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**NAADAC Issue Brief:**

**Role of Addiction Professionals In Reducing AOD in the Schools**

**Background**

- The Centers for Disease Control and Prevention (CDC) reported that more than two million youth currently have diagnosable dependence on illegal drugs and alcohol.
- According to the CDC, alcohol use is associated with the three main causes of death for teens: accidents including motor vehicle accidents, suicide and homicide.
- The Substance Abuse and Mental Health Services Administration's National Household Survey revealed that there were 1.7 million youthful new users in 2001, down from 2.1 million in 2000. The percentage of youth ages 12-17 who had ever used marijuana declined slightly from 2001 to 2002, from 21.9 percent to 20.6 percent.
- According to the Office of National Drug Control Policy (ONDCP), everyday about 4700 American youth under age 18 try marijuana.
- ONDCP reported that more than 20% of adolescents have been drunk before the 8th grade.
- The National Institute on Alcohol and Alcohol Abuse found that if a teen starts to drink at 15, he/she has a 40% chance of alcoholism or alcohol dependence as an adult.

**Questions and Issues in Addressing AOD in Schools**

The prevalence of adolescent AOD use and abuse is a troubling and complex challenge. AOD use and abuse is a two-pronged problem for young people in that they may present with problems relating either to their own consumption *or* that of a member of their household. Since school is where adolescents spend much of their time among authority figures outside the home, schools have become the frontlines in addressing these issues.

One way in which many communities have sought to identify adolescents who are using is through school drug testing. NAADAC members have raised questions about the benefits and efficacy of such a strategy. The challenges are manifold in determining who to test, what to test for, what safeguards there are against false-testing processes, how privacy of a student's health status is protected, and whether drop-out rates would soar. Such challenges beg the question of whether healthcare settings are more appropriate and better-equipped venues to conduct screenings or assessments, and even whether widespread school-based drug-testing itself is the most prudent use of funds for addressing AOD use among adolescents.

If a community does adopt a school drug testing program, NAADAC members advise that parents and communities should first ensure that sufficient resources are available to address students who test positive. These resources should include immediate access to addiction professionals, as well as comprehensive treatment programs for students with serious AOD problems.

Once a student has been identified for referral in a school setting (prompted either by drug testing or other means), NAADAC members report that they often find the school's referral process unclear. School administrators should consider whether they have identified and provided appropriate training for a single-source contact (eg, guidance counselor, school nurse, or vice

principal) to issue referrals. The point also bears repeating that a school's referral is useful only to the extent that resources are available to ensure care—regardless of health insurance status, parental income, or the capacity of the community's adolescent programs.

NAADAC members suggest that more information and evaluation are needed to better understand the precise role addiction professionals are currently and could be playing to support schools throughout the process of addressing AOD use and abuse.

### **Examples of How Addiction Professionals Can Assist Schools**

Addiction professionals specializing in adolescent care possess expertise and skill sets that are highly relevant to working with adolescents and their families, teachers, nurses, and guidance counselors to address AOD use and abuse that is identified in the schools. These skill sets and expertise apply not only to intensive treatment but also to prevention and early intervention. School administrators need to be fully aware of addiction professionals' scope of expertise in order to realize maximum benefit from a relationship with them within their school programs.

Areas in which addiction professionals can aid schools include clarifying issues around a teen's desire to use drugs and alcohol. In so doing, addiction professionals can identify and help relieve stressors and environmental factors, such as peer pressure and family problems. Addiction professionals can also teach individualized coping and anger management skills that may reduce the temptation to use, as well as provide education to students on the dangers of AOD.

For families, addiction professionals can help them adjust to the realities of their child's struggle with AOD. (NAADAC members report that denial is common in families of youth who need treatment.) Addiction professionals can also train school personnel in such areas as new drugs and trends in use, symptomology, and addressing students who seek help. Addiction professionals can also provide specialized training to school personnel who are more deeply involved in the issue, such as those designated to issue referrals. Potential also remains for strengthening communication and cross-training programs between addiction professionals and school personnel.

### **A Comprehensive System of Care**

For schools to effectively address AOD use and abuse among students, NAADAC members believe that communities must offer a comprehensive system of care supported by sufficient resources. Addiction professionals are uniquely qualified to play an integral role within their communities to strengthen school AOD programs and the system of care available to adolescents.