

ED340150 1991-11-00 Alcohol and Other Drug Use by Adolescents with Disabilities. ERIC Digest #E506.

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Table of Contents

If you're viewing this document online, you can click any of the topics below to link directly to that section.

Alcohol and Other Drug Use by Adolescents with Disabilities. ERIC Digest #E506.....	1
ARE STUDENTS WITH DISABLING CONDITIONS MORE LIKELY TO USE OR ABUSE.....	2
ARE STUDENTS WITH PROBLEMS OF ALCOHOL AND DRUG DEPENDENCY ENTITLED TO.....	3
HOW SHOULD SCHOOLS RESPOND TO STUDENTS ENROLLED IN SPECIAL EDUCATION.....	3
HOW CAN SCHOOLS AND EDUCATORS DETER STUDENTS ENROLLED IN SPECIAL.....	4
REFERENCES.....	5



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Among industrialized nations of the world the United States has one of the highest rates of alcohol and other drug use. In recent years, while use of other drugs has leveled off or declined slightly among adolescents, use of alcohol continues at a very high rate.

Numerous surveys of adolescent alcohol and drug use have been conducted during the past 20 years but very few of those studies have independently examined use by students enrolled in special education or have included students with disabilities in their samples. The data that do exist on alcohol and other drug use by adolescents and others with disabilities come primarily from clinical studies and geographically limited samples. The quality of the research is highly variable and numerous methodological problems exist.

ARE STUDENTS WITH DISABLING CONDITIONS MORE LIKELY TO USE OR ABUSE

ALCOHOL OR OTHER DRUGS THAN THEIR PEERS? For the most part, data indicate that students identified as disabled are no more likely to use or abuse alcohol or drugs than their peers (Moore & Polsgrove, 1991; Leone, 1991). However, several studies suggest that among adolescents with emotional and behavioral disorders, the prevalence of alcohol and other drug use and abuse is higher than among their age mates (Leone, Greenberg, Trickett, & Spero, 1989). Among adolescents or adults labeled hyperactive, attention deficit disorder, or learning disabled there is conflicting evidence concerning whether the prevalence of drug or alcohol use is higher or comparable to peers. Finally, accidents associated with drug and alcohol use are the leading cause of head injury and orthopedic impairment among adolescents. For some of these youths, alcohol and/or drug use and subsequent trauma is an event preceding their identification as students in need of special education and related services. In contrast, for students identified as behaviorally disordered, alcohol or other drug use may be one of a cluster of behaviors that may include poorly developed interpersonal and/or academic skills and school failure. The limited information that exists indicates that most students with disabling conditions are no more likely to use drugs or alcohol than their age mates; however, characteristics of some adolescents with disabilities may place them at greater risk for use or abuse of controlled substances. Among adolescents in general, school failure and low commitment to school are associated with substance use.

ARE STUDENTS WITH PROBLEMS OF ALCOHOL AND DRUG DEPENDENCY ENTITLED

TO

SPECIAL EDUCATION AND RELATED SERVICES? Drug and alcohol dependent students are not identified in the IDEA (Individuals with Disabilities Education Act, formerly the EHA, P.L. 94-142) as a group entitled to special education and related services. In response to a 1979 inquiry, the Office of Special Education Programs (at that time the Bureau of Education for the Handicapped) responded that chemical dependency did not meet the definition of handicapped under the "other health impairment" category because it did not result from injury or disease. However, several years later, the Office for Civil Rights (OCR) of the U.S. Department of Education ruled that under Section 504 of the Rehabilitation Act of 1973, a student's drug addiction fell within the definition of "physical or mental impairment." Recently, OCR changed its position. In clarifying the effect of the Americans with Disabilities Act on Section 504 regulations, OCR stated that individuals who illegally use alcohol or other drugs are no longer defined under 504 as handicapped.

While alcohol or other drug dependency is not considered a disabling condition by IDEA or Section 504, state level due process hearing officers have ruled that students' alcohol or drug use does not unilaterally exclude them from referral or assessment for special education and related services. While drug or alcohol dependent students are not typically serviced in special education programs, exclusion of students from services on the basis of their addiction is not a viable response to the educational needs of those students.

HOW SHOULD SCHOOLS RESPOND TO STUDENTS ENROLLED IN SPECIAL EDUCATION

PROGRAMS WHO USE DRUGS AND/OR ALCOHOL? Schools need to acknowledge that some students receiving special education services, like their nondisabled peers, use alcohol and other drugs. At the present time however, there are very few schools that have examined use or abuse among exceptional children or that have developed specialized prevention and education activities (Drug education, 1991). Most schools' substance abuse policies include exclusionary responses to alcohol and other drug use within their codes of student conduct (U.S. Department of Education, 1987). For students receiving special education services, disciplinary exclusion for more than 10 days or expulsion from school would appear to violate the intent of the Supreme Court's decision in *Honig vs. Doe* (108 U.S. S. Ct. 592 [1988]). Further, exclusion from school does not deter alcohol and other drug use.

Schools concerned with alcohol and other drug use by students enrolled in special education programs need to develop awareness and prevention activities, procedures

to refer students and their families to treatment when necessary, and specific reentry plans to assist youths returning to school after receiving intensive alcohol or other drug treatment. At the present time, very few prevention projects have been developed for specialized populations and very limited curricula exist (Moore & Ford, 1991).

HOW CAN SCHOOLS AND EDUCATORS DETER STUDENTS ENROLLED IN SPECIAL

EDUCATION PROGRAMS FROM USING DRUGS AND ALCOHOL? At the present time we do not know whether school-based prevention programs developed to deter youngsters from using alcohol and other drugs are successful. While many programs have changed students' attitudes and have increased their knowledge concerning alcohol and other drugs, we have little information concerning whether those activities actually reduce consumption of controlled substances (GAO, 1990). However, there is some evidence that broad-based prevention efforts that target multiple environmental influences can be successful in reducing student alcohol and other drug use (Pentz et al., 1989). If we consider that one of the correlates of alcohol and drug use among adolescents is school failure and low commitment to school, an important step that advocates for youths with disabilities can take is to ensure that students receive quality instruction and actively participate in their school community. Educators can ensure that the messages they communicate to students about drug and alcohol use don't enable or inadvertently foster the use of these substances by students (Johnson, 1988).

Drug use among high school students in the United States currently appears to be declining slightly, but frequent use of alcohol remains at fairly high levels. The data that do exist suggest that for most students identified as disabled, the prevalence of drug and alcohol use is comparable to their age mates. However, most prevention efforts have not targeted special education students nor have special educators applied for federal grants to develop drug prevention programs. (Drug education, 1991). Among other things, those interested in the welfare of children and adolescents with disabilities need to become aware of the problems associated with drug and alcohol use and abuse, and need to become involved in prevention and treatment efforts. Special educators need to work with school administrators and staffs to develop positive alternatives to the punitive responses that characterize many school substance abuse policies (U.S. Department of Education, 1987; Marcus et al., 1985). Another positive step would be to strengthen the links between schools, mental health, juvenile justice, and other community agencies that serve youths who may be using and/or abusing drugs or alcohol. Interagency collaboration among those service providers could ensure that professionals respond to problem behavior related to drug or alcohol use in a consistent manner and that educators learn how their own behavior might deter student substance abuse and support those in recovery.

Drug and alcohol use or abuse, like the concept of disability, is not a monolithic concept.

Just as those labeled disabled may experience cognitive, motoric, or perceptual problems, so too, individuals who use and abuse controlled substances exhibit a wide range of behaviors and may report that they take drugs or use alcohol for a variety of reasons. The challenge for educators and others concerned about individuals with disabilities is to become informed about the drug culture in their community, know when to discuss incipient problems with parents or guardians and refer students to treatment when necessary.

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ADDITIONAL RESOURCES

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National Center for Youth with Disabilities. (1990). CYDLINE Reviews: Substance Abuse by Youth with Disabilities and Chronic Illnesses. University of Minnesota, Minneapolis MN: Author (P.O. Box 721--UMUC, Minneapolis, MN 55455).

National Clearinghouse for Alcohol and Drug Information (NCADI), 600 Executive Blvd., Suite 402, Rockville, MD 20852.

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