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ABSTRACT

Among the behavior management challenges in schools today is the question of how to deal with substance abuse among youth. Facts about student alcohol and drug use are provided in this handbook. Watching for school and home related behavioral indicators of drug use is an immediate concern for schools. Drug use follows a six-stage continuum: no interest, interest, experimental use, regular use, harmful involvement, and dependency. Proper responses to substance use situations require a policy that considers the situation type (five are described), decision-making process, and documentation procedures. How school personnel can respond at the classroom, building, and district level is discussed and procedural considerations are outlined. Basic communication ingredients and skills are discussed to help ensure successful communication with students about substance abuse. Training components of substance abuse education and awareness for students, faculty, parents, and the community are delineated. Four principles of policy development and an 11-step development process follow. Three sections address areas essential to policy content: student conduct and discipline; prevention; and identification and intervention. A sample alcohol and drug use student behavior and discipline policy and examples of community resources for assistance in substance abuse situations conclude the handbook. (13 references) (EJS)

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IN C R I S I S

A Handbook for

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Collaboration

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Between

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Schools and

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Social Services

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Volume 4: Substance Abuse

Linn-Benton Education Service District
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Copublished by
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The ERIC Clearinghouse on Educational Management, one of several such units in the system, was established at the University of Oregon in 1966. The Clearinghouse and its companion units process research reports and journal articles for announcement in ERIC's index and abstract bulletins.

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***At-Risk Youth in Crisis: A Handbook for Collaboration
Between Schools and Social Services***

Volumes planned for this series are listed below:

Volume 1: Introduction and Resources (February 1991)

Volume 2: Suicide (March 1991)

Volume 3: Child Abuse (May 1991)

Volume 4: Substance Abuse (June 1991)

Volume 5: Attendance Services (1992)

Volume 6: Teen Parenting (1992)

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FOREWORD

Children who are at risk of dropping out of school or at risk of emotional, psychological, or physical injury have a tremendous impact on the economic, social, and political well being of our communities. Educators and human service providers alike are currently being asked to provide a broader range of services to an increasing population of troubled children—often with a simultaneous decrease in available human and fiscal resources. Today's challenges require a comprehensive community response to a community need. Consequently, the need for community collaboration in providing an effective response has become overwhelmingly apparent.

The Linn-Benton Education Service District and the ERIC Clearinghouse on Educational Management are pleased to make this *At-Risk Youth in Crisis Handbook Series* available to school districts across the nation that want to respond to the need for collaboration in their own communities.

A local tragedy involving a youth suicide became the impetus for Linn-Benton Education Service District's leadership in spearheading a collaborative effort with local schools and community agencies to develop a handbook detailing acceptable, proven guidelines for appropriate interventions. The handbook contained clear procedures for schools and agencies to follow in relation to crisis situations occurring in schools. Decisions involving crisis situations necessitate shared responsibilities among school staff and human service providers in order to provide the most appropriate and effective response to all parties of interest.

In its original form, the document was titled *A Principal's Handbook: Serving At-Risk Students in Crisis*. The handbook, developed specifically for all the schools in Linn and Benton Counties, Oregon, was contained in a three-ring binder with four initial sections: Suicide, Child Abuse, Substance Abuse, and Community Resources. With the active support of Circuit Court Judges William O. Lewis and Frank O. Knight, all the major human service agencies in the two-county area participated in the development and implementation of the handbook. At the same time, six Youth Service Teams were formed in key areas, whereby two interagency county units were activated.

Benefits of this collaborative effort have included a clear delineation of school/agency responsibilities, realistic guidelines, improved relationships between

schools and agencies, an increase in additional collaborative efforts, and, most importantly, a sense of community responsibility. And, of course, the child ultimately becomes the big winner.

Recognizing the success of this effort in Linn and Benton Counties, the ERIC Clearinghouse on Educational Management devised a plan to make the Handbook available to a national audience. First, the Clearinghouse asked the coordinators of the Linn-Benton project to write the overview of the program that is contained in Volume 1. This description covers why and how the Handbook was developed and advises other school districts on forging similar collaborative endeavors in their own communities.

Second, the Clearinghouse assembled the resource materials contained in the second section of Volume I. These materials include two *ERIC Digests* and resumes of journal articles and research reports, books, and papers in the ERIC database on collaboration between schools and social service agencies.

Subsequent volumes in the *At-Risk Youth in Crisis Handbook Series* deal with specific crisis issues: Suicide (Volume 2), Child Abuse (Volume 3), and Substance Abuse (Volume 4). All these volumes will be in print by the end of 1991. Volumes currently being written on Attendance Services and Teen Parenting will be published in 1992.

We wholeheartedly support this important work and encourage other education and community agencies to engage in the valuable process of collaboration.

**Gerald J. Bennett
Superintendent
Linn-Benton Education Service District**

**Philip K. Piele
Professor and Director
ERIC Clearinghouse on Educational Management**



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BEHAVIORAL INDICATORS OF STUDENT SUBSTANCE ABUSE

SCHOOL RELATED

- academic failure
- truancy or apathy
- peer group changes
- hyperactivity
- defensive
- signs of depression
- time disorientation
- poor coordination
- assaultive
- suspensions, expulsions
- school performance change
- withdrawal
- costume changes
- rebellious
- erratic behavior
- language changes
- memory lapses
- prone to accident or injury
- theft
- poor hygiene or changes in personal care
- noticeable behavior changes at certain times of day
- frequent allusions to drug use and effects
- flu-like symptoms especially just following the weekend

HOME RELATED

- sudden resistance to normal discipline
- noticeable changes in family relationships
- noticeable changes in peer group membership
- ignoring curfew, responsibilities, house rules
- unusual temper displays, secrecy, or mood swings
- increased borrowing
- disappearance of possessions
- unseen new friends
- running away

OTHER

- record of law violations, both drug-associated (DUIL, MIP, Open Container) and not



STAGES OF USE

1. No use/no interest in using

- strongly goal-oriented
- does not seek recreational "highs"
- strong connection to achievement-oriented peers, to family, and to groups outside the school

2. Interest

- strong curiosity about drugs and alcohol
- high interest in thrill-seeking

3. Experimental use

- seeks to experience high with peer group
- no recognizable symptoms of dependency
- low tolerance
- fear of getting caught
- use not planned

4. Regular use

- use considered normal, routine
- common binge-type consumption on weekends
- substances become significant part of leisure and recreation
- decrease in involvement with nondrug activities and with friends who don't use
- planned use
- willing to risk getting caught
- may expand experimentation to include other drugs

5. Harmful involvement

- development of preoccupation with use: relationship with substance increases in significance
- increase in regular pattern of use
- little involvement with non-use activities and nonusing friends
- increase in tolerance
- escalation of use-related problems in family, school, and community
- denial of problems caused by drug use
- values and mores compromised
- loss of former interests; lifestyle becomes organized around use

6. Dependency

- experience need for chemicals to feel "normal"
- loss of control
- self-destructive behavior increases
- low self-esteem and sense of alienation from others
- denial and minimization of problem
- withdrawal from substance produces extreme psychological and/or physical discomfort
- personally and socially dysfunctional
- may attempt to stop using without sustained success

SUBSTANCE USE SITUATIONS: IMMEDIATE PROCEDURES

First, determine which of these situation types describes what is occurring:

- 1. Confirmed (confessed upon confrontation or witnessed) use, sale, or possession**
- 2. Suspected use, sale, or possession**
- 3. Self-referral for help**
- 4. Substance use medical emergency (shock, anxiety/panic reactions, loss of consciousness, violent behavior, gastrointestinal upset)**
- 5. Student affected by others' use**

Second, check school policy for appropriate procedures to follow. Be sure to consider the following:

- 1. Documentation of information and process steps**
- 2. Core Team referral**
- 3. Medical aid (as necessary)**
- 4. Law enforcement involvement**
- 5. Parent notification**
- 6. Formal/informal confrontation of student**
- 7. Disciplinary action**

SUBSTANCE USE HEALTH EMERGENCY: IMMEDIATE PROCEDURES

Any of the following severe symptoms or behaviors should be treated as a medical emergency:

- 1. Anxiety or panic reaction, including hyperexcitability, hyperventilation, and expression of extreme fearfulness**
- 2. Loss of consciousness**
- 3. Violent behavior**
- 4. Violent gastrointestinal upset (nausea, vomiting)**
- 5. Shock (rapid pulse, pale, clammy skin)**
- 6. Severe lethargy and lack of responsiveness**
- 7. Extreme disorientation in time, space, location, or identity**

Emergency medical procedures are basically the same for substance use reactions or other illness. Anyone who might know should be asked directly about what drugs might have been involved. As with any poisoning, this information could prove critical to proper emergency treatment.

PROCEDURES

Follow general school health crisis management plan to include these steps:

- 1. Send another student or staff member for the nurse, administrator, or other health crisis manager.**
- 2. Provide the student with privacy and as much comfort as possible.**
- 3. A qualified individual should follow standard medical procedures including, as necessary:**
 - administration of first aid**
 - calling an ambulance if warranted**

4. Obtain, if at all possible, information on any drug ingested and confiscate any which may be in the student's possession; a health emergency itself is sufficient grounds for reasonable search and seizure.
5. Notify parent(s) as soon as possible.
6. Subsequent to emergency steps:
 - Refer student to Building Team for assessment and post-emergency planning.
 - Administer disciplinary measures if a specific verified violation of school policy has occurred.
 - Notify law enforcement if a law violation is suspected.
 - Develop and implement a plan for communicating with staff and other students about the incident.

KEY COMPONENTS TO EFFECTIVE CONFRONTATION

1. Choose a location for the confrontation which is both safe and private.
2. Focus on the behaviors rather than on the person.
3. Be specific about the behaviors and symptoms noted. Interpretations, assumptions, and opinions are subject to argument.

Example:

Say:

"In the past month, I have noticed you come to sixth period every day with red, puffy eyes and five times you fell asleep in class."

Rather than:

"You look stoned most of the time in class."

4. Use effective communication skills such as:
 - Present information briefly and in a calm manner.
 - Use "I" messages when conveying information.
 - Communicate genuine care and concern.
 - Invite the student to respond with his/her thoughts and feelings. Listen to and acknowledge the student's perceptions.
5. Emphasize the health aspect of your concerns.
6. Make statements except when questions are necessary.
7. Explain the consequences that follow the choices that have been made.
8. Document the interaction.

POLICY DEVELOPMENT STEPS

- STEP 1: Determine the scope and components of the policy to be developed.**
- STEP 2: Develop a drug and alcohol policy committee.**
- STEP 3: Determine role and responsibilities of the committee.**
- STEP 4: Develop an outline of policy development areas and components.**
- STEP 5: Establish a process for project completion.**
- STEP 6: Implement policy development process.**
- STEP 7: Solicit review and comments.**
- STEP 8: Present proposed policy for administrative adoption.**
- STEP 9: Communicate policy and procedures to all faculty, staff, parents, and students.**
- STEP 10: Evaluate and revise.**

ESSENTIAL POLICY AREAS

PREVENTION

Including:

- enhancement of positive school climate
- curriculum (including information and skill development)
- clear and collaborative communication processes
- healthy, safe extracurricular activities

IDENTIFICATION AND INTERVENTION

Including:

- screening procedures
- assessment procedures
- student assistance programs
- treatment resource and referral relationships and procedures
- ongoing/aftercare support program
- crisis/emergency management steps

STUDENT CONDUCT AND DISCIPLINE

- clear and specific expectations
- clarified choices
- consistent consequences (positive and negative)
- coordination of discipline with identification and intervention

INTRODUCTION

Schools are increasingly faced with student behavior that interferes with the educational process. Among the behavior management challenges in schools today is the question of how to deal with substance abuse among youth. Management of students whose disruptive behaviors may indicate a substance use/abuse problem is one of today's greatest educational challenges.

It is the intent of this volume of *The At-Risk Youth in Crisis Handbook Series* to assist school administrators in responding to immediate substance abuse crises and to develop policies and procedures aimed at prevention and sensible, systematic schoolwide and even communitywide responses to substance abuse issues.

Substance abuse is not merely an educational or school issue. The effects of substance abuse touch every aspect of the lives of substance using people, their families, and friends.

The challenges presented by substance abuse issues cannot be met by schools alone. Therefore, students, families, and the larger community of which the school is a part must share this responsibility if school-based efforts are to be effective in preventing and solving as well as managing alcohol and drug use-related problems. This being the case, the inclusion of school staff, students, parents, and community representatives in the planning and implementation of school-based efforts is essential to the success of any program.

INFORMATION ABOUT STUDENT ALCOHOL AND DRUG USE

PREVALENCE OF DRUG USE

School staff and administrators are becoming increasingly aware of the extent and effect of substance abuse on students and on the educational process as a whole. Educators are called upon to respond to a variety of drug-related situations, both as a health issue and in the manifestation of behavioral problems, such as absenteeism, failure to make academic progress, and disruptive behavior.

The extent of drug and alcohol use and dependency among youth has been somewhat difficult to assess because of the relative rarity of overt usage.

It is extremely important for school staff to realize that the extent of use and dependency in their school or district is probably close to national and/or state averages.

Statistics:

- An estimated 22 percent of high school students use cigarettes on a daily basis.¹
- Almost 60 percent of high school seniors and 38 percent of eighth-graders illegally use alcohol monthly.
- Since 1986, there has been a 100 percent increase in daily drinking among eighth-graders, to an average of 4 percent in this group. In other words, *one out of every 25 eighth-graders in Oregon is likely to be a daily drinker.*
- 54 percent of Oregon eleventh-graders have used marijuana, and 26 percent report monthly use (approximately 4 percent more than the national average among high school seniors).
- One in twenty Oregon students uses marijuana daily.
- The use of marijuana alone has increased among eighth-graders by 80 percent since 1986.
- 17 percent of Oregon eleventh graders reported having used *cocaine*, and a full 6 percent reported monthly use (2 percent more than the national average).
- Use of *inhalants* among Oregon youth is 44 percent higher than in other states.²

**OTHER FACTS
ABOUT
SUBSTANCE
ABUSE**

For drugs other than alcohol, use among Oregon youth is generally above the national average, begins at earlier ages, and seems to be increasing. Problems in Linn and Benton County schools are estimated to reflect or exceed Oregon averages.

- Students' experimentation with illicit drugs is a major community concern. An "experiment" is a one-time event. Many children quickly move beyond experimentation to use.
- Any use of drugs and alcohol increases the risk of health problems and accidents, will likely decrease availability for the learning process, and may retard social and emotional development.
- Drug involvement off school grounds and outside school hours may have serious implications and effects for the school, other students, and the educational process. Violent behavior, lying, theft, vandalism, mood swings, volatility, lack of concentration, hyperactive or erratic behavior, flu-like symptoms, and depression are among a wide array of physical, emotional, and behavioral manifestations of drug involvement which can be seen even if the student never uses drugs during school hours.
- Adolescents can become chemically dependent. Physical addiction, psychological reliance, and repeated social and interpersonal consequences resulting from use are serious aspects of dependency in young people. In addition, the critical, rapid physiological and psychosocial developmental changes of adolescence can be significantly affected and disrupted by the use of alcohol and other drugs.³
- Educational activities which lead to the improvement of student self-esteem and are coupled with processes which intervene effectively with student drug usage are considered to be integral components of a comprehensive school-based approach. Once illicit substance use has begun, there is no way to separate low self-esteem as a causative factor from low self-esteem as a consequence of the drugs themselves among actively using youth.

IMMEDIATE CONSIDERATIONS FOR SCHOOLS

SYMPTOMS AND INDICATORS OF HARMFUL USE AND DEPENDENCY

Within the framework of educational access and student progress, it is very important for school personnel to identify students for whom more thorough professional community assessment and diagnosis are indicated. A number of "Red Flag"⁴ behaviors, easily observable by laypersons and professionals alike, warn of possible harmful involvement with drugs. It is true that many of the behavioral indicators of chemical use problems are the same as those associated with physical or sexual abuse, a loss through death or divorce, certain medical conditions, and other problems or stressors. Further assessment and collaboration with community resources can ensure that a child receives whatever kind of help is appropriate.

The following are some of the behavioral indicators of possible harmful involvement with drugs⁵.

School Related

- academic failure
- truancy
- peer group changes
- hyperactive
- defensive
- signs of depression
- time disorientation
- poor coordination
- assaultive
- suspensions, expulsions
- noticeable behavior changes at certain times of day
- poor hygiene or changes in personal care
- school performance change
- withdrawal
- costume changes
- rebellious
- erratic behavior
- language changes
- memory lapses
- prone to accident or injury
- theft
- flu-like symptoms especially just following the weekend
- frequent allusions to drug use and effects
- apathy

Home Related

- sudden resistance to normal discipline
- noticeable changes in family relationships
- noticeable changes in peer group membership
- ignoring curfew, responsibilities, house rules
- unusual temper displays, secrecy, or mood swings
- increased borrowing
- disappearance of possessions
- unseen new friends
- running away

**STAGES OF USE:
A CONTINUUM**

Other

- record of drug-associated (DUIL, MIP, Open Container) and other law violations

An understanding of the stages of use can be of assistance in developing appropriate educational policies, procedures, and services. The following are some characteristics associated with each stage.⁶ Because "many people believe that any use by an adolescent is harmful" and is illegal, the category of "social use" applied to adults is irrelevant here.

No Use/No Interest in Using

- strongly goal-oriented
- does not frequently seek out activities for the sole purpose of achieving an altered state of consciousness ("high")
- strong connection to achievement-oriented peers, to family, and to groups outside the school

Interest

- strong curiosity about drugs and alcohol
- high interest in thrill-seeking

Experimental Use

- seeks to experience high with peer group
- no recognizable symptoms of dependency
- low tolerance
- fear of getting caught
- use not planned

Regular Use

- use considered normal, routine
- common binge-type consumption on weekends
- substances become significant part of leisure and recreation
- decrease in involvement with nondrug activities and with friends who don't use
- planned use
- willing to risk getting caught
- may expand experimentation to include other drugs

Harmful involvement

- development of preoccupation with use; relationship with substance increases in significance

- increase in regular pattern of use
- little involvement with nonuse activities and nonusing friends
- increase in tolerance
- escalation of use-related problems in family, school, and community
- denial of problems caused by drug use
- values and mores compromised
- loss of former interests; lifestyle becomes organized around use

Dependency

- experience need for chemicals to feel "normal"
- loss of control
- self-destructive behavior increases
- low self-esteem and sense of alienation from others
- denial and minimization of problem
- withdrawal from substance produces extreme psychological and/or physical discomfort
- personally and socially dysfunctional
- may attempt to stop using without sustained success

The dynamics of chemical dependency may be categorized as *primary, chronic, progressive, and—if untreated—fatal.*

Sample Situations:

- A principal catches two students in an exchange of drugs and money in the school bathroom.
- A student confides to her counselor that she is worried about her own use.
- A teacher becomes concerned about a student's chronic absences, sleepiness in class, lack of ability to concentrate, and frequent complaints of not feeling well.
- A child loses consciousness on the playground.
- One student reports to an administrator that another student is using and selling marijuana on the school grounds before school hours, and asks that the source of the information remain confidential.

RESPONDING TO SUBSTANCE USE SITUATIONS

It is more than likely that at some point every school staff member will be faced with the need to make an immediate decision in response to a substance abuse situation such as the examples above. The multitude of considerations that arise at such moments are likely to include questions such as: (1) "Should I report this? To Whom?" and (2) "Should I confront the student? How? When?" Because of this, it is very important to have clear policies and procedures which address these questions and which are understood by all staff.

The Need for Policy

A student behavior management system of expectations, choices, and consequences that is evenly and consistently applied to *all* students is one of the most powerful tools for effectively helping students with drug use problems. The coordination of intervention and disciplinary responses is critical in assisting students to assume responsibility. Such coordination is also necessary for staff to consistently and effectively respond to drug-related situations.

Students' experience of the natural and logical social, legal, academic, and other consequences of their behavior is a critical ingredient in their recognition of the problem and their readiness to access alternatives. School policy which includes expectations and consequences specific to drug-using behavior is therefore a necessary component of an effective student management process.

A comprehensive and well understood substance use portion of a school-wide behavior management plan will clearly detail health assessment and disciplinary and referral procedures and will explicitly describe roles, responsibilities, and rights. This plan will also facilitate staff decisions and team process and provide a safe and responsive educational atmosphere for students.

Policy Considerations

Three areas must be considered in responding to any situation where a student's behavior suggests the possibility of drug or alcohol involvement. These are:

- *The situation type*, which determines the degree and direction of response given the specific situation
- *The decision-making process*, which outlines step-by-step procedures for reporting and decision-making and delineates roles and responsibilities of various school personnel
- *Documentation procedures*, which help school personnel ensure that they have accessed all available means of assistance and provide protection from potential legal liability incurred in responding to student needs

It is important that communication and action in regard to substance use situations be viewed within the context of a schoolwide decision-making process and that such actions follow a logical progression beginning with teacher observations and actions and proceeding to school-level and district-level responses. Following is an outline of how school personnel at each level might respond to a drug/alcohol-related situation. Lack of resolution at any given level is an indicator of the need for initiating action at the next level.

Classroom Interventions

- Teacher observes student behaviors
- Teacher assesses student progress
- Teacher and student solve problems within classroom setting
- Teacher documents efforts in writing

Building Intervention

- Teacher or other staff members refer student to counselor, administrator, or Building Team process
- Staff continue assessment of situation
- Staff develop and follow up plan
- Staff document efforts in writing
- Staff initiate referral to community resources, as appropriate

District-Level Intervention

- Building Team consults with district resource personnel
- District personnel monitor ongoing plan
- District personnel continue assessment of situation
- District personnel document efforts in writing
- District personnel initiate referral to community resources, as appropriate

**PROCEDURAL
CONSIDERATIONS
IN ANY DRUG/
ALCOHOL
SITUATION**

There are a number of types of drug/alcohol situations and specific considerations for each type. However, the following procedural considerations may be applied to any drug/alcohol situation at school:

- resolution of immediate health/mental health crises
- administrative notification
- parent notification
- disciplinary action
- informal confrontation (staff members)
- formal confrontation (Building Team process)
- referral to community Youth Services Team
- consultation with Mental Health Agencies
- reporting to law enforcement agency
- data gathering and documentation
- written plan
- followup

Reviewing each consideration, deciding the appropriateness of each, and determining how to implement each component that the team sees as important will lead to a comprehensive action plan. A documented plan will specify what is to be done, by whom, and the timelines for review, revision, and accountability.

TYPES OF SITUATIONS

While there appears to be an infinite number of unique substance use-related situations facing school staff, it is helpful to see them as falling into one of five categories. For each type of situation there are particular considerations and action steps which lead to the development of a comprehensive plan. Thus an essential first step in making decisions and taking action when a situation is encountered is to DETERMINE THE TYPE OF SITUATION.

The five types of situations are:

- A. Confirmed use, possession, or sale of illicit substances
- B. Suspected use, possession, or sale of illicit substances
- C. Self-referral and admission of drug use/abuse
- D. Health/behavioral emergency
- E. Student affected by another's drug use

While the procedures outlined above are generally appropriate for any of the five types of situations, there are some additional specific considerations. The following exploration of the five categories is intended to address the unique issues of each.

**Type A Situation:
Confirmed Use,
Possession, or Sale**

The confirmation entails some type of documented evidence, confession, or an available witness to substantiate the claim being made. Staff will need to be familiar with school and district policy regarding legal issues such as search, seizure, student's rights to due process, and the procedures for law enforcement notification.

Law enforcement personnel are an excellent resource for consultation and staff training in expanding an awareness and understanding of legal issues regarding illicit substances. Also, collaboration between law enforcement and schools is an effective means of increasing the effectiveness of each other's efforts.

**Type B Situation:
Suspected Use,
Possession, or Sale**

Situations of this type range from an accumulating history of concern for a student's academic progress and behavior to a specific incident of a suspicious nature. The keys here are twofold. One is the necessity of written documentation of specific events and behaviors which are of concern in safety and educational goals, including both academics and social relationships. The second is that the accumulating history be considered within a team process so that a variety of situations may be viewed and considered.

Once again, as with verified use, possession, or sale, the staff needs to follow school policy regarding legal issues of search, seizure, and maintaining students' rights to due process.

**Type C Situation:
Student Self-Referral**

A student expresses concerns about his or her drug use or potential for it to a school staff member. Many times this will occur in a private conversation between the student and staff member. It is vital that school personnel be aware of school resources that the student may be referred to, such as counselors and school support groups. In addition, staff understanding of and comfort with knowing when and how to violate confidentiality and move to the team decision-making process is critical in protecting the safety of all persons involved.

**Type D Situation:
Substance Use
Health Emergency**

Any of the following severe symptoms or behaviors should be treated as a medical emergency:

- Anxiety or panic reaction, including hyperexcitability, hyperventilation, and expression of extreme fearfulness
- loss of consciousness
- violent behavior
- violent gastrointestinal upset (nausea, vomiting)
- shock (rapid pulse, pale, clammy skin)
- severe lethargy and lack of responsiveness
- extreme disorientation in time, space, location, or identity

Emergency medical procedures are basically the same for substance use reactions or other illness. Anyone who might know should be asked directly about what drugs might have been involved, since this could prove critical to proper emergency treatment, as with any poisoning.

Procedures:

Follow general school health crisis management plan to include these steps:

- Send another student or staff member for the nurse, administrator, or other health crisis manager.
- Provide the student with privacy and as much comfort as possible.
- A qualified individual should follow standard medical procedures, including, as necessary:
 - administration of first aid
 - calling an ambulance if warranted
- Obtain, if at all possible, information on any drug ingested and confiscate any which may be in the student's possession; a health emergency itself is sufficient grounds for reasonable search and seizure.
- Notify parent(s) as soon as possible.

Subsequent to emergency steps:

- Refer student to Building Team for assessment and postemergency planning.

**Type E Situation:
Student Affected by
Another's Use**

- Administer disciplinary measures if a specific verified violation of school policy has occurred.
- Notify law enforcement if a law violation is suspected.
- Develop and implement a plan for communicating with staff and other students about the incident.

This may be a student who lives in a home where drugs are used, is friends with someone who is drug involved, or whose parent(s) attend school meetings and exhibit symptoms of drug use.

Procedures:

If the student has come to you regarding a problem with another's use:

- Provide information and encouragement to students regarding in-school services ("concerned-others" groups, counseling with drug and alcohol specialist or other counselor with knowledge of concerned-others issues) and community resources (chemical dependency treatment programs, Alateen).
- Consult with Building Team for information, ideas, and further planning.
- Document observations and concerns and make periodic followup contact.

**COMMUNICATING
WITH STUDENTS
ABOUT
SUBSTANCE USE**

While many types of problem behavior situations exist, successful interactions and interventions all involve the same basic communication ingredients and skills.

- Choose carefully the location and circumstances of the confrontation. The location should be safe and private for you and for the student.
- Focus on the behaviors rather than on the person.
- Emphasize the health issue aspect of your concern. Confronting and exploring "red flag" behaviors as possibly indicating a substance abuse problem does not constitute an accusation any more than would the investigation of behaviors which could possibly signal another health problem.
- Present specific, documented behavior examples. Interpretations, assumptions, and opinions about the behavior are subject to argument; concrete descriptive observations are not.

Example:

An interpretation/assumption: "You looked stoned most of the time in class."

An observation: "In the past month, I have noticed you come to sixth

period every day with red, puffy eyes, and five times you fell asleep in class."

- **Make a plan and follow up.** With student participation, unless they refuse, it is vital to develop a written action plan with time-lines and clearly stated responsibilities.
- **Use effective communication skills.** Effective confrontations combine a description of behaviors and the effects and consequences. Attention to the following verbal and nonverbal communication skills will help to ensure that your message is received as intended.
 - *Communicate genuine care and concern, both verbally and nonverbally.*
 - *Present information briefly and in a calm manner.*
 - *Focus on the factual information and discuss/explore the options available to the student.*
 - *Use the "I Message" three-part formula to present information:*
 1. the observation (specific, observable data)
 2. the effect (information on the impact of the behavior, on student and others)
 3. the consequence (information on the natural and logical consequences of the behavior)

Example:

Observation: "In the past month, I have smelled alcohol on your breath six times when you have come into the building after lunch."

Effect: "I am worried about what it might mean that you are drinking during the school day, in addition to the fact that substance use is illegal and prohibited by school policy."

Consequence: "I have a responsibility to both follow through with consequences for the behavior and to also make sure you get help if necessary. Would you like to talk to your parents before I call them for a conference, or shall I call them now?"

- **Make statements except when questions are necessary.**
- **Invite the student to respond with his/her thoughts and feelings. Listen to and acknowledge the student's perceptions. Your agreement and approval are optional.**
- **Focus on hope, help, and what can be done.**
- **Explain the consequences that follow the choices which have been made.**
- **Document the interaction: information shared, ideas generated, and further action to be taken.**

SUBSTANCE ABUSE EDUCATION AND AWARENESS TRAINING

TRAINING COMPONENTS

To be effective, education and awareness training must include clear goals, objectives, and a range of activities which involve students, parents, and school personnel.

Education and awareness activities include a curricular, prevention program component and training relative to intervention and to student conduct and discipline. Policies and programs will be effective to the degree that people (1) understand and support them, (2) understand their individual roles in relation to implementation, and (3) possess the necessary skills to carry out those responsibilities.

For Students: education and awareness activities should include:

- a comprehensive, age-appropriate prevention education curriculum for all students
- presentation and discussion of all aspects of the school alcohol and drug policy as a part of the overall student management policy
- written clarification of the above in student handbook

Additional student activities to consider:

- "peer counseling" or "natural helpers" training
- special assemblies, class presentations, "brown bag," and other events on topics of student interest, preferably developed with or by students themselves. Topics might include
 - "how to know if you might be in trouble with drugs"
 - "what to do if you are worried about a friend's drug or alcohol use"
 - "getting help for yourself or others"
 - "misconceptions and facts about chemical dependency"
 - "survival skills for living with substance abuse"
 - "friends or family in recovery: how to help"

For School Personnel: essential training components include:

- *orientation presentation to all school staff* on the philosophy and goals of the curriculum, in order to coordinate and reinforce learning
- *staff review of the substance abuse policy* and training on all aspects, including clarification of procedures, roles and responsibilities for disciplinary, intervention, and referral procedures
- *inservice training for teachers* delivering prevention curricula
- *training in the communications skills* and techniques necessary for effective informal and formal intervention with students
- *additional workshops* on topics such as:
 - "the nature of chemical dependency in youth"

- "behavioral indicators of substance use and abuse"
- "evaluation and treatment of chemical dependency: what do treatment programs do?"
- "local community resources"
- "confidentiality"
- "children of alcoholics/addicts"
- "legal issues for schools"
- "drug pharmacofication and physiological effects"

For Parents and Community Members:

A critical component of any substance abuse prevention process is community/school collaboration. According to William Bukoski of the National Institute on Drug Abuse, "Schools are only a part of the answer. Drug abuse is a community problem."

Some considerations in this collaboration process are:

- the opportunities currently provided in the community
- the level of the local community's readiness and need for education
- provision of settings for presentations both at school and in the community
- the utilization of local publications for publicity and information sharing
- the utilization of local service clubs as forums for information sharing
- possible joint school/community substance abuse prevention advisory boards or committees

These considerations are most easily explored by school personnel exchanging information with those agencies or groups already focused on prevention and education activities in the local community. The Youth Service Team process offers a forum for this kind of information exchange and collaboration.

A collaborative process is the most effective way to address parents and members of the community at large. Parents should always be informed of the school's alcohol and drug use policy and procedures.

Ideally, parents and community members would be an integral part of the policy development process, either in an advisory capacity or in a general review and input process. Possible strategies for discussion and information sharing are:

- parent-teacher organizations
- articles in local publications
- brown-bag lunch presentations
- service club presentations

- health fair exhibits
- church group presentations
- evening presentations (speakers, panels, films)
- regular school progress and information reports

**CHOOSING A
TRAINER**

Both Linn and Benton Counties contain a variety of resources for training and presentations to parents, students, school staff, and community groups (see *Community Resources* section). There is also likely to be expertise among district staff which can be tapped for selected topics. Important qualities to consider in choosing a trainer include:

- qualifications in the particular area of interest
- group skills with adult or student audiences
- understanding of relevant educational and/or individual issues

THE DEVELOPMENT OF A DRUG AND ALCOHOL POLICY

PRINCIPLES OF POLICY DEVELOPMENT

Clearly articulated district and schoolwide student management policies provide the necessary foundation and framework for facilitating an effective learning environment. Drug and alcohol policy is an integral component of the student behavior management process. The success of any component of a school's attempts to successfully prevent and intervene in alcohol and drug problems will directly reflect the quality of both the process and content of school and district policy. In addition, written policies which specifically guide responses to potential drug- and alcohol-related situations can be expected to:

- facilitate team decision-making processes, thus eliminating the need for school staff to make, and be held liable for, unilateral "judgment calls" in specific situations
- clarify expectations and consequences for all students, thus facilitating students' assuming responsibility for their behaviors in the educational process

To ensure attention to the whole spectrum of drug related issues among the student population, from nonusing to those harmfully involved in their own or another's substance use, the following principles should be applied during the development process.

1. It is important that policies include:
 - *Policy Statements:* components and general guidelines relative to the management of student behavior
 - *Rules and Regulations:* related directions for conduct and behavioral standards
 - *Procedures:* step-by-step courses of action to be followed in order to provide consistent staff responses and consequences as they specifically relate to drug and alcohol situations
2. There must be agreement, understanding, and commitment among school staff and parents as to policy concepts and procedures. Ambivalence or opposition on the part of staff or parents can seriously undermine the effectiveness of the policy. A policy development process which genuinely includes parent and staff input and participation is so critical to the success of the resulting policy's implementation that it represents an essential investment of time and energy.
3. Policies must be congruent with relevant legislation and court decisions, in order to maintain students' legal rights.

THE POLICY DEVELOPMENT PROCESS

4. Policies must consider and specify drug and alcohol programs in three essential areas: prevention, identification and intervention, and student conduct and discipline.

With the above considerations in mind, the following steps are recommended to guide the policy development process:

Step 1: Determine the Scope and Components of the Policy to Be Developed:

Questions to consider:

- Does a district-level policy exist?
- If so, is it an adequate "umbrella" for a building level policy (e.g., addressing schoolwide behavior management; student responsibility; drug and alcohol prevention and intervention)?
- Is there district support for development of building-level policy?
- What, if any, are the current building-level procedures regarding alcohol and drugs?

Step 2: Develop an Outline of Policy Development Areas and Components.

At this point it may be most effective to establish subcommittees to study and develop the individual areas of policy (See "Policy Content to Address Substance Abuse," page 31).

Step 3: Develop a Drug and Alcohol Policy Committee.

It is recommended that membership include, at minimum, a parent or parents; the school district's attorney; representatives from administrative, teaching, counseling, and classified staff; and a district drug and alcohol (and/or other health care) specialist. Other participants to consider, if available:

- Community substance abuse treatment program representative
- Law enforcement representative
- Business, religious, and local government leaders
- Student government representative

Step 4: Determine the Role and Responsibilities of the Committee.

The first actions to be taken on the part of the committee are to assess the current status of the issue of substance abuse within the school and to describe what levels of awareness, expertise, services, and procedures

already exist. Then the committee can determine what gaps are apparent and generate some goals for further research and development. This will lay the foundation for the charge of the committee itself and clarify the roles and responsibilities which manifest as a result.

Step 5: Establish Timelines for Policy Completion.

The most effective process will include specific, written clarification of plans and agreements in regard to:

- A pre-policy-development inservice for committee members in order to build common, indepth understanding of the nature of chemical use and dependency, and develop effective rponses
- Committee responsibilities and authority
- Research and development tasks to be accomplished
- Available resources (information, consultation, sample policies, support)
- Who is responsible for particular tasks
- Process for review, revision, and approval of work by faculty, staff, parents, and others

It is important to consider and establish realistic timelines for the policy development process. League and Pump¹⁹ found that:

a full school year is often needed for the development and approval of a comprehensive alcohol and drug policy. Even in the best of circumstances it will take at least nine months.... The committee must be reminded that student chemical use is a very complex area fraught with legal and emotional issues. Therefore, the development of a policy will be time-consuming and sometimes tedious...some [members] may not understand totally the problem of adolescent chemical use...and may not see the need for a thorough process.

Anticipation of, and planning for, these variables can provide necessary support and encouragement for those involved in the , roject.

Step 6: Considerations in Implementing The Policy Development Process.

Because the development of a substance abuse policy requires a significant investment of time and emotional energy on the part of involved school personnel, it is critical to plan for ways to accommodate and overcome the constraints and pressures inherent in the jobs of those involved. Doing so helps ensure the continuity of, and members' commitment to, the policy development process. Some strategies to consider are:

- establishing regular meeting times
- setting aside some project work days
- providing compensation for hours worked outside of regular work time
- extending contracts for committee members at the beginning or end of the school year

In addition, procedural details such as setting the next meeting date and time at the end of each meeting, and clarifying tasks and timelines of individual members, can do much to ensure continuity and accomplishment.

Step 7: Solicit Review and Comments Along the Way.

The regular inclusion of input from parents, staff, students, and other groups during the drafting, implementing, and review stages can provide valuable information and inclusiveness which will be important to the ultimate success of the resulting policy and procedures.

Step 8: Conduct a Legal Review.

The school's or district's attorney thoroughly reviews all proposed policies and procedures in order to ensure that all procedures are legal and maintain students' and parents' rights.

Step 9: Present Proposed Policy for Administrative Adoption.

Step 10: Communicate Policy and Procedures to All Faculty, Staff, Parents, and Students.

It is recommended that this communication be thoroughly planned and implemented through a variety of channels. Some suggestions:

- distribution of written policy and procedures statements to all faculty and staff
- inservice sessions for faculty and staff
- inclusion of written policy and procedures in student handbook
- special parent night or "back to school night" to present and discuss policy
- inclusion of a policy review in new-student orientation
- mailing of written policy to parents, with explanatory cover letter
- publication of policy in local newspaper

League and Pump¹¹ further suggest that at the beginning of each academic year schools "may want to require students and parents to sign a 'receipt' indicating they have read and understand the policy."

POLICY COMPONENTS**Step 11: Evaluate and Revise Policy and Procedures.**

Establishing a schedule for periodic review of the policy and procedures will help to ensure that implementation and revision will be consistent over time. In this way, the unforeseen considerations and other concerns which can be expected to occur in any policy are viewed as natural and predictable "further information," rather than indicators that the policy "is no good." Such a schedule and description of the process can be built into the policy itself and should also delineate who is responsible for initiating and participating in the review.

In conceptualizing policy components, it may be helpful to think in terms of "4-P's": Purpose, Philosophy, Policy Statement, and Procedures. Again the reader is referred to League and Pump's *Policy Development Manual for Drug Free Schools*, as it includes a detailed checklist of the elements of each category. Briefly:

- The PURPOSE statement should clarify the intention of the policy to ensure clarity and support for the educational process as a whole.
- The PHILOSOPHY statement clarifies those underlying educational values which the policy is intended to reinforce. Values such as individual and collective responsibility, accountability, and recognition, health, and safety, as they address and support the total educational process, may be included here.
- The POLICY statement should clearly define the school's position on all educational issues—including student responsibility and behavior management procedures. Describing student rights, responsibilities, program services, and consequences in regard to drug and alcohol prevention, intervention, and student conduct and discipline is appropriate in this section.
- Specific PROCEDURES guide the implementation of the policy with regard to substance abuse. Procedures which clarify specific behavioral expectations for students and staff responses in substance abuse situations are a vital component of any schoolwide student management policy. The clarity, understanding, and participation of all parties involved empowers students in assuming responsibility for their behavior and school staff in having a sense of confidence and competence in promoting the educational process.

**POLICY
CONTENT TO
ADDRESS
SUBSTANCE
ABUSE**

Specific policy content which addresses the full range of substance abuse issues must include three essential areas. Those areas are student conduct and discipline, prevention, and identification and intervention.

These areas are addressed in the following three sections, which include suggested references.

**Student Conduct
and Discipline**

Procedures related to behavioral expectations and consequences for alcohol and drug possession and use are appropriate here, including:

- Attendance.
- Procedures for search and seizure which protect student rights.
- Procedures for handling illegal acts. These must comply with legal mandates concerning both discipline of handicapped students under PL 94-142 and alternative education requirements.
- A full continuum of disciplinary responses includes screening and referral for assessment and treatment. **IMPORTANT NOTE:** Schools are legally required to assume financial responsibility for any evaluation procedures which they require.
- Disciplinary responses specific to posttreatment relapse.
- Amount of discretion allowed those authorized to follow through with consequences.
- Clear procedures regarding the involvement of law enforcement agencies.

Suggested reference:

A Policy Development Manual for Drug-Free Schools. V.C. League and Stephanie Soares-Pump. Vincente' Associates, 2101 Webster Street, Suite 1700, Oakland, California 94612.

Prevention

A well-planned comprehensive prevention program will do the most to ensure a continuously diminishing supply of students with substance use problems requiring disciplinary or interventive attention. The "prevention" segment of policy describes the variety of curricula, programs, and activities to which the school district is committing itself for the purpose of preventing the occurrence of substance use and use-related problems among students.

These activities may include a renewed emphasis on positive school climate; social skills training for students; providing and promoting healthy, drug-free, and supervised extracurricular activities; and a commitment to quality collaboration with parents on these and other issues.

Identification and Intervention

Suggested reference:

Schools and Drugs: A Guide to Drug and Alcohol Abuse Prevention Curricula and Programs. Office of the Attorney General, California Department of Justice, 1987.

To order, contact: The Oregon Prevention Resource Center
2600 Center Street NE
Salem, Oregon 97310

The "intervention" component of the policy specifically describes and commits the school to procedures, services, and programs intended to identify, intervene with, refer for treatment, and provide posttreatment support for students who are actively using and/or chemically dependent.

Questions to consider in developing an assessment and referral process include:

- How can students refer themselves for assessment?
- How does the school-based team fit into assessment?
- Who will perform alcohol and drug assessments for the school? (School-employed drug and alcohol specialist? Contracted Specialist? Nurse? Community Program?)
- What confidentiality procedures will be implemented to protect students' privacy?
- How are parents to be involved?
- Does the assessment and referral process also include students who are not using but who are affected by someone else's use?
- What are the criteria for subsequent levels of intervention and/or referral for treatment?

Frequently, schools are hesitant to develop a comprehensive intervention plan and procedures, believing this to be beyond the scope of school responsibility, expertise, or means. While chemical dependency diagnosis and treatment are most appropriately conducted by drug and alcohol treatment professionals, schools have a unique opportunity and responsibility in regard to the functions of identification, intervention, referral, coordination with treatment, and aftercare support.

There is significant legal liability proven to be associated with failure to address the area of identification and intervention. Therefore, to specifically describe and provide appropriate school-based services actually reduces the school's potential obligation to provide compensatory services as well as punitive reimbursement for damages.

Suggested reference:

Youth Empowering Systems Handbook. National Training Associates, P.O. Box 1270, Sebastopol, California 95473.

For a detailed guide to a step-by-step process of policy development, see *A Policy Development Manual for Drug Free Schools*, by V.C. League and Stephanie Soares-Pump. The manual contains valuable appendices, including a "catalog of cases" pertinent to important legal considerations. Consultation and training may be arranged by contacting one of the authors:

Stephanie Soares-Pump
 Cedar Mill Consultants
 9139 SW Morrison
 Portland, Oregon 97225
 (503) 297-6937

Other excellent guides and references are listed in the Bibliography.

The Use of Building Level Teams

In recent years, a building-level team (e.g., Core Team, Teacher Assistance Team, Student Services Team) approach has gained popularity as the hub of a process for identifying and assisting students exhibiting problem behaviors. The team operates as a steering committee regarding individual identification, planning, resource and referral coordination, support groups, followup, and advocacy. The mutual support, creative ability, and "sharing the load" aspects of such a group approach have contributed to the notable success of such teams in schools.

It is recommended that team members be selected to represent a cross-section of school staff with other school and community members, and that the primary requirement for membership be a sincere commitment to helping students. Once developed, initial team tasks include:

1. clarification of team purpose, responsibility, and authority in regard to identification and planning processes
2. team training needs and resources
3. clarification of specific responsibilities, procedures, and activities

Other Considerations

The schools' identification process should include encouragement for school staff to observe, document, and then informally discuss those observations with students on an individual basis. It is also important that there be clear guidelines and procedures as to when to involve parents and administrators and when to make a referral to the Building Teams. A

referral form which includes a checklist of observable behaviors can assist in this process.

It is important in discussions and confrontations to maintain and communicate the perspective that substance use and dependency is fundamentally a health issue with disciplinary implications.

Sample Form

The National Training Associates developed the sample form on the following two pages as well as other forms and charts to assist school staff. They retain all applicable rights to the material and allow duplication of such, as long as it is used for noncommercial purposes.

STUDENT REFERRAL TO CORE TEAM

It is necessary for you to take a look at your students and be a relator of actual, observable behavior to a Core Team member. A student who exhibits four or five of the following may have a problem and need a referral. If a troubled student is going to be helped, a faculty member must communicate any of the observable behaviors listed below. Due process necessitates that this information, if requested, be made available to the student or parent. Please place your completed form in an envelope, mark it "confidential" and return

To: _____

Student: _____ Date: _____

Grade: _____ Person Referring: _____

Check appropriate observations:**A. Grades**

- Lower grades, lower achievement
- Academic failure
- Falling behind in classwork
- Lack of motivation, apathy

B. School Attendance

- Absenteeism
- Tardiness
- On absence list, but in school
- Suspension
- Frequent schedule changes
- Frequent nurse/counselor visits

C. Extra Curricular Activities

- Loss of eligibility
- Decreasing involvement
- Dropped out

D. Criminal/Illegal Behavior

- Selling drugs, exchanges of money
- Possession of drugs/paraphernalia
- Involvement in thefts/assaults
- Vandalism
- Carrying weapons
- Smoking

E. Disruptive Behavior

- Defiance of rules, constant discipline problem
- Cheating
- Irresponsibility, blaming, denying
- Verbal/physical abuse to others
- Throwing objects
- Obscene language, gestures
- Dramatic attention getting
- Crying
- Constantly in the wrong area
- Extreme negativism
- Hyperactivity

F. Atypical Behavior

- Sitting in parking lot
- Talking freely about drug use
- Avoiding contact with others
(student won't go to the office)
- Erratic behavior
- Change in peer group
- Older social group
- Inappropriate responses/behavior
- Depression
- Defensive
- Withdrawn; loner

G. Home problems

- Family problems
- Runaway
- Job problems

H. Physical Symptoms

- Staggering or stumbling
- Vomiting
- Glassy, bloodshot eyes; dark glasses
- Lack of coordination
- Slurred speech
- Bad hygiene
- Sleeping in class
- Physical complaints
- Physical injuries
- Time disoriented

I. Other Areas (please specify)

Comments (behavior precipitating this referral):

Teacher's Desired Goal: Information only Refer to counselor
 Further action Other (please specify)

Date received: _____ **Assigned to:** _____

Sample Policy

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PAJARO VALLEY UNIFIED SCHOOL DISTRICT**Alcohol and Drug Use****Student Behavior and Discipline Policy**

(Policy Range: 5410-5410.34)

5410.0 *Drug Abuse.* The use, possession or distribution of alcohol, narcotics, hallucinogens, or restricted dangerous drugs (as classified by the Business and Professions Code and the Health and Safety Code) by students of this school district is recognized as inimical to the health and welfare of the student body and to the welfare and safety of the community. Such use, possession, or distribution will not be tolerated on school grounds, at school events, or in any situation in which the school is responsible for the conduct and well-being of young people. This district recognizes its responsibility to provide reasonable protection for all students from the influence of persons who might encourage the use of mind altering chemicals. It shall be the policy of this district to continually seek the cooperation, advice, and counsel of the courts, law enforcement agencies, medical, mental health, and other professional agencies which are involved in the drug abuse problem in order to ensure a community-wide, cohesive and comprehensive reaction to this problem.

The basic policy of this district is to confront the problem of student drug abuse in three ways: prevention, intervention, and control on campus. Drug abuse prevention includes education, inservice staff training, and community awareness.

5410.1 *Educational Program.* Chemical abuse is primarily a health problem. As such it falls within the schools' responsibility in the area of student health. It also has a direct and negative impact upon the ability of students to learn, the purpose for which schools are established. Abuse of mind altering substances ranges from initial experimentation to hard core addiction. The underlying causes of drug abuse include the entire spectrum of human problems. Each school in the Pajaro Valley Unified School District will develop programs which recognize this diversity and which are capable of responding to individual problems and needs while assuring an orderly and safe environment in the school.

5410.11 *Instruction.* Instruction in all grades regarding the effects of alcohol, narcotics, hallucinogens, and restricted dangerous drugs shall be a part of the basic curriculum adopted annually by the Governing Board. In addition to the basic curriculum, special presentations will be planned.

5410.111 Efforts will be made to involve reputable community agencies in planning substance abuse programs for students, staff, and parents.

5410.12 *Program Coordination.* The principal of each school shall designate a member of the staff as a resource person who will assume specific responsibilities related to drug abuse. (That individual might be the principal.) Training will include the legal, medical, pharmacological, psychological, and educational facets of the problem.

5410.121 The Designated Resource person will utilize his or her training to coordinate the following:

In-school resources for factual drug information and for the development of an instructional program which emphasizes refusal skills, decision making, and positive self-concept.

Involvement in the school's drug prevention and intervention activities.

Inservice education for staff.

5410.2 *Control Program.* Every school has a potential drug abuse problem and the problem cannot be ignored. Administrative procedures attached to this policy attempt to strike a balance between the needs of the individual chemical abuser and the protection of the total student body. Alcohol or other chemicals of abuse cannot be tolerated on campus and a written agreement concerning the involvement of police in the schools will be developed between the schools and appropriate law enforcement agencies. Possession, use, or distribution of such substances at school or school functions will result in the approved intervention process or in serious disciplinary action (see AP 5410.2).

5410.3 *Intervention Program.* Students who never possess or abuse chemicals at school may still have serious problems involving alcohol or drugs which demand the attention and assistance of school personnel. Those students, and their parents or friends, should not be afraid to discuss such problems because of fear of punishment or humiliation. Provisions of Section 5410.2 do not apply to such students.

5410.31 Teachers, counselors, and administrators are professional people, already trained in working with youth; they should also be familiar with legal, sociological, psychological and medical affects of substance abuse or addiction. It is the goal of this district, through inservice programs and other educational opportunities, to continually raise staff awareness, understanding and effectiveness in regard to chemical abuse.

5410.32 School staff will be alert to those symptoms in students which may indicate problems with chemical abuse and initiate assistance through the intervention program.

Those symptoms include the following:

- abrupt change in mood or attitude;
- sudden decline in attendance or performance at school;
- sudden resistance to discipline at home or school;
- impaired relationship with family or friends;
- drowsiness or inattention to discussion and surroundings;
- weight loss, inattention to dress;
- unusual flare-ups of temper;
- stealing;
- heightened secrecy about actions and possessions; and
- association with new friends, especially with individuals who use drugs.

5410.33 Schools have an obligation to provide early identification and intervention in student drug use. A school-based intervention system will be maintained to provide this service.

Referral to appropriate agencies for intensive counseling or therapy also is an important obligation of the schools. Information concerning these agencies shall be made available to staff at each school, and to students and parents, through the Designated Resource Person.

5410.34 When intervening in family chemical abuse problems, as with dealing with other serious human difficulties, district staff shall demonstrate the sensitivity, tact, confidentiality, ethics and good judgment expected of professionals who are entrusted with the well-being of young people.

**Alcohol and Drug Use
Administrative
Procedure
(AP 5410.2)**

The administration shall practice the following procedures relative to student drug use or abuse on school property or wherever the student is under the jurisdiction of the schools.

Provision of this procedure shall apply to all violations described in Section 48900 of the California Education Code: "Unlawfully possessed, used, sold, or otherwise furnished, or been under the influence of any controlled substance, as defined in Section 11007 of the Health and Safety Code, alcoholic beverage, or intoxicant of any kind. . .

1. While on school grounds
2. While going to or coming from school
3. During the lunch period, whether on or off campus
4. During, or while going to or coming from, a school sponsored activity"

Note: Alcohol is a drug, illegal for use by minors, and cases involving alcohol shall be treated in the same manner as for other drugs. (See Policy 5420 for use of tobacco.)

A. USE OR POSSESSION

1. No internal medication is to be administered by school personnel except as prescribed by a doctor (ED Code, 49423).
2. Dangerous and narcotic drugs which a student has on prescription and carries on to school property for ingestion as prescribed by a doctor must be in their original containers and kept in the nurse's or principal's office, whichever provides greater security.
3. Whenever any staff member has reason to believe that a student may be under drug influence, that staff member shall immediately notify the principal, and the principal, if in agreement, shall notify the parents, suspend the student, and see that the student is removed from the school. Depending on the circumstances, the student may be

taken to a physician or hospital, to his or her home, or to the jurisdiction of the police. The proper law enforcement agency shall be notified.

4. In severe cases, if the parents or the student's doctor cannot or will not come to the school, the principal is authorized to call an ambulance and to remove the student to a hospital. Parents will be notified of this action and shall be responsible for incurred expenses.

Note: In all instances in which laws have been broken, the appropriate law enforcement agency shall be notified.

5. *First Offense:* Depending upon circumstances, the student will be suspended for one or two days but required to return with parents on the day following the incident to meet with the Intervention Specialist. The Specialist will conduct a chemical use assessment and use that information to work with school administrators and counselors in the assignment of the student to the school-based intervention program and to take whatever other action may be appropriate.

The student will be required to sign an agreement that he or she will be drug free during the duration of the program. If the student refuses to cooperate with the intervention process, a five-day suspension will result.

Exception: In extreme circumstances regarding the first violation of this policy (defiance of school authorities, flagrant exhibition of use or possession, violence, etc.) exceptions as provided by Education Code Section 48900 and District Policy 5409.3, may be invoked. Such exceptions must be approved by the Assistant Superintendent-Secondary Schools. Even under an extended suspension or other disciplinary measures, arrangements should be made to enroll the student in the Intervention Program on the day following the incident.

6. *Second Offense:* The student will be suspended as provided by Section 48900 of the California Education Code. Regardless of the length of the suspension, the student will be required on the day following the incident to meet with the Intervention Specialist in the company of his/her parents. The Intervention Specialist will reassign the student to the intervention program, refer the family to an appropriate community counseling agency, and/or notify other agencies as appropriate. Failure of the student to cooperate will result in a recommendation for expulsion under Section 48900-C of the California Education Code.

Exceptions: Exceptions as described in number 5 above (First Offense) will be handled in the manner described in that section.

7. **Third Offense:** The student will be recommended for expulsion and referred to a drug treatment program. Refusal to enroll in such a program will result in notification of juvenile court authorities, Child Protective Services, or other appropriate agencies.

Note: Violations shall be cumulative while (1) the student is attending any school in the district, or (2) during any three-year period in which the student attends two or more schools in the district.

B. SELLING OR PROVIDING

The following procedure will be followed when there is reason to believe that a student has sold or provided drugs at a school site or at school activities.

1. The school administrator shall advise the local juvenile narcotics officer or law enforcement personnel. If a school administrator releases a student to a peace officer, the administrator will take immediate steps to notify the parent or guardian of the release and the place to which the student is being taken.
2. When appropriate, the school administrator will take the student to the school office, where the administrator will confront the student with the suspicion, or the administrator may notify the police before taking the pupil to the office. Unless made inappropriate by some emergency, the student should be removed from a classroom only by a school administrator or by his or her designee.
3. With good cause, a search for drugs may be made by the administrator, which includes searching the student's person, his or her belongings, and district owned facilities such as science drawers, shop lockers, etc. Such a search shall be conducted by the administrator with at least one other school employee as witness or by a police officer.
4. The student may be questioned by the school administrator without notifying the student of his or her rights, but if the administrator believes that a law has been broken, the police shall be notified.

When there is reasonable evidence that a student has actually sold or provided narcotics or other drugs on or about school premises or at school sponsored functions or that he or she possessed drugs with the intent to sell or distribute, the police must be notified. Regardless of any legal action taken by the police, however, the principal will follow the provisions of Education Code Section 48915(a) which provides for a recommendation of expulsion unless "... the principal or superintendent finds, and so reports in writing to the governing board, that expulsion is inappro-

appropriate, due to the particular circumstance, which shall be set out in the report of the incident." A recommendation for expulsion will require the following action:

5. Suspension of the student pending review by the Governing Board as provided by Education Code Section 48911(g).
6. A Hearing by the Board or by an Administrative Panel as provided by Education Code Section 48918. The Board or Panel, as provided by law, shall consider all factors, including the age of the student, in taking or recommending action. Note: The principal is allowed flexibility in determining whether a student "provided" an illegal substance or "shared" such a substance. "Sharing" (for example, sharing a can of beer or a marijuana cigarette), shall be handled under AP 5410 A-5. "Providing" (for example, giving marijuana or other drugs in large quantities or for independent or later consumption) shall be handled under AP 5410 B.

Note: In any instance in which a student requests that illegal substances be brought to school or to any school function, and such substance is actually brought to school or to a school activity, that student, as well as the provider, will fall under the conditions of 5410 B.

Provisions of this Administrative Procedures shall be disseminated to students and parents through school newsletters, student handbooks, parent and student meetings, newspapers, radio, television, and other means of communication.

5410.40 *Basic Policy:* Because mood-altering chemicals are a significant threat to health and to the orderly conduct of the schools, and because athletic coaches and activities advisers have a unique relationship with young people, the PVUSD has adopted this policy of prevention, intervention, assistance, and control for students who participate in co-curricular activities. (Co-curricular activities are those described in District Policy 5313.1.)

**Co-curricular
Activities Alcohol
and Drug Policy
(Policy Range:
5410.40 - 5410.42)**

5410.41 *Purpose of this Policy:*

1. To emphasize the district's concern for the health of students as it is affected by the short and long-term effects of chemical usage.
2. To promote equity, a sense of order, and discipline among students.
3. To confirm and support existing state and federal laws which restrict the use of chemicals.

4. To establish standards of conduct for those students who are involved in leadership positions.
5. To provide assistance to students and their families through a school-based early intervention program and/or referral to a chemical abuse treatment agency.

5410.42 Rule: As provided in AP 5410.2, no student may use, possess, sell or distribute alcohol, marijuana, or any illegal drug (those substances labeled as Class I, II, III, and IV by the federal government) while at school or while under the jurisdiction of the school. Violation of this rule shall result in the following:

5410.421 First Violation

- A. Referral to school-based intervention program—follow procedures outlined in AP 5410.2.
- B. Two-week contest/activity/ineligibility.
- C. “Practice” for the activity or sport may be continued.

5410.422 Second Violation

- A. Referral to school-based intervention program—follow procedures outlined in AP 5410.2
- B. Written behavior contract signed by student and parents.
- C. Eligibility for co-curricular participation:
 - Middle School—four week ineligibility for contest/activities—may continue “practice”
 - High School—six week ineligibility for contest/activities—may continue “practice”

5410.423 Third Violation

Referral for expulsion (See AP 5410.2, A. 7.).

5410.424 Violations

Violations shall be cumulative while 1) the student is attending any school in the district; or 2) during any three-year period in which the student attends two or more schools in the district.

**Student Smoking
(Policy Range 5420 -
5420.4)**

5420 Basic Policy: The district recognizes the tremendous threat to individual and public health which is presented by the smoking of tobacco and every school shall conduct intensive education programs concerning the hazards of smoking. Such programs shall focus upon the addictive qualities of nicotine and the damage done to the human body by the use of cigarettes or other forms of tobacco. In addition to classroom programs, all other practical steps shall be taken to discourage smoking by students.

5420.1 Students already addicted to nicotine will be encouraged to participate in "stop smoking clinics" which shall be arranged by the schools through the Drug Prevention Program of the Office of Child Welfare and Attendance. Whenever feasible, school and district officials shall seek advice and assistance from the American Lung Association, the American Cancer Society, and/or other community agencies or individuals with recognized expertise in combating nicotine addiction. Peer support groups, as appropriate, shall be encouraged for students participating in the clinics or otherwise attempting to break the habit of using tobacco.

5420.2 Students found smoking on school property or at school activities shall be subject to suspension, expulsion, or other disciplinary action as provided by Education Code Section 48900. In addition, such students shall be expected to participate in "stop smoking clinics" as described above.

5420.21 First Offense: The student shall (1) depending upon circumstances, be suspended for one day or assigned to Saturday School; (2) his or her parents shall be notified; and (3) be required to attend a stop smoking clinic. The required clinic, conducted outside of regular school time, shall include instruction in the harmful effects of tobacco, the physiology and psychology of smoking, and techniques used in breaking the habits associated with tobacco use. Failure by the student to cooperate with the clinic or to attend sessions, except for reasons acceptable for excused school attendance, will result in a three-day suspension. Sessions missed for legitimate reasons must be made up.

5420.22 Subsequent Offenses: The student will be suspended for at least two days and the procedures and conditions described in 5420.21 shall be repeated.

LEGAL ISSUES

In developing drug and alcohol procedures within the student management policy, certain legal issues must be recognized to ensure that school staff utilize procedures which maintain students' and parents' legal rights. Again, it is critical that the school district's attorney ultimately review the proposed policy with an eye to these safeguards.

GENERAL CONSIDERATIONS

In the developmental process itself, the committee is advised to become familiar with the following legal principles:

- "In Loco Parentis"
- Family Educational Rights and Privacy Act
- Due Process
- Confidentiality and Consent
- Right to Privacy: Search and Seizure (including drug testing)
- Right to Privacy: Student Records
- Use, Possession, and Sale of Controlled Substances
- Rehabilitation Act Section 504
- "Reasonable Suspicion"

In *A Policy Development Manual for Drug-Free Schools* (League and Pump), legal principles and related court cases are discussed at length as these relate to drug and alcohol policies and procedures.

Developing policies and procedures is the most effective insurance in reducing district liability for responding to the educational needs of students who may have substance abuse problems. As one example, a court in Washington State ruled that drug or alcohol addiction is indeed an educationally handicapping condition; thus, the school district in question was in violation of Rehabilitation Act Section 504 by failing to ensure evaluation of the student. The final disposition and full implications of this case are yet to be seen.

The potential extent of school responsibility in relation to substance use may be greater than is often assumed. Therefore, to address the question of evaluation through policy is to decrease liability. The safety and security of all students in school is enhanced when there are comprehensive efforts to ensure such an environment in the face of the threat posed by drugs.

SECTION 504

The Rehabilitation Act of 1973 (Public Law 93-112) prohibits discrimination against handicapped persons on the basis of their handicap in any institution or facility receiving financial assistance; this includes public schools. Title V, Section 504 of the law defines a "handicapped person" as follows:

"...anyone with a physical or mental disability that substantially limits one or more such major life activities as walking, seeing, hearing, speaking, working, or learning."

Both alcoholism and drug addiction are included in the list of handicapping conditions. Additionally, the U.S. Attorney General has ruled that either or both conditions constitute:

"...physical or mental impairments that are handicapping conditions if they limit one or more of life's major activities."

Students whose alcohol and/or drug use "substantially limits" their learning or any other life activity as defined by the law would be qualified to receive special education services as defined by 94-142. But, in response to such students, the district would need to consider the following:

- A team process to determine if evaluation is needed (Building Team process recommended)**
- Evaluation of substance use (at district's expense)**
- Written individual plan including:**
 - learning goals**
 - ongoing evaluation of student's achievement**
 - schedule for review**

As of June 1989, there is legislation pending in the Oregon Legislature which would affect school responsibility for alcohol and drug evaluation and treatment. Currently, a district does have financial responsibility for evaluation. If a student is placed in a treatment program, that portion of the treatment program determined to be a "medical service" is not a financial responsibility for the district. However, if the treatment is determined to be a "related service," necessary for an addicted student to make educational progress, the district is most likely financially responsible for provision of an educational program for the student.

The Oregon State Department of Education will be addressing these issues to assist schools in clarifying their responsibilities and processes, pending the outcome of the introduced legislation.

COMMUNITY RESOURCES

Information about the community agencies described in this section was obtained by the Linn-Benton ESD for use by school personnel within the ESD's boundaries. The purpose of the Community Resources section is to facilitate collaboration that might assist in dealing with a crisis situation—in this case substance abuse.

For school personnel in other districts, this section can serve as a guide for the kinds of agencies that may be contacted in their own communities. For additional guidelines about initiating collaboration with or soliciting information about agencies in your community, see *Volume 1: Introduction and Resources*.

INDEX

- Oregon Prevention Resource Center
- Benton County Mental Health: Alcohol & Drug Treatment Program
- Community Outreach, Inc Benton-Linn Council on Alcohol and Other Drugs
- Adult Children of Alcoholics
- Ala-Non/Ala-Teen
- Alcoholics Anonymous
- Milestones Family Recovery Program
- Benton for Youth
- Oregon Student Safety on the Move

**OREGON
PREVENTION
RESOURCE
CENTER**

**Phone: 000-0000
Services Provided:**

Deliver education and awareness activities and program to Oregon citizens.

Create/maintain linkage between providers and consumers of prevention/early intervention services.

Provide skills development training to state volunteers and professional resources.

Provide a "Browsing Library."

Other Pertinent Information:

Provide technical assistance and consultation on a 20% local match.

Order by phone, letter, or in person: ADIS (Alcohol/Drug Information Services), Film Library, PO Box 12547, Salem, OR 97309.

Office Hours are: 1:00 pm - 5:00 pm Mondays
8:00 am - 12:00 pm Tuesdays & Thursdays
8:00 am - 5:00 pm Wednesdays & Fridays

**BENTON COUNTY
MENTAL HEALTH:
ALCOHOL AND
DRUG TREATMENT
PROGRAM**

**Phone: 000-0000
Services Provided:**

Outpatient alcohol and drug detoxification.

Alcohol and drug education.

Treatment for chemical dependency/abuse for adults and adolescents.

Services to family members affected by alcohol and drugs.

Information and referral services to inpatient treatment or private and public providers.

Other Pertinent Information:

Regular office hours: 8:00 am - 7:00 pm, Monday through Thursday
8:00 am - 5:00 pm, Friday

With some evening services available.

Services are provided to residents of Benton County and fees for services are based on a sliding scale.

**COMMUNITY
OUTREACH, INC:
BENTON-LINN
COUNCIL ON
ALCOHOL AND
OTHER DRUGS**

**Phone: 000-0000
Services Provided:**

Alcohol and drug information, education, referral, and advocacy.

Level I Alcohol Information School: Court referral, and open to anyone with an interest in alcohol and drug information.

Teen alcohol school: clients referred from schools and courts.

**Other Pertinent
Information:**

Regular hours are: 8:00 am - 5:00 pm, Monday through Friday

Serves residents of Linn and Benton Counties.

Fees are based on sliding scale for classes; other services free or at a negotiated rate.

This is an affiliate of the National Council on Alcoholism, a 24-hour Drug Information Line.

**ADULT CHILDREN
OF ALCOHOLICS**

**Phone: Albany 000-0000
Corvallis 000-0000 (crisis service)
Services Provided:**

Support group for adults from dysfunctional families: parents were chemically dependent, alcoholic, or suffering from chronic physical or mental illness.

**Other Pertinent
Information:**

Serves Linn and Benton Counties.

No fees for services.

ALA-NON/ALA-TEEN

Phone: Albany 000-0000

**ALCOHOLICS
ANONYMOUS**

**Phone: Albany 000-0000
Services Provided:**

Recovering alcoholics helping others to recover from the disease of alcoholism.

Common alcohol problem sharing; small group meetings designed to help others stop drinking.

**Other Pertinent
Information:**

Open 24 hours a day.

No fees for services.

**MILESTONES
FAMILY
RECOVERY
PROGRAM**

**Phone: 000-0000
Services Provided:**

Residential and outpatient alcohol and drug treatment serving the whole family.

**Other Pertinent
Information:**

Open 24 hours a day, 7 days a week.

Serves persons 14 years of age and older.

Call for information about service fees.

**BENTON FOR
YOUTH**

**Phone: 000-0000
Services Provided:**

Benton for Youth is an organization and forum for community service providers and concerned community members wherein information on services for youth is shared.

A focus of concern is on chemical abuse and the resulting self-destructive behaviors that are symptomatic of the misuse of alcohol and other drugs.

The group advocates for resource sharing and community support for activities that will keep kids involved, clean, and sober.

**OREGON STUDENT
SAFETY ON THE
MOVE (O.S.S.O.M.)**

**Phone: 000-0000
Services Provided:**

Provides resources, materials and activities for schools and individuals in Oregon. Three major objectives include:

1. Promote active involvement of youth in traffic safety through peer leadership programs,
2. Encourage meaningful and fun chemical-free activities for students, and,
3. Reward students and school organizations for their efforts.

**Other Pertinent
Information:**

Resources and materials are free to those requesting.

To join OSSOM, a school or individual may send a \$5 check to: Oregon Student Safety on the Move, Department of Health, Oregon State University, Corvallis, Oregon 97331.

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- ³ Filstead, W.J. "Adolescence and Alcohol." *Encyclopedic Handbook of Alcoholism*, Pattison and Kaufman (Eds.). New York: Gardner Press, 1982.
- ⁴ National Training Associates. *Youth Empowering System*. Sebastopol, CA, 1988.
- ⁵ Ibid.
- ⁶ Ibid., and Linn County Alcohol and Drug Program. "Stages of Teen Age Chemical Use." Program handout. Albany, Oregon, 1988.
- ⁷ Ibid., National Training Associates, pages III-12.
- ⁸ National Institute on Drug Abuse (N.I.D.A.). *School Drug Policies and Procedures*, Washington, DC, 1986. Page 1.
- ⁹ *Newsweek*, June 5, 1989, page 77.
- ¹⁰ League, V.C., and S.S. Pump. *A Policy Development Manual for Drug Free Schools*. Vincente' Associates, Oakland, CA, 1988. Page 22.
- ¹¹ Ibid. page 23.

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AT • RISK

Y • O • U • T • H

IN

C R I S I S

The *At-Risk Youth in Crisis Handbook Series* has been designed to promote inter-agency agreement on procedures for schools to follow in managing crisis situations with at-risk students. *Volume 1: Introduction and Resources* explains the rationale for the Handbook, tells how it was developed, and guides school districts in adapting the Handbook to meet their own needs. Volume 1 also provides resources on the general subject of collaboration between schools and social service agencies.

Subsequent volumes deal with specific crisis issues: suicide, child abuse, substance abuse, teen parents, school attendance, and so forth. Each volume suggests guidelines for school staff to follow as they respond to immediate crisis situations. In addition, each volume presents long-term prevention strategies, staff and student training programs, policy development guidelines, and other practical materials.

A theme running through all these volumes is the need for interagency cooperation. Schools do play a critical role in preventing and intervening in crisis situations. However, they can neither assume total responsibility for resolving crises, nor abdicate responsibility on grounds that such problems are outside the realm of the educational focus of the school.

A comprehensive, integrated approach, in which schools, parents, and community agencies cooperate and collaborate, is absolutely essential to prevent these problems from occurring and to intervene at the earliest possible moment when they do occur.

This Handbook serves as a model for both content (substantive guidelines for responding to particular crisis situations) and process (procedures for entering into productive collaborative relationships between schools and social service agencies).

By discussing the crisis-response guidelines with the community social service systems, school district personnel can clarify and delineate their own responsibility from community responsibility. Ultimately, the aim of the Handbook is to promote an arena in which the most appropriate service delivery can occur in the school and the community.

Linn-Benton Education Service District
and

ERIC

Clearinghouse on Educational Management

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