Alcohol and Other Drug Policy Recommendations for Schools

2012–2013

The New Hampshire Center for Excellence provides technical assistance, disseminates data and information, and promotes knowledge transfer to support the effectiveness of communities, practitioners, policymakers, and other stakeholders working to reduce alcohol and other drug misuse and related consequences in New Hampshire.
THE MISSION of the New Hampshire Governor’s Commission on Alcohol and Drug Abuse Prevention, Intervention and Treatment is to significantly reduce alcohol and drug problems and their behavioral, health, and social consequences for the citizens of New Hampshire. To this end, the Commission is calling for action within the core sectors of communities – safety, health, education, business, and government— to help address alcohol and drug abuse problems that lead to high individual and societal costs. These community sectors are both significantly and negatively impacted by alcohol and drug abuse and yet have unique opportunities to positively influence the problem through effective policies, programs and practices that can deter abuse, intervene early when problems emerge, and be critical vehicles for connecting people who are developing abuse patterns and physical dependence to life-saving treatment and recovery support services.

In the education sector, the misuse of alcohol and other drugs by school-aged children and adolescents is a behavior that compromises health and well-being, safe and positive learning environments, and co-curricular and academic achievement. According to the 2011 Youth Risk Behavior Survey, over 80% of New Hampshire high school seniors have tried alcohol and almost half are drinking regularly. Almost one out of three high school students in grades 9 through 12 are drinking alcohol and/or smoking marijuana at least monthly, and about one in four (23.8%) are binge drinking at least monthly, a type of alcohol consumption (five or more drinks within a couple of hours) that poses significant health and safety risks. Additionally, one in five New Hampshire high school students has misused prescription drugs such as Oxycontin and Ritalin, a substance abuse problem that has reached epidemic proportions in the state.

Research now tells us definitively that the younger a person initiates alcohol use the more likely they are to develop alcohol dependence later in life. A statistic to consider is that the average age a child in New Hampshire tries alcohol or drugs is approximately 13 years old – that is the average age. Is 13 too young for our students? We hope you agree that it is, and we ask you to do everything in your power to move that age higher and higher. It's not a simple task, but it is an essential one.

As an institution that serves the majority of New Hampshire’s children throughout the school year, schools can and do play an important role in this responsibility, bringing needed attention, knowledge, and effective responses to the misuse of alcohol and other drugs.

To support the work of schools and educational environments in the state, the Commission endorses the enclosed information and recommendations that are the result of the work of the Commission’s Prevention Task Force that launched an ad hoc work group to review school policies in New Hampshire, to study best practices in other states, and to develop these recommendations and an accompanying model school policy template for New Hampshire schools to consider.

Enclosed you will find information and suggestions for a range of possible policy components, from philosophy statements, commitments to professional development and training, student programming, parent programming, data collection, and other domains that can support an effective alcohol and other drug policy.

We hope you will review this information; share it with staff and school boards to initiate dialogue and policy review within your school communities; use it to guide policy change, clarification and/or communication; and to commit to on-going

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and open dialogue within schools and communities to address the alcohol and drug use as a behavior that is not a rite of passage that our children will hopefully survive but a behavior, albeit with a strong cultural context, that causes considerable devastation in families and communities – a behavior if avoided will help our children thrive.

With this call to action, we also hope to have your commitment to changing the paradigm and the cultural context of alcohol and drug use of our future by changing how we speak and act relative to underage drinking and drug use. We have witnessed the changes relative to tobacco; we need to be leaders of change relative to other drug use and to alcohol use in particular.

Every conversation, curriculum, policy, forum, media, consequence, thought, and action must ring a single message: we care about our children and students, and we will do everything in our power to help our children and students lead alcohol- and drug-free lives to allow them to thrive, achieve, and excel in their many talents and aptitudes.

We are grateful for your consideration of this information and recommendations and for your efforts in helping protect New Hampshire’s children from the harmful consequences of early alcohol use and other drug use.

*The New Hampshire Department of Education, the New Hampshire Division of Liquor Enforcement and the New Hampshire School Board Association have contributed to the contents of this publication, and the Governor’s Commission extends its gratitude for their efforts and support.*
ALCOHOL AND DRUG USE among adolescents is one of the most detrimental risk behaviors affecting academic achievement, school bonding, and student health and safety. Despite New Hampshire’s ranking as one of the healthiest and safest states in the nation, its rates of alcohol and drug abuse are among the highest in the United States.

In its commitment to preventing and reducing alcohol and drug problems in the state, the New Hampshire Governor’s Commission on Alcohol and Drug Abuse and its Prevention Task Force are encouraging broader participation in local and community efforts to address the issue with target populations, including school-aged youth.

The meaningful participation of New Hampshire schools in alcohol and other drug abuse prevention efforts has been longstanding, in that schools have been both required and requested to implement a variety of prevention and early intervention strategies over the years, including establishing drug-free school zones, providing health education programming that includes education relative to the risk and harm associated with alcohol and other drug use, and providing early intervention and referral services through guidance counseling departments.

In light of the state’s prescription drug epidemic, particularly among young adults, and the continuing high rates of heavy and/or binge drinking and marijuana use, the Commission is asking schools to review their existing policies and programs and consider strengthening them to increase attention and response to the issue among school-aged youth.

The enclosed School Policy Recommendations have been designed to encourage schools and school boards to review the laws and requirements relative to substance abuse prevention and early intervention, to reflect on their comprehensiveness, consistency, and efficacy, and to consider expanding or improving their efforts. Schools may consider ensuring the following:

- **Policies and procedures provide supportive discipline and consequences that reflect the value of alcohol- and drug-free youth and environments;**
- **Policies and procedures connect students in need with critical early intervention, treatment and recovery support services when appropriate;**
- **Professional development relative to alcohol and drug trends and best practices for schools is provided to staff each year;**
- **Alcohol and drug education is consistent and adequate throughout the elementary, middle and high school years, with extra attention given to key transitions (e.g. students entering middle school and high school);**
- **Health programming, parent education and outreach, and values acknowledge the significant, negative effect that alcohol and drug use have on a young person’s safety, physical and emotional well-being, cognitive development, social development, academic achievement, athletic development and extracurricular opportunity;**
- **School values, polices and education relative to alcohol and drug use are shared with parents regularly;**
- **Enforcement of policies and reinforcement of school values and expectations is consistent for all students and groups (e.g. athletic teams, extracurricular groups).**

The Commission is grateful for the supportive efforts of schools in helping to address youth alcohol and drug use. Although schools have many demands placed on them, their role in preventing and reducing alcohol and drug use is essential to protect our state’s most vital resource, its children.
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Supplement A: NH School Alcohol and Drug Policy Survey Summary Report
Supplement B: Policy Template
Supplement C: Hanover High School Alcohol and Drug Policy
THE USE OF ALCOHOL and other drugs, including the misuse of over-the-counter and prescription medications, are behaviors that can compromise the health, safety, well-being, educational achievement, and other opportunities of people of any age. Alcohol and other drug use is widely recognized as a behavior that has costly and staggering consequences, from motor vehicle injuries and death to violence, family relationship problems, academic and co-curricular underachievement, and the progression of substance use disorders such as addiction. Children and adolescents are even more susceptible to problems associated with alcohol and other drug abuse because of their developmental stage, in that the adolescent brain is not fully developed until a person is in her/his early to mid 20s and that decision-making in adolescence is influenced by many factors, including the developmental stage and limited life experiences of the adolescent. For example, adolescents are often more likely to be influenced by peer behavior, may be more likely to seek higher risk activities, have an unrealistic sense of immortality, and have a constellation of stressors and other emotional factors that may influence their decision-making with regard to alcohol and other drug use.

The most widespread assessment conducted regularly in the state to monitor youth alcohol and other drug use and perceptions is the biannual New Hampshire Youth Risk Behavior Survey (YRBS), a 100-item pen and paper survey administered through the New Hampshire Department of Education to high school students who voluntarily participate. A random sampling of schools is encouraged to allow randomly selected classrooms to participate in the U.S. Center for Disease Control (CDC) and Prevention’s state YRBS program to provide the state with data representative of all high school students. Schools are also encouraged to administer the survey to all high school students for their own local sample.

Responses from students participating in the CDC’s random sample 2011 YRBS representing New Hampshire high school students indicate the following:

- 22.7% had RIDDEN IN A CAR with a driver under the influence of alcohol or drugs at least once in the past 30 days
- 8.6% had DRIVEN A CAR under the influence of alcohol or drugs at least once in the past 30 days
- 67.1% had TRIED ALCOHOL at least once
- 14.3% had their first drink of alcohol BEFORE THE AGE OF 13
- 38.4% had at least one drink of ALCOHOL IN THE PAST 30 DAYS
- 23.8% had FIVE OR MORE DRINKS IN A ROW (within a couple of hours) at least once in the past 30 days
- 43.5% had smoked MARIJUANA at least once
- 7.7% had smoked marijuana for the first time BEFORE THE AGE OF 13
- 28.4% had smoked marijuana IN THE PAST 30 DAYS
- 20.8% had used a PRESCRIPTION DRUG such as Oxycontin or Ritalin without a doctor’s prescription
- 23.1% had been offered, sold, or given an illegal drug ON SCHOOL PROPERTY in the past year

These statistics and the Commission’s leadership led to the development of an ad hoc work group of the Commission’s Prevention Task Force to support effective alcohol and drug policies in New Hampshire schools. The work group first convened in March of 2012 and developed an electronic survey of current policy elements that was administered in New Hampshire schools. The work group also reviewed policy templates from the Vermont Department of Education, the NH School Board Association, and school policies from eight New Hampshire schools. The recommendations herein come from this range of inputs as well as the collective expertise of work group members and consultants who work with schools and communities.
ANECDOTAL REPORTS and initial reviews of a sampling of existing school policies in the state led the work group to consider developing an assessment of school policies across the state by means of a survey of school administrators. The assessment included the following categories: vision/philosophy statements, communication of policy to parents, policy components, disciplinary action, “re-institution plans” that may allow a student to earn back suspended time if they complete an education program or access intervention or treatment services, parent involvement in disciplinary action, law enforcement involvement, and other aspects of alcohol and drug policies.

The link to an electronic survey developed by the work group was emailed to all school administrators listed on the New Hampshire Department of Education’s web site, with a three-week response period beginning May 4, 2012, and ending June 1, 2012. Fifty-five out of 87 School Administrative Units (SAUs) participated in the survey, several with multiple responses for different school levels. This represents 60.3% of SAUs participating in the assessment survey, in addition to six private schools.

These and other findings from the assessment confirmed the wide range of policy and procedures relative to alcohol and other drug behaviors of students as well as the interest of school administrators in receiving guidance and resources in the development of more effective policies.

A sampling of information gathered from the survey is provided here (see Attachments for summary report by school level):

- Number of Elementary Schools Responding: 68
- Number of Middle Schools Responding: 49
- Number of High Schools Responding: 52
- Other: 5

- 58.5% of high schools responding always assign out-of-school suspension in response to an alcohol or drug policy violation
- 39% of high schools responding do not provide “re-institution” plans allowing students to earn back suspension time
- 50% of all schools responding involved community members and/or local coalitions in the development of their alcohol and drug policy
- 37.6% of all schools responding never host an orientation or parent meeting that includes review of the school’s alcohol and drug policy
- 96.4% of all schools responding indicated their support for the development of best practice standards and recommendations for effective alcohol and drug policies for New Hampshire schools

These and other findings from the assessment confirmed the wide range of policy and procedures relative to alcohol and other drug behaviors of students as well as the interest of school administrators in receiving guidance and resources in the development of more effective policies.
What Is Policy and What Is Its Role?

A policy is a principle or rule used to guide decisions. Every governing body, from a federal agency to a public school to a nuclear family, establishes principles or rules that determine when a course of action should be taken.

School policies governing alcohol and other drug use behavior and effective enforcement of such policies highlight a key intersection between an important focus population for substance abuse prevention (children and their families) and a community institution committed to their well-being (schools).

According to the New Hampshire School Board Association, “the development of clear, sound and legal policies is critical to the successful operation of any school district... and is among the most fundamental responsibilities of any board of education.” The association also notes that policy should “move the school system in [a] desired direction... [and should be] monitored to ensure that it is being followed and the results the board desires are being achieved.”

a. There are two federal mandates relative to alcohol and drug use that are required for public schools.

DOMAIN: DRUG-FREE WORKPLACE

LAW: School District will provide a drug-free workplace in accordance with the Drug-Free Schools and Communities Act of 1988 and Amendments of 1989 and the Drug-free workplace requirements for Federal contractors, 41 U.S.C. §701

LEGAL REFERENCES:
- RSA 193-B, Drug Free School Zones 41 USC Section 701, Et seq.
- Drug-free workplace requirements for Federal contractors Public Law 101-226
- Drug-Free Schools and Communities Act Amendments of 1989

LINK(S):
- http://thomas.loc.gov/cgi-bin/query/z?c105:H.R.3853:
- http://thomas.loc.gov/cgi-bin/query/z?c101:H.R.3614.ENR:

DOMAIN: SCHOOL GUIDANCE AND COUNSELING PROGRAMS

LAW: School District will ensure a high quality school guidance program that is comprehensive, developmentally appropriate, fosters academic achievement and personal growth, and is provided to all District students in an equitable manner. The program will include the following: distribution of information and support to students and families about academic programming, community supports, and other relevant information; coordination with national standards; prevention, intervention, and crisis response services; promotion of personal, interpersonal, health, academic, and career development for all students through classroom programs and other services; and all provisions of NH Administrative Rules, Section Ed 306, Minimum Standards for Public School Approval.

LEGAL REFERENCES:
- NH Code of Administrative Rules, Section Ed 306.13 Guidance Plan
- NH Code of Administrative Rules, Section Ed 306.15(b) Provision of Staff, Guidance
- NH Code of Administrative Rules, Section Ed 306.39(c) and 306.39(d) Guidance Program

LINK(S):
b. The following three policies are recommended by the New Hampshire School Board Association (NHSBA):

**DOMAIN: ALCOHOL AND OTHER DRUG EDUCATION AND TRAINING**

**RECOMMENDATION:** The Superintendent shall be responsible to establish and periodically review the District’s guidelines for staff members in conducting alcohol, drug, and tobacco education and dealing with abuse education and dealing with abuse.

**LEGAL REFERENCES:**
- 21 U.S.C. § 812(c), Controlled Substances Act
- RSA 318-C, Controlled Drug Act
- RSA 571-C:2, Intoxicating Beverages at Interscholastic Athletic Contests

**DOMAIN: COORDINATED SCHOOL HEALTH PROGRAM OF THE CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC)**

**RECOMMENDATION:** The district will strive to promote health using a systemic approach that integrates the eight CDC components to improve student academic performance and overall well-being. This can only result from the cooperation, communication, and collaboration of various staff.

**LEGAL REFERENCES:** N/A

**DOMAIN: STUDENT ALCOHOL OR OTHER DRUG USE, SALE, TRANSFER, INFLUENCE, OR PARAPHERNALIA**

**RECOMMENDATION:** The School Board is concerned with the health, welfare and safety of its students. Therefore, the use, sale, transfer, distribution, possession or being under the influence of unauthorized prescription drugs, alcohol, narcotics, unauthorized inhalants, controlled substances, or illegal drugs is prohibited on any school district property, in any district-owned vehicle, or in any other district-approved vehicle used to transport students to and from school or district activities. This prohibition also applies to any district-sponsored or district-approved activity, event or function. The use, sale, transfer or possession of drug-related paraphernalia is also prohibited. *For the purposes of this policy, a controlled substance shall include any controlled substance as defined in the Controlled Substances Act, 21 U.S.C. § 812(c), or RSA 318-B, Controlled Drug Act.*

**LEGAL REFERENCES:**
- 21 U.S.C. § 812(c), Controlled Substances Act
- RSA 318-C, Controlled Drug Act
- RSA 571-C:2, Intoxicating Beverages at Interscholastic Athletic Contests

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2 http://www.deadiversion.usdoj.gov/21cfr/21usc/index.html
3 http://www.gencourt.state.nh.us/rsa/html/NHTOC/NHTOC-XXX-318-B.htm
5 The CDC no longer supports the Coordinated School Health Program, but this information has been included to recognize recent recommendations to which schools may still be adhering.
6 http://www.cdc.gov/healthyyouth/cshp/components.htm
8 http://www.gencourt.state.nh.us/rsa/html/NHTOC/NHTOC-XXX-318-B.htm
c. The following statutory obligations, provided by the NH Department of Education (DOE), refer to education relative to the risks of alcohol, tobacco and other drug use that can support continuous knowledge- and skill-building of children and parents that may aid in compliance with alcohol and other drug policies and support broader school goals such as wellness and lifelong learning.

**NH DEPARTMENT OF EDUCATION**

**HEALTH EDUCATION LAWS & RECOMMENDATIONS**

**DOMAIN: HEALTH EDUCATION**

**LAW (portion):** The school board shall ensure that health education and physical education are taught to pupils as part of the basic curriculum. The school board shall ensure that all studies prescribed by the state board of education are thoroughly taught, especially physiology, hygiene, and health and physical education as they relate to the effects of alcohol and other drugs, child abuse, human immunodeficiency virus (HIV)/acquired immunodeficiency syndrome (AIDS), and sexually transmitted diseases on the human system.

**LEGAL REFERENCES:**
- Title XV  Education, Chapter 189, School Boards, Superintendents, Teachers, and Truant Officers; School Census: School Boards, Transportation and Instruction of Pupils, Section 189:10 Studies
- [http://www.gencourt.state.nh.us/rsa/html/XV/189/189-10.htm](http://www.gencourt.state.nh.us/rsa/html/XV/189/189-10.htm)

**RECOMMENDATION:** Ensure that alcohol and drug abuse and prevention are thoroughly taught in every grade. Ensure that student instruction is developmentally appropriate, addresses local norms, is based on behavioral outcomes and is reviewed annually to address emerging trends. Ensure that students are practicing healthy decision-making and can demonstrate competence in healthy behaviors. Require annual key staff engagement in professional development to stay abreast of emerging drug and alcohol trends, and effective methods to actuate healthy student behavior.


**LAW (portion):** The state board of education shall provide instruction as to Child Abuse Prevention, Youth Suicide Prevention, Intoxicants, Drugs, HIV/AIDS, and Sexually Transmitted Diseases. (a) Direct the department ( of Education) to develop curriculum frameworks in health, physiology, and hygiene as they relate to the effects of alcohol and other drugs, child abuse, human immunodeficiency virus (HIV)/acquired immunodeficiency syndrome (AIDS), and sexually transmitted diseases on the human system, and which are designed to help students lead longer, healthier lives...(see Minimum Standards for school approval)

**LEGAL REFERENCES:**
- Part Ed 306 Minimum Standards For Public School Approval, Section Ed 306.40 Health Education Program

**RECOMMENDATION:** Ensure that drug and alcohol curriculum recommendations and the minimum standards for school approval are followed and thoroughly taught in every grade. Ensure that students are given the knowledge and skills needed to recognize and avoid risky behavior, and that their motivation to make healthy choices is enhanced by practice and experiencing healthy consequences and positive outcomes.

**LINK(S):** Health education curriculum guidelines:
The Commission’s model school policy ad hoc work group provides the following information and suggestions relative to discussing, reviewing, and improving alcohol and drug policies in New Hampshire schools for the benefit and well-being of students irrespective of state or federal mandates.
POLICIES OFTEN DEFINE a principle or value that guides future decision-making. Defining the school’s values with regard to student alcohol and drug use is fundamental to an effective and well-implemented policy.

HOW DO WE DETERMINE OUR VALUES? If a school has not done so already, they can participate in a guided discussion to elicit core values from its governing board, staff, students, parents, and the community-at-large. Discussion questions could include the following:

1. What do we expect of our students relative to alcohol or other drug use?
2. Where do our responsibilities lie relative to enforcing alcohol and other drug laws? Educating children about their dangers? Educating school staff?
3. How are alcohol, tobacco, prescription drugs or over-the-counter medications similar in their harm and risk? Are they different?
4. How do we measure the value of a child’s educational success against the value of a safe and alcohol- and drug-free school environment for all students? How do we support a student with an alcohol or drug abuse problem such as addiction or circumstances beyond his/her control that may be underlying his/her alcohol or other drug use?

The answer to these and other questions is not as important as the justification for the response that will begin to build consensus for collective values and philosophies that serve as the foundation of a school policy. Two examples of comprehensive value statements are provided below.

EXAMPLE (Hanover High School)

The Dresden School Board recognizes that abuse of alcohol and other drugs is a treatable health problem which at times involves conditions and violations of law, and that involvement with alcohol and other drugs can interfere with a student’s academic, physical, emotional, and social development. Further, the Board recognizes that the school as well as families and the community-at-large have a responsibility to this important matter. Accordingly, the Dresden School Board makes a commitment to the health and well-being of its students through age-appropriate programs and procedures and to an environment free from alcohol and other drugs. In accordance with the Dresden School District Policy, Hanover High School makes a commitment to the health and well-being of its students. Only in an environment that is free of alcohol and other drugs can students reach their potential in academics and extracurricular activities. Hanover High School will create a climate in which students can seek help concerning their own use or another’s use of alcohol and other drugs. Each individual in the community has a responsibility to herself/himself and to others to keep Hanover High School an environment free of alcohol and other drugs.
Consistent with state and federal laws, District ______ School Directors believe:

A. Every student has the right to a substance-free school and that it is the responsibility of the entire community specifically: students, parents and school personnel to work together to achieve this goal.

B. A student’s use of substances is detrimental to the education of that student and is likely to be detrimental to the education of other students and to the well-being of the entire school community.

C. Substance abuse and dependency are treatable health problems and the school’s responsibility is to provide preventative education for all students, intervention (identification and referral) for those students using substances, and support for those students attempting to maintain their recovery.
In addition to a vision or philosophy statement, schools may choose to include in their policy manual general information about the harm and risks associated with youth alcohol and other drug use. Information to consider may include data on adolescent brain research, implications of alcohol and drug offenses on driver’s license restrictions, effective home and community prevention strategies, the relationship between alcohol use and fetal alcohol syndrome, and the relationship between early alcohol and drug use and later addiction. Below is a sampling of helpful links to reliable information schools may consider to include in their policy manual.

**THE BRAIN AND ADDICTION**

**SOURCE:** National Institute on Drug Abuse  
**LINK:** http://teens.drugabuse.gov/facts/facts_brain1.php

**PREVENTION EFFORTS** Alcohol and other drug effects, recovery and treatment services, and links to programs in the Granite State  
**SOURCE:** New Hampshire Bureau of Drug and Alcohol Services  
**LINK:** http://www.drugfreenh.org/

**INDIVIDUAL AND PUBLIC HEALTH RISKS OF ALCOHOL ABUSE**

**SOURCE:** U.S. Centers for Disease Control and Prevention  
**LINK:** http://www.cdc.gov/alcohol/

**NATIONAL YOUTH ANTI-DRUG MEDIA CAMPAIGN**

**SOURCE:** White House Office of National Drug Control Policy  
**LINK:** http://www.abovetheinfluence.com/

**WHITE PAPER ON ADOLESCENT SUBSTANCE USE AND SUICIDE**

**SOURCE:** U.S. Substance Abuse and Mental Health Services Administration  
**LINK:** http://www.samhsa.gov/samhsanewsletter/Volume_17_Number_1/SubstanceAbuseAndSuicide.aspx

**FINDINGS FROM THE 2011 NH YOUTH RISK BEHAVIOR SURVEY**

**SOURCE:** NH Department of Education  
LOCAL AND REGIONAL YOUTH DATA AND SERVICES

**SOURCE:** NH Bureau of Drug and Alcohol Services

**LINK:** http://www.nhcenterforexcellence.org/index.php?option=com_k2&view=item&layout=item&id=24

ATHLETICS AND SUBSTANCE ABUSE  
Policy and program recommendations

**SOURCE:** Life of an Athlete

**LINK:** http://www.lifeofanathlete.com/

EVIDENCE-BASED HEALTH EDUCATION AND STUDENT ASSISTANCE PROGRAMS  
to address and prevent student alcohol and drug use

**SOURCE:** National Registry of Evidence-Based Programs (NREPP); See “Life Skills Training, Project Northland, Project Success, Project Alert, and others

**LINK:** http://www.nrepp.samhsa.gov/

RESPONDING TO NH’S PRESCRIPTION DRUG ABUSE EPIDEMIC

**SOURCE:** NH Governor’s Commission on Alcohol and Drug Abuse

**LINK:** http://www.dhhs.nh.gov/dcbcs/BDAS/documents/calltoactionnh.pdf

FETAL ALCOHOL SYNDROME DISORDER PREVENTION

**SOURCE:** NO-FASD New Hampshire

**LINK:** http://www.nofas.org/
Articulating the role of the local school board, school administrators and other staff, parents, students, and community stakeholders in policy development and enforcement can improve the awareness of and support for effective alcohol and drug policies.

Local school boards craft and vote on policies that support the school’s mission and goals. School administrators are charged with carrying out the letter and intent of these policies through established procedures. With regard to alcohol and other drug use, school policy manuals or handbooks can also promote the role and responsibility of staff, parents, local law enforcement, health services, and other stakeholders.

Schools may consider the following example:

EXAMPLE

The XX School District acknowledges and supports the role of parents and community members in helping to promote a culture and climate that supports children and adolescents effectively to alcohol and other drug problems. Parents and community members can:

1. Educate children and adolescents about alcohol and other drug risks and consequences;
2. Talk openly and regularly with children and adolescents about the expectation that they not use alcohol until the legal age of 21 and never use drugs;
3. Adequately supervise young people to ensure their social and recreational activities do not involve alcohol or other drugs;
4. Give clear and consistent messages about not using alcohol or other drugs;
5. Promote a climate in which children can ask questions and seek help if they are in distress from their own or others’ use of alcohol and other drugs;
6. Be supportive of young people recovering from dependency on alcohol and/or other drugs;
7. Role model low-risk alcohol choices as adults;
8. Talk with other parents and community members about alcohol and other drug problems in an effort to build a community environment that prevents youth alcohol and other drug use.
Policy Statements and Definitions

A policy statement is typically a concise statement of a school’s values and approach to alcohol and drug use. Definitions of terms used in the policy statement provide additional detail.

**EXAMPLE**

A concise policy statement may be, “In furtherance of its mission and values, and in accordance with applicable state and federal law, the XXX School District prohibits the use of alcohol or other drugs and/or alcohol- or other drug-related activities of any kind on school property at any time by anyone, and at school-related, school-sponsored, or school-sanctioned events or activities.”

**SAMPLE DEFINITIONS**

- The term **ALCOHOL** refers to any alcohol-related product, such as wine, beer, distilled spirits, malt beverages, etc.
- The term **OTHER DRUGS** refers to any mind-altering substance, legal or illegal. The only acceptable drugs are those medications prescribed by a board certified doctor or nurse practitioner to an individual, or over-the-counter medication given to a school nurse or other designated staff by a parent or legal guardian; that are registered with the school nurse or other designated staff; that are dispensed by or under the supervision of a parent, legal guardian, or the school nurse or other designated staff; and that are taken as prescribed or directed.
- The phrase **ALCOHOL OR OTHER DRUG-RELATED ACTIVITIES** refers to the use, consumption, sale, distribution, transfer, promotion, and/or possession of alcohol or other drugs, alcohol or drug paraphernalia such as items used to consume alcohol or other drugs, or alcohol or drug use promotion or marketing.

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**EXAMPLE (Vermont Department of Education)**

In support of [its] philosophy, the XXX District prohibits the use or possession of potentially harmful substances or any device associated with these substances, on school premises or at school-sponsored activities, wherever located. The only exceptions to this policy are medications, authorized in writing in advance by a licensed health care provider. Any student who is required to take medications during school hours must comply with school policies. All plans and procedures described in this policy shall comply with Federal and State laws.

**SAMPLE DEFINITIONS**

**DRUG OR SUBSTANCE:** Includes any of the following:

- A controlled substance identified in Schedules I, II, III, IV or V of the Controlled Substance Act, 21 U.S.C. § 812 (c); but does not include such a substance that is legally possessed or used under the supervision of a licensed professional or that is legally possessed or used under any other authority under the Controlled Substances Act or under any other provision such as school medication policy, in school buildings, on school property and grounds, in school-sponsored vehicles or at school-sponsored events at other sites.
- It does mean controlled substances including, but not limited to,
  - cannabis (marijuana); hallucinogens (LSD, psilocybin mushrooms); stimulants (cocaine, amphetamines such as “speed” or Ritalin); depressants (barbiturates, “Quaaludes”); narcotics (opium, heroin); inhalants (nitrous oxide, medical products, or other fume-producing substances); anabolic steroids and counterfeit (look-alike) controlled substances.
Prescription medication or over-the-counter (OTC) medications, herbal or homeopathic medications for personal use shall be allowed only as per district medication policy, under the supervision of school personnel, with written orders from a physician. Federal, state and local laws shall apply to students and employees alike.

- Tobacco products in any form (for smoking, chewing, etc.)
- Alcohol and alcohol-containing beverages. Alcohol may also include medicinal products such as mouthwash and cold medicine, which contain alcohol.

- **DRUG PARAPHERNALIA**: Means equipment or apparatus designed for, or used for the purpose of measuring, packaging, distributing or facilitating the use of drugs.

- **SUBSTANCE ABUSE**: Means the use of any substance that alters a person’s ability to perform physically, intellectually, emotionally or socially.
An important companion to a school’s alcohol and other drug policy is the guidance and procedures that outline how the school will respond to a potential violation of the policy. Below are topics commonly covered by guidelines and procedures established by schools in response to an alcohol or drug violation. Questions for schools to consider in developing their own guidelines are provided, along with recommendations from the Prevention Task Force of the NH Governor’s Commission on Alcohol and Drug Abuse.

**TOPIC AREA AND GUIDING QUESTIONS**

**JURISDICTION**

*Does the policy apply to all school activities, regardless of location? Is the school property itself differentiated relative to consequences for violating the policy?*

*Alcohol and 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, places where school and athletic groups travel, and so forth.*

*Does location influence how or when law enforcement will be informed?*

*Law enforcement should be informed any time school personnel are aware of unlawful or illegal activity regardless of location.*

**REPORTING PROCEDURES**

*Who is responsible for reporting suspected violations?*

*Any school staff, volunteer or sub-contractor is responsible for reporting suspected alcohol and drug policy violations. Every adult is required by law to report any suspicion that a child is in danger.*

*Is there a specific time period within which violations must be reported?*

*Law enforcement should be informed any time school personnel are aware of unlawful or illegal activity regardless of location.*

*Is there a specific time period within which violations must be reported?*

*Suspected violations should be reported upon suspicion the same day.*
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 and other students affected.

Schools can consider a student’s assets and interests in determining sanctions, particularly if including a re-entry 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 pre-school during music class to earn time back, combining community service and asset development to earn back time and esteem.

Sanctions may vary widely depending on age of student, underlying factors, level of offense, etc. Attention should be given to perceptions of inconsistent consequences versus case specific. 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 misperceptions.

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).

Team or panel members should reach a decision (or recommendation if the team is so structured) 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 and decision.
NOTIFICATIONS

Parent/Guardian:
What is the maximum time frame?

Parents should be notified as soon as a violation is suspected and a communication plan put in place to maintain positive, effective communication throughout investigation, sanction imposition and re-institution of full privileges.

Law Enforcement:
When are they notified?
What process takes place once they are notified?

Schools must report any illegal or unlawful activity to local law enforcement so that they may conduct appropriate investigations and enforcement.

School Board:
When is the board notified?
What information is shared with them?

School boards should be notified of all alcohol and 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 and program and policy improvement in support of student well being.

Are other notifications required?

Schools report aggregate data on alcohol and drug violations and subsequent suspensions and expulsions to the state department of education. They 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 and drug use.

Privileges and Restrictions:
What privileges will be revoked and for how long?
What are maximum and minimum penalties for which category of violation? (Paraphernalia? Possession? Distribution or sale?)
Does age of student have an impact on discipline level?

Restrictions of privileges are 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 or other drugs. Schools should exercise particular caution in the restriction of privileges 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.
Assessment and Services: Will the policy require that students be assessed for a substance abuse problem? Under what conditions? What if they refuse an assessment or services?

For any violation that indicates use beyond an extremely isolated incident, 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 may require the assessment. If indicated, services can get a young person much-needed and appropriate treatment to reverse the progression of a substance use or mental health disorder.

Parent/Family Involvement and Shared Responsibilities: How are parents involved in the disciplinary action? Are they required to pay for assessments or services? Will they be required to participate in services that the disciplinary action may require?

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 required assessments or services. 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.

Due Process and Appeals: How do students and parents file an appeal? Who hears it and makes determinations?

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.

Second or subsequent violations: Are second or third offenses handled differently? How?

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.

Continued
How often will the policy be reviewed and updated?

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.

How and how often will the policy be communicated to students, parents, coaches, etc.?

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 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.

CONTINUED
What are the potentially unanticipated implications of 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.

Can the use of re-entry plans or agreements create better outcomes? How are they monitored and supported by the school?

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 and 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 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.
Reaching out to local community-based organizations can provide school communities with valuable information, perspectives, contributions, referral opportunities, and other resources to assist in the development and enforcement of effective alcohol and drug policies that protect students and the school environment from exposure to alcohol and drug messages and behaviors. As much as policies enforce laws and determine punishment and consequences, policies can also bring to light and help identify problems and needs that students may have, bringing needed services and resources to those who may not have otherwise asked for help.

Community resources can include local churches, community health centers, youth-serving organizations, family support groups, counseling, assessment and treatment services for alcohol or drug dependent adolescents, community service opportunities, career counseling, special educational services, and so forth.

In addition, schools can look to local and regional coalitions and networks of professionals trained in substance abuse prevention, intervention, treatment and recovery supports. The following is a list of Drug-Free Community coalitions and Regional Prevention Networks across the state who can be of service to schools in establishing effective, responsive, community-based alcohol and drug policies to address alcohol and drug abuse in a way that protects safety and encourages access to appropriate resources and services for those struggling with alcohol and drug abuse.

- **NORTH COUNTRY REGIONAL NETWORK**  
  Phone: 603-259-3700, Ext. 244  
  Coordinator: Bob Thompson  
  Email: Bthompson@nchcnh.org  
  www.nchin.org

- **LOWER GRAFTON COUNTY REGIONAL NETWORK**  
  Phone: 603-536-372, Ext. 111  
  Coordinator: Sarah Sutherland  
  Email: bridgestoprevention@gmail.com  
  www.bridges2prevention.org

- **LAKES REGION-MOUNT WASHINGTON VALLEY REGIONAL NETWORK**  
  Phone: 603-528-2145, Ext. 1800  
  Coordinator: Jessica Blais  
  Email: jblais@lrpph.org  
  www.lrpph.org

- **SULLIVAN COUNTY REGIONAL NETWORK**  
  Phone: 603-477-5565  
  Coordinator: Liz Hennig  
  Email: lhennig@sullivancountynh.gov  
  www.preventionworksnh.org

- **CAPITAL AREA REGIONAL NETWORK**  
  Phone: 603-224-3840 Ext. 228  
  Coordinator: Shannon Swett Bresaw  
  Email: shannon@capitalprevention.org  
  www.capitalprevention.org

- **SOUTHEASTERN REGIONAL NETWORK**  
  Phone: 603-516-2562  
  Coordinator: Melissa Silvey  
  Email: info@onevoicenh.org  
  www.onevoicenh.org

- **MONADNOCK REGIONAL NETWORK**  
  Phone: 603-357-1922, Ext. 125  
  Coordinator: Elyse Adams, Interim  
  Email: eadams@mc-ph.org  
  www.monadnockvoices.org

- **GREATER MANCHESTER REGIONAL NETWORK**  
  Phone: 603-206-6661  
  Coordinator: Mary Forsythe-Taber  
  Email: mft@MIH4U.org  
  www.mih4u.org

- **GREATER NASHUA REGIONAL NETWORK**  
  Phone: 603-882-4011  
  Coordinator: Donna Arias  
  Email: Donna@beyondinfluence.org  
  www.beyondinfluence.org

- **GREATER ROCKINGHAM COUNTY REGIONAL NETWORK**  
  Phone: 603-373-9116  
  Coordinator: Sandi Rubchinuk  
  Email: srubchinuk@uwgs.org  
  www.asapnh.org
New Hampshire Drug-Free Community Coalitions

- **BRIDGING THE GAPS- ROCHESTER COMMUNITY**
  - 603-330-7160
  - www.bridgingthegapsnh.org

- **CADY, INC. (COMMUNITIES FOR ALCOHOL- AND DRUG-FREE YOUTH)- PLYMOUTH**
  - info@cadyinc.org
  - www.cadyinc.com

- **COMMUNITIES UNITED FOR SUBSTANCE ABUSE PREVENTION**
  - lhennig@sullivancountrynh.gov
  - www.PreventionWorksNH.com

- **COMMUNITY ALLIANCE FOR TEEN SAFETY- DERRY**
  - info@catsnh.org
  - www.catsnh.org

- **CONCORD SUBSTANCE ABUSE COALITION**
  - (603) 223-2023
  - www.concordprevention.org

- **RAYMOND COALITION FOR YOUTH**
  - cclark@rcyf.org
  - www.RCYF.org

- **WINCHESTER WE’VE GOT YOUR BACK**
  - WGYBinfo@gmail.com
  - www.wgybwinnh.com

- **DOVER COALITION FOR YOUTH**
  - v.hebert@dover.nh.gov
  - www.dovercoalition.org

- **FRANKLIN MAYOR’S DRUG AND ALCOHOL ABUSE TASK FORCE**
  - Coordinator: Traci Fowler
  - tfowler@franklinnh.org

- **HINSDALE PREVENTION COALITION**
  - hpc.coordinator@gmail.com
  - www.hpcnh.org

- **MONADNOCK ALCOHOL AND DRUG ABUSE COALITION**
  - mdrew@scshelps.org
  - www.madacnh.org

- **COOS COUNTY COALITION FOR SUBSTANCE ABUSE PREVENTION- LITTLETON**
  - bthompson@nchcnh.org
  - www.nchcnh.org/CSAP_coalition.php

- **SANBORN/TIMBERLANE SAFE AND DRUG-FREE COMMUNITY COALITION**
  - 603-382-6541 x227
  - www.stcoalition.org

- **MERRIMACK-DRUG ADVISORY COUNCIL COALITION-COMMUNITY SAFEGUARD**
  - 603-889-1090
  - bhoude@theyouthcouncil.org
Conclusion

The New Hampshire Governor's Commission on Alcohol and Drug Abuse and its Prevention Task Force seek to better support schools in their adoption, communication and effective, responsive enforcement of model school policies to prevent and reduce youth alcohol and drug abuse. The Commission also extends its gratitude for school administrators, staff, teachers, coaches, students, parents and other school community stakeholders for rising to the call for action to better protect our state's youth from alcohol and drug abuse and dependence that can and does compromise their education and promise.

Reference materials are also provided for schools developing or revising a school alcohol and drug policy:

- **SUPPLEMENT A**: NH School Alcohol and Drug Policy Survey – Summary Report
- **SUPPLEMENT B**: Policy template developed by the Commission’s Prevention Task Force Ad Hoc School Policy Workgroup
- **SUPPLEMENT C**: Hanover High School's Alcohol and Drug Policy

For more information about the Commission or about model school policy development, please contact:

- **NEW HAMPSHIRE BUREAU OF DRUG AND ALCOHOL SERVICES**
  - 105 Pleasant Street, Main Campus, Concord NH 03301
  - 603-271-6110
  - Valerie.morgan@dhhs.state.nh.us

- New Hampshire Center for Excellence in Substance Abuse Services
  - Community Health Institute/JSI
  - 501 South Street, 2nd Floor, Bow NH 03304
  - 603-573-3300
  - nhcenterforexcellence@jsi.com