

Substance Abuse in Schools a Literature Review and Proposal for Action

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## **Statement of the Problem**

In 2018 the United States Department of Health and Human Services found that “approximately 4.2 million adolescents aged 12 to 17...were illicit drug users” (2019). This means that one out of every six adolescents are using some sort of illegal substance. At the time this survey was taken, it was found that two out of every five adolescents (aged 12 to 17) had used some type of substance (alcohol, tobacco, illicit drugs) in the 30 days prior to completion of the survey (USDH&HS, 2019). This translates to 40 percent of the nation’s adolescents, a great issue that needs to be addressed by school staff, parents, medical and mental health providers, and political officials. The risks associated with substance use when started at a young age are increased. These risks include “driving under the influence, suicidal ideations, alcohol dependence, early initiation of sexual activity, and dropping out of school (K. Evers, A. Paiva, J. Johnson, et al., 2012). The use of substances in adolescents has been a well-known problem for years. There have been several programs that have been introduced to reduce these numbers including D.A.R.E designed for elementary education, Guiding Good Choices designed for parents, and Project ALERT for middle school education. Regardless of the different programs, the rates of adolescent substance abuse continue to rise.

## **Summary of Findings**

When adolescents are taught about the effects of alcohol and drug use, the goal is to reduce the use of these substances after the education is received. In Australia, a program called Drug Education in Victorian Schools was used and had great success. The model of harm minimization was used with this program and the education piece was grown from social learning theory. It was found that participants that drank before receiving the DEVS program reduced their drinking by 11.2% (R. Midford, J. Mitchell, L. Lester, et al., 2014). By teaching

harm minimization, safe drinking habits are taught as opposed to most programs that use the abstinence model.

In Oregon, Bastable, Kittelman, McIntosh and Hoselton did a study to determine the effectiveness of school-wide positive behavioral interventions and supports (SWPBIS) in high schools and their effect on illegal drug and alcohol use (2015). This showed “significantly lower reported use of illegal drugs and alcohol in high schools implementing SWPBIS” (Bastable, et al., 2015). This SWPBIS model includes four main categories: locally and culturally meaningful outcomes, empirical practices, systems supporting implementation, and data (PBIS.org). This idea of locally and culturally meaningful outcomes allows the participants to have some buy-in with the program. Similar to the Drug Education in Victorian Schools, SWPBIS features close to home representations of what could happen with illegal use of drugs and alcohol, making it a “we” problem, and not a “them” problem.

In today’s world of zoom classes and internet education, Newton, Teesson, Vogl, and Andrews studied the use of internet-based prevention for alcohol and cannabis use in schools. Again, a harm-minimization model was used, and again the results showed that at six months post intervention, the amount of alcohol consumed by the students was significantly less than before intervention (Newton, et al., 2010). The results of the previous three studies show that it is possible to reduce the use of substances in the adolescent population when presented in a way that appeals to the students, acknowledges harm minimization, and can be seen in the lives of the students and not a far-off concept.

One tactic that a lot of schools are using to deter students from unwanted behavior is the presence of police in the school setting. According to Na and Gottfredson, there were over 17,000 police officered assigned to schools in 2009 (2015). The presence of law enforcement is

not only to deter bad behavior and crime, but also to protect students from attackers that wish harm on the schools. In the 2007-2008 school year, it was reported that schools with police officers reported 40 percent more reports of drug offenses and 20 percent more reports of alcohol offences than schools with no police presence (Na & Gottfredson, 2015).

### **Policies Regarding the Problem**

While looking into the policies of Catoosa County public schools, the county I reside in, I found very little on policies regarding the education and implantation of prevention programs for substance abuse with adolescents that are taught to all students outside of the typical health class. There is an amazing program called Teen Maze that is put on through the Catoosa Prevention Initiative. This is a type of game where students travel through a maze and are faced with decisions that affect the outcome of their life in serious ways, it is meant to taught good decision making and about consequences of the choices made in a non-judgement way. Catoosa County does require students to abide by a Student Code of Conduct. This Code of Conduct mentions removing students from the traditional educational setting for up to 45 days when involved with illegal drugs or alcohol.

If a student athlete is found to have been involved in a drug or alcohol incident, there are clear steps as to what their repercussions are. Their first offense will leave them suspended from 20 percent of regular season games and the student must submit to a comprehensive drug test at their expense. The second offense will result in the student being removed from the athletic program for a full calendar year. The third offense results in the student being barred from participating in any athletic activity in Catoosa County. While there is a strict procedure for athletes involved in substance use, there is a lack of any clear guidance as to what the schools are requiring for their students to be educated on and procedure for dealing with substance use in the

general population of students. The focus of Catoosa County on student athletes, though important, does not address the education of students on the effects of drugs and alcohol, or provide a procedure for students not involved in athletics to be held accountable for their behavior.

### **Proposal of Policy Change**

After looking at research I have several recommendations for schools to use when addressing the drugs and alcohol problems often seen by adolescents. My first recommendation is that the school social worker work with health teachers and law enforcement assigned to the school to review successful curriculum, such as the SWPBIS model to present to the school board for approval. The school social worker should provide psycho-educational groups to the entire student body to present the material in a smaller, more intimate setting where students can feel more relaxed and open to the information. If the school social worker is unable to provide group education, they should research who is qualified to do so with the material the school board approves and sit in on the sessions to bring a sense of security to the students. Because of the different negative effects drugs and alcohol can have on the developing brain, the health professional or nurse should be brought into these groups to answer medically relevant questions and discuss the damage that can occur.

I would recommend that instead of using the traditional abstinence only teaching models that have been used throughout history in the United States, that the harm minimization model be adopted due to its success in other countries schools. This honors the student's self-determination, but also gives the opportunity to teach about the consequences and results of substance use and abuse at younger ages.

When a student has been identified as being involved in an incident involving drugs or alcohol, the school social worker should be the first line of action in developing a plan moving forward. The social worker should meet with the student one on one to complete an assessment and determine the severity of the substance use. After the social worker has met with the student, the caregivers of the student should have a meeting with the social worker to see what the homelife is like and ensure everyone is on the same page. The social worker should provide educational materials on substance use to both the student and the caregivers and assess for any mental health issues that the substance use may be a coping mechanism for. The social worker should assess and refer the student to proper channels if needed. It is important for the social worker to look at the student from a person-in-environment lens. Looking at all aspects of the life of the student will allow the social worker to work alongside the student and family and get to the root cause of the substance use and how best to help the student.

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