SUBSTANCE USE AT SCHOOL

Student substance use is a considerable challenge facing most high schools, both in terms of its ability to undermine school safety efforts and in its effect on student mental health and readiness for learning. Results from the 2009–2010 California Healthy Kids surveys indicate that 58 percent of 11th graders in California report having used alcohol or drugs in the past six months (WestEd, 2011). What is more, nearly 9 percent of 9th graders and 11 percent of 11th graders report having used alcohol or marijuana on school property within the past 30 days (WestEd, 2011).

The negative impact of substance use on life functioning appears to grow over time. In the 2009–2010 sample, the percent of California students reporting that substance use caused them mental health–related problems was 7 percent in 9th grade compared to 12 percent in 11th grade. Students reported that other problems caused by substance use include problems with the police (8.1%); missing school (6.8%); and engaging in unprotected sex (8.4%) (WestEd, 2011).

A number of environmental risk factors have been implicated in the development of adolescent alcohol and drug use behaviors. Adolescents who come from families characterized by high conflict, low warmth and low levels of parental monitoring; who are included in peer groups where substance use occurs; and who experience stressful life events, such as divorce or experiencing violence, are at the greatest risk of developing substance use problems (for review, see Nation & Heflinger, 2006).

Despite what may seem like an impenetrable issue, schools can make an impact in both the prevention of substance use and in assisting students in their efforts to cease use. Prevention efforts must include systematic and sustained education campaigns coupled with opportunities for youth to cultivate personal strengths, interests, and hobbies. Schools also need to construct and maintain a system (e.g., Student Assistance Teams or Student Support Teams) through which at–risk students can be referred. When students are identified as requiring more intensive intervention, families are integral to success. Most evidence–based intervention programs targeted for adolescents work within the family system, building parenting and family communication skills. The resources required for interventions for the most high–risk adolescents to be effective are often beyond the capacity of the school alone. Therefore, it is critical that schools develop partnerships with local community agencies so that identified students can receive the evidence–based help they require.

What Works Briefs summarize state–of–the–art practices, strategies and programs for improving school climate. Based on current scholarship in education, school psychology, and other related disciplines, each *What Works Brief* provides a number of practical recommendations for school staff, parents, and community members. *What Works Briefs* can be used separately to target specific issues, or together to address more complex, system–wide issues. All *What Works Briefs* are organized into three sections: Quick Wins: What Teachers & Adults Can Do Right Now; Universal Supports: School–wide Policies, Practices, & Programs; and, finally, Targeted Supports: Intensive Supports for At–Risk Youth.

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QUICK WINS: WHAT TEACHERS & OTHER ADULTS CAN DO RIGHT NOW

Build awareness and knowledge

» Familiarize yourself with resources available in your school, including student assistance staff (counselors, psychologists, social workers). This way you will know where to turn when you want to get help for a student.

» Learn to recognize the signs of substance use and refer students appropriately.

» Integrate drug and alcohol prevention education into your curriculum.

Implement Quick Win strategies aimed at bolstering positive youth development

» These strategies reduce students' risk for becoming involved in substance use and increase the likelihood that students will seek help from peers and adults. See the following *What Works Briefs* for more information: *Caring Relationships and High Expectations (#1); Opportunities for Meaningful Participation (#2) and Connectedness (#4)*

UNIVERSAL SUPPORTS: SCHOOL–WIDE POLICIES, PRACTICES & PROGRAMS

Universal supports to prevent substance use at school target the whole student population, rather than any single at–risk group. Because they generally require more planning across people, programs, or communities, universal supports for substance use prevention may take longer to implement than "quick wins."

Encourage parent and community involvement

» Develop community partnerships with various organizations responsible for social services, mental health, and law enforcement.

» Involve parents in adolescent drug and alcohol awareness campaigns.

Improve opportunities for youth development

» Reduce the likelihood that students will use substances at school by implementing asset–building programs (i.e., social problem solving; coping skills) like those outlined in the following *What Works Briefs: Caring Relationships and High Expectations (#1); Opportunities for Meaningful Participation (#2), and School Connectedness (#4)*.

Plan thoughtfully

» Strengthen anti–drug–use attitudes and norms by providing ongoing education. Integrate substance use education into school policies and curriculum. Avoid one–shot education attempts!

» Establish school conduct and discipline policies that support students' rehabilitation, rather then being merely punitive.

» Build a Student Assistance Team where staff and parents can refer students, whom will then be linked to appropriate intervention resources.

» Develop a list of community resources for parents who seek guidance or help for their adolescents.

» Ensure that interventions, programs, and policies are culturally relevant and appropriate for the population being served.

Increase knowledge and awareness

» Build knowledge, attitudes and skills in staff. Train them to understand and recognize warning signs; educate them on the antecedents of substance use; and give them referral options.

» Implement an evidence–based prevention program, such as:

• ATLAS: Athletes Learning to Avoid Steroids (ohsu.edu/xd/education/schools/school-of-medicine/departments/ clinical-departments/medicine/divisions/hpsm/research/atlas.cfm) is a 10–lesson, team–centered, peer–delivered, coach–facilitated program is designed to reduce steroid, alcohol, and other drug use among male high school athletes. Lessons highlight the dangers of drug use, the benefits of good nutrition, and the importance of endur-ance, strength and power for peak performance. Check out Athletes Training and Learning to Avoid Steroids (ATLAS) (#1301) from the California Healthy Kids Resource Center: california-healthykids.org/ Pages/product.html?record@R1301

• Project Toward No Drug Abuse (Project TND) (colorado.edu/cspv/blueprints/modelprograms/TND.html) This indi-cated prevention intervention targets high school age youth who attend alternative or traditional high schools. The goal is to prevent the transition from drug use to drug abuse, considering the developmental issues faced by older teens, particularly those at risk for drug abuse. At the core of Project TND is a set of 12 in–class sessions that pro-vide motivation and cognitive misperception correction, social and self–control skills, and decision–making material targeting the use of cigarettes, alcohol, marijuana, and hard drugs and violence–related behavior, such as carrying a weapon. The classroom program has been found to be effective at 1–year follow–up across three true experimen-tal field trials. The 12–session version is effective across outcome variables, and many effects are maintained at 2–year follow–up. Check out Project TND (#2199) from the California Healthy Kids Resource Center: californiahealthykids.org/Pages/product.html?record@R2199

• Project SUCCESS is designed to serve each student for six years from middle school through high school. All components work within the Project SUCCESS philosophy, which is to provide a non–judgmental, supportive setting where students can speak out and be heard, and where they learn to assess themselves and their options regard-ing their future. The curricular materials are designed to help students gain confidence in creative thinking, deci-sion–making, goal setting, and resourcefulness while developing the skills to plan their future. Check out Project SUCCESS (#2371) from the California Healthy Kids Resource Center: californiahealthykids.org/Pages/product.html?record@R2371

Targeted supports include those resources that are provided to meet the specific needs of students who have developed serious substance use disorders. Many of the interventions for substance use disorders in adolescence focus on building family relationships; developing coping skills, such as stress reduction skills; emotional regulation skills; and social problem solving skills. Often times, this work occurs in the one–to–one or small group setting with a trained psychologist, counselor, or therapist. Therefore, the first line of action is for schools to Identify referral resources in the community. Community agencies often employ the types of skilled staff and evidence–based therapeutic interventions that may not be available in the school setting.

Following is a list of evidence–based programs and therapeutic practices that may be available in the local community:

MULTISYSTEMIC THERAPY (MST) for juvenile offenders addresses the multidimensional nature of behavior problems in troubled youth. Treatment focuses on those factors in each youth's social network that are contributing to his or her antisocial behavior. The primary goals of MST programs are to decrease rates of antisocial behavior and other clinical problems, improve functioning (e.g., family relations, school performance), and achieve these outcomes at a cost savings by reducing the use of out–of–home placements such as incarceration, residential treatment, and hospitalization. The ultimate goal of MST is to empower families to build a healthier environment through the mobilization of existing child, family, and community resources. MST is delivered in the natural environment (in the home, school, or community). The typical duration of home–based MST services is approximately 4 months, with multiple therapist–family contacts occurring weekly. MST addresses risk factors in an individualized, comprehensive, and integrated fashion, allowing families to enhance protective factors. Specific treatment techniques used to facilitate these gains are based on empirically supported therapies, including behavioral, cognitive behavioral, and pragmatic family therapies. nrepp.samhsa.gov/ViewIntervention.aspx?id=26

RECONNECTING YOUTH PROGRAM (RY) is a school based indicated prevention program for high school students with poor school achievement and potential for dropping out. Participants may also show signs of multiple problem behaviors, such as substance abuse, depression, aggression, or suicidal behaviors. Students are screened for eligibility and then invited to participate in the program. RY blends small group work (10–12 students per class) to foster positive peer bonding, with social skills training in a daily, semester–long class. RY skills, taught by an RY specially trained teacher or group leader, include self–esteem enhancement, decision–making, personal control, and interpersonal communication. Early research has shown that participation in RY improved school performance, decreased school dropout, reduced hard drug use, and decreased drug use control problems, such as adverse consequences and progression to heavier drug use (Eggert, Seyl, & Nicholas, 1990; Eggert, Thompson, Herting, Nicholas, & Dicker, 1994; Eggert, Thompson, Herting, & Nicholas, 1995). More recent studies of a refined RY program model (with skills training on depression and anger management and increased monitoring of drug use) have found greater decreases in hard drug use, depression, perceived stress, and anger control problems (Thompson, Horn, Herting, & Eggert, 1997). Check out *Reconnecting Youth: A Peer Group Approach to Building Life Skills* (#7146) from the California Healthy Kids Resource Center: californiahealthykids.org/Pages/product.html?record@R7146

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