

National Association of State Boards of Education

Supporting School Efforts to Combat Substance Abuse

By Joseph Hedger

Nearly all states and the District of Columbia have policies requiring schools to address prevention of alcohol or drug use and abuse in high school health education curricula, according to NASBE's State Health Policy Database. But with the added concerns about the pandemic's impact on youth mental and physical health, some states have reexamined their approaches to substance abuse education and prevention. In particular, they have sought to address opioid, tobacco, and e-cigarette use among youth.

Youth and adolescent drug use is a strong risk factor for later development of substance use disorders such as addiction. It may also put students at risk for developing other mental illnesses.¹ By ensuring that students and staff have access to comprehensive health curricula, mental health supports, and counseling, state policymakers hope to reduce rates of youth substance abuse.

According to data from the Adolescent Behaviors and Experiences Survey (ABES), which was conducted nationally from January through June 2021, 31.6 percent of high schoolers in the U.S. reported use of a tobacco product, alcohol, or marijuana or misuse of prescription opioids during the preceding 30 days. While prevalence of reported substance use overall was lower than before the onset of the pandemic, one in three students who had ever used alcohol or other drugs reported using these substances more during the pandemic.²

Youth substance use remains an important public health concern, according to a report on the ABES results by the U.S. Centers for Disease Control and Prevention (CDC). The

CDC cites a number of effective prevention strategies: targeting factors that might increase substance use—such as isolation, stress about COVID-19, grief, and food insecurity—at the individual, family, and community levels; enhancing use of existing substance use policies, including monitoring programs and safer prescription practices; increasing school connectedness; expanding the delivery of prevention programs that focus on broad-based social and emotional learning and life skills; and connecting youth to appropriate services, such as behavioral health counseling.³

Some schools have instituted comprehensive, school-based frameworks for education, prevention, and intervention services to address risk factors for substance abuse, including psychological risk factors like anxiety and depression, family history, low bonding to family, low commitment to school, and association with substance-using peers.⁴ In Vermont and Washington, such student assistance programs have been shown to help build student resiliency and decrease dropout rates, truancy, poor attendance, and alcohol and drug use.⁵

ADDRESSING OPIOID USE

Mortality rates from overdose in adolescents spiked in 2020, rising by 94 percent in 2020, from 2.36 to 4.57 deaths per 100,000, largely due to illicit fentanyl.⁶ While all groups saw an increase, this rate more than doubled among males and disproportionately affected Hispanic and Black adolescents.⁷ This spike spurred some states to reassess how their schools address prevention of opioid use and to take new action.

When the **Virginia Board of Education** approved new curriculum guidelines for instruction on the risks of prescription drug abuse in June 2021, it cited opioid

abuse as the leading cause of accidental deaths in the U.S. The guidelines include recommendations for school leaders to increase health literacy, empower teachers, and provide collaborative supports and resources to help students understand what constitutes healthy use of prescription medication.⁸

Virginia's guidelines also point to 16 principles put forward by the National Institute on Drug Abuse to help parents, educators, and community leaders “think about, plan for, and deliver research-based drug abuse prevention programs at the community level.” Principles 6-8 showcase how school prevention programs can preemptively address risk factors for later drug abuse, target improved academic and social-emotional learning to address those factors, and increase academic skills and social competence to help build student support systems and reinforce antidrug attitudes and abilities to resist drug use.⁹

The **Ohio** state education agency developed the Health and Opioid-abuse Prevention Education (HOPE) curriculum in response to a 2014 state law requiring schools to provide K-12 students with instruction on opioid abuse prevention. The curriculum was referenced in a Substance Abuse and Mental Health Services Administration report on practical strategies and promising practices for opioid misuses prevention, and it includes lessons, assessments, and materials across four grade bands: K-2, 3-5, 6-8, and 9-12.¹⁰ The **Pennsylvania** Department of Education made the HOPE curriculum available as a resource for teaching substance abuse prevention as part of a school's health curriculum.¹¹

Due to the “changing landscape of comprehensively supporting students' health development,” the **New York Board of Regents** partnered with the state's Office of Addiction Services and Supports in December 2020 to release evidence-based program guidance for substance use prevention education in schools. According to the guide, many outcomes of substance use prevention programs, including those related to the use

of alcohol, tobacco, e-cigarettes, and other drugs, are associated with improved mental health, social-emotional learning, academic performance, and behavioral functioning. Addressing these dimensions aligns with multiple state priorities around student wellness and academic success.¹²

Student- and community-led peer leadership efforts, such as the Drug Free Clubs of America, are other recent examples of prevention strategies. **West Virginia** Gov. Jim Justice announced the launch of the Game Changers In-School Prevention Program in December 2021. Starting in fall 2022, three Harrison County schools implemented a pilot to connect students to peer leadership and supportive adults. Paid coaches will train school counselors and educators on how to assist student leaders and provide resources for those facing or at risk of addiction.

In August 2022, **California** Gov. Gavin Newsom announced a \$4.7 billion investment into the state's mental health systems, which include training 40,000 more behavioral health professionals over the next few years and establishing universal screening and support services for young people.¹³

REDUCING STUDENT VAPING

The 2021 National Youth Tobacco Survey indicated that 14.1 percent of U.S. high school students (2.14 million), and 3.3 percent of middle school students (380,000) were using e-cigarettes, with 85 percent of all youth users favoring flavored e-cigarettes.¹⁴ Most e-cigarettes contain nicotine, which is highly addictive and can harm adolescent brain development. Young people who vape are also more likely to later smoke regular cigarettes.¹⁵

At the end of 2019, federal legislation raised the minimum age for sale of tobacco products from 18 to 21 years. While not enough time has passed to track the impact of the law, recent data suggest that people who start smoking before age 21 are more likely to have a high nicotine dependence, and raising the age to buy tobacco to 21 restricts the sale of such products.¹⁶ In addition, California and Hawaii passed Tobacco 21 laws in 2016, which decreased sales of some tobacco products, especially cigars and flavored products, which are disproportion-

ately consumed by youth, young adults, and people of color.¹⁷

In 2019, seven states adopted legislation either prohibiting vaping on school grounds, raising the legal age to buy tobacco products, or requiring schools to offer instruction on the importance of avoiding tobacco and e-cigarettes.¹⁸ The **Kansas E-Cigarette/Vaping Task Force**, which was established in 2019, has been providing Kansas's state board with ongoing recommendations on ways to address youth tobacco use, including through a tobacco-free school policy.

In another effort to curb youth tobacco use, the U.S. Food and Drug Administration (FDA) issued marketing denial orders to JUUL Labs Inc. in June 2022 for all their e-cigarette tobacco and menthol products because of their "disproportionate role" in promoting youth vaping. A federal appeals court temporarily blocked the sales ban, and the FDA is withholding authorization pending additional review.¹⁹

Many state policymakers have sought to curb substance abuse and help schools ensure that students have the supports and information they need to thrive. States seeking to improve student mental health will likewise want to identify ways to address the root causes that often underlie substance abuse.

Joseph Hedger is NASBE's associate editor.

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NOTES

1 National Institute on Drug Abuse, "Common Comorbidities with Substance Use Disorders Research Report" (Gaithersburg, MD, April 2020).

2 Nancy D. Brener et al., "Use of Tobacco Products, Alcohol, and Other Substances among High School Students during the COVID-19 Pandemic—Adolescent Behaviors and Experiences Survey, United States, January–June 2021," *Supplements* 71, no. 3 (2022): 8–15.

3 Ibid.

4 Dixie Grunenfelder et al., "Washington's Student Assistance Prevention-intervention Services Program: Program Manual" (Olympia, WA: Office of Superintendent

of Public Instruction, 2012).

5 Substance Abuse and Mental Health Services Administration, "Student Assistance Resources Guide" (Rockville, MD, 2020), <https://www.samhsa.gov/sites/default/files/tthy-2020-student-assistance-resources-guide.pdf>.

6 Joseph Friedman et al., "Trends in Drug Overdose Deaths among U.S. Adolescents, January 2010 to June 2021," *Journal of the American Medical Association* 327, no. 14 (2022): 1395–1400.

7 Nirmita Panchal, Robin Rudowitz, and Cynthia Cox, "Recent Trends in Mental Health and Substance Use Concerns among Adolescents" (San Francisco, CA: Kaiser Family Foundation, June 2022).

8 Virginia Board of Education, "Curriculum Guidelines for Instruction on the Safe Use of and Risks of Abuse of Prescription Drugs" (Richmond, VA, 2022), <https://www.doe.virginia.gov/instruction/health/index.shtml>.

9 Elizabeth B. Robertson, Susan L. David, and Suman A. Rao, "Preventing Drug Use among Children and Adolescents (In Brief)" (Gaithersburg, MD: National Institute on Drug Abuse, June 2011).

10 Joe Markiewicz, Kim Swanberg, and Martin Weis, "Awareness, Education, and Collaboration: Promising School-Based Opioid Prevention Approaches" (Rockville, MD, N.d.), <https://www.escneo.org/Downloads/SAMHSA%20Opioid%20Brief.pdf>.

11 Pennsylvania Department of Education, "Model Opioid Prevention Curriculum," web page, <https://www.education.pa.gov/Schools/safeschools/laws/Pages/MOPCurr.aspx>.

12 New York State Education Department, "Evidence-Based Program Guidance for Substance Use Prevention Education in Schools" (New York, NY, December 2020).

13 Ashleigh Panoo, "Newsom Announces Plan to Reimagine Mental Health and Substance Abuse Services" (Oakland, CA: EdSource, August 2022).

14 Maria Cooper et al., "Notes from the Field: E-Cigarette Use among Middle and High School Students—United States, 2022," *Weekly* 71, no. 40 (2022): 1283–85.

15 Centers for Disease Control and Prevention, "Quick Facts on the Risks of E-Cigarettes for Kids, Teens, and Young Adults," web page (April 2022), https://www.cdc.gov/tobacco/basic_information/e-cigarettes/Quick-Facts-on-the-Risks-of-E-cigarettes-for-Kids-Teens-and-Young-Adults.html.

16 Fatma Romeh et al., "Onset of Regular Smoking Before Age 21 and Subsequent Nicotine Dependence and Cessation Behavior among US Adult Smokers," *Preventing Chronic Disease* 17 (2020).

17 Rebecca Glover-Kudon et al., "Cigarette and Cigar Sales in Hawaii before and after Implementation of a Tobacco 21 Law," *Tobacco Control* 30, no. 1 (2019).

18 Erin Whinnery and Damion Pechota, "How States Are Addressing the Student Vaping Epidemic" (Denver, CO: Education Commission of the States, 2019).

19 U.S. Food and Drug Administration, "FDA Denies Authorization to Market JUUL Products," press release, Washington, DC, June 2022, <https://www.fda.gov/news-events/press-announcements/fda-denies-authorization-market-juul-products>.

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