

## The Crossover between Substance Abuse Prevention and Schools

Youth and young adults are an obvious fit for prevention work; developing minds are malleable and impressionable, and their decision-making abilities are still influenced by those who care for them. Adolescence, in particular, has proven to be a critical time for prevention efforts as most alcohol and drug use begins before the age of 20. Data on alcohol dependence and addiction show that these problems are most pronounced at age 18-20.<sup>1</sup> The adolescent's brain is developing and vast hormonal changes occur through the early 20's, making this a particularly vulnerable time where prevention's influence can be optimized. Studies show that those who start drinking before age 15 are 4 times as likely to become dependent than those who start after 21.<sup>2</sup> These factors, coupled with children's early exposure to mass media messages that glamorize drinking and drug use, have prompted substance abuse efforts that explore every possible prevention angle and environment. Schools, as institutions of education with primary access to this age group, have long been involved in prevention programming and remain an important partner as we look to expand and redefine strategies that align with new research and evidence of school success.

### ROLE OF SCHOOLS

While parent disapproval is the key reason children cite for choosing not to drink alcohol,<sup>3</sup> children receive behavioral cues from a variety of sources. Most youth spend a large part of their day at school so this home-away-from-home is where teachers become mentors and schools provide social services and support. In this way, schools and the adults in those schools, from teachers to counselors, further define social norms and

*"Good health and academic success go hand in hand. Healthy children make better students, and better students become healthy, successful adults who are productive members of their communities. Comprehensive health education that addresses the physical, mental, emotional, and social aspects of health teaches students how to maintain and improve their health; prevent disease; reduce health-related risk behaviors; and develop health knowledge, attitudes, and skills that foster academic achievement, increase attendance rates, and improve behavior at school."*

Health Education Content Standards for California Public Schools Kindergarten Through Grade Twelve, 2008

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shape individual behavior related to substance use. Unfortunately, school property is used as a place for youth to engage in and acquire drugs. Thirty-three percent of California 11th graders report being offered illegal drugs while on school property in the past year.<sup>4</sup> Furthermore, schools are faced with managing alcohol and drug use on campus and at school events, as evidenced by California Healthy Kids Survey results where 21 percent of 11th graders report ever being drunk or high on school property.<sup>5</sup>

In order to combat such statistics, school reform efforts are taking an approach that considers the overall well-being of the child. There has been a paradigm shift to assess not only what is taught but how that material is delivered, placing more emphasis on the home, peer and community context. Known as school climate, this effort to engage the whole child recognizes that student success is bolstered when schools do the following: provide caring relationships, offer opportunities for meaningful participation, and set and encourage high

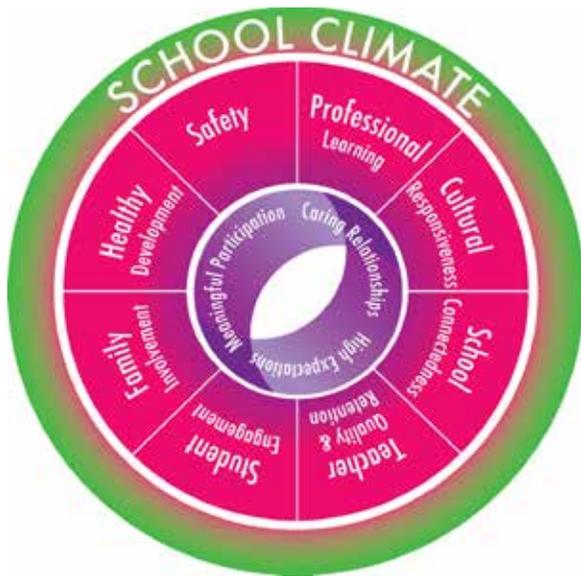
1 National Epidemiologic Survey on Alcohol and Related Conditions (NESARC)

2 Grant, B.F., and Dawson, D.A. Age of onset of alcohol use and its association with DSM-IV alcohol abuse and dependence: Results from the National Longitudinal Alcohol Epidemiologic Survey. *Journal of Substance Abuse* 9:103-110, 1997.

3 Quote by Charles Curie, SAMHSA Administration, U.S. Department of Health and Human Services

4 California Healthy Kids Survey, weighted statewide, 2007-09

5 California Healthy Kids Survey, weighted statewide, 2007-09



expectations for all students. The following diagram from the California Department of Education's Workbook for Improving School Climate and Closing the Achievement Gap depicts this role and relationship.

There is significant cross-over with the school climate model and current efforts to prevent, reduce and mitigate harm related to substance use during adolescence. Programs and interventions that address drug and alcohol use approach the issue in ways that promote safety, engage students, improve school connectedness, and foster healthy development and family involvement with a particular focus on providing programs in a culturally responsive manner.

## DRUG USE AND THE IMPACTS ON STUDENT SUCCESS

Many studies conclude that decreasing student alcohol and drug use and preventing abuse will produce improvements in academic outcomes.<sup>6</sup> Student alcohol and drug use is also closely tied to truancy; according to a 2002 study, absenteeism provides a good indicator of low school attachment and of bonding with deviant peers and, therefore, likely links to drug use.<sup>7</sup> This finding supports previous research.

6 Kevin King, Barbara T. Meehan, Ryan S. Trim, and Laurie Chassin. *Substance Use and Academic Outcomes: Synthesizing Findings and Future Directions*. *Addiction (Journal)*, 2006 December; 101(12): 1688-1689

7 Densie Hallfors, Jack Vevea, Bonita Iritani, HyunSan Cho, Shereen Khatapoush, Leonard Saxe. *Truancy, Grade Point Average, and Sexual Activity: A Meta-Analysis of Risk Indicators for Youth Substance Use*. *The Journal of School Health*; May 2002; 72, 5.

that students who are truant are also more likely to use substances.<sup>8</sup> The prevention field also addresses the impact that substance abusing parents and/or caregivers have on student behavior and their ability to succeed in school. It is well understood that children who are exposed to drug and alcohol abuse are at increased risk of experiencing academic and behavioral difficulties. Studies have also shown that students with emotional and behavioral disorders are already at risk for school failure, and are also at heightened risk for substance abuse.<sup>9</sup>

Recent research by the RAND Corporation reveals there are important nuances in prevention work with students. One study found that alcohol was more often used socially, while other drugs, such as the misuse of prescription drugs, was more often a sign of deviant behavior. Thus, different prevention approaches, ranging from stopping initiation to preventing misuse, are more likely to be successful with different populations of students.<sup>10</sup>

## SCHOOL GOVERNANCE IN SUPPORT OF PREVENTION

As an institution governed by educational codes and curriculum standards, support for substance abuse prevention efforts is linked to student wellness. The health content standards for California schools seek to provide the academic framework and support that best positions students to become adults who are successful, productive community members. As schools carry out this role, they impart knowledge, attitudes and skills that promote student health, disease prevention and risk reduction.<sup>11</sup> School campuses provide a neutral and centralized place for programs and interventions to occur while also serving as a valuable resource to parents and the community. These factors make schools a natural partner in substance abuse prevention.

8 Dewey, J. Reviewing the Relationship Between School Factors and Substance Use for Elementary, Middle, and High School Students. *Journal of Prevention*. 1999; 19:177-225

9 Schroeder, J. L., & Johnson, G. E. (2009). Accessing substance abuse prevention programs for schools. *Intervention in School & Clinic*, 44(4), 234-240.

10 Schroeder, J. L., & Johnson, G. E. (2009). Accessing substance abuse prevention programs for schools. *Intervention in School & Clinic*, 44(4), 234-240

11 Health Education Content Standards for California Public Schools Kindergarten Through Grade Twelve, 2008

## BALANCING FISCAL RESTRAINT WITH BEST PRACTICES IN PREVENTION

Schools pursue their academic goals within the confines of a funding structure, and balancing costs with measured outcomes has increased in priority during these challenging fiscal times. According to the National Center on Addiction and Substance Abuse at Columbia University (CASA), more attention should be given to the fact that substance use and addiction are the cause of significant expenditures and income losses in our schools. Research shows that education's spending/costs on these problems is the second largest area of spending by local governments (see sidebar of school costs).<sup>12</sup> For example, truancy (unexcused absence) causes a school's state funding to go down, as schools lose money on average daily attendance (ADA), a formula used to determine a large portion of school funding.<sup>13</sup> By investing in evidence-based substance abuse prevention, schools can improve attendance, reduce the need for discipline, and improve the academic performance of students.

### CASA IDENTIFIED COST AREAS LINKED TO SUBSTANCE ABUSE

- Alcohol- and drug-related truancy,
- Administration costs linked to coping with alcohol and other drug problems,
- Property damage and liability insurance costs driven by alcohol and other drugs,
- Higher health insurance costs for substance involved staff,
- Legal expenses linked to alcohol and other drugs,
- Drug testing costs,
- Employee assistance programs for substance abusers,
- Employee training, policy and staff development to increase awareness of and cope with substance abuse, and
- Capital outlays for special facilities needed for substance using students.

<sup>12</sup> Shoveling Up II: The Impact of Substance Abuse on Federal, State and Local Budgets, May 2009 CASA

<sup>13</sup> ADA is defined as the total days of student attendance divided by the total days of instruction.

## ACADEMIC PERFORMANCE, RISKY BEHAVIOR AND SCHOOL CONNECTEDNESS

Students who feel a sense of connection to their school are more likely to have a number of positive health and academic outcomes. According to the Centers for Disease Control and Prevention, this connection is observed by students as a belief that the adults and peers in their school care about their learning as well as about them as individuals.

Implementation of evidence-based programs, coupled with strategies to promote school connectedness, can help schools have the greatest impact on the health and education outcomes of their students. These research-based student outcomes include behaviors that relate to the use of drugs and alcohol. Students who feel connected to school are:

- More likely to attend school regularly, stay in school longer, and have higher grades and test scores.
- Less likely to smoke cigarettes, drink alcohol, or have sexual intercourse.
- Less likely to carry weapons, become involved in violence, or be injured from dangerous activities such as drinking and driving or not wearing seat belts.
- Less likely to have emotional problems, suffer from eating disorders, or experience suicidal thoughts or attempts.<sup>14</sup>

## WHAT CAN BE DONE

The following strategies to increase school connectedness offered by the Centers for Disease Control and Prevention appeal to those engaged in substance abuse prevention work.<sup>15</sup>

1. Create decision-making processes that facilitate student, family, and community engagement, academic achievement; and staff empowerment.

<sup>14</sup> U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Adolescent and School Health, *Fostering School Connectedness: Improving Student Health and Academic Achievement*, July 2009 Available at [www.cdc.gov/HealthyYouth](http://www.cdc.gov/HealthyYouth)

<sup>15</sup> School Connectedness: Strategies for Increasing Protective Factors Among Youth. Atlanta, GA: U.S. Department of Health and Human Services; 2009.

2. Provide education and opportunities to enable families to be actively involved in their children's academic and school life.
3. Provide students with the academic, emotional, and social skills necessary to be actively engaged in school.
4. Use effective classroom management and teaching methods to foster a positive learning environment.
5. Provide professional development and support for teachers and other school staff to enable them to meet the diverse cognitive, emotional, and social needs of children and adolescents.
6. Create trusting and caring relationships that promote open communication among administrators, teachers, staff, students, families, and communities.

those in the substance abuse prevention field can use similar strategies that link student indicators of well-being and school success to drug/alcohol use.

- Expand partnerships with healthcare. Community-based clinics, and especially school-based health centers, are a growing resource in many communities. They provide patient education, as well as screening and brief intervention during medical visits. The passage of health reform legislation secures a funding stream for some of this work in a clinical setting.
- Reinforce and expand partnerships with community-based organizations and county governments so that students in need of a referral for social services experience welcoming and easy-to-access services.

## TAKE HOME MESSAGES FOR THE PREVENTION FIELD

There are a number of ways that the prevention field can continue to incorporate substance abuse prevention efforts into everyday school life.

- Advocacy and policy work that profile the link between school success and substance use can be used to give the issue higher priority. Just as obesity prevention and health promotion experts have led a successful campaign to overhaul California schools with policies that support healthy, active students,<sup>16</sup>

<sup>16</sup> State of Education Address, January 24, 2005 "Healthy Children Ready to Learn" A White Paper on Health, Nutrition, and Physical Education with recommendations from The Superintendent's Task Force on Childhood Obesity, Type 2 Diabetes, and Cardiovascular Disease. A comprehensive approach as outlined below describes the California Department of Education's (CDE) perspectives and plans to ensure that students are healthy and ready to learn. Specifically, the CDE has established four goals: (1) Support high-quality instructional programs in health education and physical education that provide students with the skills, knowledge, and confidence to develop and maintain active,

healthy lifestyles. (2) Implement nutrition standards for all food and beverages sold on campus. (3) Increase participation in school meal programs so that no child goes hungry. (4) Create a school environment that supports the health of students.

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