

Substance Abuse and Youth: An Overview and the Role of Educators

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Abstract. Substance abuse among youth remains a serious issue that directly impacts teachers, schools, and the community. It is incumbent upon educators to update their awareness of the nature of the problem and to devise and implement substance abuse policies to clearly delineate procedures for teachers and all stakeholders according to best practices and research. This article defines the issue through an examination of the existing data and new developments with respect to substance abuse, discusses the role of educators in the context of this issue, and presents recommendations and guidelines from the literature for policy development and review.

Keywords: substance abuse; youth; role of educators; school policy

Introduction

With respect to substance abuse and youth, as an old adage goes: what is old is new again. The concerns, the consequences, the denials, the successes, and the failures are still a part of the substance abuse landscape, whether in our homes, in our workplaces, or in our schools. The general extent of the problem has not significantly decreased in recent years overall (see Table 1) although it has changed its face in some cases and we do not necessarily recognize it as will be noted later in this article. Educators find themselves uniquely positioned to participate in efforts directed at identification of a problem and in an initial or ongoing dialogue with students suspected as already being involved with substance abuse or at risk for doing so. The purpose of this article is to examine the current nature of the issue of substance abuse among school-aged children, primarily among middle and secondary grades, to identify some of the issues associated with the teacher's role in identification and treatment, and to present policy practices that may help guide school personnel in dealing with this issue. Teachers and school personnel come into contact with children and youth every day and are tasked with the responsibility to teach academic content and social skills that will be critical if their students are to assume productive roles in society. This task becomes very difficult if students are engaged in substance abuse.

Substance abuse, viewed by the medical professional community as a

mental health issue, has been related to social ills such as crime and economic deficits (Brook, Brook, Rubenstone, Zhang, & Saar, 2011; Cerda, Johnson-Lawrence, & Galea, 2011). It presents societal challenges with respect to medical treatment and workforce development (Miller & Carroll, 2010). Not surprisingly, the issue of youth substance abuse has been identified as a serious issue in education and is an issue that teachers have to face on an almost daily basis (Parkay, 2015).

When teachers are faced with the issue of youth substance abuse, they may find conflicting information concerning the extent of the problem and what their role is in aiding students who they believe may be involved with substance abuse. For instance, there may be instances in which a school district wishes to publicly minimize the extent of substance abuse among its students for politically motivated reasons. Further, there is the aspect of denial about substance abuse problems among the population in general, with the fear of being stigmatized or because of a misunderstanding about the nature of addiction (Adlaf, Hamilton, Wu, & Noh, 2009; Luoma et al, 2007). Teachers find that their role in helping their students can be unclear when insufficient training has been provided for them relative to such training for other school staff such as school counselors (Gates, Norberg, Dillon, & Manocha, 2013).

The Nature of the Problem

Substance abuse is a socially pervasive problem that affects people across age groups, socio-economic levels and settings (National Institute of Drug Abuse, 2015). Substance abuse can be defined in a number of ways and takes many forms. In some cases, the issue is an overuse or dependence on alcohol or the use of alcohol before a legally defined age. Substance abuse can also take the form of the misuse of pharmacological substances (either one's own or another's, i.e. narcotics or stimulants such as ADHD medications) or the use or sale of a range of drugs from marijuana to hard drugs such as heroin, methamphetamine or cocaine (in powder form or as crack). It can also involve the use of inhalants, hallucinogenics (synthetic or plant form such as mushrooms), ecstasy, and steroids. The appearance of so-called "designer drugs" adds another range of substances to the list. These are modifications of existing chemical drug formulations in order to bypass existing regulations on their sale and distribution. Most recently, the advent of vapping (aka "vaping") has contributed a complicating factor to this discussion as it brings the element of camouflage to drug use - that is, detection using the sense of smell of the actual substance being "vaped" is nearly impossible as the vapor does not carry the characteristic odors of that particular substance (Ganin & Zamost, 2015; Morean, Kong, Camenga, Cavallo, & Krishnan-Sarin, 2015). For purposes of this discussion and at its most basic level, substance abuse can be understood as the use of the aforementioned substances insofar as it affects the academic and social development of youth as well as others in the youth's environment by creating difficulties and barriers to development, legal consequences, and disturbances in relationships.

Families who have a member who abuses substances often suffer from serious issues that affect the ability of the person and family to develop relationships in healthy and productive ways. Students who engage in substance

abuse bring a host of problems into the school and classroom that make it extremely difficult for learning to occur. To complicate the issue further, students often find that peers may attempt to sell or provide them with illicit substances either on or off school property (Schwartz, 2012). Arguably, schools could be the forum in which youth make peers aware of parties in which substances are going to be abused, creating an environment that is not conducive to effective education. Even more serious perhaps is that some of the youth engaged in these activities or who are caught abusing or selling substances often find themselves facing serious legal problems and possible out-of-school suspension or expulsion. Such ramifications have serious deleterious consequences for students such as discontinuation of education services, increased risk for dropping out of school, and ongoing involvement in the juvenile and adult justice systems (Lamont, 2013).

Schools have the responsibility to teach academic content in a setting in which students can focus their efforts and attentions on learning. Schools also serve as one of the primary social institutions in which social skills are taught and practiced and where youth learn life lessons. These tasks of the school and the teacher become quite difficult, if not impossible, for those students who are engaged in or affected by substance abuse as school disengagement in general can be an indicator of student substance abuse (Henry, Knight, & Thornberry, 2011). As a result, it is critical that teachers and school personnel engage the subject of how they should handle the issue of substance abuse in their schools.

The Extent of the Problem

In order to provide a foundation for a discussion of the extent of substance abuse among youth in the United States, we turn to the Center for Disease Control and Prevention (CDC) which has published the results from its 2015 Youth Risk Behavior Survey (YRBS) (Center for Disease Control and Prevention, 2016). The data from the YRBS used for this discussion are presented in Table 1, which also includes results from previous years for comparison purposes. As can be seen in the table, the survey has been given to U.S. youth every other year since 1991, and the recent overall trend in the data is encouraging. With the exception of two items - asking about taking steroids without a prescription or ever having injected an illegal drug - the last decade's data indicate decreases across all items. As noted in the table, the changes identified as statistically significant have to do with decreases in the numbers with respect to alcohol, inhalant, and ecstasy use.

At the same time that encouragement and optimism may result from a review of the data, it is incumbent upon all stakeholders in this issue to maintain and/or to increase efforts to address the issue. That is, while the 2015 percentage of 17.7 for youth reporting having taken 5 or more alcoholic drinks on 1 day within the last 30 days is a statistically significant decrease, almost one-fifth of students in this category could still be considered too high of a percentage. Further, the percentage reported for ever having used heroin, while lower than 1999, has remained fairly stable over the past decade, and most recently was 2.1%. At least as troubling as any of the other items found in Table 1, 22.7% of students indicated that they had been offered, sold, or given drugs on school property. It

is important to note that the YRBS data is also disaggregated by state, by certain large school districts, and by certain demographics, and readers interested in a more in-depth review of the data are referred to the CDC website listed in the references for this information.

Table 1: Items from CDC Youth Risk Behavior Survey. Results for Alcohol and Substance Abuse 1991-2015. Percentage of Those Surveyed

Item	1991	1993	1995	1997	1999	2001	2003	2005	2007	2009	2011	2013	2015
Had 5 or more drinks on 1 day within last 30 days	31.3	30.0	32.6	33.4	31.5	29.9	28.3	25.6	26.0	24.2	21.9	20.8	17.7
Ever used marijuana	31.3	32.8	42.4	47.1	47.2	42.4	40.2	38.4	38.1	36.8	39.9	40.7	38.6
Currently used marijuana (1 or more times within last 30 days)	14.7	17.7	25.3	26.2	26.7	23.9	22.4	20.2	19.7	20.8	23.1	23.4	21.7
Ever used cocaine in any form	5.9	4.9	7.0	8.2	9.5	9.4	8.7	7.6	7.2	6.4	6.8	5.5	5.2
Ever used hallucinogenics	--*	--	--	--	--	13.3	10.6	8.5	7.8	8.0	8.7	7.1	6.4
Ever used inhalants	--	--	20.3	16.0	14.6	14.7	12.1	12.4	13.3	11.7	11.4	8.9	7.0
Ever used ecstasy	--	--	--	--	--	11.1	11.1	6.3	5.8	6.7	8.2	6.6	5.0
Ever used heroin	--	--	--	--	2.4	3.1	3.3	2.4	2.3	2.5	2.9	2.2	2.1
Ever used methamphetamines	--	--	--	--	9.1	9.8	7.6	6.2	4.4	4.1	3.8	3.2	3.0
Ever took steroids without Rx	2.7	2.2	3.7	3.1	3.7	5.0	6.1	4.0	3.9	3.3	3.6	3.2	3.5
Ever took Rx drugs without Rx	--	--	--	--	--	--	--	--	--	--	20.7	17.8	16.8
Ever injected any illegal drug	--	--	2.1	2.1	1.8	2.3	3.2	2.1	2.0	2.1	2.3	1.7	1.8
Ever offered or given illegal drugs on school property	--	24.0	32.1	31.7	30.2	28.5	28.7	25.4	22.3	22.7	25.6	22.1	21.7

*"--" denotes no data collected for that year for that item.

Sloboda et al. (2009) noted that up to one third of teen students surveyed indicated a problematic use of drugs and alcohol. Their data suggested that up to 14% of the teens they surveyed may be drug dependent. Burrow-Sanchez, Jenson, and Clark (2009) indicated that, in their study, 20% of eighth graders had used alcohol in the last 30 days, that 18% and 22% of eighth graders and of twelfth grades respectively had used illicit substances in the last 30 days.

Ford and Watkins (2012) reported that in 2009, a minimum of 75,000 emergency room (ER) visits in the 12-17 year-old age group were related to prescription drug abuse, and that half of all ER visits related to drug abuse were from the 12-17 year-old age group. Most troubling was that this represented a 24% increase from 2004. The number of ER visits may be increasing at the same time that drug use numbers are holding steady as a result of an increased awareness about the importance of treatment, an increase in the potency of the drugs, and or an increase in the level of usage of individual drug users.

The most severe disciplinary consequence of any substance abuse activity available to schools is expulsion. A recent review of data made available by some U.S. states on their Departments of Education's websites shows that the percentage of total expulsions for substance abuse-related infractions in recent years has ranged from as low 5.6% (Maryland State Department of Education, 2014) to as high as 43.9% (Colorado Department of Education, 2015). In states such as Colorado, where possession and use of marijuana has recently become

decriminalized for adults, the expulsion rate for drug-related offenses has risen from 37.9% in 2010-2011 to the 2015 rate while the total number of expulsions has decreased (Colorado Department of Education, 2015).

These data point to a significant issue with substance abuse that is also reflected in the high number of children and youth -- 1,820,727 -- who were admitted to alcohol and substance abuse treatment programs in 2010 (U.S. Department of Health and Human Services, 2012). It is encouraging to note that many youth seek treatment, but there is a great deal of data to suggest that there are many youth who have substance abuse problems who are not seeking treatment or are engaged in ineffective treatment programs (Falck, Nahhas, Li, & Carlson, 2012).

The already serious problem of substance abuse may be growing in complexity, if not necessarily in size, and schools continue to need a coherent way to address the problems associated with substance abuse. The aspect of increased complexity in this problem is reflected in the inclusion of a new YRBS data collection category: the use of prescription medication without a prescription or against prescribed dosages. Another factor adding to complexity which has yet to reflect a pattern in the data is that of the increasing decriminalization of marijuana use and its legalized possession by adults. While this is not yet a national condition, it will be of extreme interest to education and mental health professionals to monitor percentages in those states where marijuana becomes or has already become decriminalized for adults. Another serious aspect of this problem is data showing an increase in the number of deaths and hospitalizations from heroin use reported for 26 states during 2013, with some increases as high as 50% over the previous year (Associated Press, April 5, 2014). It can be extrapolated from all the data presented here that the monetary and personal cost of this problem is a serious economic and social issue -- one that has long term effects on society.

Decreasing academic achievement and academic growth has been correlated with increasing drug use among middle school and secondary students (Henry, 2009; Ratterman, 2014). Substance abuse has also been shown to negatively impact high school graduate rates, especially when the predominant use is alcohol (Kelly et al., 2015), with decreased graduation rates negatively impacting future earnings and career opportunities (Lamont, 2013).

Factors Associated with Substance Abuse

Factors associated with substance abuse may be categorized as either risk factors or protective factors with each category being equally important to consider when addressing this issue, especially with respect to efforts directed at substance abuse prevention in schools.

Risk Factors

Among the risk factors is socioeconomic status (SES). While it may be commonly thought that students from low SES families are represented in higher percentages among students with substance abuse problems, some research has indicated that students from high SES backgrounds may be as likely to abuse substances as those from low SES backgrounds (Humensky, 2010). Factors such as depression, delinquency, and family violence may be related to increased levels of substance abuse among youth (Yi, Poudel,

Yasuoka, Palmer, & Jimba, 2011). Likewise, unemployment, age of first use, poor parenting skills, antisocial behavior in the home, harsh home discipline, low school expectations, a low perception of harm from alcohol and drug use, more drugs in the community, a stronger potency of drugs as in marijuana, a low level of bonding with the school environment, and low academic achievement are also factors that have been associated with youth substance abuse (Arthur, Hawkins, Pollard, Catalano, & Baglioni, 2002; Birckmayer, Holder, Yacoubian, & Friend, 2004; Burrow-Sanchez et al., 2009; Case & Haines, 2008; DeWit, Adlaf, Offord, & Ogborne, 2000; Humensky, 2010; Yi et al., 2011). With respect to parenting skills and other family-related factors, we can say more specifically that perceived parental approval of drug use (Donovan, 2004), low parental monitoring in general (Shillington et al., 2005), parental and or sibling substance use (Birckmayer et al., 2004), and family history of alcoholism (Warner & White, 2003) are risk factors for substance abuse.

Many of these factors are beyond the control of the classroom teacher and school personnel. The exact nature of the relationship between adolescent substance abuse and these risk factors is unclear. Some authors believe that many of these risk factors are causal and need to be addressed in treatment programs while others believe that these factors are largely correlational and may be a *result* of substance abuse (Swendson et al., 2012). Gallimberti et al. (2011) went so far as to conclude that the primary contributors to adolescent alcohol abuse were those family-mediated factors mentioned above that contributed to high-risk social behaviors.

Another important consideration in a discussion of risk factors is the issue of comorbidity of substance abuse with a range of mental health diagnoses. In one study, 23.9% of adolescents reported comorbidity of externalizing mental health disorders – which include attention-deficit/hyperactivity disorder (ADHD) and oppositional defiant disorder – and 11.2% with internalizing disorders such as depression and anxiety (Sabri, 2012). As many as 90% of adolescents who presented for substance abuse treatment had been diagnosed with at least one mental health disorder according to a study by Shlosberg, Zalsman, and Shoval (2014). With respect to alcohol abuse alone, the most frequently diagnosed mental health disorders include conduct disorder, posttraumatic stress disorder, ADHD, and major depressive disorder (Pompili et al., 2012). Among adolescent marijuana users who presented for substance abuse treatment, more than two thirds had a diagnosis of two or more mental health disorders (Pompili et al., 2012).

Arguably the most prevalent disorder among the general population of students, affecting 8.1% of all school-age children according the Centers for Disease Control and Prevention (CDC), ADHD is a risk factor associated with adolescent substance abuse (Gudjonsson, Sigurdsson, Sifgusdottir, & Young, 2012; Salm, Sevigny, Mulholland, & Greenberg, 2011). Moreover, data suggest that youth already at-risk for school failure who are below grade level in achievement, who manifest serious behavior problems in school and have serious problems interacting with peers and teachers may be more likely to abuse drugs and alcohol, compounding serious already-existing problems (Trenz, Dunne, Zur, & Latimer, 2015). The implication for educators is twofold: 1) that signs and symptoms of substance abuse may be confused with or masked

by those of the other condition(s) present, and 2) that substance abuse may or may not be the original condition – that it may be a form of self-medicating and should not necessarily be the primary focus of any intervention (Garland, Pettus-Davis, & Howard, 2012).

Protective Factors

As with the risk factors for youth substance abuse, many protective factors have their roots in the family and in the community environment. Such factors include: (a) parenting skills such as a positive, authoritative (as opposed to authoritarian) style; (b) close monitoring; (c) a strong sense of family cohesion as expressed by mutual positive regard among family members; (d) impulse control; (e) academic competence; (f) strong positive neighborhood connections; and (g) participation in effective antidrug use programs (Birckmayer et al., 2004; Robertson, David, & Rao, 2003).

Teachers can provide another layer of protection insofar as their relationships with their students are positive and supportive. Such positive relationships that contribute to emotional attachment to the school environment have been shown to be associated with a decrease in risky adolescent behaviors to include substance abuse (Li et al., 2011; Rudasil, Reio, Stipanovic, & Taylor, 2010). More on the role of the teacher follows.

When Use Is or Is Not Abuse

The data suggest that many students will experiment with drugs and alcohol, but that not every child who experiments with these substances will eventually become a substance abuser (Burrow-Sanchez et al., 2009). Likewise, not every behavior or attitudinal problem manifested by an adolescent is reflective of drug or alcohol abuse. Often, the problems of youth are transitory and reflective of the difficult period of adolescence and not a result of the use of illicit substances. However, there are instances when teachers suspect that a student is experiencing problems that may be associated with substance abuse and then the question becomes what to do. A teacher's suspicions would be triggered when the student begins missing class without a legitimate excuse, has grades that are dropping, and is beginning to have disciplinary referrals at school (Henry et al., 2011).

Role of the Teacher

Teachers rightly do not have the authority or sufficient training to themselves directly intervene when substance abuse by a student is suspected. Not only are issues of liability, confidentiality, and, at times, the risk to the relationship between teacher and student of utmost importance, but equally important is the potential emotional impact on the teacher. While some teachers may seem to have a natural inclination to effectively communicate with their students about sensitive topics, there may be far-reaching ramifications to beginning down the path of intervention by engaging in a conversation with an individual student about their suspicions. It is not uncommon that, at the very early stage of expressing a concern, the standard response, especially on the part of youth, is denial, anger, and blaming the other person. Such conversations between teacher and student should not be undertaken without the teacher first being versed in how to do so effectively, that is, with minimal repercussions

afterward to the relationship with the student. At the classroom level, it is also critical that teachers have full knowledge of the realities of substance abuse and their responsibilities to conform to the policies and procedures developed by the school or school district. There are early warning signs of substance use and abuse with which teachers, alongside parents, will come into contact. Such signs include changes in behavior, personality, mood, appearance, and social circle. Also present may be uncharacteristic belligerence when confronted with suspicion of substance use, uncharacteristic poor judgment, disinhibition, deterioration of grades, truancy, skipping classes, and lack of motivation (Ali et al., 2011). These signs, which do not typically appear in isolation, may be the first indication that would alert teachers to pursue more accurate information about more formalized identification methods and about school professionals to whom a referral should be made. Information on policies for reporting suspected substance abuse should be readily available and, perhaps most importantly, teachers should play an active role when school policies concerning educational alternative are developed.

School-Based Responses

Given the ongoing levels of substance abuse as already discussed, it is critical that schools have a clear and coherent approach to deal with the issues associated with this problem. School responses to substance abuse must be well thought out and reflective of best practice and legal requirements. In some cases, such as the distribution of drugs and alcohol on a school campus, the matter quickly becomes a legal issue that supersedes any school-based sanctions. However, in many cases, schools do have a significant role to play especially when confronted with students who they may suspect are involved with substance abuse.

There have been a number of attempts at early intervention to prevent substance abuse such as the Drug Abuse Resistance Education (DARE) program, arguably the most well-known. Some researchers have noted that many early prevention programs such as DARE, while well intentioned, have been less than effective in addressing many of the substantive issues with substance abuse in schools (Hanson, D. J., 2013; Vincus, Ringwalt, Harris, & Shamblen, 2010). It should be noted that, despite much empirical evidence for its ineffectiveness overall, there are some reports that acknowledge the program's benefit in other factors, such as school attendance on days when the program is being held (Berman & Fox, 2009). These early intervention programs point to the need for schools to develop a comprehensive approach to substance abuse that reflects best practice, involves relevant community services and agencies, includes parents and teachers, and is designed to keep students engaged in an educational environment.

Most schools have a zero tolerance policy related to substance abuse and move to exclude students from school settings by way of suspension or expulsion when they determine that the student manifests such a problem (Burrows-Sanchez et al., 2009). These zero tolerance policies are ineffective and do little but to push the problem out into the community and exclude the child from any meaningful engagement with the educational environment. Zero tolerance does little to address the problems of the child and, in fact, creates a

more serious problem by depriving the child of the environment that potentially could be the most valuable, which points to the need for school policies that include a graduated system of interventions that reflect the severity and history a student's substance abuse problem. These interventions should be designed to keep students engaged in the educational programs but may offer a number of educational settings that enable the student and his or her peers to fully and effectively engage with the educational program. There are two basic types of recommended intervention in the school setting: individual intervention with a trained professional who is a part of the school staff, and group counseling/educational sessions which would also be conducted by such a professional.

Designing the scope of these graduated policies and environments will necessarily involve teachers, parents, school counselors, school psychologists, and social and legal agencies and should recognize the critical role that each plays in the identification and referral for treatment of substance abuse. This involvement will require ongoing education and training for all parties in the realities of substance abuse treatment and especially in the evolving nature of the problem. In some cases, states' Departments of Education provide written guidelines for schools and school districts for developing substance abuse policies. One such guide includes certain topics that should be addressed, such as a philosophy statement, a community involvement component, a guide for effective communication, a prevention/education component, an enforcement policy, an intervention process, a treatment referral procedure, a disciplinary component, a review/revision timetable and process, as well as guides with respect to state laws and state resources (Maine Department of Health and Human Services, 2008).

Students with Special Needs

An important student population to consider when crafting a school substance abuse policy is that of students with special needs. A school's or district's code of student conduct will likely include a section that specifically delineates how students with disabilities shall be given any disciplinary consequences with reference to the students' individualized education plan (IEP). Such plans often require the convening of the student's IEP team members to address disciplinary matters, especially those which would call for suspension or expulsion, such as substance abuse related infractions.

Recommendations

The most effective approach to school-based substance abuse prevention programs is one that is inclusive of all students, not only those who might be considered at risk for substance abuse (Kristjansson, Sigfusdottir, & Allegrante, 2013). Substance abuse problems are bigger than any one group of individuals within the school setting. The authors emphasized a holistic and school-community approach that would provide a prevention program akin to community health education. Moreover, any discussion of alternatives will almost certainly necessitate a discussion of finances and a cost/benefit analysis. This discussion has to involve all aspects of the community, as the activities of one agency will affect the entire community. For example, schools that move to

quickly expel students who have been identified as having a substance abuse problem may inadvertently put the youth out on the street in an even more unsupervised setting and could result in an increased level of crime and an escalation of attendant problems. Therefore, it is critical that all community groups recognize that the issue of youth substance abuse is a community problem that calls for serious, coordinated, collaborative action.

There is ample literature to support that student self-disclosure is a critical and necessary part of an effective substance abuse treatment program (Bertrand et al., 2013). Student self-disclosure refers to the student revealing the truth about his or her own substance use pattern and history. This results in a shift in the locus of control to the student and involves him or her in a very necessary way in the treatment program. Student self-disclosure cannot occur, however, if school administrators strictly adhere to zero tolerance policies in which students are removed from schools if they admit to a drug or alcohol problem.

School policies also have to recognize the critical role of parents in any substance treatment program (Griffith, 2010; Unger, Ritt-Olson, Soto, & Baezconde-Garbanati, 2009). Parents may need to engage in some type of ongoing dialogue related to the effect that substance abuse has had on their family, to the ways that they deal with misbehavior in the home, and to the role of their own behavior (Gallimberti et al., 2011). These can be sensitive and difficult conversations and well beyond the scope and responsibility of regular school personnel, although teachers are most often on the “front line” of initiating them. These discussions should involve mental health professionals trained in dealing with substance abuse and social service agency staff. Still, schools can assist in working with agencies to develop policies that recognize the critical role that teachers and parents play in the lives of youth with substance abuse problems.

Teachers are increasingly evaluated by the results of formal test scores that measure the amount of academic growth made by students in their classes. The pressure of this evaluative process may cause teachers to be very wary of students who manifest serious problems such as substance abuse and may be seen as a drain on their instructional time in the classroom. This is not an unreasonable concern, but the reality is that there are students who do manifest problems and teachers are in a unique position to identify and assist in facilitating referrals to interventions designed for these youth. So, the challenge becomes the structuring of the educational community’s response to students who may be involved in substance abuse while recognizing the very real concerns of classroom teachers.

Treatment issues necessitate that careful attention be paid to issues of truancy, parental supervision, parenting practices and school achievement. Any approach has to recognize that students may need intensive academic assistance as well as ongoing counseling services and that these services must account for relapse and unexpected issues involving the family and community interaction.

It is also important that everyone involved in the development of substance abuse policies and attendant treatment services recognizes the importance of adhering to the legal requirements associated with substance abuse and the reporting of suspected cases of drug use. Burrow-Sanchez et al.

(2009) noted that U.S. Federal Regulation 42CFR addresses the issue of confidentiality related to student substance abuse. According to the regulation, if a particular state's law does not require parental consent to treatment, then the minor owns the confidentiality over any and all information pertaining to that treatment, especially to the fact of its having taken place. School policies need to carefully reflect their state's requirements vis a vis this federal regulation as well as any other applicable state laws.

Among the principles recommended when developing substance abuse policies or selecting an existing prevention program are: (a) enhancing protective factors and reduce risk factors; (b) addressing all forms of drug abuse with a focus on prevalent community drug abuse problems; (c) including a family-based component; (d) beginning at the earliest age feasible – the younger the target population, the stronger the focus on protective factors should be, i.e. academic achievement; (e) collaborating with community leaders to foster a consistent prevention effort across settings; (f) planning for the long-term implementation with repeated and frequent delivery and reinforcement; and (g) including interactive strategies (i.e. peer discussions) that have been shown to be most effective (Robertson et al., 2003). Additionally, recommendations from a large, inner-city substance abuse policy emphasize (a) framing the policy as a health risk initiative, (b) annually reviewing the policy for effectiveness, (c) protecting teachers and other school personnel from liability, (d) involving families wherever and whenever possible, and (e) cooperating with law enforcement as necessary to maintain public safety (Newark Public Schools Discipline Plan and Policy, 2009).

Conclusion

Substance abuse is a serious and complicated issue that requires careful planning and the full involvement of teachers, school officials, and social and legal agencies so that a coherent and unified approach can be developed that seeks to address the very real needs of youth, their parents, and the community. In such a setting and under such conditions, it is reasonable to expect a continuation in improved outcomes for all stakeholders in this important issue, especially for the youth who are being served and who are entitled to our very best and highly informed efforts. The changes in recent years in many states to the nature of what is or is not legal for adults with respect to substance use and possession will likely contribute to the ongoing changes in the landscape of this issue.

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