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ABSTRACT

This document presents a manual to help program developers plan for a comprehensive school and community-based response to the drug problem as required by the Drug-Free Schools and Communities Act. Part I explains the purpose of the manual and discusses other work being conducted by the North Carolina Alcohol and Drug Defense Program. Part II examines the basis for a sound community effort, explaining the purpose and establishment of a local advisory council and discussing school policies. Part III presents model school-based prevention program components. Four program components are listed, an alcohol and other drug education curriculum is presented, and basic performance standards for alcohol and drug education are stated for kindergarten through grade 3, grades 4 through 6, grades 6 through 8, and grades 9 through 12. Part IV, Model School-Based Intervention Program Components, discusses the case for school-based early intervention programs, the early identification process, assessment, referral, the development of in-school referral resouces, coordination with community resources, and follow-up and aftercare services. Brief summaries are provided of these types of school-based intervention programs to serve youth: (1) student assistant programs; (2) natural helper/peer helper programs; (3) alternate to expulsion programs; and (4) alternate schools. (NB)

PURPOSE OF THIS DOCUMENT

This is a manual to help you plan for a comprehensive school and community-based response to the drug problem as required by The Drug-Free Schools and Communities Act.

This manual does not contain rules and regulations. It is our attempt to provide you, the school and community leaders with guidance on how to plan for the most effective and comprehensive services.

Our staff is doing everything possible to keep you informed of current resources, the latest in research, etc. We will continue to offer training and technical assistance based upon our experiences with you and our study of those projects that are working around the country.

Alcohol and Drug Defense Program
Guidance On Comprehensive (K-12)
School-Based
Prevention and Intervention Services

I. Introduction

Since the late 1960's, our society has struggled with methods to attack the increasing problem of drug use. During the last 15 years, we have witnessed an explosion of drug problems involving every aspect of our society. Drug use has had a negative impact on increased crime, physical health, lower productivity, and increased family stress to the extent that everyone is directly affected by the problem. The drugs that are used have spanned the gamut of all known substances. The availability has increased despite sophisticated supply reduction strategies. The potency of drugs has increased, and, in most instances, the cost has gone down due to the larger market. The age of first use has continued to fall, resulting in a greater focus of responsibility on the public schools to address the problem.

We have waged numerous "Wars on Drugs" during the last decade to reduce both supply and demand. Until recently, the focus of the resources has rested with law enforcement and traditional treatment agencies. In 1985, the General Assembly of North Carolina acted to place responsibility for drug prevention and intervention on the public school system by establishing the Alcohol and Drug Defense Program (ADD). Limited state resources have been committed to DPI to establish a service delivery mechanism through public schools to address the problem. In 1986, $250,000 of state funds were appropriated to investigate various model approaches for prevention and intervention in urban and rural school settings.

In 1986, Congress acted to approve the Drug-Free Schools and Communities Act to appropriate federal dollars to education, treatment and law enforcement to establish a balanced effort to confront the drug problem. This Act seeks to provide local school systems with a base of support to stimulate the development of comprehensive strategies that recognize early prevention and intervention as the only possible hope to reduce the demand for drugs.

For the first time in history, the U.S. Congress focused this new campaign on schools as evidenced by the title of the Act. Although the federal, state, and local resources are still extremely limited in comparison to the problem, we have

PART 2—STATE AND LOCAL PROGRAMS

SEC. 4121. USE OF ALLOTMENTS BY STATES.

(a) An amount equal to 30 percent of the total amount paid to a State from its allotment under section 4112 for any fiscal year shall be used by the chief executive officer of such State for State program in accordance with section 4122.

(b) An amount equal to 70 percent of the total amount paid to a State from its allotment under section 4112 for any fiscal year shall be used by the State educational agency to carry out its responsibilities in accordance with section 4124 and for grants to local and intermediate educational agencies and consortia for programs and activities in accordance with section 4125.

SEC. 4122. STATE PROGRAMS.

(a) Not more than 50 percent of the funds available for each fiscal year under section 4121(a) to the chief executive officer of a State shall be used for grants to and contracts with local governments and other public or private nonprofit entities (including parent groups, community action agencies, and other community-based organizations) for the development and implementation of programs and activities such as—

(1) local broadly-based programs for drug and alcohol abuse prevention, early intervention, rehabilitation referral, and education for all age groups;

(2) training programs concerning drug abuse education and prevention for teachers, counselors, other educational personnel, parents, local law enforcement officials, judicial officials, other public service personnel, and community leaders;

(3) the development and distribution of educational and informational materials to provide public information (through the media and otherwise) for the purpose of achieving a drug-free society;

(4) technical assistance to help community-based organizations and local and intermediate educational agencies and consortia in the planning and implementation of drug abuse prevention, early intervention, rehabilitation referral, and education programs;

(5) activities to encourage the coordination of drug abuse education and prevention programs with related community efforts and resources, which may involve the use of a broadly representative State advisory council including members of the State board of education, members of local boards of education, parents, teachers, counselors, health and social service professionals, and others having special interest or expertise; and

(6) other drug abuse education and prevention activities, consistent with the purposes of this subtitle.

(b)(1) Not less than 50 percent of the funds available for each fiscal year under section 4121(a) to the chief executive officer of a State shall be used for innovative community-based programs of coordinated services for high-risk youth. The chief executive officer of such State shall make grants to or contracts with local governments and other public and private nonprofit entities (including parent groups community action agencies, and other community-based organizations) to carry out such services.

learned that schools are a place where children's lives can be affected in very positive ways. With respect to drug and alcohol use, schools may very well be our last hope to significantly reduce a problem that is far more complex and serious than any of us recognize.

We will be releasing the results of the statewide Alcohol and Drug Use Survey in September, 1987, in a major statewide conference that will focus on the extent of the problem and review those model prevention and intervention strategies that prove to be effective. Beginning in September, we will be offering two major 10-hour training modules for school personnel:

10-Hour Prevention Module -- for teachers and support personnel

10-Hour Intervention Module --

- Level One/Identification -- for teachers and support personnel
- Level Two/Intervention -- for support personnel

In the interim, this manual is intended to help you focus your immediate and long-range plans for your schools and communities. It is specifically provided for your use in preparing your Application for the Drug-Free Schools and Communities Act Federal Funds. The regional ADD Consultants will be conducting workshops and providing technical assistance to you as you and your colleagues plan your local comprehensive effort. These ideas and strategies are not the last word. This manual is based upon the best experience and knowledge available. For the sake of our children, we need your best effort in this planning process. Let us know how we can be of help to you.

II. The Basis for a Sound Community Effort

A. Local Advisory Council

The Drug-Free Schools and Communities Act requires recipients of the federal dollars to "establish or designate a local or substate regional advisory council on drug-abuse education and prevention composed of individuals who are:

- parents,
- teachers,
- officers of state and local government,
- medical professionals,
- representatives of the law enforcement community,
- community-based organizations,
- and other groups with interest and expertise in the field of drug education and prevention. (It is strongly recommended that students be added to this list!)

The purpose of the advisory group is to involve a cross section of individuals, experiences and input to the efforts by schools to address this problem. This group can be helpful in generating the resources to address the problem by articulating issues to the public, community agencies, and elected officials.

There are numerous ways to approach the establishment of advisory groups. In many communities, such groups have already been formed by mayors, city councils, county commissioners, police chiefs, etc. Where such advisory groups exist, the local school board should consider "designating" that group to serve as advisory to them in the implementation of the Act.

Community Mental Health, Mental Retardation and Substance Abuse Programs are also required to establish advisory groups if they choose to apply for funds or if any local agency applies through them for a competitive grant from the Governor to implement the 30% of the State Education Grant that is awarded to the Governor. These funds are for general prevention/intervention, and 50 percent must be used for "high-risk" children and youth. (Section 4121-4122 is attached.)

In order to avoid duplication, it is our recommendation that one council be created for each county to serve as advisors to schools, mental health, community agencies, and law enforcement.

The ADD Program will offer technical assistance to you on advisory councils. (Contact the regional consultant for information.)

B. School Policies

Each school district or LEA must develop strong policies which include the district's philosophy about health and wellness of the students in the district. The policy should identify:

(1) the district's position on the use, sale or possession of illegal substances on school grounds or school-sponsored activities,

(2) the sanctions which will be imposed for violations of the policy, and

(3) the type of assistance which will be offered to students who are having alcohol or other drug-related problems.

(4) Policy statements must mandate that alcohol and drug education will be taught at all grade levels (K-12) in order to be eligible for the federal funds.

It is critical that policies be enforced in a uniform and equitable manner to ensure a drug-free environment in schools. We have learned that policies that only address punitive measures have not eliminated drugs from schools and that expelling a drug user with no individual/family intervention only exasperates the individuals and the communities' problems. The involvement of parents in the intervention/treatment response is critical to the successful resolution of these problems. Many schools require parents and students to participate in educational and intervention sessions as a means of keeping the child in school and free from further drug problems.

The demand to establish thoughtful and responsive policies to address the complex and often conflicting issues with drugs is a tough task indeed. This is one of the major areas for involvement of the advisory council. Alcohol and drug problems are a responsibility of the community. The chances for a significant resolution of the problem are greatly enhanced when community agencies, school officials, parents and students work together to confront the problem. Criminal activity and disruptive behavior must be controlled. However, students in need of treatment or early intervention must be referred for help. School

staff need to know the procedures to involve parents and community agencies. They especially need to know that they will be supported for taking action!

Again, the ADD Program is available to offer technical assistance and training. (Contact your Regional Consultant for help.)

III. MODEL SCHOOL-BASED PREVENTION PROGRAM COMPONENTS

Introduction

School-based programs that focus upon alcohol and drug abuse prevention should be an integral part of a comprehensive community-wide effort that involves students, parents, families, community groups, and the media. Drug abuse among our youth is a multifaceted problem, and we must develop multifaceted approaches to prevent drug and alcohol use.

The classroom student needs more than information about alcohol and drugs; more than assemblies and lectures on drugs by visiting experts; more than a 5-day unit on drugs; and more than an essay or poster contest. The total health and well-being of the student must be addressed as schools and communities work to create a drug-free environment.

It is important that young people learn skills in:

- Saying "no" to drugs
- Developing healthy alternatives to drug use
- Making wise decisions
- Thinking critically
- Solving problems
- Developing effective relationships
- Communicating effectively

PROGRAM COMPONENTS

In addition to the development of a School Advisory Council and the development of school policy, the following are essential components of a school-based prevention program:

1) A comprehensive, sequential kindergarten through high school (K-12) alcohol and drug education curriculum that should be integrated into the health education program. "The reason substance abuse belongs within the general health education program is that substance abuse behavior is ordinarily intertwined with other problem behaviors. School failure, dropping out, teen pregnancy, delinquency, and substance abuse are inclined to share a common etiology." [1]

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[1] Bonnie Benard et al., "Knowing What To Do - And Not To Do - Reinvigorates Drug Education." Curriculum Update. Association for Supervision and Curriculum Development, p. 3, February, 1987.

2) Family involvement plays a crucial role in alcohol and other drug prevention/education and intervention. Therefore, programs should include education to increase general awareness about alcohol and other drug issues for parents and to promote positive parenting. Educational materials should be developed and disseminated to parents.
3) Provision of extra-curricular activities and alternatives to alcohol and other drug use. Examples of such activities are intramural sports, debate teams, outdoor adventure activities, Just Say No Clubs, etc.
4) Programs that incorporate the concept of Peer Helpers or Natural Helpers that will provide reinforcement and support to those students who have chosen to lead drug-free lifestyles.

ALCOHOL AND OTHER DRUG EDUCATION CURRICULUM

A school-based substance abuse prevention curriculum shall be a comprehensive and integrated program that will be taught in all grades (K-12). Alcohol and drug education must appeal to both the affective and cognitive domains of learning. According to Merita Thompson and co-authors:

> To produce any persisting societal or personal effect requires both attitude change and action change. If a change produced is to be meaningful and stable, alcohol education must address knowledge, attitudes, and behaviors as a focused set - not independently. [2]

At the kindergarten through third grade level, the emphasis of drug education should be placed on identifying emotions, self-concept, and learning the importance of rules, sharing and taking turns. It is not until the fourth grade that there is a specific focus on alcohol and drugs and their effects on the body. A section on Basic Performance Standards for alcohol and drug education has been provided that covers the four progression levels. The following are the key elements of a drug education curriculum:

1) Accurate, up-to-date information with social skill development.
2) Classroom instruction focusing on intra- and interpersonal growth skills that may be incorporated in all instructional areas in Grades K-12.

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[2] Merita Thompson et. al., "Alcohol Education In Schools: Toward a Structural or Perceptual..." Review of Research in Education. (1976): 79.

3) Action oriented, student-centered activities which empower the students and reinforce previously taught skills.
4) Age level appropriate.
5) Easily integrated into existing curricula.
6) Program evaluation tool to measure short and long-term effects.
7) Curriculum should include refusal skills training.
8) Use of trained classroom teacher that will serve as primary facilitator of classroom instruction.
9) Strong teacher training component and commitment to continually update the contents.

Teachers should receive training that provides information on alcohol and other drugs, signs/symptoms of drug abuse, stages of chemical dependency, prevention strategies, etc. The Department of Public Instruction has developed a 10-Hour Prevention Training Module that will be offered to teachers and other school personnel during the 1987-88 school year. For more information contact your Regional ADD Consultant.

If a specific curriculum is chosen by an LEA, specific training for curriculum implementation should be provided. The content of an alcohol and drug education curriculum should significantly modify a minimum of four (4) of the eight (8) "high-risk states" correlated with the frequent use of alcohol and other drugs:

- Rebelliousness
- Negative social attitudes
- Low valuing of school
- Poor student-teacher relationship
- Low self-esteem
- Attitudes favoring alcohol and other drug use
- Family incohesiveness
- Children with alcohol and other drug abusing parent(s)

Refer to the enclosed Resource Listing of Alcohol and Drug Education Curricula.

BASIC PERFORMANCE STANDARDS FOR ALCOHOL AND DRUG EDUCATION

The following are minimum recommended drug education performance standards at the four progression levels (K-3, 4-6, 6-8, 9-12) with some suggested extra-curricular activities:

K-3 Objectives

By the completion of Grade 3, students should be able to:

1) State that drugs and medicines cause changes in your body that can help or hurt you.
2) Identify harmful substances in their environment.

3) Identify persons who administer medicine.
4) Describe different emotions and identify facial expressions of each.
5) Recognize their own uniqueness.
6) In a variety of situations, be able to demonstrate techniques for handling feelings.
7) Name reasons for rules, sharing, and taking turns.
8) In situations involving rules, sharing, and taking turns, to be able to state the choices and consequences of each.

Extra-curricular activities: Safety Awareness Weeks, School Health Fairs, Poster Contests, etc.

Grades 4-6 Objectives

By the completion of Grade 6, students should be able to:

1) Summarize the individual's responsibility in maintaining a healthy body and mind.
2) Classify items in the household as harmful if inappropriately used.
3) Summarize the concept that drugs affect the body and mind.
4) Be able to identify characteristics (e.g. clothing, recreation, interests) of a peer group.
5) Given examples of peer pressure and peer group conflict, generate several responses to each.
6) Summarize how advertising affects decision-making.
7) Give examples of how one's feelings affect one's actions.
8) List and summarize factors that may affect how drugs work in the body (e.g. mood, setting, etc.).
9) List reasons why people choose/choose not to abuse drugs.
10) List the negative effects of tobacco, marijuana, inhalants and alcohol.
11) Name positive activities to have fun.
12) Define drug, psychoactive, p escription drugs, over-the-counter drugs, foods that contain drugs (coffee, cola), and other drug-related terms.
13) Demonstrate through role plays, different ways of saying "no" to drugs. (Refusal Skills Training).

Extra-curricular activities: Drug Awareness Weeks, Just Say No Clubs, Poster Contests, Essay Contests, Drama Presentations, Assembly Programs, Drug-free Special Activities such as roller skating, picnics, retreats, etc.

Grades 6-8 Objectives

By the completion of Grade 8, students should be able to:

1) Identify several examples of self-enhancing and self-destructive behaviors.

2) Name ways that feelings and attitudes affect decision-making behavior.
3) List potential consequences of risk-taking behavior.
4) Summarize the effect of group influences on personal values.
5) Given several scenarios involving social pressure, be able to demonstrate coping mechanisms.
6) Demonstrate through role playing, different ways of saying "no" to drugs. (Refusal Skills Training.)
7) Define drug tolerance and drug dependency, and review the terms drug, psychoactive, prescription drugs, street drugs, over-the-counter drugs, foods that contain drugs, and other drug-related terms.
8) Given a list of commonly abused drugs, be able to classify which psychoactive class each belongs.
9) Summarize the synergistic effect of combining two or more drugs.
10) Contrast the effects of drugs on the developing adolescent body and the mature adult body.
11) State legal ramifications for drug use.
12) List community and other positive activities and alternatives to drug use.
13) List local resources where students can go for help for self, family, or friends with drug-related problems.

Extra-curricular activities: Just Say No Clubs, Drug Awareness Day/Month, Assembly Programs, Health Fairs, Students Against Driving Drunk Chapters (SADD), etc.

Grades 9-12 Objectives

By the completion of Grade 12, students should be able to:

1) State potential positive and negative social, physical, psychological, legal and economic effects of drugs on self, family, and friends.
2) Summarize the role of personal beliefs in one's decision-making process.
3) Given situations involving peer pressure to use drugs, be able to classify by name or description appropriate assertiveness techniques.
4) Describe the qualities associated with a positive self-concept.
5) Given a list of psychoactive drugs, be able to list long-term and short-term effects for each.
6) Describe the effects of combining two or more drugs.
7) Describe the possible progressive stages of drug abuse, beginning with first time-use.
8) Describe the dangers of drinking and driving and the relationship of blood alcohol level to a serving of beer, wine or liquor.
9) List problems with marijuana use and driving and the effects on the body and mind.

10) Name influences of mass media on personal behaviors as it relates to drug use.
11) List school/community resources for drug treatment and/or information.

Extra-curricular activities: Project Graduation, Students Against Driving Drunk Chapters (SADD), Just Say No Clubs, Health Fairs, Drug Awareness Month Activities, Special Student Seminars, Parent Awareness Sessions, Athletes Against Crime Activities, Assembly Programs featuring guest speakers, Drama Clubs, Outdoor Adventure Activities, Great American Smokeout, Adopt-A-Teacher Day, etc.

IV. MODEL SCHOOL-BASED INTERVENTION PROGRAM COMPONENTS

Introduction

The public believes that schools should do something about drug use, but what can be done? Beleaguered school administrators and teachers feel they are often held accountable for problems over which they have little control. Anyone who has worked with substance abuse problems among young people knows how complex and baffling the problem can be. Often efforts to help a young person who is engaging in self-destructive, drug-taking behaviors seem futile. Well-meaning adults become confused about what action to take, and this confusion often leads to taking no action. We often deny, in the face of evidence to the contrary, the existence of drug use by young people. When we do act, it is often an overreaction as the result of some drug-induced crisis in our community. A young person may be injured or killed by a drug overdose or an alcohol related driving offense and this incident may lead to a reaction. The school and community may crack down on pushers, conduct undercover operations against establishments which sell alcohol to minors, conduct locker-searches, bring in drug-sniffing dogs or hold drug awareness assemblies. These efforts may have some success, but they are at best only partial solutions which deny the complexity of the problem of drug use by young people.

Schools, with community help, can reduce drug use by young people in a significant manner if they address the problem as they would any other complex multifaceted problem: with commitment and long-range planning. The following is an outline of the major components of a school-based early intervention program that is proactive in nature and if implemented, could keep many young people from becoming harmfully involved with drugs. Implementation of this type program would also make school personnel and teachers' jobs easier by allowing them to assist young people before they are in crisis.

THE CASE FOR SCHOOL-BASED EARLY INTERVENTION PROGRAMS

Schools are the ideal place for early intervention programs. Young people interact several hours each day with adults who are in an excellent position to monitor their behavior. Teachers, coaches and other school personnel, when trained to be sensitive to changes in student behaviors that could indicate substance use, can be effective intervention agents.

Young people generally do not develop a serious substance abuse problem overnight. There are several stages of drug and alcohol use that could act as warnings for those interested in helping youth. Unfortunately, our society generally ignores or denies these early warning signs and only acts when substance use has become chronic and is

causing serious problems in the young person's life. Interventions are easier and more successful at an earlier stage of use, before the user is emotionally involved with his or her drug of choice. Table 1 presents a continuum of Adolescent Substance Abuse from No Use to Harmful Dependency. We cannot wait until a young person is a daily user or harmfully dependent to intervene. Intervention should take place as early as possible before the negative drug using behaviors are firmly habituated.

Schools have the opportunity to identify young people who are experimenting with drugs and provide educational services that could keep a large number of them from progressing into harmful drug dependency.

THE EARLY IDENTIFICATION PROCESS

All good early intervention programs provide training for teachers and other school personnel so they can identify behaviors that could indicate substance abuse by youth. Declining grades, changes in physical appearance, sleeping in class, tardiness and truancy are all behaviors that could indicate substance abuse. Training must go beyond mere recognition of the physical signs of alcohol and drug involvement. Training should also include information about basic pharmacology, the progressive nature of addictions, co-dependency issues, the problems of children of alcoholics, basic family systems theory, and how to make appropriate referrals.

Alcohol and drugs are an emotional issue in our society, which has no generally accepted societal norms for use. Before one can be an effective helper, one must examine his or her personal beliefs about drugs and alcohol and their use.

When training is complete, the teacher should feel comfortable with his or her own personal beliefs about alcohol and drugs and have a knowledge base that allows him or her to feel comfortable monitoring problem behavior of students. When the teacher observes behaviors that could indicate problems, he or she should not attempt to diagnose the cause of the problems or act as the young person's counselor. The teacher's role is to confront the youth with his or her behavior and ask for a plan to correct them. The teacher who notes a student's declining grades or change in attitude and discusses these problems with the student is engaging in the least restrictive form of intervention. For some students just knowing that the teacher is "on to them" will provide enough incentive for them to alter their behavior in a positive manner. For others, this simple form of intervention will not suffice. If drug use is the source of the problem, the young person may not be able to change his or her behavior without help. If the negative behaviors

continue or intensify, the teacher should take the next step in the intervention process and refer the student for an assessment with a specially trained counselor.

ASSESSMENT

The student has been identified by a teacher as exhibiting problem behavior. The teacher has talked to the student about the behaviors and asked for a plan to correct them, yet the behaviors have persisted. This indicates a lack of control over behavior by the student and needs further evaluation. The student should receive a thorough assessment from a counselor who has special training in adolescent substance abuse. The assessment counselor may be someone in the school (i.e., a guidance counselor, psychologist, health educator or social worker), or a professional from an outside agency who has an agreement with the school to provide assessment services. Assessment should also be done with students who are caught violating school drug policies and with students who refer themselves for help.

The assessment should determine the nature and severity of the young person's problem(s). It is important to note that many students' problems may not have substance abuse as their cause. Family, academic and emotional problems may produce the same symptomology. The important issue is to get help for students regardless of the cause of their problems.

The assessment counselor should gather data from as many sources as possible. In addition to talking to the student, the counselor should get information from teachers, coaches, guidance counselors, other students, school records and any other source that might be helpful. The students' family should be involved as early as possible. With the student and his or her family, the assessment counselor should develop a plan based on the findings of the assessment which will address the problem(s).

REFERRAL

Let's review the steps taken so far. Teachers have been trained to monitor student behaviors and talk to students who exhibit behaviors that could indicate substance use. As a result of this initial confrontation some students will alter their behavior in a positive manner. Others will be unable to make the necessary behavior changes and will require further assessment by a specially trained counselor. Based on the findings of the assessment, there may be a need for further services. The next step, then is referral. Table 2 shows the type of services that a young person could be referred to following an assessment.

DEVELOPMENT OF IN-SCHOOL REFERRAL RESOURCES

If young people are identified early before their drug use patterns are firmly established, extensive counseling or treatment may not be necessary: education can lead to the desired behavior changes. In-school education groups should be developed for students who need substance abuse education. These groups should be mandatory for any student referred to disciplinary action brought about by a violation in the school drug code. Schools may also want to develop other educational/support groups for children of substance abusers, young people returning from inpatient drug treatment, and young people who want to resist peer pressure to use drugs. Self-help groups such as Alateen, Alcoholics Anonymous, and Narcotics Anonymous are good resources and are found in most communities, however, they usually meet at night in community locations. Many young people who need these services have no transportation. Making these services available during, shortly after, or before school ensures that young people can utilize these services.

COORDINATION WITH COMMUNITY RESOURCES

The school's mission is to educate young people, not to provide treatment services. Some young people identified through the early identification process will need services beyond what the school can provide. For this reason, the school should develop a working relationship with other youth service providers in the community such as mental health, social services, and the juvenile justice system. Agreements should allow for free exchange of information between agencies in order to best help young people. Again, the focus should be on providing the least restrictive service available that can address the problems the young person has. The young person should be removed from school only as a last resort. Outpatient individual or family counseling services should precede referral to an inpatient adolescent substance abuse treatment unit if possible. For young people whose drug use has progressed to the point that inpatient treatment is needed, special arrangements should be made between the treatment center and the school to ensure continuity of education. The adjustment back to the school after an absence for treatment will be difficult enough without being behind in school work.

FOLLOW-UP/AFTERCARE

The final component of an early intervention program is follow-up and aftercare. Was the referral appropriate for the young person's level of involvement or should more services be provided? For example, based on the new information learned in a school-based drug education group, did the student referred there alter his or her behavior in a positive manner? Each student referred to services should

have a follow-up interview with the assessment counselor to determine if further services are needed. The progress of students referred for services should be checked periodically to see if they are experiencing reoccuring problems. This is particularly true of young people returning from inpatient treatment. They may need some extra attention as they attempt to maintain a drug-free lifestyle outside of the treatment center. Aftercare support groups for young people recovering from chemical dependency should be provided if the number warrants it.

SUMMARY

The purpose of an early intervention program is to identify young people before their substance use becomes habitual, when school-based educational services can alter their behaviors in a positive manner. Schools are the ideal place for these programs because most young people are there. All early intervention programs should have the following components:

(1) Teacher training in early identification.
(2) An assessment of all referrals.
(3) A wide range of educational and treatment services available.
(4) A follow-up and aftercare of all referrals.

Local school systems have great flexibility in how they design early intervention programs. On the following page there is a brief summary of several types of school-based intervention programs which appear quite different from each other but which have the above core components.

BRIEF SUMMARY OF TYPES OF SCHOOL-BASED INTERVENTION PROGRAMS TO SERVE YOUTH

Student Assistant Programs: Student assistant programs are designed to help students and their families with problems that affect their personal lives and academic performance. Teachers are trained to monitor problem behaviors and refer students for an assessment. Based on the assessment, the student is referred to the appropriate service. Student assistance programs are probably the most popular model of early intervention program, with many programs currently operating in North Carolina.

Natural Helper/Peer Helper Programs: Research indicates that peer programs may be the most effective way of reaching young people. Often adults plan programs, neglecting to use their most valuable resource, the young people themselves. Peer helper programs are designed to involve young people as peer counselor or peer support group leaders. Peer pressure is usually perceived as negative, but positive peer pressure can be a powerful tool in combating substance abuse.

Alternate to Expulsion Programs: Removing a young person from school because of a drug code violation may lead to continued or even intensified drug use. Having the extra leverage of possible suspension or expulsion can be an opportunity for intervention, if the school offers a positive option. Many school systems give the first-time offender the choice of suspension or expulsion or education which focuses not only on drug specific information, but on decision-making and refusal skills. Many programs of this nature require parental attendance at drug education classes. The importance of parental involvement cannot be over-emphasized. Programs of this nature, which deal with only those students who are disciplined for drug violations, do not identify many drug-using students who are never caught, and are therefore incomplete.

Alternate Schools: Recently, an undercover effort resulted in the arrest of a large number of students for using and selling drugs. In the past, these young people would have been permanently expelled from school. Without a high school education and the structure that school provides, these young people would have most likely become more heavily involved with drugs. They were, however, provided with an educational opportunity outside the normal school setting, in an alternate school, that could address their drug use as well as their academic needs. Providing this type of alternative gives young people a chance to overcome a serious mistake that could have had a negative impact on them for the rest of their lives.

TABLE 1

STAGES OF ADOLESCENT SUBSTANCE ABUSE

NO USE	EXPERIMENTAL USE	MORE REGULAR USE	DAILY PREOCCUPATION	HARMFUL DEPENDENCY

1. Experimental Use: Use of available drugs (alcohol taken from parents, sniffing glue, smoking pot). Low tolerance, easy to get high. Use is often unplanned - done mostly on weekends.

2. More Regular Use: Buys drugs, uses to the point of intoxication, takes more risks (smoking at home), associates with drug using friends, school performance may suffer, problems with parents may begin.

3. Daily Preoccupation: Use of harder drugs increases, frequency of use increases, purpose of use becomes to get as high as possible, solitary use increases, may begin to deal to support habit, school performance may continue to decrease.

4. Harmful Dependency: Loses control over use, drugs as a daily escape, physical condition deteriorates, suicidal tendencies, may quit school, low self-image and self-hatred.

TABLE 2

CONTINUUM OF CARE FOR YOUNG PEOPLE WITH SUBSTANCE ABUSE PROBLEMS

Teacher Intervention	Assessment	School-based Drug Education Groups	Self-help Groups (N.A.,A.A. Alateen)	Community-based Outpatient Psychotherapy (individual, group or family counseling)	Extended Day Treatment	Chemical Dependency Inpatient Treatment

Least Restrictive ⟶ Most Restrictive

The continuum of care is not complete without a follow-up/aftercare component. Each young person referred to <u>any</u> services should be followed-up in order to determine if the services were adequate to meet their needs. If problem behaviors continue after the completion of services, another assessment should be conducted and additional services prescribed as necessary.

BIBLIOGRAPHY

Those interested in setting up school-based early intervention programs will find the following references useful:

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ALCOHOL AND DRUG DEFENSE PROGRAM

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