

THE TOP 5

ACTIONS SCHOOLS CAN TAKE
TO HELP PREVENT AND
REDUCE YOUTH ALCOHOL,
TOBACCO, AND OTHER
DRUG USE

Talk about the
issue clearly and
consistently

1

Provide formal,
effective
prevention
curricula early
and often

2

Gather information
about substance
use perceptions
and behaviors
regularly

3

Provide early
identification,
referral, and
support services

4

Implement an
effective alcohol,
tobacco, and
other drug policy

5

Taking Action in NH's Schools

These top five actions were derived from Collective Action, Collective Impact New Hampshire's Strategy for Reducing the Misuse of Alcohol and Other Drugs and Promoting Recovery. <http://www.dhhs.nh.gov/dcbcs/bdas/documents/collectiveaction.pdf>

The state's strategy was developed by the New Hampshire Governor's Commission on Alcohol and Drug Abuse Prevention, Treatment and Recovery, established in 2000. The Commission reviewed federal, state and local recommendations; considered state level data; gathered community input; and held a leadership summit to inform a strategy for the next five years to impact alcohol and other drug misuse more effectively.

As identified in the state plan, elementary schools, middle schools and high schools provide critical opportunities to assess, and promote behavioral health. Schools serve a majority of youth and their families. Schools provide positive adult mentors and health services for students, and they provide a system of education that can include substance misuse prevention education. Furthermore, a school's policies and procedures, codes of conduct, and other structures can help to support alcohol and drug-free choices, to identify students at high risk, and to assist youth and families in accessing appropriate services.

**We hope our schools continue their efforts to help
New Hampshire's youth make healthy decisions
TODAY and in their FUTURES.**

THE TOP 5

ACTIONS SCHOOLS CAN TAKE TO HELP PREVENT AND REDUCE YOUTH ALCOHOL, TOBACCO AND OTHER DRUG USE



1

Talk about the issue clearly and consistently. Don't wait until there is a problem or tragedy to talk about alcohol and drug use. Coaches, teachers, parents, health educators, guidance counselors, principals, bus drivers, playground monitors – we all can and should send a consistent message, formally and informally, about avoiding alcohol and other drugs and do so often.

2

Provide formal, effective prevention education early and often. Up-to-date prevention curricula ensure that information that is current and in-touch with how youth today think and communicate. Current prevention education with evidence of effectiveness should be implemented in multiple grades, and particularly during transition years, such as entering middle school, or preparing for high school or college. Prevention can be taught in science classes, health classes, physical education or guidance courses.

3

Gather information about substance use perceptions and behaviors regularly. Regular surveys allow for continual feedback from students and parents about the risk behaviors that young people are engaged in, their perceptions, and the factors that are helping them make decisions to protect their health and safety. Surveys can include positively framed questions, such as how connected youth feel to their communities and the extent to which they are communicating with parents and hearing prevention messages.

4

Provide early identification, referral and support services. Identifying family and individual risk factors early can help prevent problematic alcohol, tobacco and other drug use, reduce substance misuse, and ensure that those who need it are supported and/or referred to the appropriate treatment services. Early identification can also assist with the identification of co-occurring behavioral health problems such as substance use and suicide ideation.

5

Implement an effective alcohol, tobacco and other drug policy. An effective alcohol, tobacco and drug policy supports the other four recommendations noted, in addition to providing a comprehensive response to policy violations. Comprehensive responses change the paradigm of policy infractions from a time for tough discipline to an early warning sign of a child or adolescent in need of support. Such response protocols promote “time in” rather than “time out” as early as possible in a child's risk behavior to understand underlying problems to be addressed in order to support health, safety, and positive decision-making.



ACTION 1

TALK ABOUT THE ISSUE CLEARLY AND CONSISTENTLY.

Don't wait until there is a problem or tragedy to talk about alcohol, tobacco and other drug use.

Communication should come from multiple levels—from administrators, coaches, health teachers, guidance counselors, playground monitors, bus drivers, parents, and students themselves.

Messages should be clear and consistent: "It's not healthy. It's not cool. It's not what our school or teams stand for. It's not good for families and communities. It's something we want our students to avoid at all times."

Forums and assemblies can encourage more messages, such as events that feature a community member that students look up to.

Messages can take the form of question and answer forums, letters home, posters in schools, coaches' talks, student-to-student discussions, support group meetings, and community forums.

SELF ASSESSMENT

Complete the following checklist to begin to determine whether your school should prioritize this action item for improvement:

EXPLORATORY QUESTION TEAM RESPONSE & NOTES

Does the school have a clear, consistent message for students and families about the risks of alcohol, tobacco and other drug use?

Y / N
Notes:

Does the school explicitly encourage staff, faculty, paraprofessionals and parents to communicate consistent messages to students about alcohol, tobacco and other drug risks?

Y / N
Notes:

Are clear, consistent, no-use messages reaching students of all ages?

Y / N
Notes:

Are clear, consistent, no-use messages reaching students of all types, including athletes; students of different backgrounds, cultures and languages; students at all academic levels?

Y / N
Notes:

Are clear, consistent, no-use messages reaching students at all grade levels multiple times each year?

Y / N
Notes:

ACTION 1: TALK ABOUT THE ISSUE CLEARLY AND CONSISTENTLY.

RECOMMENDATIONS

The following recommendations related to this action have been provided by the NH Governor's Commission on Alcohol and Drug Abuse and its Prevention Task Force for the consideration of schools.

CATEGORY	RECOMMENDATION
Message topics	Messages should be consistent with what the school knows about its student body, the risk behaviors taking place, and the family and community norms at play. For example, if underage drinking is considered an accepted rite of passage, messages should indicate an awareness that this is the norm and begin to challenge it with counter messages and information.
Message types	Some of the best messages are informal conversations that take place in classrooms, locker rooms, band practice, hallways, the nurse's office or guidance office. Messages can also be in the form of talks given to students, athletes, and parents; letters home; posters; logos associated with school-sponsored activities; cable access and radio messages; and messages on school websites and social media.
Message champions	<p>Everyone can be a champion of prevention messages and should be. A message that comes from multiple, respected sources will carry more weight. Consider principals, theater directors, coaches, business and community leaders, current or recent students and student-athletes who are respected by peers, local community members, and alumni who have made low-risk choices or overcome hardships after graduation.¹</p> <p>Schools can engage champions in a variety of ways. For example, athletic directors can ask athletes to be leaders who talk about the issue in helpful ways. Administrators can use faculty meetings to encourage staff to initiate classroom discussions about risk behaviors and norms.</p> <p>Champions can be brought together intermittently to talk about how well prevention messages are being received and to share successes and challenges.</p>
Target audiences	Messages can target those the school is most concerned about, such as underclassmen, parents or older teens who may be influencing younger students. Being thoughtful about who you are trying to reach is as important as the message that is being conveyed.
Message development	Having diverse perspectives and ideas is important in designing messages. Engaging students, staff, families and the community to talk about what messages are important, to determine special themes for the year, and to help decide key audiences is beneficial. Being thoughtful and inclusive when planning formal or informal messaging can help important messages be more impactful.

RESOURCES

INFORMATION	SOURCE	LINK
<i>Information on prevention efforts, alcohol and other drug effects, recovery and treatment services, and links to programs in the Granite State</i>	New Hampshire Bureau of Drug and Alcohol Services	http://www.drugfreenh.org/
<i>Individual and public health risks of alcohol abuse</i>	U.S. Centers for Disease Control and Prevention	http://www.cdc.gov/alcohol/
<i>National Youth Anti-Drug Media Campaign</i>	White House Office of National Drug Control Policy	http://www.abovetheinfluence.com/
<i>White Paper on Adolescent Substance Use and Suicide</i>	U.S. Substance Abuse and Mental Health Services Administration	http://www.samhsa.gov/samhsanewsletter/Volume_17_Number_1/SubstanceAbuseAndSuicide.aspx
<i>Media literacy education for youth</i>	Media Power Youth	http://mediapoweryouth.org/



ACTION 2

PROVIDE FORMAL, EFFECTIVE PREVENTION EDUCATION EARLY AND OFTEN.

Up-to-date prevention curricula will have information that is current, accurate and in-touch with how youth today think and communicate, and are in-touch with emerging drug risks.

Current prevention education with evidence of effectiveness should be implemented in multiple grades, and particularly during transition years, such as entering middle school, or preparing for high school or college.

Prevention can be taught in science classes, health classes, physical education or guidance courses.

SELF ASSESSMENT

Complete the following checklist to begin to determine whether your school should prioritize this action item for improvement:

EXPLORATORY QUESTION TEAM RESPONSE & NOTES

Does the school provide formal, effective prevention curriculum to teach students about the risks and harm associated with alcohol, tobacco and other drug use? Y / N
Notes:

Is an effective prevention curriculum being taught at multiple developmental levels, particularly at transition ages (e.g. transitioning to middle school, to high school, or preparing to leave high school)? Y / N
Notes:

Is the prevention curriculum being used now current and evidence-based? For example, does it talk about synthetic drugs, e-cigarettes, hookahs and pain relievers? Y / N
Notes:

Is there support for expanding the number of health education hours for the prevention of alcohol, tobacco and other drug use? Y / N
Notes:

Are there resources available to improve prevention education relative to alcohol, tobacco and other drug use? Y / N
Notes:

RECOMMENDATIONS

The following recommendations related to this action have been provided by the NH Governor's Commission on Alcohol and Drug Abuse and its Prevention Task Force for the consideration of schools.

CATEGORY	RECOMMENDATION
Knowledge & skills	Consider prevention curricula that share developmentally appropriate knowledge on the risk and harm of substance misuse and encourage students to discuss ways to avoid use of alcohol, tobacco and other drugs
Early and often	Some level of developmentally appropriate prevention education can be provided every year, beginning in preschool through senior year in high school. ² Transitions stages such as youth entering middle school, completing middle school or preparing to graduate from high school are important times for more in-depth discussions as transitions are also times of heightened risk for alcohol, tobacco and other drug use. For example, the most common months for a teen to begin using alcohol, tobacco or other drugs are the summer months between 8th and 9th grade. ³
Evidence-based	Be sure the curriculum used has evidence of its effectiveness with the age range and culture of the student who will be using it.
Current	Be sure curriculum materials and information are up-to-date and reflect current trends in youth risk behaviors. Out-of-date materials can be problematic in that they may not address current alcohol, tobacco and other drug trends and may not resonate with current youth culture (e.g. out-of-date graphics and language). For example, synthetic drugs, e-cigarettes and hookahs available for sale in convenience stores is a recent trend exposing youth to risky behaviors and environments. Also, youth may be challenged by changing norms, such as state level debate on medicinal or legalized marijuana.
Culturally appropriate	Consider whether curriculum materials resonate with the culture of the youth and community. Consider the images, language, and information that the curriculum uses to determine whether students will identify with it.
Learning styles	Select prevention curricula that have a range of optional activities that will appeal to different learning styles, such as individual and small group activities, discussion topics, writing prompts, skits, and other activities to choose from to receive information and demonstrate knowledge.
Curriculum review	Establish a team approach to reviewing and updating curricula each year. Ensure that local conditions, new behavior and risk trends, new myths and other information is used to update classroom information and activities.
Integrating education	Prevention education that is integrated with the promotion of positive physical and behavioral health (e.g. anxiety) sends a more holistic message to youth; however, integrated physical and behavioral health topics should not reduce the importance and specialized attention to alcohol, tobacco and other drug risks.

RESOURCES

INFORMATION	SOURCE	LINK
<i>National Registry for Evidence-Based Practices and Programs (searchable database for evidence-based curricula)</i>	U.S. Substance Abuse and Mental Health Association (SAMHSA)	http://www.nrepp.samhsa.gov/Search.aspx
<i>National Clearinghouse of Alcohol and Drug Information</i>	SAMHSA	http://store.samhsa.gov/home
<i>Current information on resources, trends and materials on alcohol, tobacco and other drug risks</i>	NH Bureau of Drug and Alcohol Services	www.drugfreenh.org



ACTION 3

GATHER INFORMATION ABOUT SUBSTANCE USE PERCEPTIONS AND BEHAVIORS REGULARLY.

Biannual surveys allow for continual feedback from students and parents about the risk behaviors that young people are engaged in, their perceptions, and the factors that are helping them make decisions to protect their health and safety.

Surveys can also include positively framed questions, such as how connected youth feel to their communities and the extent to which they are communicating with parents and hearing prevention messages.

Focus groups of students, higher risk populations, parents, community leaders, and school staff can gather anecdotal information to complement information gathered from surveys.

SELF ASSESSMENT

Complete the following checklist to begin to determine whether your school should prioritize this action item for improvement:

EXPLORATORY QUESTION TEAM RESPONSE & NOTES

Is the student body surveyed at least biannually about risk behavior, perceptions and factors that influence risky behaviors? Is a valid and reliable instrument used? Y / N
Notes:

Are parents, staff and the broader school community assessed regularly about their perceptions of youth substance misuse, what contributes to it and how school and community efforts are addressing it? Y / N
Notes:

Are findings from student and other risk behavior surveys shared with students, staff, families and the broader community? Y / N
Notes:

Are findings from surveys used to improve programming and services? To improve policies and procedures? Y / N
Notes:

Are findings used to create student, parent, school and community messaging to prevent and reduce youth alcohol, tobacco or other drug use? Y / N
Notes:

Are focus groups held annually to gather more qualitative information on risk behavior and prevention strategies? Y / N
Notes:

RECOMMENDATIONS

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CATEGORY RECOMMENDATION

Survey instrument	The NH Department of Health and Human Services and Department of Education have invested heavily in the use of the Youth Risk Behavior Survey (YRBS) ⁴ and have underwritten costs to local schools for its administration during the spring of odd-numbered years. Therefore, the NH Bureau of Drug and Alcohol Services, the NH Division of Public Health Services, and the NH Department of Education recommend that schools administer the YRBS.
Survey intervals	The YRBS is administered by the state every two years, in the spring of odd-numbered years. Schools may select to survey students each year for more frequent assessments and/or in support of the evaluation of school- or community-based programming and services.
School level	The state sponsors the YRBS for high school aged youth. The CDC also has a version of the YRBS approved for middle school students. ⁵
Duration	The YRBS is designed to be completed by high school age youth in a standard 50 minute classroom period, although some students may require additional time to complete the survey.
Voluntary & anonymous	Survey participation is always voluntary, and parents or youth may decline participation in the survey at any time or for any specific question. Any data collected are not linked to identifying information so that the privacy of the person completing the survey is protected. Data collected are only shared in aggregate, in the form of rates and percentages.
Focus groups	Focus groups often serve as a powerful tool in bringing statistics to life. Where a survey may show that 30% of youth binge drink on weekends, focus groups of students may reveal why and where drinking takes place. Focus groups of parents may reveal parent attitudes that may be permissive or accepting of binge drinking or a lack of parent knowledge of how to prevent binge drinking. Protocols should be followed to protect the privacy and individuals participating in the focus groups. ⁶
Protecting participants	In addition to protecting the privacy of individuals participating in a survey or focus group, it is also important to protect participants from any individual risks. Although surveys and focus groups do not pose significant risks, it is possible that questions being asked of a voluntary participant may elicit strong emotions, anxieties or fears. Therefore, it is important that each participant be advised of the support systems in place, such as guidance counselors or mental health services in the community, and their contact information in the event that a participant experiences an adverse consequence as a result of their participation in a survey or focus group.
Using survey findings	Data collected via surveys should be reviewed thoughtfully by stakeholders, including students, parents, community-based organizations, and school representatives. Survey findings should be analyzed to understand relationships between risk behavior and contributing factors (e.g. what % of youth who use alcohol, tobacco or other drugs are also receiving low grades in school or are also bullied at school). Data should also be analyzed for the relationship between race, ethnicity or cultural characteristics and risk behavior to inform culturally sensitive responses.

RESOURCES

INFORMATION	SOURCE	LINK
<i>NH Youth Risk Behavior Survey</i>	NH Department of Education	http://education.nh.gov/instruction/school_health/hiv_data.htm
<i>Youth Risk Behavior Surveillance System background, reliability and validity</i>	U.S. Centers for Disease Control and Prevention	http://www.cdc.gov/healthyyouth/yrbs/factsheets/index.htm?s_cid=cs_739
<i>Protocols for Hosting a Focus Group</i>	SAMHSA's Center for Applied Prevention Technology	http://captus.samhsa.gov/access-resources/ten-misperceptions-focus-group-research
<i>Technical Assistance in Data Interpretation or Focus Group Protocols</i>	NH Center for Excellence	https://centerforexcellence.wufoo.com/forms/z13xk1h804a8bim/



ACTION 4

PROVIDE EARLY IDENTIFICATION, REFERRAL AND SUPPORT SERVICES.

Begin early identification in early childhood development centers and elementary schools. Early identification of family risk factors can take place as early as pre-school. Using warning signs such as frequent absenteeism can be a marker for providing screening, referral and support services. Early identification processes can reach young students through child wrap-around teams that monitor children's attendance and school performance to identify those who may be experiencing problems at home or school. Schools can establish procedures to schedule family meetings or home visits to help identify needs and services to meet those needs.

Student Assistance Programs in middle and high schools are one of the most comprehensive, evidence-based school approaches to preventing and reducing alcohol, tobacco and other drug use. The program combines parent communication and prevention education for all students, support groups for higher risk students, and one-on-one sessions and referrals for services for students who are experiencing problems.

SELF ASSESSMENT

Complete the following checklist to begin to determine whether your school should prioritize this action item for improvement:

EXPLORATORY QUESTION

TEAM RESPONSE & NOTES

Elementary-High School

Does the school have a mechanism for monitoring early signs of risk such as low attendance/truancy, poor academic performance, signs of concerning behavioral health, or adverse childhood experiences?

Y / N
Notes:

Does the school have a protocol for addressing early risk factors and determining child and family needs?

Y / N
Notes:

Does the school utilize wrap-around teams for students identified as at-risk?

Y / N
Notes:

Does the school have protocols and procedures for conducting family meetings and/or home visits?

Y / N
Notes:

Middle and High School

Does the school have a student assistance program that follows best practice models for prevention education, student support groups, and early identification and referral?

Y / N
Notes:

Is the community made aware of the student assistance program, its goals, and how to access services regularly?

Y / N
Notes:

Is the student assistance program valued by the school and fully integrated into student services?

Y / N
Notes:

All Schools

Are staff trained regularly to recognize warning signs of mental, emotional and behavioral health problems including suicide risk?

Y / N
Notes:

Does the school have in place and follow a protocol in the event of a suicide, suicide attempt or other traumatic event?

Y / N
Notes:

RECOMMENDATIONS

The following recommendations related to this action have been provided by the NH Governor's Commission on Alcohol and Drug Abuse and its Prevention Task Force for the consideration of schools.

CATEGORY	RECOMMENDATION
Early grades	Evidence-based approaches such as Positive Behavioral Interventions and Supports can be used to establish behavioral health supports. ⁷ Establishing a process for identifying and meeting behavioral health needs of children and families is critical to effective prevention. Preschools and elementary schools can use key indicators such as absenteeism or school nurse interactions to trigger wrap around team meetings and family conferences to understand and meet behavioral health needs early.
Evidence-based	Student Assistance Programs (SAPs) that have established evidence of effectiveness in reducing youth substance misuse and increasing access to related services should be implemented in all schools. ⁸
Comprehensive	SAPs that provide direct education relative to the risks and harm associated with substance misuse to youth and parents, that provide support groups for youth at higher risk for alcohol, tobacco or other drug problems, that provide one-on-one support and referral services for youth who are experiencing problems with alcohol, tobacco or other drug use, and that challenge norms through local communication campaigns are important for positive prevention outcomes. ⁹
High fidelity	High fidelity to the variety of components in SAPs is critical in order to achieve prevention goals and to provide effective services. Joining a network of SAP professionals can support high fidelity and effective practice.
Trained and highly qualified staff	SAPs often recommend that staff working directly with youth have advanced degrees in counseling or related youth services, are certified in prevention, are trained in the SAP model, and participate in SAP networks.
Integrated into regular school program	SAPs that are fully integrated into the school day, that allow students to have flexibility in their schedules to attend support groups and one-on-one supports, and that are fully supported by school administrators and other programs and staff is important to a successful program.
Parents involved	Successful SAPs involve parents meaningfully in the planning and delivery of programming for parents so that they can support SAP goals at home.
Tailored to support local school & community	Fidelity to evidence-based practices is important to ensure effective services; however, tailoring activities and services to meet local needs is equally important. Using information from youth focus groups, local youth and parent surveys, and local health and safety data sources can ensure that information and activities are relevant to the local school and community population. Developing materials and messaging that uses the languages and culture of local families is important for effective programming.

RESOURCES

INFORMATION	SOURCE	LINK
<i>Project Success SAP Program (federally endorsed SAP program)</i>	Student Assistance Services, Inc.	http://www.sascorp.org/
<i>Project Success Research Based, Fidelity Constructs, and Implementation Materials</i>	National Registry of Evidence-based Programs and Practices	http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=71
<i>NH-based SAP Professional Networking and Technical Assistance</i>	NH Center for Excellence	https://centerforexcellence.wufoo.com/forms/z13xk1h804a8bim/
<i>NH Children's Behavioral Health Collaborative</i>	Endowment for Health	http://www.nh4youth.org/
<i>Suicide Response Protocol</i>	National Alliance on Mental Illness - NH	http://www.naminh.org/
<i>Positive Behavioral Interventions and Supports</i>	Technical Assistance Center on Positive Behavioral Interventions and Supports Programs	www.pbis.org
<i>Treatment Resources in NH</i>	NH Alcohol and Drug Treatment Locator	http://nhtreatment.org/



ACTION 5

IMPLEMENT AN EFFECTIVE ALCOHOL, TOBACCO AND OTHER DRUG POLICY

An effective alcohol, tobacco and other drug policy supports the other four recommendations noted, in addition to a comprehensive response to policy violations.

Comprehensive responses change the paradigm of policy infractions from a time for tough discipline to an early warning sign of a child or adolescent in need of support.

Such response protocols promote “time in” rather than “time out” as early as possible in a child’s risk behavior in that alcohol, tobacco and other drug violations may often be an indication of student’s need for support and help rather than separation from the support systems that the school often provides.

SELF ASSESSMENT

Complete the following checklist to begin to determine whether your school should prioritize this action item for improvement:

EXPLORATORY QUESTION TEAM RESPONSE & NOTES

Has the school reviewed and updated its alcohol, tobacco and drug policy in the last year or two? Is it updated for new trends (e.g. e-cigarettes, pain relievers, hookahs, synthetic drugs like K-2), emerging health concerns, new safety challenges? See the *Supplemental School Alcohol, Tobacco and Drug Policy Review Checklist* to aid in policy review.

Y / N
Notes:

Has the school reviewed and updated its athletic codes of conduct in the last year or two?

Y / N
Notes:

Are parents/guardians, students, health and safety professionals and the community at large engaged meaningfully in establishing school values and the support of those values through a proactive alcohol, tobacco and drug policy?

Y / N
Notes:

Does the school study its policy and procedures to ensure it is used fairly for all students?

Y / N
Notes:

Is the policy well communicated to students, staff, families, and the community regularly?

Y / N
Notes:

Do sanctions for policy violations consider the underlying factors that may have led to the violation? Do sanctions consider the safety and well-being of the school, student body, staff as well as the student in violation?

Y / N
Notes:

SELF ASSESSMENT (CONTINUED)

Complete the following checklist to begin to determine whether your school should prioritize this action item for improvement:

EXPLORATORY QUESTION TEAM RESPONSE & NOTES

Does a violation that involves use of alcohol, tobacco or other drugs lead to a screening or assessment of the student to determine if he/she is at risk for or has a substance use disorder needing treatment or other support services?

Y / N
Notes:

Are sanctions determined by a cross-disciplinary team of individuals in a student's life? Do sanctions consider the student's assets and talents in restitution? Do sanctions include supports and services to help a student with possible alcohol, tobacco or other drug problems?

Y / N
Notes:

Are students in violation of the policy able to reduce sanctions for positive participation in support services, community service, or other restitution activities?

Y / N
Notes:

Are parents/guardians meaningfully involved in all aspects of policy responses?

Y / N
Notes:

Are law enforcement, safety, and other appropriate organizations informed when policy violations occur (per privacy and confidentiality laws and regulations)?

Y / N
Notes:

Is the school board, community and state Department of Education informed of aggregate policy violation data to help inform broader efforts to prevent and reduce youth alcohol, tobacco and other drug use in other environments?

Y / N
Notes:

In an effort to continually review and strengthen the school policy, has the school studied patterns in school violations? Student, family and staff perceptions? Recent data and research from the community and nationally on trends and policy improvements?

Y / N
Notes:

Does the school communicate regularly with a local or regional community prevention or wellness coalition?

Y / N
Notes:

RECOMMENDATIONS

The following recommendations related to this action have been provided by the NH Governor's Commission on Alcohol and Drug Abuse and its Prevention Task Force for the consideration of schools.

CATEGORY	RECOMMENDATION
School vision and values	Schools can set an important tone and culture for their students, staff and families through clear vision and value statements in policy documents. Schools may emphasize wellness, personal accountability, shared responsibility for safety and well-being, and the connection between these tenets and academic and personal achievement.
Policy topic areas	Alcohol, tobacco and drug policies in schools serve to support laws related to underage drinking, tobacco use, and illicit drug use. Policies can also serve to influence values and culture by restricting advertising and paraphernalia such as marijuana slogans on t-shirts or alcohol or tobacco-related companies sponsoring sports facilities. At a minimum, policies should address alcohol, tobacco, e-cigarettes, hookahs, marijuana, marijuana products and paraphernalia, synthetic drugs, other illicit drugs such as cocaine and heroin, as well as the intentional misuse of any substance that can affect brain functioning such as inhaling household products and misusing over-the-counter or prescription medication.
Policy jurisdiction	Alcohol, tobacco and other drug policies should apply in any situation, regardless of location, where the school is perceived as endorsing, sanctioning or otherwise supporting the activity or event. Therefore, policies are not restricted to school grounds but can include bus stops, walking paths to school, vehicles transporting students, and places where school and athletic groups travel.
Reporting violations	Any school staff, volunteer or sub-contractor is responsible for reporting suspected alcohol, tobacco and other drug policy violations. Every adult is required by law to report any suspicion that a child is in danger. Law enforcement should be informed any time school personnel are aware of unlawful or illegal activity regardless of location. Suspected violations should be reported upon suspicion the same day as the violation and as soon as it is suspected.
Responding to a violation	<p>Decision-making that is isolated to one individual significantly limits the school's ability to consider a wide range of perspectives and underlying conditions of a violation. Teams of at least four to five individuals from diverse perspectives (e.g. extracurricular, academic, counseling, social work, and health) will encourage divergent thought and convergent decision-making for the best interests of the school environment, the student in violation, and other students affected.</p> <p>Schools can consider a student's assets and interests in determining sanctions, particularly if including a reentry plan to allow students to shorten the duration of sanctions if s/he participates in activities and services that are tied to factors underlying the violation. For example, if a student has musical interests and talents, s/he may be invited to donate time to tutoring elementary school music students or helping out at a preschool during music class combining community service and asset development to earn back time and esteem.</p> <p>Sanctions may vary widely depending on the age of the student, underlying factors, level of offense and other factors. Attention should be given to perceptions of inconsistent consequences versus case-specific consequences. For example, students may perceive that varying sanctions may be a sign of leniency for certain groups of students, such as athletes. Effective communication not specific to a particular incident or student should be in place to address such mis-perceptions.</p> <p>Team or panel members may be assigned roles such as meeting facilitator (calling on each member for their individual input before group discussion), policy steward (reminding team of specific policy and procedures language), or "devil's advocate" (presenting opposing perspectives to strengthen decision-making).</p> <p>Team or panel members should reach a decision or recommendation by consensus after carefully considering all underlying and directly evidenced factors related to the violation. Information should be reviewed by members individually and then considered objectively and thoroughly by the team as a whole. Each member should share his/her initial reaction to the information reviewed before a group dialogue.</p>

RECOMMENDATIONS (CONTINUED)

The following recommendations related to this action have been provided by the NH Governor's Commission on Alcohol and Drug Abuse and its Prevention Task Force for the consideration of schools.

CATEGORY	RECOMMENDATION
<p>Notifying parents/guardians, law enforcement, school board, state, and community</p>	<ul style="list-style-type: none"> - Parents should be notified as soon as a violation is suspected, and a communication plan should be put in place to maintain positive, effective communication throughout investigation, sanction imposition and re-institution of full privileges. - Schools must report any illegal or unlawful activity to local law enforcement so that they may conduct appropriate investigations and enforcement. - School boards should be notified of all alcohol, tobacco and other drug violations and disciplinary actions to maintain an awareness of the prevalence of the issue and the school's response. Such communication can support on-going dialogue, as well as program and policy improvement in support of student well-being. - Schools should report aggregate data on alcohol, tobacco and other drug violations and subsequent suspensions and expulsions to the state department of education. - Schools may consider sharing such aggregate data with community substance abuse coalitions, task forces, or health promotion organizations to further community dialogue and activities to positively affect community norms, policies, and practices related to youth alcohol, tobacco and other drug use.
<p>Restricting privileges</p>	<p>Historically, restrictions of privileges have been the most common form of disciplinary action, such as temporary or long-term removal from a club or sports team or from school grounds or classroom participation. It is recommended that such restrictions be used judiciously and thoughtfully, as exclusion can often further ostracize a student from a sense of acceptance, stability, inclusion, self-efficacy, and self-worth. These attributes serve as powerful protective factors that buffer an adolescent from a decision to use alcohol, tobacco or other drugs. Therefore, schools should exercise particular caution in the restriction of privileges, particularly for younger students, as they are in critical developmental stages both in terms of vulnerability to peer pressure, malleability of behavior patterns (positive and negative), and other factors that should be considered in determining sanctions. Consideration should also be given to other factors that may have contributed to the policy violation, such as family stress, bullying, academic failure, or problems with peers.¹⁰</p>
<p>Assessment of underlying problems</p>	<p>Violation procedures should encourage or require that the student be assessed for a substance use disorder. Regardless of whether an assessment results in a determination that a substance use disorder such as physical dependence exists, assessments can provide a student and his/her family with valuable information for themselves and their health care provider about underlying emotional or mental health conditions, the level of substance abuse, and the stage of a disorder's progression. Findings from an assessment can inform long-term support plans for the student irrespective of the violation that led to the assessment. If indicated, an assessment is the first step to helping a young person get much-needed and appropriate services to address or treat the progression of a substance use or mental health disorder.</p>
<p>Parents and family involvement</p>	<p>Parents should be required to participate fully in all steps of a suspected and confirmed policy violation and subsequent disciplinary action unless there is evidence that requiring such participation may compromise the well-being or safety of the student. Parents may be required to pay for assessments or services associated with sanctions. Communication with parent(s) should always be respectful, sensitive to their schedule and culture, open and responsive, confidential, and consistent throughout the discipline and re-entry process.</p>
<p>Appeals processes</p>	<p>Schools may choose to set up a separate appeals board whose membership does not include individuals who serve on the disciplinary committee. Appeals should be shared with the school board for final determinations.</p>

RECOMMENDATIONS CONTINUED

The following recommendations related to this action have been provided by the NH Governor's Commission on Alcohol and Drug Abuse and its Prevention Task Force for the consideration of schools.

CATEGORY	RECOMMENDATION
Subsequent offenses	Schools may establish expanding disciplinary action procedures for second and third offenses, and communicating the consequences for subsequent offenses during the handling of first offenses to serve as a deterrent. Second and third offenses may include mandatory random drug testing upon re-entry to regular school privileges, substance abuse assessments and counseling services. These services may be at the expense of the parent.
Updating the policy and procedures	Policies should be reviewed at least annually by a team of school and community members and updated as necessary based on objective data of their effectiveness and alignment with school values and goals. Schools may consider annual or bi-annual data collection relative to the policy, such as surveys, focus groups, or interviews with students, families, and staff regarding the policy and its enforcement to help inform policy review and updating.
Communicating the policy and procedures	Policies should be clearly articulated and communicated at least annually to students, parents, coaches, and staff. It is often not enough to mail home a handbook. Although simpler, this minimizes the recognition of substance use as a significant health and safety problem that affects educational attainment and long-term well-being. Schools should specifically summarize the alcohol, tobacco and drug policy in a live forum or topic-specific mailing, sharing information about community resources available before a problem arises, and clearly stating the values and philosophies for all school community members. This type of declaration goes far in changing norms among students and even adults in the school community, such as coaches, so that alcohol and drug abuse are not overlooked nor accepted as a rite of passage but are a preventable behavior that limits educational, athletic, artistic, emotional, and other development. Policy and resource information should also be accessible via the web. In particular, schools should consider specifically communicating the goal of individualized sanctions and re-entry plans in response to violations to promote the values of student wellness, school and community engagement, self-efficacy, and reparations in response to violations.
Allowing for lessening of sanctions	Re-entry plans or agreements can positively affect the outcome of a policy violation by providing incentives for educational programming and assessment, treatment or other support services that can address underlying causes of alcohol, tobacco and other drug abuse and violations. Schools may use re-entry plans to hold some consequences, such as a number of suspended days or extracurricular suspension, in abeyance if a student participates in an alcohol, tobacco and drug education program, agrees to and complies with random drug testing to deter substance use, seeks and participates appropriately in substance abuse or mental health counseling, and/or other activities and services to address underlying emotional, substance abuse, or behavioral health problems.
Out of school suspension	Use out of school suspension should be reserved for extreme situations and when all other responses have been exhausted, as it often has a detrimental effect on educational and health outcomes, further exacerbating low attachment to school, educational failure, and substance abuse. ¹¹

RESOURCES

INFORMATION	SOURCE	LINK
<i>Alcohol and Drug Policy Recommendations for Schools (include policy templates and examples)</i>	NH Governor's Commission Prevention Task Force	http://www.dhhs.nh.gov/dcbcs/bdas/documents/modelschoolpolicy.pdf
<i>School Policy Technical Assistance (Local)</i>	NH Regional Public Health Network Substance Misuse Prevention Coordinators	http://www.dhhs.nh.gov/dcbcs/bdas/documents/rphnmap.pdf
<i>School Policy Technical Assistance (State)</i>	NH Center for Excellence	http://www.nhcenterforexcellence.org/request-assistance/nh-center-for-excellence
<i>Athletic Codes of Conduct</i>	NH Life of an Athlete	http://www.ioanh.org/

ENDNOTES

- 1.** Engaging Innovative Advocates as Public Health Champions. Retrieved from: <http://www.fhi360.org/sites/default/files/media/documents/engaging-innovative-advocates-as-public-health-champions.pdf>
- 2.** Substance Abuse Prevention Curriculum Guide. Retrieved from: <http://www.preventioncurriculum.com/handbook/chapter2.cfm>
- 3.** National Council on Alcoholism and Drug Dependence, Inc. Retrieved from: <https://ncadd.org/in-the-news/388-summer-is-peak-time-for-teens-to-try-drugs-alcohol-report?format=phocapdf>
- 4, 5.** Centers for Disease Control and Prevention. Adolescent and School Health. Retrieved from: <http://www.cdc.gov/healthyyouth/data/yrbs/data.htm>
- 6.** Wilkinson S. Focus Groups in Health Research: Exploring the Meanings of Health and Illness. *Journal of Health Psychology*. 1998:329-48.
- 7.** Positive Behavioral Interventions and Supports. Retrieved from: www.pbis.org
- 8.** Student Assistance Services. Retrieved from: <http://www.sascorp.org/>
- 9.** Dusenbury L. Implementing a Comprehensive Drug Abuse Prevention Strategy. In: W.B. Hansen, S.M. Giles MF-K, ed. *Increasing Prevention Effectiveness*. Greensboro, NC: Tanglewood Research; 2000:213-222.
- 10.** Opportunities Suspended: The Devastating Consequences of Zero Tolerance and School Discipline Policies. Report from a National Summit on Zero Tolerance [Proceedings] (Washington, DC, June 15-16, 2000). Retrieved from: <http://eric.ed.gov/?id=ED454314>
- 11.** Out-of-School Suspension and Expulsion. Council on School Health. American Academy of Pediatrics, February 2013: Retrieved from: <http://pediatrics.aappublications.org/content/early/2013/02/20/peds.2012-3932>



Supplemental School Alcohol, Tobacco and Drug Policy Review Checklist

SCHOOL DISTRICT INFORMATION

School Name _____

District _____

Contact Email _____

Phone _____

	Existing	Existing but could be enhanced	Missing	Notes
POLICY REVIEW AND UPDATES	✓	✓	✓	
A protocol is in place to review and update the alcohol, tobacco and drug policy every year or two.				
Policy updates include new trends (e.g. e-cigarettes, pain relievers, hookahs, synthetic drugs like K-2), emerging health concerns, new safety challenges.				
Patterns in school violations, student, family and staff perceptions, recent data and research from the community and nationally on trends, and policy improvements used when updating policies.				
The local or regional community prevention or wellness coalition is involved in policy review and updates.				
REINFORCEMENT OF VALUES				
The school and community have clear values related to substance use that are upheld by the school alcohol, tobacco and other drugs (ATOD) policy.				
The school ATOD policy is used fairly for all students.				
POLICY COMMUNICATION AND AWARENESS				
A protocol to ensure the policy is communicated clearly and regularly to students, families and staff.				



	Existing	Existing but could be enhanced	Missing	Notes
SCREENING AND SUPPORT SERVICES	✓	✓	✓	
Violations to the ATOD policy lead to a screening or assessment of the student to determine if he/she is at risk for or has a substance use disorder needing treatment or other support.				
Supports and services are provided to help a student with possible alcohol, tobacco or other drug problems.				
SANCTIONS AND RESTITUTION				
Sanctions are determined by a cross-disciplinary team of individuals in a student's life.				
Sanctions for policy violations consider the underlying factors that may have led to the violation.				
Sanctions consider the safety and wellbeing of the school, student body, staff as well as the student in violation.				
Sanctions consider the student's assets and talents in restitution.				
Students in violation of the policy are able to reduce sanctions for positive participation in support services, community service, or other restitution activities.				
Parents/guardians are meaningfully involved in all aspects of policy responses.				
REPORTING				
Law enforcement, safety, and other appropriate organizations are informed when policy violations occur (per privacy and confidentiality laws and regulations).				
The school board, community and state department of education are informed of aggregate policy violation data to help inform broader efforts to prevent and reduce youth alcohol, tobacco and other drug use.				