

Adolescents who have an addictive disorder represent a troubling and complex public health challenge for families, communities, schools, and addiction professionals who serve this population. Addictive disorders are 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 adolescents spend much of their time in a school setting among authority figures outside the home, schools have clearly become the frontline in addressing these issues.

One way in which many communities have sought to identify adolescents with addictive disorders is through school drug testing. NAADAC questions the benefits and efficacy of such a strategy. The challenges are manifold in determining whom to test, what to test for, what safeguards there are against false-testing processes, how the privacy of a student's health status is protected, and whether drop-out rates would soar as a result of this testing.

Such challenges beg the question of whether healthcare settings are more appropriate and better-equipped venues to conduct screenings or assessments of this kind, and even whether widespread school-based drug-testing itself is the most prudent use of funds for addressing Addictive Disorder issues among adolescents.

NAADAC feels strongly that if a community does adopt a school drug testing program, stakeholders 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 addictive disorders. The referral process that will guide the student to the addiction professional needs to be a clear one. Currently, consensus among Addiction Professionals is that the referral process is mired in bureaucratic red tape that works against the interest of the adolescent. NAADAC asserts that there should be a single point of contact for referrals (eg. guidance counselor, school nurse, vice principal, or student assistance program coordinator) to issue referrals. However, it should be noted 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. Additionally, adolescent drug testing should be used solely as a means of treatment and evaluation and not as a punitive action.

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 addictive disorders that are identified in the schools. These

skills sets and expertise apply not only to intensive treatment but also to prevention and early intervention. Training includes, but is not limited to, addictive disorder detection, as well as a firm knowledge base of how addictive disorders differ in the adolescent vs. the adult population. School administrators need to be fully aware of an addiction professional's scope of expertise in order to realize the maximum benefit from a relationship within their school programs.

Currently, the addiction professionals community is relying upon a patchwork of federal and state programs to meet the growing need to intervene, prevent, and treat adolescent alcohol and other addictive disorders. It is unclear how many adolescents are covered by public and private sector treatment programs, which of these initiatives are best at meeting the needs of adolescents and their families, and whether parents and other stakeholders even know that such programs exist.

In summation, there is a critical need to devise and implement a centralized effort to meet the challenges of providing needed prevention and treatment services to adolescents. NAADAC stresses that drug testing initiatives should only be used as a component of an assessment plan but it is also worth pointing out that, besides services, there is a shortage of adolescent prevention and treatment workforce training for addiction professionals who can adequately meet the need to deal effectively with this population. It is clear though that there is a need for more research information in order to design innovative treatment modalities specifically for adolescents. Federal support for an enhanced adolescent addiction professional workforce is warranted when one examines the national trends, statistics, and other factors that indicate a growing need to support these professionals through better training, research, and data collection on adolescent related issues.