24)**

### **Misuse of Drugs Acts 1977 & Criminal Justice (Psychoactive Substances) Bill 2010**

Misuse of Drugs Acts 1977 An Act to prevent the misuse of certain dangerous or otherwise harmful drugs, to enable the Minister for Health to make for that purpose certain regulations in relation to such drugs, to enable that Minister to provide that certain substances shall be poisons for the purposes of the pharmacy acts, 1875 to 1962, to amend the pharmacopoeia act, 1931, the poisons act, 1961, the pharmacy act, 1962, and the health acts, 1947 to 1970, to repeal the dangerous drugs act, 1934, and section 78 of the health act, 1970, and to make certain other provisions in relation to the foregoing. [16th may, 1977]

### **Section 2**

**Controlled drugs** (1) In this Act "controlled drug" means any substance, product or preparation (other than a substance, product or preparation specified in an order under subsection (3) of this section which is for the time being in force) which is either specified in the Schedule to this Act or is for the time being declared pursuant to subsection (2) of this section to be a controlled drug for the purposes of this Act.

### **Section 3**

**Restriction on possession of controlled drugs** (2) A person who has a controlled drug in his possession in contravention of subsection (1) of this section shall be guilty of an offence.

## **Section 5**

### **Regulations to prevent misuse of controlled drugs**

(1) For the purpose of preventing the misuse of controlled drugs, the Minister may make regulations—

(a) prohibiting absolutely, or permitting subject to such conditions or exceptions as may be specified in the regulations, or subject to any licence, permit or other form of authority as may be so specified—

(i) the manufacture, production or preparation of controlled drugs,

(ii) the importation or exportation of controlled drugs,

(iii) the supply, the offering to supply or the distribution of controlled drugs,

(iv) the transportation of controlled drugs,

## **Section 19**

### **Occupiers etc. permitting certain activities to take place on land, vehicle or vessel to be guilty of an offence**

1. A person who is the occupier or is in control or is concerned in the management of any land, vehicle or vessel and who knowingly permits or suffers any of the following to take place on the land, vehicle or vessel, namely—

i. the cultivation contrary to section 17 of this Act of opium poppy or any plant of the genus Cannabis,

ii. the preparation of opium for smoking,

iii. the preparation of cannabis for smoking,

iv. the smoking of cannabis, cannabis resin or prepared opium,

v. the manufacture, production or preparation of a controlled drug in contravention of regulations made under section 5 of this Act,

vi. the importation or exportation of a controlled drug in contravention of such regulations,

- vii. the sale, supply or distribution of a controlled drug in contravention of such regulations,
- viii. any attempt so to contravene such regulations, or
- ix. the possession of a controlled drug in contravention of section 3 of this Act,
- x. shall be guilty of an offence.

## **Section 24**

### **Powers to inspect and demand production of drugs, books or documents**

(1) For the purpose of enforcing this Act and regulations made thereunder, a member of the Garda Síochána or a person authorised in that behalf by the Minister in writing may at all reasonable times—

- a. enters any building or other premises in which a person carries on business as a producer, manufacturer, seller or distributor of controlled drugs,
- b. requires any such person, or any person employed in connection with such a business, to produce any controlled drugs which are in his possession or under his control,
- c. requires any such person, or any person so employed, to produce any books, records or other documents which relate to transactions concerning controlled drugs and which are in his possession or under his control, and
- d. inspects any controlled drug, book, record or other document produced in pursuance of a requirement under this section.

## **Appendix 3**

### **CRIMINAL JUSTICE (PSYCHOACTIVE SUBSTANCES) ACT 2010**

#### **Section 1-Interpretation**

(1) In this Act—

“Act of 1977” means the Misuse of Drugs Act 1977; “Advertisement” includes every form of **advertisement**, whether to the public, in a newspaper or other publication, on television or radio, by display of a notice, by electronic communication, including by means of the internet, or by any other means;

“**Consumption**”, in relation to a psychoactive substance, means to consume the substance (whether the substance concerned has been dissolved or dispersed in or diluted or mixed with any other substance)—

- (a) orally,
- (b) by smoking, insufflating or inhaling it,
- (c) by injecting it,
- (d) by applying it externally to the body of the person, or
- (e) by otherwise introducing it into the body of a person;

**“Controlled drug”** has the same meaning as it has in section 2 of the Act of 1977;

**“Psychoactive substance”** means a substance, product, preparation, plant, fungus or natural organism which has, when consumed by a person, the capacity to— (a) produce stimulation or depression of the central nervous system of the person, resulting in hallucinations or a significant disturbance in, or significant change to, motor function, thinking, behaviour, perception, awareness or mood, or (b) cause a state of dependence, including physical or psychological addiction;

#### **Prohibition of sale, etc. of psychoactive substances**

A person who sells a psychoactive substance knowing or being reckless as to whether that substance is being acquired or supplied for human consumption shall be guilty of an offence.

