



Chapter 14

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About The Information in This Manual

From time to time, the Massachusetts Department of Public Health may update some of the materials. Please check the School Health Manual online to see if there are any recent updates.

Please be certain to check for new laws and regulations that may be in effect after publication of this Manual. You may find the Massachusetts General Laws online at <http://www.mass.gov/legis/laws/mgl/> and the Code of Massachusetts Regulations at <http://www.lawlib.state.ma.us/cmr.html>. These sites are periodically updated, but are not the official version of the Massachusetts General Laws (MGL) or Code of Massachusetts Regulations (CMR). You should always refer to an official edition of the MGL and CMR. Official editions may be found at the Statehouse Bookstore and many public and law libraries.

Chapter 14

SUBSTANCE ABUSE AND ADDICTIVE BEHAVIOR

This chapter discusses harmful addictive activities in which many school-age children and youth engage. These activities are grouped together in the same chapter because initiation of one risky activity is often linked with initiation of others. For example, the 2002 to 2004 National Surveys on Drug Use & Health, conducted by the Substance Abuse and Mental Health Services Administration (SAMHSA), found that well over half (59.7%) of children aged 12–17 who had recently begun using inhalants had a history of cigarette smoking. Furthermore, more than two-thirds (67.6%) of this group had previously used alcohol, 42.4% had previously used marijuana, and more than one-third (35.9%) had used all 3 substances (cigarettes, alcohol, and marijuana) before they used inhalants.

Similarly, current research suggests that the risk factors and protective factors for substance abuse and gambling are interrelated. Researchers, seeing some common causal factors between the two behaviors, recommend developing prevention strategies aimed at these common factors (Winters & Anderson, 2000; Vitaro et al., 2001).

SUSCEPTIBILITY OF SCHOOL-AGE YOUTH TO ADDICTIONS

Adolescents are more susceptible than any other age group to develop addictions. Although it is likely that an individual's genetic makeup plays a part in determining the threshold of exposure required to pass from experimentation to addiction, researchers now believe that the same neurodevelopmental factors that predispose teens to seek out new experiences — incomplete development of brain regions related to adult motivation, impulse control, and inhibition — also make them more vulnerable to substance abuse, risky behavior, and addiction. Not only is the area of the brain that controls judgment the last to be fully developed, it is also the same area in which addictions are formed. It is now believed that the malleability of the adolescent brain makes the process of developing substance dependencies both faster and more permanent (Chambers & Potenza, 2003; Chambers, Taylor & Potenza, 2003; Winters, 2004).

At least three other important factors contribute to adolescents' susceptibility to risk behaviors as well as complicate the task of deterring them:

- the tendency of this age group to underestimate the dangers of substance abuse and potentially addictive behaviors such as gambling;
- the perception among teens and young adults that risky behaviors such as drinking, marijuana use, cigarette smoking, and gambling are associated with popularity, a perception that persists even when risks are understood (Annenberg Public Policy Center, Institute for Adolescent Risk Communication, 2002); and
- the likelihood that differences in the way adolescents' brains process information, which make them less able to accurately "read" and understand facial expressions (Yurgelun-Todd, 2002), may make them less likely to heed logical arguments against dangerous

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substances or to understand the motivations of adults who are delivering cautionary messages (ACT for Youth, 2002).

Recent research suggests that girls may be at particular risk both for substance abuse and for adverse physical and psychological consequences (Office of National Drug Control Policy, 2006).

Key findings related to the susceptibility of girls include:

- Depression, anxiety, excessive concerns about weight and appearance, risky sexual behavior, early puberty, psychiatric or conduct disorders, and physical or sexual abuse are key risk factors (CASA, 2003).
- Girls are especially susceptible to peer pressure related to drinking (Donovan, 1996).
- Since 2002, more teenage girls than boys have begun using marijuana. And in 2004, more girls than boys started using alcohol and cigarettes. (SAMHSA, National Survey on Drug Use & Health (NSDUH) ,2002, 2003, 2004, 2005).
- Adolescent girls surpass boys in abuse of prescription drugs (SAMHSA, NSDUH, 2006).
- Girls aged 14–15 who use marijuana daily are 5 times more likely to face depression at age 21 (Patton et al., 2004).
- Girls may develop symptoms of nicotine addiction faster than boys (DiFranza et al., 2002).
- Adolescent girls who consume even moderate amounts of alcohol may experience disrupted growth and puberty (National Institute on Alcohol Abuse and Alcoholism, 2004).

The age of initiation of substance use and gambling is a significant factor in addiction. For example, the earlier a person starts drinking, the higher the likelihood that he or she will experience alcohol abuse or dependency as an adult. Adults who report that they first used alcohol before age 15 are more than 5 times as likely to report past-year alcohol dependence or abuse than persons who first used alcohol at age 21 or older (SAMHSA, NSDUH, 2004). The inverse is also true: Every year use of a substance is delayed, the risk of developing a substance abuse disorder decreases concurrently (Winters, 2004).

LEGAL/REGULATORY ISSUES

The degrees of regulation of risk activities may be categorized as follows:

- Some activities are illegal for everyone, regardless of age. These include the use of illicit drugs and also illegal types of gambling.
- Some activities are legal for adults but not for minors. Minors may not buy alcohol and tobacco, and adults may not sell these to minors (although parents may furnish these substances to their minor children, presumably while supervising their use). Minors may not participate in even legalized gambling.
- Some substances may be used legally at any age for their intended purpose but not otherwise. Legal medications, whether prescription or over-the-counter, may not be abused. Substances with volatile solvents, whether medicinal or industrial, may be used as directed, but it is illegal in Massachusetts to possess, buy, sell, or inhale them with the intent of causing intoxication.

Laws Pertaining to School Premises and School-Related Events

Alcohol and Drugs

The use of alcohol and other drugs by students is strictly forbidden on school grounds, as is the unlawful possession, use, or distribution of illicit drugs and alcohol on school property or at any school sponsored activities by either students or school employees.

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These prohibitions originate in a U.S. Department of Education regulation and the Drug-Free Schools Certification regulations, in addition to numerous state and local ordinances.

In Massachusetts, it is illegal for anyone under the age of 21 to purchase or be in possession of an alcoholic beverage (M.G.L. c.138, s.34A). Additionally, M.G.L. c.272, s.40A prohibits alcohol on school premises and M.G.L. c.71, s.37H states that any student who is found in possession of a controlled substance (such as marijuana, cocaine, or heroin) on school premises or at school-sponsored or school-related events, including athletic games, may be subject to expulsion from the school or school district at the discretion of the school district. When a student is expelled under the provisions of this section, no school or school district within the Commonwealth is required to admit or provide educational services to that student.

Massachusetts imposes criminal penalties for the possession and/or distribution of controlled substances, or drugs, without valid authorization, with penalties varying as to the type of drug. Sale and possession of “drug paraphernalia” is illegal in Massachusetts. Under federal law, penalties may be doubled when a person at least 18 years old distributes drugs within 1,000 feet of a public or private elementary or secondary school.

Tobacco

A federal law, the Pro-Children Act of 1994, bans smoking in kindergarten, elementary, and secondary educational school buildings, or library services to children under the age of 18 years, when federal funds are used in the school (20 U.S.C. s.6083(a)). M.G.L. c.90, s.7B(10) prohibits smoking on school buses. Under M.G.L. c.71, s.37H, school districts are required to publish policies prohibiting the use of any tobacco products on school property: “Said policies shall prohibit the use of any tobacco products within the school buildings, the school facilities, or on the school grounds or on school buses by any individual, including school personnel.”

It is a violation of law (M.G.L. c.71, s.2A) for any student enrolled in either primary or secondary public schools in the Commonwealth to use tobacco products of any type on school grounds during normal school hours. The law also states: “Each school committee shall establish a policy dealing with students who violate this law. This policy may include, but not be limited to, mandatory education classes on the hazards of tobacco use.”

The Smoke-Free Workplace Law, M.G.L. c.270, s.22(b)(2), prohibits smoking in all enclosed workplaces, including public and private schools. (See Exhibit 14-1 for detailed information on this law.) In addition, the law commonly referred to as the Education Reform Act (M.G.L. c.71, ss.2A, 37H) requires that all Massachusetts public schools prohibit the use of tobacco products of any kind, including smokeless tobacco, on school grounds, on school buses, and at school-sponsored events. The outside grounds of private schools are not addressed in this law. The superintendent for the school district is responsible for publishing the district’s policies prohibiting tobacco use. The principal of each school building is responsible for enforcing the school district’s policies. (See Exhibit 14-1 for more detailed information on this law.)

Other Laws/Regulations Concerning Alcohol

M.G.L. c.138, s.34 is the primary statute governing purchase and possession of alcoholic beverages by minors. In addition to a general prohibition on purchase and possession by anyone under 21, this law contains many specific provisions that apply to minors and to adults providing alcohol to minors.

Section 34 prohibits the sale of alcohol to minors by licensed establishments, as well as the procuring of liquor for minors and furnishing liquor to minors other than one’s own children or grandchildren. Penalties for violations are fines of up to \$2,000 and a year in prison.

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Section 34A covers purchases of, or attempts to purchase, alcohol:

“Any person under twenty-one years of age who purchases or attempts to purchase alcoholic beverages or alcohol, or makes arrangements with any person to purchase or in any way procure such beverages, or who willfully misrepresents his age, or in any way alters, defaces or otherwise falsifies his identification offered as proof of age, with the intent of purchasing alcoholic beverages, either for his own use or for the use of any other person shall be punished by a fine of three hundred dollars and whoever knowingly makes a false statement as to the age of a person who is under twenty-one years of age in order to procure a sale or delivery of such beverages or alcohol to such person under twenty-one years of age, either for the use of the person under twenty-one years of age or for the use of some other person, and whoever induces a person under twenty-one years of age to make a false statement as to his age in order to procure a sale or delivery of such beverages or alcohol to such person under twenty-one years of age, shall be punished by a fine of three hundred dollars. A conviction of a violation of this section shall be reported forthwith to the registrar of motor vehicles by the court. Upon receipt of such notice the registrar shall thereupon suspend for 180 days the defendant’s license or right to operate a motor vehicle.”

If a licensee is charged with serving a person under the age of 21, written notice of the allegation shall be sent to the parent or guardian of the underage patron.

Section 34C covers possession or transportation of alcohol by minors in a motor vehicle:

“Whoever, being under twenty-one years of age and not accompanied by a parent or legal guardian, knowingly possesses, transports or carries on his person, any alcohol or alcoholic beverages, shall be punished by a fine of not more than fifty dollars for the first offense and not more than one hundred and fifty dollars for a second or subsequent offense; provided, however, that this section shall not apply to a person between the ages of eighteen and twenty-one who knowingly possesses, transports or carries on his person, alcohol or alcoholic beverages in the course of his employment. A police officer may arrest without a warrant any person who violates this section. A conviction of a violation of this section shall be reported forthwith to the registrar of motor vehicles by the court, and said registrar shall thereupon suspend for a period of ninety days the license of such person to operate a motor vehicle.”

Other Laws/Regulations Concerning Tobacco

In Massachusetts, tobacco products may not be sold or given (by anyone other than a parent or guardian) to any individual under 18 years of age (M.G.L. c.270, s.6). It is also illegal to sell cigarette rolling papers to an individual under 18 (M.G.L. c.270, s.6A).

Other Laws/Regulations Concerning Drugs

Inhalants

M.G.L. c.270, s.18 forbids intentionally smelling or inhaling “*the fumes of any substance having the property of releasing toxic vapors, for the purpose of causing a condition of intoxication, euphoria, excitement, exhilaration, stupefaction, or dulled senses or nervous system.*” It also outlaws possessing, buying, or selling any such substance for the purpose of violating, or aiding another to violate, this section. Punishment for violating the provisions of this section can be a fine of \$200 or imprisonment for not more than 6 months, or both.

Anabolic Steroids

The federal Anabolic Steroid Control Act of 2004, effective January 20, 2005, broadened the definition of steroids to include both steroids and steroid precursors (such as “andro”) in the same legal class (Schedule III) as barbiturates, LSD precursors, veterinary tranquilizers, and narcotic painkillers. Simple possession is a federal offense punishable by up to 1 year in prison and/or a minimum fine of \$1,000 for a first offense. Selling steroids, or possessing them with intent to sell, is a federal felony punishable by up to 5 years in prison and/or a \$250,000 fine for a first offense.

Sports Regulations

In addition to state law, use of alcohol, tobacco, and other illicit drugs is addressed by regulations governing school sports. The Massachusetts Interscholastic Athletic Association (MIAA) Coaches' Code of Ethics states: “The coach shall take an active role in the prevention of drug, alcohol, and tobacco abuse, and under no circumstances should authorize their use.” In addition, in its *Handbook of Rules and Regulations Governing Athletics (Bluebook)*, MIAA sets out specific rules and penalties governing purchase, possession, and use of alcohol, tobacco, and drugs in Section 62, “Student (and Coach) Eligibility: Chemical Health/Alcohol/Drugs/Tobacco.” Provision 62.1 states:

“During the season of practice or play, a student shall not, regardless of the quantity, use, consume, possess, buy/sell, or give away any beverage containing alcohol; any tobacco product; marijuana; steroids; or any controlled substance. This policy includes products such as 'NA or near beer.' It is not a violation for a student to be in possession of a legally defined drug specifically prescribed for the student's own use by his/her doctor. This rule represents only a minimum standard upon which schools may develop more stringent requirements.”

Minimum penalties for a student athlete's confirmed violations are:

- First violation: When the principal confirms, following an opportunity for the student to be heard, that a violation occurred, the student shall lose eligibility for the next consecutive interscholastic contests totaling 25% of all interscholastic contests in that sport. For the student, these penalties will be determined by the season the violation occurs. No exception is permitted for a student who becomes a participant in a treatment program. It is recommended that the student be allowed to remain at practice for the purpose of rehabilitation. All decimal part of an event will be truncated, i.e., all fractional part of an event will be dropped when calculating the 25% of the season.
- Second and subsequent violations: When the principal confirms, following an opportunity for the student to be heard, that a violation occurred, the student shall lose eligibility for the next consecutive interscholastic contests totaling 60% of all interscholastic contests in that sport. For the student, these penalties will be determined by the season the violation occurs. All decimal part of an event will be truncated, i.e., all fractional part of an event will be dropped when calculating the 60% of the season.

If, after the second or subsequent violations, the student of his/her own volition becomes a participant in an approved chemical dependency program or treatment program, the student may be certified for reinstatement in MIAA activities after a minimum of 40% of events. The director or a counselor of a chemical dependency treatment center must issue such certification. All decimal part of an event will be truncated, i.e., all fractional part of an event will be dropped when calculating the 40% of the season.

If a student in violation of this rule is unable to participate in interscholastic sports due to injury or academics, the penalty will not take effect until that student is able to participate again. Penalties shall be cumulative each academic year. If the penalty period is not completed during the season

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of violation, the penalty shall carry over to the student's next season of actual participation, which may affect the eligibility status of the student during the next academic year.

Provision 62.2 prohibits use of any tobacco product by a coach during practice or competition.

Provision 62.3 covers use of steroids and states in part:

"Anabolic androgenic steroid use at the high school level is of grave concern. Steroids are used by some athletes, and the seriousness of the problem has been well documented. A recent study indicates that over 3% of high school seniors have tried steroids in their lifetime (NIDA, 2004). High school coaches may not be able to prevent the use of steroids altogether, but they can clearly and forcefully discourage their use. Coaches should take a proactive role, learning about steroids, and then providing this information to their athletes. . . . The issue goes beyond protecting the integrity of sport. The use of steroids in sports is cheating. We must oppose the use of steroids for both health and ethical reasons."

For the most recent MIAA rules, visit the Bluebook area at <http://www.miaa.net>.

Laws/Regulations Concerning Drug and Alcohol-Related Treatment

Under Massachusetts law (M.G.L. c.112, s.12E), drug-dependent minors may consent to medical treatment related to their drug dependency. The law states:

"A minor twelve years of age or older who is found to be drug dependent by two or more physicians may give his consent to the furnishing of hospital and medical care related to the diagnosis or treatment of such drug dependency. Such consent shall not be subject to disaffirmance because of minority. The consent of the parent or legal guardian of such minor shall not be necessary to authorize hospital and medical care related to such drug dependency and, notwithstanding any provision of section fifty-four of chapter one hundred and twenty-three to the contrary, such parent or legal guardian shall not be liable for the payment of any care rendered pursuant to this section. Records shall be kept of such care. The provisions of this section shall not apply to methadone maintenance therapy."

In instances such as drug overdose, M.G.L. c.112, s.12F, which governs emergency treatment of minors, also applies. Section 12F states:

"No physician, dentist or hospital shall be held liable for damages for failure to obtain consent of a parent, legal guardian, or other person having custody or control of a minor child, or of the spouse of a patient, to emergency examination and treatment, including blood transfusions, when delay in treatment will endanger the life, limb, or mental well-being of the patient."

It is important to note that under M.G.L. c.111B, s.10, the consent of the minor and a parent *may be needed* for some alcohol treatment programs.

Laws/Regulations Concerning Gambling

M.G.L. c.10 establishes age requirements for purchasers of tickets for the Massachusetts State Lottery and Keno. No Lottery or Keno tickets may be knowingly sold to individuals under 18 years of age, although adults are allowed to buy Lottery tickets for minors as gifts. The minimum age for Lottery ticket sellers is 21.

M.G.L. c.10, s.38, which governs Beano (Bingo) games, requires that no person under 18 years of age "be permitted in that portion of any building or premises of the licensee during such time as such game is being played."

M.G.L. c.128A, s.10 forbids betting by minors at horse and dog tracks. Track owners who permit minors to bet are liable for fines of not more than \$100.

Note: The collection of law and regulations above is not intended to be comprehensive. Additional state laws and regulations as well as local statutes may apply. New laws and regulations may also take effect after publication of this manual. The Massachusetts General Laws may be found online at <http://www.mass.gov/legis/laws/mgl/> and the Code of Massachusetts Regulations at <http://www.lawlib.state.ma.us/cmr.html>. These sites are periodically updated, but are not the official version of the Massachusetts General Laws (MGL) or Code of Massachusetts Regulations (CMR). Always refer to an official edition of the MGL and CMR.

POLICY IMPLICATIONS/STRATEGIES FOR SCHOOLS

Addictions are a problem for all ages of society, but especially for the younger population. Add to that the problems that schools already face, such as classroom size, student indifference, and parental apathy. The overlapping of these two issues makes it imperative for the education system to develop plans to address the additional negative impact of substance abuse on the learning process. Evidence is emerging that a major risk for school failure is a child's inability to read by the 3rd and 4th grades (Barrera et al., 2002), and school failure is strongly associated with drug abuse.

Effectively promoting health and supporting substance abuse and addiction prevention efforts for children and adolescents requires a broad perspective. Schools must educate students about risks, teach avoidance skills, and establish clear policies about substance use on school property. To be truly effective, schools must address protective factors as well as risk factors, and support students through a variety of services that include school-based counseling, peer counseling, family therapy, health care, and post-treatment support. Schools must address the total environment in which their students function, creating a school climate promoting strong connections and positive development while engaging families and communities in broader environmental changes.

School-Based Strategies

School Policies

An effective alcohol, tobacco and other drugs (ATOD) policy states the school's goals and plan of action to prevent and respond to ATOD problems and articulates the consequences for policy violations. The policy should be publicized across every level of the school and community and be consistently enforced. The school should establish an ongoing process to examine the climate of the school, identify and reduce risk factors contributing to ATOD abuse, and enhance factors to increase student resiliency while preventing use.

It has been found that schools that incorporate the following strategies have effectively reduced self-reported student substance abuse (Learning First Alliance, 2001):

- fostering positive and supportive adult-student relationships;
- fostering positive peer relationships;
- creating a climate of appropriate and high expectations for all students;
- emphasizing student involvement in decision making (in school governance, instruction on social and communication skills, cooperative problem solving, goal setting);
- promoting a school climate that respects and celebrates cultural differences;
- providing information regarding addiction treatment programs, and staff support for students involved in such programs;

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- training students, faculty and staff members in substance use prevention policies; and
- providing skill-based instruction, including devoting class time for skill practice.

In order to reduce youth access to harmful substances and provide a climate where positive behaviors are modeled, the Health, Mental Health and Safety Guidelines for Schools recommend the development and enforcement of alcohol-free and drug-free policies for all school staff, families, students, and visitors at indoor and outdoor school-sponsored events. **Note:** In Massachusetts, the policy for alcohol and drug free school sponsored events must be enforced at all times.

The Alcohol Epidemiology Program (AEP), a research program within the School of Public Health at the University of Minnesota further recommends that school policies ban alcohol at any school-related event — even those not held on school property. “Alcohol possession or consumption should be prohibited for everyone (including parents and other adults),” AEP suggests, “at all sports events, banquets, fundraisers, and teachers' gatherings.” School sponsored events generally adhere to “on school property” guidance, policies and procedures.

Exhibits 14-2 through 14-4 provide sample school policies.

Prevention Education

An effective school-based substance abuse prevention program is part of a comprehensive health promotion plan. Integrating school-based prevention programs into the school's academic program is ideal because integrated programs strengthen students' bonding to school and reduce dropout rates. Coordinating school prevention programs with local intervention programs is also critical.

Because substance use frequently starts as early as preadolescence, and risk factors are present years before initiation, school-based prevention activities should start in elementary school and be periodically reinforced as students encounter new social situations and pressures to use substances. Prevention programs that address general populations at key transition points, such as the transition to middle school, have been found particularly effective and can produce beneficial outcomes even among high-risk families and children. Because such programs or curricula do not single out risk populations, they reduce labeling and promote bonding to school and community (Botvin et al., 2004; Botvin et al., 2003; Dishion et al., 2002). Research suggests that these programs should address risk factors such as early aggression, academic failure, and school dropout by focusing on the following social competencies (NIDA, 2003; Conduct Problems Prevention Research Group, 2002; Jalongo et al., 2001):

- self-control;
- emotional awareness;
- communication;
- social problem solving; and
- academic support, especially in reading.

A planned, sequential, developmentally appropriate, and culturally sensitive comprehensive health education curriculum for PreK–12 is designed to influence students' knowledge, attitudes, and behavior related to alcohol, tobacco, and other drugs, as well as support students in need of additional help and services. Such a curriculum reinforces healthy decision making and, through skill building, reduces the risks of a wide range of health problems (Botvin et al, 2003; Bosworth, 1997). Programs for elementary, middle, and high school should be coordinated with the educational frameworks designed by DOE (see Chapter 3).

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Helping children and adolescents improve their decision-making skills, problem-solving ability, capacity to resist peer pressure, and social and communication skills can reduce involvement with substance abuse (Massachusetts DOE, 2002). Successful prevention programs typically:

- provide accurate, fact-based information about short-term and long-term health effects;
- foster development of norms that make substance abuse unacceptable and unpopular;
- disprove the notion that the majority of students experiment;
- encourage positive, supportive, sustained connections between youth and role models;
- include activities that provide youth with opportunities to role-play or use newly learned skills; and
- develop linkages to other resources as necessary.

Prevention programs for preadolescents and adolescents should increase academic and social competence by:

- improving study habits, with academic support;
- improving attendance rates;
- enhancing communication;
- strengthening peer relationships;
- improving self-efficacy and assertiveness;
- enhancing drug resistance skills;
- reinforcing antidrug attitudes; and
- strengthening personal commitments against drug abuse (NIDA, 2003; Botvin et al., 1995; Scheier et al., 1999).

Peer Leadership Programs

Peer leadership programs should be research based and implement proven effective strategies. Student peer leaders can participate in prevention activities, provide one-on-one support for other students, and present educational sessions for students, parents, school committees, and community members. With appropriate training, peer leaders have the opportunity to assist other students when they experience difficulties. Some school districts include peer leadership programs as part of the curriculum, rather than as an extracurricular activity.

Building effective peer leadership programs requires identifying, recruiting, and selecting peer advisors and providing them adequate training, ongoing support, and follow-up. Caution should be exercised in utilizing peer interventions, however. Research suggests that high-risk teens participating in peer groups can reinforce each other's drug abuse behaviors, producing unanticipated negative outcomes (Dishion et al., 2002; Dishion, McCord & Poulin, 1999). Care should also be taken to ensure that specially trained adults provide ongoing supervision and consultation. Adults should receive training to identify peer leaders who have the requisite skills to lead others and they must also be able to recognize signs of substance use by the peer leaders.

Evidence of Prevention Education's Impact

Recent evidence suggests that Massachusetts schools are educating students effectively about many risks. Every 2 years, DOE conducts the Massachusetts Youth Risk Behavior Survey (MYRBS) with funding from CDC. The 2003 MYRBS results, the most recent available, reveal continued and significant progress in reducing adolescent risk behaviors in the Commonwealth. (For details, see the report at http://www.doe.mass.edu/hssss/yrbs/03/execsum_results.pdf.) This pattern of improvement began in 1995, two years after initial distribution of Health Protection Funds, which provided financial support for strengthening health education and prevention programs in schools. The significant improvements evident in the 2003 MYRBS underscore the critical impact school-based programs have on the behavior of young people.

Intervention and Support

It is important for schools to provide a continuum of care from prevention to intervention. Some schools provide prevention and intervention through a school based health center, or a school based mental health center. At the very least, the school setting should have a strong connection with local service providers. Schools should establish protocols for managing suspected instances of substance abuse in the school setting. School nurses and behavioral health specialists/counselors should be available to provide supportive resources for all students, including those who are returning to school from alcohol and drug treatment programs. Exhibits 14-5 through 14-7 provide sample guidelines and protocols for assessing students suspected of drug or alcohol use in school.

There are many resources available to school personnel regarding substance prevention or intervention for at risk or substance using students. The school personnel should follow the district wide protocol in accessing help and support for the referent as well as the student. It is important to keep in mind that many students who are drug involved often present mental health concerns as well. School personnel concerned about alcohol, inhalant, or other drug abuse may call the Massachusetts Substance Abuse Information and Education Helpline (800-327-5050) or visit <http://www.helpline-online.com>. Helpline referral specialists are available 24 hours a day.

The FRESH (Focusing Resources on Effective School Health) program of UNESCO also offers a number of helpful resources, all of which can be accessed under School Health at the UNESCO website (<http://portal.unesco.org/education>). These include:

- *Managing Drug-Related Incidents at School*, a manual offering detailed guidelines and addressing the rights of victims, perpetrators, and the school community;
- *Alcohol Screening Instrument*, for use by school staff and school-based service providers, as well as student drinkers who want to self-assess;
- *Basic Skills for Identifying, Counseling and Making Initial Contact with Students Who Use Drugs*, providing expert recommendations and guidelines for teachers and other school staff in identifying and approaching students suspected to be using drugs; and
- *Guidelines for Individual Drug Counseling in Schools*, for use by teachers or school drug counselors.

Establishing a protocol for students reentering school after receiving treatment prepares educators for some of the issues that are likely to arise and helps prevent relapse. A comprehensive guide on this subject is Thomas Shiltz's *10 Steps for Preventing Student Relapse* (1992).

Student Assistance Programs

A Student Assistance Program (SAP), sometimes referred to by schools as a Student Assistance Team (SAT), provides the necessary link between a school's instructional functions and its guidance, counseling, and health service delivery programs. A SAP is a prevention and early intervention program that has the following functions: identifying and referring students, providing ongoing case management, and recommending policy and program changes to improve the school's climate and educational and support services. Its primary goal is early intervention. Policies must be developed for SAPs and should include provisions for parent/guardian notification, consistent with Massachusetts General Law and FERPA regulations. (See Chapter 2 for discussion of confidentiality.)

According to *Ensuring Solutions to Alcohol Problems*, a health initiative at George Washington University Medical Center, SAPs can now be found in more than 1,500 school systems. Evaluations of the effectiveness of SAP programs have been limited, however the findings thus far have been promising. One study found that 86% of high school students who participated in a Rhode Island-based SAP stopped or significantly decreased their substance use, and 73% rated

their experience as positive (Wagner et al., 1999). Another controlled study, conducted in Nebraska, compared students from schools with a SAP with students whose schools did not offer such a program. This study found that students in schools with a SAP reported both a lower use of alcohol in the previous 30 days and a significantly higher level of academic achievement (Scott et al., 1999). Recent NIH funded studies have also tested interventions specifically designed for use in a SAP setting (Wagner, Tubman, & Gil, 2004; Winters & Leitten, 2004).

The SAP is operated by a multidisciplinary team of educational and health service professionals. Members of the team should include, but not be limited to, an administrator, the school nurse, a behavioral/health specialist/counselor, a guidance and/or adjustment counselor, a school physician, one or more classroom teachers, and the director of discipline, as well as a truant officer, law enforcement officer, and/or parole officer.

Role of the School Nurse

The school nurse often plays a pivotal role in prevention education, risk assessment, health assessment, counseling, collaboration with parents/guardians, and referrals as needed. In some cases the nurse may need to provide emergency treatment until the emergency medical services arrive. In addition, the school nurse is a health resource/health educator, working with the student and parent/guardian to assist in accessing appropriate treatment programs. These responsibilities are always performed in collaboration with other members of the Student Assistance Team.

Role of the Substance Abuse Specialist/Counselor

In some school districts, a substance abuse specialist or counselor may be part of the Student Assistance Team. Such specialists may be district or school employees, or may provide services on a contract basis. If a substance abuse specialist is available on-site, he or she may perform tasks such as:

- assessment and referral;
- on-site substance abuse counseling;
- delivery of a substance abuse prevention curriculum;
- consultation to teachers and other appropriate school personnel;
- crisis intervention and referral, as needed; and
- educational workshops relevant to substance abuse for parents and school personnel.

For many school districts, providing intensive substance abuse counseling services may not be a possibility. However, recent research indicates that brief interventions can be effective for youth with moderate substance abuse problems, and such limited interventions may be more accommodating to resources and training levels of school counselors (Robert Wood Johnson Foundation, 2005; Winters & Leitten, 2004).

In Massachusetts, alcoholism counselors and drug counselors are certified by The Massachusetts Board of Substance Abuse Counselors. The requirements for the Certified Alcoholism Counselor (C.A.C.) certification are: 4,000 documented hours (2 years full time) of supervised counseling of clients with substance abuse problems; 180 clock hours of education; a national written exam; and, an oral case presentation. The education hours are broken down into four categories: (1) alcohol- and drug-specific education, (2) counseling techniques, (3) behavioral science, and (4) ethics. Also required within the 4,000 hours of counseling experience are 220 hours of supervised practical training in twelve counselor core function areas.

For the Certified Alcohol and Drug Abuse Counselors (C.A.D.A.C.) certification, the requirements are: 6,000 hours (3 years full time) of documented hours of supervised counseling of clients with substance abuse problems; 270 hours of education in the four categories; 300 hours of supervised practical training; and, a national exam and oral presentation. Additional information about C.A.C.

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and C.A.D.A.C. credentialing may be obtained from The Massachusetts Board of Substance Abuse Counselors website: <http://www.mbsacc.org/>.

In addition, certification as an addiction specialist may be obtained from the American Academy of Health Care Providers in the Addictive Disorders, a membership organization comprised of nurses, doctors, psychologists, psychiatrists, social workers, and counselors. The Certified Addiction Specialist (C.A.S.) credential has specialty areas covering alcoholism, other drug addiction, eating disorders, compulsive gambling, and sex addiction. To qualify, applicants must have 3–5 years of supervised clinical experience (depending on educational degree attained), 120 hours of training in basic counseling skills, 60 hours of training in each area of specialization, three professional recommendations, and a completed application. Applicants meeting the above requirements are eligible to take one of the Academy's written examinations in alcoholism and drug addiction or in compulsive gambling. More information about C.A.S. credentialing is available at <http://www.americanacademy.org/>.

Family Involvement

Families — parents/guardians and extended family members — are the strongest influence over children's substance abuse. Parents who abstain from cigarettes and illegal drugs, drink responsibly, have high expectations for their children, monitor their children's whereabouts, know their children's friends, and provide loving support and a forum for communication are less likely to have children who use and abuse tobacco, alcohol, or drugs (The National Center on Substance Abuse at Columbia University, CASA, 2005). To be truly effective, any substance prevention program must incorporate families as supportive partners (NIDA, 2003; National Research Council & Institute of Medicine, 2003). These interested adults can reinforce learned skills through at-home practice and modeling, and provide support for programs in their communities (Kelly et al., 2002).

Parental monitoring and supervision can be enhanced with training on rule-setting; methods for monitoring child activities; praise for appropriate behavior; and moderate, consistent discipline that enforces family rules. In cases where family members are abusing ATOD, education programs should be offered that include identification of community resources. Free pamphlets for parents and/or youth are available through DPH. (See Resources section for more information.)

Community Involvement

Through public policy, media-created awareness, advocacy, and enforcement, communities can be active in changing and supporting norms of non-use and reinforcing positive messages presented at school.

DPH's Bureau of Substance Abuse Services supports community-based prevention programs that use science-based programs to prevent ATOD abuse among preschool and school-age youth and their families. Each program focuses on a specific municipality or neighborhood and is implemented by a coalition composed of interested community members. These programs view youth as resources in their communities; incorporate meaningful youth involvement in program planning, implementation, and evaluation; and focus on positive outcomes for youth.

A federally funded initiative, the Massachusetts Collaborative for Action Leadership and Learning (MassCALL), is working to bring together state and community leaders to revitalize the Commonwealth's comprehensive substance abuse prevention strategy and to provide funding to communities to reduce ATOD abuse among youth. In 2002, coalitions funded by MassCALL collaborated with DPH, DOE, and other state agencies and organizations to develop a statewide framework that would guide future efforts to prevent and reduce substance abuse, particularly among youth and young adults. The resulting document, *Maximizing Health: A Framework*, promotes close collaboration among state and local planners, practitioners, evaluators, and others

to maximize resources and balance the evidence from prevention research. The framework is available at http://www.mass.gov/dph/bsas/prevention/masscall/framework/maxhealth_title.htm.

Individual schools may also choose to work actively with their communities to improve the environment in which their students live, play, and study. The following suggestions of ways schools can work with communities to improve community norms and the wider environment come from the U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention document *Schools and the Community Alcohol, Tobacco, and Other Drug Environment: Opportunities for Prevention*, produced in collaboration with the Pacific Research Institute.

- Schools can play an important role in targeting problem retail outlets that sell alcohol or tobacco to minors by documenting sales practices, conducting surveys and educational workshops for the community, promoting and participating in local coalitions, working with local businesses and officials, and providing written and oral testimony at relevant governmental hearings and small-claims courts.
- Schools can play an active part in assessing the role of alcohol in community celebrations and can sponsor alcohol-free events to encourage student and family participation and enhance the school's educational mission.
- Schools can play a lead role in developing ATOD-free zones that extend beyond school boundaries into recreation areas and other locations by promoting the concept in the community, working with local officials in implementation, soliciting support from parents and local residents, and integrating the ATOD-free zones into school activities.
- Schools can work with local officials to end alcohol and tobacco industry sponsorships of community events and to limit outdoor advertising, especially in the vicinity of school facilities.
- Schools can counteract alcohol and tobacco marketing, which often uses images, promotional materials, logos, and messages that are particularly attractive to young people, by working with local businesses and community leaders to remove youth-oriented alcohol and tobacco promotional materials or restrict their distribution to students.
- Schools can help change aspects of the physical environment that may be contributing to illegal drug problems (e.g., poor lighting, abandoned buildings) by documenting locales where problems exist, publicizing the dangers to children and the need for action, and working with local officials to develop and implement policy reforms.

SPECIFIC AGENTS

In addition to alcohol and tobacco, many drugs are commonly abused, as listed by The National Institute on Drug Abuse at: <http://www.drugabuse.gov/DrugPages/DrugsofAbuse.html>. Gambling is also a temptation for abuse.

Alcohol

Scope of the Problem

Alcohol is the leading drug of choice among children and adolescents. A higher percentage of youth aged 12–20 use alcohol (29%) than use tobacco (23.3%) or illicit drugs (14.9%) (SAMHSA, 2003).

According to the National Center on Addiction and Substance Abuse (CASA) at Columbia University, individuals under 21 drink almost one-fifth (19.7%) of the alcohol consumed in the United States. More than 5 million high school students (31.5%) admit to binge drinking at least once a month. The age at which children begin drinking has been dropping since 1975, and recent

estimates of the number of children who begin drinking in the 8th grade or earlier range from 36% (CASA, 2003) to 53% (National Institute on Alcohol Abuse and Alcoholism (NIAAA), 2005).

The gender gap that endured for generations has evaporated: male and female 9th graders are equally likely to drink (40.2% and 41%) and binge drink (21.7% and 20.2%) (CASA, 2003).

A 2006 SAMHSA report, *State Estimates of Substance Use From the 2003–2004 National Surveys on Drug Use and Health*, placed Massachusetts in the top fifth of states for both underage use of alcohol and underage binge use of alcohol.

DPH conducts the Massachusetts Youth Health Survey (YHS) in alternate years (to the YRBS), documenting trends in health risk behaviors; the most recent data available as of this printing come from the 2002 survey. The YHS surveys students in grades 6–12, thus including middle school as well as high school students. According to the YHS:

- Current use (within the past 30 days) of alcohol rises steadily, from just under 14% in 6th grade to nearly 69% in 12th grade.
- Forty-six percent of all students had consumed an alcoholic drink in the 30 days before the survey. After having remained virtually unchanged since 1995, the rate of current drinking decreased significantly in the most recent survey (down from 53% 2 years earlier).
- Twenty-seven percent of all students reported at least one episode of binge drinking (defined as consuming 5 or more drinks in a row within a couple of hours) during the 30 days before the survey.
- More than half (59%) of students who reported any current drinking also reported engaging in binge drinking at least once in the 30 days before the survey.
- Risk behaviors are once again shown to cluster: Among students who had ever had a drink in their lives, those who reported current alcohol use were significantly more likely than students who did not drink (the month before the survey) to report lifetime and current drug use, lifetime and recent sexual intercourse, attempting suicide, carrying a weapon, being in a physical fight, and experiencing sexual contact against their will.
- All measures of alcohol use were associated with significantly lower rates of academic achievement.
- Students in rural school districts had the highest rate of binge drinking (31% vs. 28% in suburban districts and 24% in urban districts).

Risk Factors

Research by the National Institute on Alcohol Abuse and Alcoholism (NIAAA) has found that 1 youth in 4, or about 19 million young people, is exposed to family alcoholism or alcohol abuse some time before the age of 18. Children in families affected by alcohol often live in environments that are stressful, chaotic, and frightening. Moreover, children of alcoholics are vulnerable to mental illness and medical problems and are at greater risk than others to abuse alcohol (Johnson & Leff, 1999; Elkins et al., 2004).

Studies conducted by the Prevention Research Center (PRC), using data from the National Household Survey on Drug Abuse and the National Longitudinal Study of Adolescent Health (2004), indicate that teens who sustain intense work schedules (above 10 hours per week) are particularly susceptible to drinking. In fact, it was found the more they work, the more heavily they tend to drink. It was also found that working 10 hours a week or less appears to pose no risk for alcohol use or heavy drinking, but risk increases significantly above 10 hours a week.

The likelihood of consuming alcohol (as well as using drugs and smoking) is elevated for teenage girls who date older boys, for teens with many sexually active friends, and for those who spend 25

hours or more a week with a boyfriend or girlfriend (CASA, 2004). According to one recent study, a very strong correlation also exists between victimization in middle school and alcohol use in high school. Researchers from the Oregon Research Institute who followed 223 at-risk male and female students through their middle school and high school years found that verbal harassment during middle school increased the likelihood of alcohol use during high school almost threefold (Rusby et al., 2005).

Consequences

The brain changes dynamically during adolescence, and early use of alcohol can seriously impair these growth processes and hinder academic ability. Recent research to evaluate the cognitive functioning of alcohol-dependent adolescents has found evidence of impaired memory, altered perception of spatial relationships, and deficiencies in verbal skills. These negative cognitive effects may cause alcohol-dependent adolescents to fall behind in academic performance, which can induce an unfortunate downward spiral (NIDA, 2003; Brown et al., 2000). Research using sophisticated imaging tests also suggests that alcohol consumption during adolescence may have a permanent adverse effect on the growth and development of the hippocampus—a part of the brain important for learning and memory (NIDA, 2003; De Bellis et al., 2000).

Cognitive damage is not the only consequence of underage drinking. It highlights additional risks of alcohol consumption by youth (Office of Alcohol and Other Drug Abuse, 2004):

- Underage drinking is a factor in nearly half of all teen automobile crashes, the leading cause of death among teenagers.
- Alcohol use contributes to youth suicides, homicides, and fatal injuries.
- As many as two-thirds of all sexual assaults and date rapes of teens and college students are linked to alcohol abuse.
- Alcohol is a major factor in unprotected sex among youth, increasing their risk of contracting HIV and other sexually transmitted diseases (Stueve & O'Donnell, 2005).

The impact of alcohol use upon the health of all Americans is acknowledged in Healthy People 2010, the national health promotion and disease prevention initiative (discussed in Chapter 1). Among the alcohol-related objectives specified in Healthy People 2010 are: reduce the proportion of persons engaging in binge drinking of alcoholic beverages, reduce alcohol use among adolescents, and increase the average age at which adolescents first use alcohol by at least 1 year. Schools have a role in helping communities meet these goals.

Preventive Measures

The first school-based prevention programs were primarily informational rather than skill-based and were found to be ineffective. Today's improved programs share a number of common elements: they follow social-influence models and include setting norms, addressing social pressures to drink, and teaching resistance skills. These programs also offer interactive and developmentally appropriate information, include peer-led components, and provide teacher training (NIAAA, 2004, 2005, and 2006).

Leadership to Keep Children Alcohol Free, a coalition of governors' spouses, federal agencies, and public and private organizations working together to prevent the use of alcohol by children aged 9–15, recommends schools pay particular attention to perceptions about peer behavior. Children and teens frequently overestimate how many of their peers are engaging in behaviors such as drinking. Because studies of 6th graders have shown that children who overestimate the number of their peers who are drinking are more likely to drink, the coalition suggests schools incorporate information about actual peer alcohol use rates into prevention education programs. This approach results in less alcohol use and fewer related problems, as students usually desire to align themselves with the majority of their peers. Recognizing the strong influence parents or guardians

can have on teen alcohol use, the Alcohol Epidemiology Program (AEP) also suggests that schools educate families about community factors that influence their teens' access to alcohol and about preventing access to alcohol in the home.

According to the National Institute of Alcohol Abuse and Alcoholism (NIAAA), the most effective approach for preventing underage drinking is to bring about the coordinated effort of all elements influencing a child's life, including family, schools, and community. Ideally, intervention programs also should integrate treatment for youth who are alcohol-dependent. (See Resources for additional information.)

Recognizing and Responding to Problems

Signs of alcohol intoxication include:

- sleepiness;
- slurred speech or difficulty expressing a thought intelligibly;
- lack of coordination, poor balance;
- inability to walk a straight line;
- inability to focus on another person's eyes;
- red eyes, dilated pupils, or flushed face;
- morning headaches, nausea, weakness, or sweatiness; and
- odor of alcohol on breath or in sweat.

Among the more subtle behavioral signs of alcohol or drug use are:

- secretive behaviors, including hiding the odor of alcohol with such foods as peanut butter and mints;
- change in personality or baseline mood;
- drop in grades;
- dropping old friends and getting new friends, whom the student does not introduce to parents;
- change in participation in extracurricular activities; and
- drug paraphernalia found, even if the student claims it belongs to a friend.

Screening and Identification

School nurses, counselors, and others may use a standardized screening tool to assess the risk of alcohol and/or substance abuse. Several such tools — the Alcohol Use Disorders Identification Test (AUDIT), the Program Oriented Screening Instrument for Teenagers (POSIT), and the CRAFFT Substance Abuse Screening Test questionnaires — have demonstrated acceptable sensitivity for identifying alcohol problems or disorders in adolescents. The CAGE questionnaire, a brief alcohol screening tool, is an internationally used assessment instrument for identifying problems with alcohol. However, it is not recommended for use with adolescents (Knight et al., 2003).

The CRAFFT tool was developed specifically for adolescents by the Center for Adolescent Substance Abuse Research at Children's Hospital Boston. The tool's name is a mnemonic device that helps to remind the screener of the 6 questions it includes, as shown below. The CRAFFT is very brief and easy to score: 2 "yes" answers indicate a need for further assessment, while 4 "yes" answers indicate dependence (Knight et al., 2003). Studies have shown that scores on the CRAFFT screening tool have a high correlation with measures of substance abuse and dependence.

CRAFFT Screening Instrument for Adolescents

- Have you ever ridden in a **C**ar driven by someone (including yourself) who was “high” or had been using alcohol or drugs?
- Do you ever use alcohol or drugs to **R**elax, feel better about yourself, or fit in?
- Do you ever use alcohol or drugs while you are by yourself, **A**lone?
- Do you ever **F**orget things you did while using alcohol or drugs?
- Do your **F**amily or **F**riends ever tell you that you should cut down on your drinking or drug use?
- Have you ever gotten into **T**rouble while you were using alcohol or drugs?

Exhibits 14-5 through 14-7 provide sample guidelines and checklists for screening of students suspected of alcohol or drug use.

State-Sponsored Recovery Assistance

In 2006, state-funded recovery high schools for students with substance use disorders opened in three Massachusetts cities — Springfield, Beverly, and Boston. Designed to reduce the risks of relapse, these schools aim to provide education only to students who are in recovery.

Tobacco

Scope of the Problem

Smoking is the leading preventable cause of death in the United States. It is estimated that more than 9,000 Massachusetts residents die each year from smoking-related causes. The cost of health care for people in the state with smoking-related illnesses exceeds \$2.7 billion a year. Smoking is a major risk factor for heart disease and stroke, chronic bronchitis, emphysema, and cancers of the lung, larynx, pharynx, mouth, esophagus, pancreas, and bladder. Students who smoke are also at higher risk for contracting colds, bronchitis, and triggering asthmatic symptoms, and therefore have increased absenteeism due to illness (Massachusetts Department of Education, 2000).

As noted above, results from the 2003 YRBS suggest that school health programs have had a major positive effect on the behavior of Massachusetts young people. Nevertheless, an estimated 13,700 children under 18 in Massachusetts become new daily smokers each year. Statistics indicate that teenagers are the age group most vulnerable to the addictive attraction of cigarettes. According to CDC, 80% of tobacco users began smoking as teens. A new report compiling 5 years of studies from a research program at the University of California, Irvine, Transdisciplinary Tobacco Use Research Center (UCI TTURC, 2004), provides some possible explanations for adolescents' susceptibility to tobacco addiction:

- A single exposure to nicotine can produce changes in the developing brains of adolescents.
- Adolescents are more receptive than adults to the rewarding effects of nicotine and the chemicals with which it combines in cigarette smoke.
- Teens may not feel the negative effects of nicotine as strongly as adults.
- Teens with ADHD may turn to smoking as a form of self-medication.

Cigarettes are not the only means by which children and adolescents may become addicted to tobacco or fall victim to negative health effects associated with tobacco products. Other dangers include:

- **Smokeless tobacco and cigars.** The use of smokeless or “spit” tobacco, including chewing tobacco or snuff, is not a safe alternative to smoking. Smokeless tobacco has been determined to be highly addictive, and its use has been linked to cancers of the head,

neck, throat, and esophagus, as well as gum disease. It also increases the risk of cardiovascular disease, including heart attack. Chewing tobacco has also been linked to tooth decay. Cigar smoking similarly poses serious health risks: Cigar smokers are at higher risk for heart disease, chronic obstructive pulmonary disease, and lung and other cancers.

- **Water pipes.** The smoking of flavored tobaccos through water pipes has become popular among young people, who are often mistakenly assuming that water filtration makes smoking safer. In 2006, the World Health Organization issued a warning about this activity, noting that users of water pipes inhale dangerous amounts of carbon monoxide, nicotine, and tar, and that substantial evidence confirms that smoking through a water pipe causes lung disease, cardiovascular disease, and cancer.
- **Secondhand smoke.** The detrimental effects of secondhand smoke, also known as environmental tobacco smoke, have been well documented. Secondhand smoke includes both sidestream smoke produced by a lighted cigarette, cigar, or pipe and mainstream smoke exhaled by a smoker. Secondhand smoke contains a complex mixture of more than 4,000 chemicals, more than 50 of which are cancer-causing agents. Secondhand smoke is a particular danger to young children because their lungs are not fully developed. Exposure to secondhand smoke is associated with an increased risk for sudden infant death syndrome (SIDS), asthma, bronchitis, and pneumonia in young children.

Consequences Beyond Health Impact

Negative Effects on School Performance

Significant evidence exists that adolescent smoking impacts cognitive performance in ways that can hamper educational achievement. Limited access to tobacco during school hours is related to withdrawal, which increases distraction by external stimuli and decreases activity level. (Massachusetts Department of Education, 2000).

In tests of visual and auditory attention, adolescent smokers perform as accurately as nonsmokers, but their reaction times are slower. On tests of verbal learning and accuracy of working memory, adolescent smokers perform less well than nonsmokers. When smokers in this age category are deprived of cigarettes, the impairment of both working memory and verbal learning performance becomes more pronounced. The earlier an individual begins smoking, the worse the severity of performance deficits (Jacobsen et al., 2005).

The negative effects of early smoking on academic achievement are also apparent in the results of a longitudinal study conducted by researchers at Rand Health, which surveyed participants in 7th grade and then again in 12th grade. Compared with 7th grade nonsmokers, the 7th grade smokers were 2–3 times more likely to experience academic problems (such as frequent absences, poor grades, or grade repetition) and nearly 4 times more likely to have skipped classes or been suspended during middle school. By 12th grade, early smokers were consistently more likely than early nonsmokers to experience a variety of academic problems (including dropping out of high school), to engage in other types of substance abuse, and to exhibit delinquent and other problem behaviors (Ellickson et al., 1996; Ellickson et al., 2001).

Correlation With Other Risk Behaviors

Seventh grade smokers in the Rand Health study were also far more likely than their nonsmoking counterparts to abuse substances other than tobacco. They were 21 times more likely to engage in marijuana use or drinking on a weekly basis, 8 times more likely to engage in binge drinking, and 36 times more likely to use hard drugs. The likelihood of having engaged in stealing was also 7 times greater among smokers than nonsmokers (Ellickson et al., 1996; Ellickson et al., 2001).

Preventive Measures

School-based programs to prevent tobacco use can make a substantial contribution to the health of the next generation. Indeed, in its 1994 *Guidelines for School Health Programs to Prevent Tobacco Use and Addiction*, the CDC declared that meeting the challenge to provide effective tobacco-use prevention programs to all young persons is an ethical imperative.

Recent research indicates strong links between smoking and students' experiences in school. One study conducted by researchers from Brown Medical School found that feeling alienated from school and having friends who smoke were particularly strong influences that led adolescents both to experiment with tobacco and to become regular smokers (Lloyd-Richardson et al., 2002).

Most established smokers start before age 18, often well before. Although little data about smoking is regularly collected for children under 12, data from a nationwide *Monitoring the Future* survey suggest that the peak years for initiation of smoking are the 6th and 7th grades, with a significant number of students experimenting even earlier. By the 8th grade, 28% of students had already tried smoking, and 13% reported that their first experience of smoking took place by the 5th grade (Johnston et al., 2005; Gallogly, 2004).

In its *Guidelines for School Health Programs to Prevent Tobacco Use and Addiction*, CDC recommends 7 strategies that are effective in preventing tobacco use among youth. To achieve the greatest impact, schools should implement all 7 recommendations:

- (1) Develop and enforce a school policy on tobacco use.
- (2) Provide instruction about the short-term and long-term negative physiological and social consequences of tobacco use, social influences on tobacco use, peer norms regarding tobacco use, and refusal skills.
- (3) Provide proven effective research based tobacco-use prevention education in kindergarten through 12th grade; this instruction should be especially intensive in junior high or middle school and should be reinforced in high school.
- (4) Provide program-specific training for teachers.
- (5) Involve parents or families in support of school-based programs to prevent tobacco use.
- (6) Support cessation efforts among students and all school staff who use tobacco (see Tobacco Cessation section in this chapter).
- (7) Assess the tobacco-use prevention program at regular intervals.

The Campaign for Tobacco-Free Kids offers a few additional suggestions that build on the framework of CDC's 7 strategies. The organization recommends that schools adopt a firm policy of not accepting any funding, curricula, or other materials for tobacco-use prevention programs from tobacco companies (Gallogly, 2004).

Finally, based on the results of their longitudinal study of the long-term social consequences of smoking in early adolescence, Rand Health researchers made a number of recommendations about how to structure tobacco prevention programs for maximum effect:

- Given the links between early smoking and concurrent and later high-risk behaviors, prevention efforts aimed at youth who are already smoking should also address the other problems these teens may be facing.
- Because young adolescents who smoke only occasionally are at increased risk to become heavy smokers in the future, it is very important to start smoking prevention programs early and continue these efforts throughout high school.
- Because early smoking seems predictive of dropping out of high school, programs aimed at preventing or stopping young adolescents from smoking and using other drugs may significantly reduce their risk of dropping out in the future.

Recognizing and Responding to Problems

Signs and Symptoms

Observation, rather than a formal screening tool, is usually adequate to identify a smoker. Obvious indications of tobacco use include the smell of tobacco around the young person or on his or her clothing, and stained fingers or teeth.

Tobacco Cessation

CDC's 2004 publication *Youth Tobacco Cessation: A Guide for Making Informed Decisions*, available at http://www.cdc.gov/tobacco/educational_materials/cessation/youth_cess, provides information on assessing community needs, details cessation interventions, and discusses a range of factors that might complicate cessation services once a program is started.

Research indicates that the most effective programs are those that enhance adolescents' motivation to quit (see Exhibit 14-8 for a fact sheet on the health benefits of quitting) and their ability to resist pressures to smoke, as opposed to simply obstructing access to cigarettes. Tailoring programs for adolescents seems to work better than making superficial changes to programs designed for adults. Providing social supports to help teens persevere in their attempts to quit and showing them how to make use of available community resources are important elements. In addition, school-based cessation programs have tended to yield higher quit rates than clinic-based or family-based programs or mass-media campaigns. Finally, programs that include more sessions have shown higher quit rates (Carpenter, 2001).

Smoking cessation services are available free of charge to all Massachusetts residents through the Try-To-STOP TOBACCO Resource Center (800-TRY-TO-STOP (800-879-8678); <http://www.trytostop.org>).

American Lung Association (ALA) has a program for youth smokers called Not On Tobacco (N-O-T). Consisting of a 10-session curriculum and booster sessions conducted by teachers, counselors, nurses, or health educators who have been trained by the ALA, N-O-T takes place in schools and community settings and is currently in use in some Massachusetts high schools. For more information, call 800-LUNG-USA (800-586-4872) or contact a local ALA chapter.

Beginning in 1999, DPH's School Health Unit began collaborating with the Division of Preventive and Behavioral Medicine, Department of Medicine, University of Massachusetts Medical School and a group of high school nurses to design, develop, and implement a pilot study of interventions delivered by school nurses to help individual youth stop using tobacco. The pilot study, conducted within 71 schools in Massachusetts during the 2002–2003 school year, demonstrated extremely promising results, indicating potential for school nurses to have a significant impact on smoking cessation among adolescents. School nurses found it feasible to implement the 4-session, one-on-one intervention within their practices, and the intervention was extremely well received by students. Implementation of the methodology is ongoing in schools in Massachusetts. Contact DPH's School Health Unit to request resource information for implementation of the school-nurse-delivered cessation program.

Illicit Drugs

Scope of the Problem

Illicit drugs include marijuana, hashish, cocaine, crack cocaine, speed, heroin, opium, LSD, mescaline, and PCP. National research, based on admissions for substance abuse treatment (SAMHSA, 2006), indicates an increase in early initiation of marijuana and opiates (a category that includes prescription pain medications and heroin) between 1993 and 2003. Initiation of marijuana

use prior to age 13 increased from 20% to 23% of marijuana admissions during this time period, while among those receiving treatment for opiate abuse, the percentage reporting pre-teen use increased from 4% to 5%. Reports of use prior to age 13 declined among the populations admitted for treatment of cocaine addiction (from 5% to 4% and addiction to stimulants, including methamphetamine (10% to 9%).

Lifetime and current rates of marijuana use in Massachusetts have been consistently above the national average since 1993. In 2003, according to the Massachusetts Youth Risk Behavior Survey, 47% of all Massachusetts high school students and 61% of seniors reported lifetime use of illegal drugs, primarily marijuana. Approximately 28% of high school students and 37% of seniors had used marijuana in the 30 days before the survey. This rate has not changed significantly since 1995. Three in five students who had ever used marijuana also reported current use of the drug, suggesting that one-time experimentation with it was rare. Approximately 9% of all high school students had used ecstasy in their lifetimes, 8% had used cocaine, 6% had used methamphetamine, and 3% had used heroin.

A disturbing shift has occurred in the perception of the risk involved in illegal drug use over recent years. Adolescents see less risk of harm than they did previously, while they also report greater availability of drugs than in past years (U.S. Department of Health and Human Services, Healthy People 2010 Midcourse Review, 2006).

Research suggests that the higher the perceived risk associated with marijuana use, the lower the likelihood that youth will use it. For example, “among youths who considered smoking marijuana once a month a ‘great’ risk, few (1.8%) indicated that they had used marijuana in the past month. However, among youths who considered ‘moderate,’ ‘slight,’ or ‘no’ risk to using marijuana, the prevalence rate was 11.2%” (SAMHSA, 2005).

Early drug use often leads to other forms of unhealthy and antisocial behavior. Illegal drugs are associated with premature sexual activity and the attendant risks of unwanted pregnancy and exposure to sexually transmitted diseases (Scivoletto et al., 2002). Users of illegal drugs are at risk for a number of other diseases, including tuberculosis and hepatitis. Drug use is also strongly associated with delinquency, violence, and other high-risk behaviors (U.S. Department of Justice, National Drug Intelligence Center, 2004).

Although all youth are potentially at risk for substance abuse, those with low school achievement and/or high rates of truancy and misconduct are at particularly high risk, as are those whose friends abuse alcohol or drugs. Spending a significant amount of time with older peers and adults who abuse substances exerts a particularly strong influence. Other risk factors for abuse include youth from families of substance abusers, youth with physical disabilities (who may drink or take drugs as a way of coping with feelings of isolation or to self-medicate), and gay and lesbian youth (who may turn to substances to “fit in” or to cope with depression). As noted earlier, recent research also indicates that girls may be particularly vulnerable to the abuse of certain substances, including marijuana (Office of National Drug Control Policy, 2006; SAMHSA, 2002, 2003, and 2004; National Survey on Drug Use and Health, 2004 and 2005).

Prescription and Over-the-Counter Drugs

Scope of the Problem

Research indicates that prescription medication abuse by teens and young adults is a problem that has reached alarming proportions in the United States. According to the Partnership for a Drug-Free America (PDFA), which conducts annual studies of teen drug use and attitudes, the intentional abuse of prescription and over-the-counter (OTC) medications to obtain a high is now

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an “entrenched behavior” among today’s teen population (PDFA, 2006). PDFA’s 2005 Partnership Attitude Tracking Study (PATS), which surveyed more than 7,300 students in grades 7–12, found that today’s teenagers are more likely to have abused prescription and OTC medications than they are to have abused ecstasy, cocaine, crack, or methamphetamine. Nearly 1 in 5 teens (19%, or 4.5 million) reported abusing prescription medications, and 1 in 10 (2.4 million) reported abusing cough medicine (PDFA, 2006).

Commonly abused classes (and generic and brand names) of prescription drugs include:

- opioids and narcotics (often prescribed to treat pain)
 - oxycodone (OxyContin, Percodan)
 - propoxyphene (Darvon)
 - hydrocodone (Vicodin)
 - morphine
 - hydromorphone (Dilaudid)
 - meperidine (Demerol)
 - diphenoxylate (Lomotil)
- central nervous system depressants (“downers”) (often prescribed to treat anxiety and sleep disorders)
 - barbiturates
 - pentobarbital sodium (Nembutal)
 - benzodiazepines
 - diazepam (Valium)
 - alprazolam (Xanax)
 - tranquilizers
- stimulants (“uppers”) (prescribed to treat narcolepsy, ADHD, and obesity)
 - methamphetamine
 - dextroamphetamine (Dexedrine)
 - methylphenidate (Ritalin)

Cold and cough medicines, particularly “extra strength” cough syrups, are used by teens as a source of dextromethorphan (sometimes called “DXM” or “robo”), which, when taken in large doses (4 or more ounces), produce dissociative effects similar to those of hallucinogens.

A key factor driving increased abuse of prescription pain relievers, according to PDFA, is their widespread availability and easy access. More than 3 out of 5 teens surveyed said prescription pain relievers were easy to get from parents’ medicine cabinets; half said they were easily obtained through other people’s prescriptions; and more than half said pain relievers are “available everywhere.”

Many teens perceive that these prescription and OTC drugs are safe and nonaddictive, because they have legitimate uses. In fact, prescription and OTC medications can be highly addictive, and long-term addiction to any form of medication can lead to liver and kidney damage and heart and blood pressure problems. Furthermore, the consequences of misusing or abusing some of these medications on even one occasion can be serious or fatal. A single dose of an opioid can dangerously lower a person’s breathing rate. Reducing or stopping central nervous system depressants can lead to seizures. Abusing stimulants such as Ritalin may cause dangerously high body temperatures, irregular heartbeat, aggression, paranoia, seizures, or heart failure (Van Vranken, 2005).

Compounding the risk is the fact that teens who are abusing such medications frequently mix them with alcohol or other drugs or take them in ways that make them much more dangerous. For example, the Drug Enforcement Administration (DEA) has reported that some Ritalin abusers

dissolve the tablets in water and inject the mixture. This can block small blood vessels and damage the lungs and retina. Similarly, abusers of OxyContin, a controlled drug approved in 1995 to treat chronic, moderate-to-severe pain, often chew the tablets, crush them and snort the powder, or dissolve them in water and inject the drug to get a fast high (Meadows, 2001).

Preventive Measures for All Drugs

The Second Edition of the National Institute on Drug Abuse publication, *Preventing Drug Use Among Children and Adolescents: A Research-Based Guide for Parents, Educators and Community Leaders*, is a valuable resource for schools initiating or revamping their drug prevention programs. Some of the advice from this 2003 edition, pertaining to school-based programs, is summarized below.

First, the potential impact of specific risk and protective factors associated with drug abuse changes with age, so drug prevention education must be tailored for grade level. For a younger child, risk factors within the family have greater impact, so avoidance lessons should reinforce the child's sense of identification with the family and its value system. For adolescents, on the other hand, association with drug-abusing peers and misperceptions of the extent and acceptability of drug-abusing behaviors in school, peer, and community environments may be more significant risk factors. For this reason, most prevention curricula for middle school and high school students include a normative education component designed to correct the misperception that many students are abusing drugs.

Second, prevention programs should not assume that any one drug is the main problem but should address all forms of drug abuse, including combining of substances. This is the best way to deter youth from addictive behavior, because they often abuse more than one substance and/or progress from substances such as alcohol or tobacco to illegal drugs, inhalants, prescription medications, or OTC drugs.

Third, school-based prevention programs in schools should not be taught in a vacuum or in a manner tending to make students feel defensive or untrustworthy. Instead, these programs should be integrated with curricula that focus on children's social and academic skills, including enhancing peer relationships, self-control, coping skills, social behaviors, and drug-offer refusal skills. This approach has the added benefit for a school in furthering its own goal of enhanced academic performance. Integrated programs strengthen students' bonding to school and reduce their likelihood of dropping out.

Recognizing and Responding to Problems With All Drugs

General Signs and Symptoms

The following list includes general signs and symptoms of drug use. Exhibit 14-9 provides detailed information about indicators of use of specific types of drugs. Exhibits 14-5 through 14-7 provide sample guidelines and checklists for screening of students suspected of drug or alcohol use.

Physical Signs

- any changes in eating habits, including loss of appetite or increase in appetite
- unexplained weight loss or gain
- slowed or staggering walk; poor physical coordination
- inability to sleep, awake at unusual times, unusual laziness
- red, watery eyes; pupils larger or smaller than usual; blank stare
- cold, sweaty palms; trembling hands
- puffy face, blushing, or paleness

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- smell of substance on breath, body, or clothes
- extreme hyperactivity; excessive talkativeness
- runny nose; hacking cough
- needle marks on lower arm, leg, or bottom of feet
- nausea, vomiting, or excessive sweating
- tremors
- irregular heartbeat

Behavioral Signs

- change in overall attitude/personality with no other identifiable cause
- changes in friends; new hangouts; sudden avoidance of old crowd; doesn't want to talk about new friends; friends are known drug users
- change in activities or hobbies
- drop in grades at school or performance at work; skips school or is late for school
- change in habits at home; loss of interest in family and family activities
- difficulty in paying attention; forgetfulness
- general lack of motivation, energy, self-esteem; "I don't care" attitude
- sudden oversensitivity, temper tantrums, or resentful behavior
- moodiness, irritability, or nervousness
- silliness or giddiness
- paranoia
- excessive need for privacy; unreachable
- secretive or suspicious behavior
- car accidents
- chronic dishonesty
- unexplained need for money; stealing money or items
- change in personal grooming habits
- possession of drug paraphernalia

Note: It is important to keep in mind that ***a student who displays any of the characteristics cited above is not necessarily using drugs.*** Some of these behaviors could be the product of stress, depression, an undiagnosed physical health condition, or a host of other problems. Whatever the cause, these symptoms may warrant attention, especially if they occur in a cluster or persist. A mental health professional or a caring and concerned adult may be able to help a youngster successfully overcome a crisis and develop more effective coping skills, thereby preventing further problems. It is important to notice and respond to significant changes in the student's physical appearance, personality, attitude, or behavior.

Treatment for Drug Use

In 2003, Drug Strategies, a nonprofit research institute that promotes more effective approaches to the nation's drug problems, published "Treating Teens: A Guide to Adolescent Drug Programs", a 60-page guide that identifies key elements of effective treatment for adolescents:

- Assessment is performed to determine proper treatment match.
- Treatment approach is comprehensive and integrated treatment.
- Families are actively involved in treatment.
- Program content is geared to the developmental level and unique issues of adolescents.
- Program design is sufficiently engaging to keep teens in treatment.
- Staff are professional, understand adolescent development, and work effectively with families.

- Treatment approach recognizes gender and cultural differences.
- Programs educate teens to recognize and deal with factors that lead to relapse.

Anabolic Steroids

Anabolic steroids are synthetic substances related to male sex hormones (androgens). Anabolic steroids promote growth of skeletal muscle (anabolic effect) and development of male sexual characteristics (androgenic effects). Steroids have legitimate medical applications but are also taken by adolescents, usually student athletes, to increase muscle size and improve athletic performance. When adolescents abuse steroids in this way, they often take them in combination (a process called “stacking”) or in doses up to 100 times larger than would be medically prescribed.

Scope of the Problem

In the 2004 Monitoring the Future Study, which surveyed students in 8th, 10th, and 12th grades, 1.9% of 8th graders, 2.4% of 10th graders, and 3.4% of 12th graders reported using steroids at least once in their lifetimes.

Illicit anabolic steroids are often sold at gyms, at competitions, and through mail operations after being smuggled into this country. The most common way to obtain steroids for illegal use is by smuggling them from other countries that do not require a prescription for purchase. Steroids are also sometimes illegally diverted from U.S. pharmacies or synthesized in clandestine laboratories. Steroids that originate in illegal laboratories may be adulterated in ways that compound the already substantial dangers of misuse.

These drugs are often used in patterns called “cycling,” which involves taking multiple doses of steroids over a specific period of time, stopping for a period, and starting again, or “pyramiding,” in which users slowly escalate steroid use (increasing the number of drugs used at one time and/or the dose and frequency of one or more steroids), reaching a peak amount at mid-cycle and gradually tapering the dose toward the end of the cycle.

Consequences

A wide range of adverse side effects are associated with anabolic steroid abuse (National Institute on Drug Abuse (NIDA), 2005; American Academy of Pediatrics, 2002). Some side effects are physically unattractive, but not dangerous. Males may develop acne, breast enlargement, and baldness. Females may develop more masculine characteristics, such as decreased body fat and breast size, deepening of the voice, excessive growth of body hair, and loss of scalp hair. Males risk reduced sperm production, shrinking of the testicles, impotence, and difficulty or pain in urinating. In addition, steroid use among both male and female adolescents may prematurely stop the lengthening of bones, resulting in stunted growth.

Other physical effects can be life-threatening. In both males and females, steroid use can result in liver cancer, heart attacks, and elevated cholesterol levels. People who inject steroids also run the risk of contracting or transmitting HIV, hepatitis B, and infective endocarditis, a potentially fatal inflammation of the inner lining of the heart. Bacterial infections can also develop at the injection site, causing pain and abscess.

Steroid abusers are also prone to irritability and aggression. Symptoms of steroid withdrawal include mood swings, fatigue, restlessness, loss of appetite, insomnia, reduced sex drive, and depression. If untreated, steroid-induced depression can persist for a year or more after an individual has stopped taking the drug, which can lead to suicidal behavior.

Preventive Measures

The National Institute on Drug Abuse (NIDA) suggests the following measures to encourage

adolescents to avoid use of anabolic steroids:

- Present a balanced picture of what these drugs can do for them and to them. Most adolescents know that anabolic steroids build muscles and can increase athletic prowess. Research has shown that failure to acknowledge these potential benefits creates a credibility problem and can actually make youths more likely to try the drugs.
- Make use of the authority of coaches and the team ethos. In one NIDA-sponsored program currently under study, coaches and team leaders are trained to educate team members about the effects of anabolic steroid abuse, both desirable and adverse, in the general context of training. They also provide information about nutrition, exercise, and other training techniques that may help athletes improve performance by as much as 50% without steroid abuse. This program also reduces alcohol abuse among teammates (U.S. Department of Health and Human Services, 2006).

NIDA's website at <http://www.steroidabuse.org> provides additional science-based information about steroid abuse and how to prevent it. Additional information on the ATLAS program discussed here, as well as ATHENA, a program developed for female athletes, may be found in Resources: Curricula/Teaching Tools and Registries of Effective Programs at the end of this chapter.

Recognizing and Responding to Problems

The warning signs shown below may indicate steroid abuse (U.S. Department of Health and Human Services, SAMHSA, 2006).

For males:

- baldness
- development of breasts
- impotence

For females:

- growth of facial hair
- deepened voice
- breast reduction

For both males and females:

- jaundice (yellowing of the skin)
- swelling of feet or ankles
- aching joints
- bad breath
- mood swings
- nervousness
- trembling

Other indicators include rapid weight gain or muscle development and acne flare-up (American Council for Drug Education, 2002).

Inhalants

Abuse of inhalants is a large and growing problem among school-age youth and one that frequently goes undetected. Inhalant abuse is the intentional breathing in of gas and vapors with the goal of getting high. (It does not refer to snorting cocaine or smoking substances such as tobacco, marijuana, crack cocaine, or opium.) More than 1,000 common household, school, and industrial products can be abused, including solvents, solvent-based products, gases, fuels, and aerosols. In SAMHSA's 2002–2004 National Surveys on Drug Use and Health, the types of

inhalants most frequently mentioned as having been used by recent initiates were: glue, shoe polish, or toluene (30.3%); gasoline or lighter fluid (24.9%); nitrous oxide or “whippets” (24.9%); and spray paints (23.4%).

Inhalants are attractive to children because they are easy to obtain, free or inexpensive, and difficult to detect. Furthermore, many adults are either unaware of the problem or do not understand the severity of the problem. Inhalants produce an effect within seconds that may last from 15–45 minutes. These substances generally act as central nervous system depressants. After an initial euphoria a depressed state-of-mind follows, accompanied by sleepiness or sleep. Inhalants lower breathing and heart rates and impair coordination and judgment. Use is repeated to maintain intoxication.

Scope of the Problem

One out of eight Massachusetts high school students has tried inhalants, but risk of experimentation begins much earlier. Use can start as early as the 3rd grade and generally increases through middle school, peaking in grades 7–9. In the national Monitoring the Future surveys, 8th graders regularly report the highest rates of abuse. The percentage of 8th graders who have used inhalants at least once has been increasing steadily, from 15.2% in 2002 to 17.3% in 2004 (NIDA, 2005).

Equally alarming to the increase in reported use is the fact that awareness of risk on the part of students is declining. In 2001, 45.6% of 8th graders surveyed by Monitoring the Future said they believed there was a “great risk” in trying inhalants once or twice. By the 2004 survey, that percentage had dropped to 38.7%. Past research has shown a decrease in perceived risk of drug use is often related to an increase in use (NIDA, 2005; Center for Substance Abuse Research, 2005).

Consequences

Inhalants can cause severe and permanent damage to the brain, peripheral nerves, kidneys, liver, bone marrow, and other organs. Some inhalants cause irreversible hearing loss, while others produce chromosome and fetal damage much like fetal alcohol syndrome. More than any other substance, inhalants can cause sudden death, resulting from heart arrhythmia and suffocation. Chronic inhalant users can develop physical addiction (with tolerance and withdrawal symptoms) and psychological dependence.

Inhalant abuse has also been linked to memory loss, learning problems, and difficulties in school. Inhalant users also tend to be truant, disruptive, and delinquent (Lloyd, 2003).

Preventive Measures

Because common and easily obtained substances may be used as inhalants, and because initiation into this form of substance abuse often occurs at an early age, the recent escalation in inhalant abuse is occurring with little attention from adults.

To avoid inadvertently contributing to the problem, schools should try to avoid using products that can be easily abused as inhalants. Many abusable solvent-based products such as spray paints, glues, gasoline, paint thinners, and products packaged in aerosol cans are found in art, shop, cosmetology, science, and culinary-arts classrooms. Permanent and dry-erase markers containing solvents are found throughout schools. Safer water-based versions of these products are available and should be used whenever possible. If solvent-based products are used, they should be used only under close adult supervision, and school staff should be aware of the quantities being used. If usage rates rise, staff should ask questions and monitor the situation closely.

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Collaborating with parents/guardians, school staff can take an active role in identifying and preventing inhalant abuse. This requires that school nurses, health educators, and behavioral health staff work together to provide education on inhalant abuse. Since use may begin as early as 3rd or 4th grade, prevention activities should begin in elementary school. Activities should be coordinated with the community efforts.

The main prevention message is that inhalants are dangerous poisons. Inhalants should be equated with poisons, pollutants, and toxins, not drugs. Rather than teaching children what products can be abused or how they can be abused, the damaging effects of inhalants should be stressed. Telling youth the names and types of abusable products increases the likelihood that some youth will experiment with inhalants. Other strategies include teaching inhalant refusal skills, supporting positive youth development and leadership, and educating parents and other community members. For more information on inhalant prevention, contact your local Massachusetts Regional Center for Healthy Communities (to find a location near you, call 800-327-5050) or the Massachusetts Inhalant Abuse Task Force (617-624-5140), or see the DPH website: <http://www.state.ma.us/dph/inhalant>.

The use of inhalants has become a particular concern in Massachusetts. The DPH's Bureau of Substance Abuse Services created an Inhalant Abuse Task Force in 1995 to provide parents, teachers, health care workers, and other youth-serving professionals with the most up-to-date information available on the prevention of inhalant abuse. In 1996, the Task Force officially launched A Breath Away, a statewide campaign designed to increase public awareness of inhalant abuse through the dissemination of educational materials and information about effective prevention strategies.

Recognizing and Responding to Problems

Signs of inhalant use include:

- facial rash;
- blistering, rashes, or soreness around the nose, mouth, or lips;
- runny nose, secretions from the nose, or frequent sniffing;
- irritated, watery, or glazed eyes, and dilated pupils;
- frequent unexplained coughing;
- headaches;
- hand tremors;
- poor muscle control;
- unusual, harsh breath odor;
- appearance of intoxication;
- drowsiness;
- impaired vision, memory, and thought;
- extreme mood swings;
- uncontrolled laughter;
- grandiose and hostile speech;
- bizarre risk-taking;
- increased irritability and anger;
- anxiety;
- violent outbursts;
- nausea, loss of appetite, and vomiting; and
- hallucinations and convulsions.

If you suspect that a child or adolescent is abusing inhalants, be alert to the presence of discarded product containers; bags, rags, gauze, or soft drink cans used to inhale the fumes; and any traces of odors of paint, gasoline, or glue.

Assessment

Because inhalants are seen by many substance abusers as low-status or childish, children may be reluctant or embarrassed to admit use. Furthermore, many youth confuse “inhaling” with “smoking” or “snorting.” When attempting to assess a student’s use, one question might be: “Have you ever inhaled anything to get high? For instance, this would include the gases or fumes or vapors from household products or products used in a shop, art projects, or a garage. It would not include anything you might smoke, such as tobacco, marijuana, or crack, or anything you might snort, such as cocaine.” Because youth are generally not aware of the special dangers of inhalants, any child who has experimented with them even once should receive inhalant abuse prevention education. Parent/guardian education is also essential.

A staff member or parent/guardian suspicious about a child’s behavior should follow up, asking about the possibility of inhalant use. The inquiry should specify the reason for suspicion. At times, parents/guardians or staff will need to rely on intuition, remembering that one of the attractions of inhalants is that adults don’t often suspect or recognize use. If there are questions about the inhalant effects of a certain substance, call the Regional Center for Poison Control and Prevention serving Massachusetts and Rhode Island at 800-222-1222.

Any experimentation with inhalant use is serious because even limited use can be fatal. Staff should be encouraged to work with parents/guardians to seek an alcohol and drug assessment and take appropriate action. Even if it is a false alarm, these actions send a clear message about expectations.

Emergency Treatment

If a young person is suspected of being in crisis as a result of inhalant intoxication, experts recommend several steps:

- (1) Call an ambulance.
- (2) Lay the person on their side to prevent aspiration of vomit.
- (3) See that they get fresh air.
- (4) Remain calm and supportive, and keep the person in a quiet atmosphere. Startling or agitating them may trigger a fatal adrenalin-fueled cardiac arrhythmia, a phenomenon called sudden sniffing death (SSD).
- (5) Minimize distractions and keep them from moving.
- (6) Stay with the person until they receive medical attention.

Remedial Treatment

Inhalants can produce both psychological dependence and physical addiction. Withdrawal symptoms can include hand tremors, nervousness, excessive sweating, hallucinations, chills, headaches, abdominal pain, muscular cramps, and delirium tremens. Individuals who are regular users of inhalants may require 30–40 days or more to detoxify. Adequate detoxification is crucial to successful treatment. Inhalant abusers have very high relapse rates and may experience multiple psychological and social problems (Focus Adolescent Services, 2000). Aftercare and follow-up are extremely important.

Through its network of community providers, DPH supports outpatient and residential programs for youth who are abusing inhalants and other drugs. For information on programs, call the Massachusetts Substance Abuse Information and Education Helpline at 800-327-5050.

Gambling

Scope of the Problem

Although compulsive gambling is often considered an adult problem, recent research indicates that a sizeable proportion of youth, especially male youth, engage in gambling activities, both legal and illegal, and that adolescents may be more likely to become addicted to gambling than they are to alcohol, smoking, and drugs. DPH has identified compulsive gambling as a serious public health issue. At least 78% of all Massachusetts youth have placed a bet by age 18, and studies show that 10% to 17% of students have a gambling problem (a proportion that is 2–3 times higher than the general population). Moreover, tens of thousands of students are negatively impacted by a parent's gambling disorder (Massachusetts Council on Compulsive Gambling, 2005).

Youth Gambling International, a research center at McGill University, notes that gambling has become normalized in many cultures. It is not unusual for a parent to purchase a lottery ticket for a child at an early age or to take children to play Bingo. In retrospective studies, adult problem gamblers report that their gambling began quite early, often between the ages of 10 and 19.

Youth Gambling International's research and clinical work suggest that adolescents who gamble excessively are not motivated primarily by desire for money. Instead, the primary attraction is the escape that gambling offers. Adolescents with serious gambling problems report that, while they are gambling, nothing else matters, and they are able to forget about their problems.

Youth Gambling International reports that, despite some conflicting findings, the overall consensus is that:

- Gambling is more popular among males than females.
- Adolescents with problem/pathological gambling behaviors have lower self-esteem and higher rates of depression, dissociate more frequently when gambling, are greater risk takers, and are at increased risk for the development of an addiction or multiple addictions.
- Adolescents with serious gambling problems are at heightened risk for suicidal ideation and suicide attempts.
- Quality friendships and relationships are often lost and replaced by gambling associates.
- Adolescent problem gamblers report beginning gambling at earlier ages (approximately age 10), with many reporting an early big win.
- Adolescents experience a rapid progression from social gambling to problem gambling.
- Adolescents with gambling problems often have parents, relatives, or friends with similar problems.
- Problem and pathological gambling in adolescence result in increased delinquency and crime, disruption of familial relationships, and decreased academic performance.

Preventive Measures

The Massachusetts Council on Compulsive Gambling, an organization dedicated to reducing the social, financial, and emotional costs of problem gambling (including card games such as poker and betting on sports events) recommends that students, parents, teachers, and coaches consider adopting the following prevention techniques:

- Include prevention of problem gambling in your school's health or math curriculum.
- Include gambling guidelines in school and team policies.
- Reconsider giving lottery tickets as gifts to students.
- Reconsider gambling as a fundraising activity.
- Mention problem gambling in discussions or presentations about tobacco, alcohol, or drug addiction.

- Make posters or literature available that demonstrate the risks of student gambling.
- Recognize problem gambling as a disorder that affects the gambler's whole family.

The Council offers a curriculum for middle school students entitled "Facing the Odds: The Mathematics of Gambling and Other Risks," developed with Harvard Medical School's Division on Addictions (see Resources). It also provides consultation on policy development and review, as well as training, for all schools in the Commonwealth.

Recognizing and Responding to Problems

Signs and Symptoms

Students with gambling problems are likely to engage in frequent talk about gambling, spend more time or money on gambling (including card tournaments) than they can afford, borrow money in order to gamble, sell sports betting cards or organize sports pools, and/or possess gambling paraphernalia such as lottery tickets or poker items. Moreover, such students may miss or be late for school, work, or family activities due to gambling and may feel sad, anxious, fearful, or angry about gambling losses.

Screening and Identification

One recent study found that only 1 in 7 adolescent problem gamblers (identified through a semi-structured interview that included diagnostic criteria for pathological gambling) recognized that they had a problem. None of the youth had sought treatment (Ladouceur et al., 2004).

Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV) defines pathological gambling as "persistent and recurrent maladaptive gambling behavior" that is indicated by 5 or more of the following criteria (and is not better accounted for by a manic episode). The individual:

- is preoccupied with gambling;
- needs to gamble with increasing amounts of money to achieve the desired excitement;
- has repeated unsuccessful efforts to control gambling;
- is restless or irritable when trying to cut down or stop;
- after losing, often returns another day to get even;
- lies to others to conceal the extent of involvement with gambling;
- has committed illegal acts to finance his or her gambling;
- has jeopardized or lost a significant relationship, job, or educational or career opportunity due to gambling; and
- relies on others to provide money to relieve a desperate financial situation caused by gambling.

One screening tool, the Lie/Bet Screening Questionnaire (Johnson et al., 1997) uses 2 questions to identify pathological gambling problems:

- Have you ever felt the need to bet more and more money?
- Have you ever had to lie to people important to you about how much you gamble?

A separate Four Question Screening Tool based on the CAGE questioning technique asks the following questions:

- Have you ever borrowed money in order to gamble or to cover lost money?
- Have you ever thought you might have a gambling problem, or been told that you might?
- Have you ever been untruthful about the extent of your gambling, or hid it from others?
- Have you ever tried to stop or cut back on how much or how often you gamble?

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(Permission granted. Based on the revised CAGE. Adapted by Walter Miller; LCSW, NCGC and Christopher Armentano; NCGC, Connecticut Department of Mental Health and Addiction Services/Problem Gambling Services. The original CAGE was developed by Dr. John Ewing, founding director of the Bowles Center for Alcohol Studies, University of North Carolina at Chapel Hill.)

In addition, the Massachusetts Council on Compulsive Gambling has developed the Massachusetts Gambling Screen (MAGS) for assessing adolescent gambling disorder. The MAGS is available on the Council's website, <http://www.masscompulsivegambling.org>.

Treatment

Massachusetts is one of 16 states offering public funds for the treatment of compulsive gamblers and their families. A student with a gambling problem can call the Massachusetts Council on Compulsive Gambling's 24-hour, confidential helpline at 800-426-1234.

SUMMARY

Schools and community agencies play a critical role in addressing alcohol, tobacco, and other drug use among students, as well as other addictive behaviors such as gambling. The age when a child or adolescent begins using an illegal substance, or engages in illegal activity, is a critical factor in future abuse. Prevention is paramount as the onset of substance abuse and addiction can occur at any age, indicating prevention messages must be shared and reiterated at every grade, kindergarten through 12. In addition to health education, schools must have strong policies that clearly convey that the use of alcohol, tobacco, and other drugs, as well as gambling, will not be tolerated. Policies must be consistently enforced for all students. Furthermore, these policies, as well as the laws governing illegal use and gambling and relevant MIAA rules, must be clearly communicated to students, families, and the community. The community and schools should collaborate in the effort to provide clear and consistent messages and should coordinate activities for students, parents, community, and schools.

When a student is suspected of or identified as misusing substances or gambling, protocols must be in place to address the issues, involve families, and refer for treatment. Protocols should establish supports for students after they receive treatment, to help prevent relapse and support reentry into school, if regular education has been interrupted for treatment.

Schools clearly play a pivotal role in enforcing regulations regarding substance use, abuse, and addictive behaviors, as well as in providing prevention education and in supporting access to treatment. Community agencies, law enforcement, youth organizations, faith-based organizations, health care providers, and others are important partners to assist families in preventing and combating illegal substance use, adjusting community norms as needed, and providing caring, accessible treatment for youth who require it.

RESOURCES: CURRICULA/TEACHING TOOLS AND REGISTRIES OF EFFECTIVE PROGRAMS

Alcohol/Drugs

Across Ages

Center for Intergenerational Learning

Website: <http://www.temple.edu/cil/Acrossageshome.htm>

Across Ages is a school- and community-based drug prevention program for youth aged 9–13 that seeks to strengthen the bonds between adults and youth and provide opportunities for positive community involvement. The unique feature of Across Ages is the pairing of older adult mentors (age 55 and above) with young adolescents, specifically youth making the transition to middle school. The overall goal of the program is to increase the protective factors for high-risk students in order to prevent, reduce, or delay the use of alcohol, tobacco, and other drugs and the problems associated with such use.

AlcoholEdu for High School

Outside the Classroom

Website: <http://www.outsidetheclassroom.com>

This interactive, online prevention program is aimed at curbing alcohol use among high school students. Developed by Outside the Classroom in collaboration with Mothers Against Drunk Driving (MADD), the program consists of 3 30-minute segments that reinforce key concepts and enable students to answer questions about their own behavior and the information presented in the course. Individual responses are confidential, but school officials are able to obtain an overview of students' experiences and attitudes towards alcohol. Outside the Classroom, located in Newton, MA, previously developed a similar program for use by college students.

American Council for Drug Education (ACDE)

164 West 74th Street

New York, NY 10023

Phone: 800-488-DRUG (3784)

E-mail: acde@phoenixhouse.org

Website: <http://www.acde.org/Default.asp>

ACDE is a substance abuse prevention and education agency that develops programs and materials based on the most current scientific research on drug use and its impact on society. Within the ACDE website is a special section for educators called *Facts for Educators*: <http://www.acde.org/educate>. It offers basic drug information, tips for talking about drugs in the classroom, age-appropriate lesson plans, and more.

ATLAS (Athletes Training and Learning to Avoid Steroids) and ATHENA (Athletes Targeting Healthy Exercise & Nutrition Alternatives)

Division of Health Promotion and Sports Medicine

Oregon Health & Science University

Websites: <http://www.atlasprogram.com> and <http://www.ohsu.edu/hpsm/athena.html>

ATLAS is a multicomponent, school-based program for male high school athletes (ages 13–19). It capitalizes on team-centered dynamics and uses positive peer pressure and role modeling to reduce the use of anabolic steroids, alcohol and other drugs, and performance-enhancing supplements. Delivered to a school sports team with instruction by student athlete peers and facilitation by coaches, ATLAS promotes healthy nutrition and exercise behaviors as alternatives to substance use. The 10-session curriculum is highly scripted and contains interactive and entertaining activities that make it easy and desirable to deliver, enhancing the fidelity of the intervention. The product of 10 years of research and field testing, ATLAS focuses specifically on adolescent male athletes' risk and protective factors. **Recognitions:** *Model Program*, Substance Abuse and Mental Health Services Administration (SAMHSA); *Exemplary Program*, Office of Juvenile Justice and Delinquency Prevention; *Exemplary Program*, Safe and Drug Free Schools Program (2001).

The ATHENA curriculum, initiated several years after ATLAS, is tailored to address the unique risk and protective factors of female athletes. Its content and sequence are designed to reduce disordered eating and use of body-shaping and other drugs while promoting healthy nutrition and exercise. ATHENA is a school-

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based, team-centered prevention program for female athletes on middle school and high school sports, dance, and cheerleading teams. The curriculum is 8 45-minute sessions delivered to a team and integrated into their usual sport training activities. No new class hours are required. ATHENA uses scripted lesson plans and is peer-taught and coach-facilitated.

CheckYourself.com

Partnership for a Drug-Free America

Website: <http://checkyourself.com>

CheckYourself.com offers older teens an opportunity to think in a focused way about their relationship with drugs and alcohol and invites them to consider whether their substance use risks turning into a problem for them. The site allows visitors to “look in the mirror” by answering quiz questions about their lifestyle, reading first-person stories, communicating with other teens, and playing decision games to see how they might act in situations involving drugs and alcohol. Support for CheckYourself.com is provided by the Partnership for a Drug-Free America. The Partnership provides the site’s factual information about drugs and alcohol and monitors postings to make sure they comply with the terms of use.

Community Intervention, Inc.

2412 University Ave SE, Suite B

Minneapolis, MN 55414

Phone: 800-328-0417 or 612-332-6537

Fax: 612-342-2388

Website: <http://www.communityintervention.org>

Community Intervention provides training seminars and educational resources for professionals who work with youth (ages 5–18, grades K–12). Areas covered include teenage tobacco intervention and cessation; positive alternatives to suspension; alcohol, marijuana, and other drug prevention and intervention; student assistance programs; support-group facilitation; and community mobilization.

The Cool Spot

National Institute of Alcohol Abuse and Alcoholism (NIAAA)

Website: <http://www.thecoolspot.gov>

The Cool Spot, “the young teen’s place for info on alcohol and resisting peer pressure,” is a website created for kids aged 11–13 by NIAAA. The content of The Cool Spot is based on a curriculum for grades 6–8 developed by the University of Michigan. The curriculum was created for the Alcohol Misuse Prevention Study (AMPS), a large-scale project supported by NIAAA.

D.A.R.E. (Drug Abuse Resistance Education) America

Website: <http://www.dare-america.com>

This series of classroom lessons, led by police officers, teaches children in grades K–12 how to resist peer pressure and live productive drug-free and violence-free lives.

Drug Prevention and Youth Safety Resources

Smith Initiatives for Prevention & Education

College of Education

University of Arizona

P.O. Box 210069

Tucson, AZ 85721-0069

Phone: 520-626-4964

Website: <http://www.drugstats.org>

Guidelines for Selecting Content for School Drug Education Curricula

UNESCO (United Nations Educational, Scientific and Cultural Organization)

Focusing Resources on Effective School Health (FRESH) Program

E-mail: bpiweb@unesco.org

Website: <http://www.unesco.org/education/fresh>

This publication discusses the role that school-based drug education programs can play in preventing or reducing drug use and the adverse consequences of drug use to individuals and society. It provides guidelines for selecting content and teaching methods for school drug education programs and suggests

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knowledge, attitude, and skill objectives for drug prevention education at the lower, middle, and upper class levels.

Heads Up: Real News About Drugs and Your Body

National Institute on Drug Abuse (NIDA)/Scholastic, Inc.

Website: <http://www.drugabuse.gov/scholastic.html>

NIDA has teamed with Scholastic, a leading provider of educational materials for children and teachers, to bring science-based information about drug abuse U.S. schoolchildren in grades 6–10. *Heads Up*, which includes articles and activities created to educate students on the repercussions of drug use, is delivered via the pages of Scholastic's publications *Junior Scholastic*, *Science World*, and *Up Front*. Collections of articles and reproducible fact and activity sheets are also available for download at the website.

Making the Grade: A Guide to School Drug Prevention Programs

Drug Strategies

Phone: 202-289-9070

Website: <http://www.drugstrategies.org/pubs.html#making>

A comprehensive guide to the most widely used drug prevention programs in the nation, *Making the Grade* helps educators and parents make informed decisions on how to spend limited resources. First published in 1996, *Making the Grade* has been completely updated and expanded to include: reviews of 50 curricula, many of which have been revised since the first edition; 10 new curricula, as well as 6 curricula that focus exclusively on alcohol or tobacco; information on cost, teacher training, developmental appropriateness, fidelity of implementation, and family involvement; and comparison of 14 programs that have rigorous evaluation data.

Media Sharp

Website: <http://www.cdc.gov/tobacco/mediashrp.htm>

CDC's MediaSharpSM kit is a free tool designed to help middle school and high school students evaluate media messages about alcohol and tobacco and make healthy, lifesaving choices. The kit includes a 7-minute video and an easy-to-follow teachers' guide with activities, handouts, and discussion topics.

MediaSharpSM complies with CDC's Guidelines for School Health Programs to Prevent Tobacco and Alcohol Use.

National Youth Anti-Drug Media Campaign

Website: <http://www.theantidrug.com/teachersguide/index.asp>

Working with the nation's leading experts in the fields of parenting and substance abuse prevention, TheAntiDrug.com provides parents and other adult caregivers with tools to use with kids. It also serves as a drug prevention information center and a supportive community where parents can interact and learn from one another. A teachers' guide developed by the National Youth Anti-Drug Media Campaign and offered on the website provides teachers with ideas and resources for incorporating drug prevention messages into the classroom.

NIDA Goes to School — Science-Based Drug Abuse Education

Website: <http://backtoschool.drugabuse.gov>

This website is a source of free information about the latest science-based drug abuse publications and teaching materials. It lists specific curricula and other teaching aids listed on these pages.

Preventing Drug Use Among Children and Adolescents: A Research-Based Guide for Parents, Educators, and Community Leaders (Second Edition)

Website: <http://www.nida.nih.gov/Prevention/examples.html>

This guide from the National Institute on Drug Abuse (NIDA) contains examples of research-based drug-abuse prevention programs.

Prevention 2000: Moving Effective Programs into Practice

Website: <http://www.rwjf.org/files/publications/other/Prevention2000.pdf>

This report from the Robert Wood Johnson Foundation identifies a range of conclusions and recommendations compiled at an October 2000 symposium focusing on advancing the prevention of alcohol, tobacco, and other drug problems in the United States.

Prevention Pathways

Website: <http://preventionpathways.samhsa.gov>

Prevention Pathways is an online gateway to information on prevention programs, program implementation, evaluation technical assistance, online courses, and many other prevention resources. The site is sponsored by SAMHSA's Center for Substance Abuse Prevention.

Project ALERT

Website: <http://www.projectalert.com>

Project ALERT is a drug prevention curriculum for middle school students (ages 11–14) that has been shown to dramatically reduce both the onset and the regular use of substances. The 2-year, 14-lesson program, developed by RAND, a leading think tank on drug policy, focuses on the substances that adolescents are most likely to use: alcohol, tobacco, marijuana, and inhalants. Guided classroom discussions and small-group activities stimulate peer interaction and challenge student beliefs and perceptions, while intensive role-playing activities help students learn and master resistance skills. Homework assignments that also involve parents extend the learning process by facilitating parent-child discussions of drugs and how to resist using them. These lessons are reinforced through videos that model appropriate behavior. **Recognitions:** *Model Program*, SAMHSA; *Exemplary Program*, U.S. Department of Education; *Exemplary Program*, White House Office of National Drug Control Policy.

Project Northland

Hazelden, Inc.

Phone: 800-328-9000

Website: <http://www.hazelden.org/bookstore>

Project Northland, developed by researchers at the University of Minnesota with a grant from the National Institute on Alcohol Abuse and Alcoholism, is a comprehensive alcohol use prevention program for students in grades 6–8. This program has been shown to reduce alcohol use in this age group. Participants learn that fewer of their peers drink alcohol than they thought, and they also learn how to resist pressure to drink and to talk with their parents about what happens if they do drink. **Recognitions:** *Model Program*, SAMHSA; *Exemplary Program*, U.S. Department of Education; *“Rated A” Program*, Drug Strategies, Making the Grade.

Protecting You/Protecting Me (PY/PM)

Mothers Against Drunk Driving (MADD)

Website: <http://www.MADD.org/pypm>

PY/PM, a 5-year, classroom-based alcohol-use prevention curriculum for elementary students in grades 1–5 (ages 6–11) and high school students in grades 11 and 12 (ages 16–18), is designed to reduce alcohol-related injury and death among youth. **Recognitions:** *Model Program*, SAMHSA.

SAMHSA (Substance Abuse and Mental Health Services Administration) Model Programs

Website: <http://modelprograms.samhsa.gov>

The SAMHSA Model Programs featured on this website have been tested in communities, schools, social service organizations, and workplaces across the U.S. and have provided solid proof that they have prevented or reduced substance abuse and other related high-risk behaviors. Programs included have been reviewed by SAMHSA's National Registry of Evidence-based Programs and Practices (NREPP).

Science Education Programs at NIAAA

National Institute on Alcohol Abuse and Alcoholism

Website: <http://pubs.niaaa.nih.gov/publications/Science/main.htm>

NIAAA offers a variety of curricular materials that can be used in the science classroom to create awareness about the issue of alcohol use and combat the problem of underage drinking through the application of an inquiry-based approach:

- *Better Safe Than Sorry — Preventing a Tragedy: A Science and Health Curriculum*. This flexible (1–4 class periods), inquiry-based curriculum module was developed by researchers at UNC-Chapel Hill as well as teachers and other educational consultants. Materials and lessons are adapted for use in a middle school science classroom, aligned with the National Science Education Standards (NSES), and based on current research relevant to a life-science curriculum. All kits are free of charge and include guided teacher instructions for implementation,

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data tables and background materials, a video with guided lab instruction and background on fetal alcohol syndrome, a CD-ROM with all hardcopy materials and a post-assessment game, color transparencies, brochures, and ordering information for an accompanying hands-on experiment involving varying concentration levels of ethanol and the growth and development of brine shrimp.

- *Understanding Alcohol: Investigations Into Biology and Behavior* (online ordering). This middle school curriculum supplement involves 6 hands-on, inquiry-based lessons and Web-based components that include simulations of intoxicated and sober mice (varying alcohol concentrations, time and genetics, calculations, and impact on BAC levels), as well as depictions of intoxicated drivers, requiring students to make observations and inferences. The last lesson is an interdisciplinary piece that requires students to synthesize information from a variety of primary sources in developing a justification for positions on various legal and social issues related to the science of alcohol. All activities and lessons were field-tested in a variety of educational settings, and all teacher background and overall science content were verified by experts at NIAAA. Web activities, downloadable teacher materials, and technical information may be accessed at <http://science.education.nih.gov/supplements/nih3/alcohol/default.htm>.
- *My Brain My Body — A Comprehensive Web-Based Curriculum Module* (<http://www.mybrainmybody.com>). This online educational tool for middle school students promotes discussions about the sensitive psychosocial issues of alcohol abuse while increasing and extending students' scientific understanding. Each 45-minute online lesson is supplemented by videos, overhead transparencies, live Internet polls, lab activities, and hardcopy classroom activities.

Stop Underage Drinking

Website: <http://www.stopalcoholabuse.gov/educators.aspx>

Supported by a coalition of federal agencies, this website provides educators with information and resources to open a dialog with students about underage alcohol use.

Too Good For Drugs (TGFD)

Mendez Foundation

Website: <http://www.mendezfoundation.org>

TGFD is a school-based prevention program designed to reduce the intention to use alcohol, tobacco, and illegal drugs in middle school and high school students. Developed by the Mendez Foundation for use with students in grades K–12 (ages 5–18), TGFD offers a separate, developmentally appropriate curriculum for each grade level and is designed to develop the following: personal and interpersonal skills relating to alcohol, tobacco, and illegal drug use; appropriate attitudes toward alcohol, tobacco, and illegal drug use; knowledge of the negative consequences of alcohol, tobacco, and illegal drug use and benefits of a drug-free lifestyle; and positive peer norms. The program aims to engage students through role-play, cooperative learning, games, small-group activities, and class discussions, and includes a family component.

Recognitions: *Model Program*, SAMHSA; *Excellence in Prevention*, American Medical Association.

Words Can Work

E-mail: info@wordscanwork.com

Website: <http://wordscanwork.com>

Created and produced by Blake Works, Inc., with research assistance from advisors at Harvard Medical School and CDC, *Words Can Work* is both an informational website and a source of booklets, DVDs, videos, and other materials that give young people and parents the information — and the words — to talk about the challenges kids face growing up. Products include:

- *Alcohol: True Stories* (VHS/DVD): A 20-minute film, hosted by Matt Damon, with a guide for leading discussion with young people and parents.
- *Drugs: True Stories* (VHS/DVD): A 20-minute film recommended for grades 5 and up, parents, and other caregivers.
- *Steroids: True Stories* (VHS/DVD): A 20-minute film, hosted by Curt Schilling, recommended for grades 5 and up, parents, and other caregivers, with discussion guide.

Gambling

Facing the Odds: The Mathematics of Gambling and Other Risks

Harvard Medical School Division on Addictions and the Massachusetts Council on Compulsive Gambling

Website: <http://www.divisiononaddictions.org>

This middle school curriculum on probability, statistics, and mathematics was designed to enhance students' critical thinking ability, number sense, and knowledge of the mathematics of gambling so that they can develop rational views about gambling and make their own informed choices when confronted with gambling opportunities.

Problem Gambling Prevention Resource Guide for Prevention Professionals

Oregon Department of Human Services, Office of Mental Health & Addiction Services

Website: <http://www.gamblingaddiction.org/Prevent/PreventGuide.pdf>

This resource guide is designed to provide addictions-prevention providers and other professionals with information on potential relationships between problem gambling and other problem behaviors and, further, to equip providers with information about evidence-based addictions-prevention programs, including gambling-specific prevention programs.

Wanna Bet?

North American Training Institute, a division of the Minnesota Council on Compulsive Gambling

Website: <http://www.nati.org>

Wanna Bet? is a field-tested interdisciplinary curriculum for grades 5–8 designed to discourage underage gambling through improved critical thinking and problem solving. It includes an educator's guide, an 11-minute video, "Andy's Story," a Wanna Bet? Resource Guide, overhead transparencies, a bibliography, and a resource list. This curriculum also includes a Gambling Fact Sheet, a Brief History of Gambling, and a Parent Letter, all of which are copy ready. *Wanna Bet?* magazine is an interactive online publication designed by teens for teens.

Tobacco

Creating Health-Promoting, Tobacco-Free Schools

UNESCO (United Nations Educational, Scientific and Cultural Organization)

Focusing Resources on Effective School Health (FRESH) Program

E-mail: bpiweb@unesco.org

Website: <http://www.unesco.org/education/fresh>

A lesson plan designed for teachers working with primary and secondary school students, this tool is intended to help in creating a health-promoting school with a tobacco-free policy by teaching students to develop an advocacy plan to contribute to tobacco-control efforts in their schools.

Media Sharp

Website: <http://www.cdc.gov/tobacco/mediashrp.htm>

(See description under Alcohol/Drugs.)

Project ALERT

Website: <http://www.projectalert.com>

(See description under Alcohol/Drugs.)

Project Towards No Tobacco Use (TNT)

ETR Associates

Website: <http://www.etr.org>

TNT, a comprehensive, classroom-based curriculum developed at the University of Southern California's Institute for Health Promotion and Disease Prevention, is designed to prevent or reduce tobacco use in youth aged 10–15 (grades 5–10). Upon completion of this program, students will be able to describe the course of tobacco addiction, the consequences of using tobacco, and the prevalence of tobacco use among peers. Delivered in 10 core and 2 booster lessons, TNT is proven effective at helping youth to: resist tobacco use and advocate no tobacco use; demonstrate effective communication, refusal, and cognitive coping skills; identify how the media and advertisers influence youth to use tobacco products; identify methods for building

their own self-esteem; and describe strategies for advocating no tobacco use. Because tobacco use is determined by multiple causes, TNT is designed to counteract several different causes simultaneously.

Recognitions: *Model Program*, SAMHSA; *Programs That Work*, National Institute on Drug Abuse; *Exemplary Program*, U.S. Department of Education.

SAMHSA (Substance Abuse and Mental Health Services Administration) Model Programs

Website: <http://modelprograms.samhsa.gov>

(See description under Alcohol/Drugs.)

Too Good For Drugs (TGFD)

Mendez Foundation

Website: <http://www.mendezfoundation.org>

(See description under Alcohol/Drugs.)

RESOURCES: NATIONAL AGENCIES AND ORGANIZATIONS (GENERAL)

Adolescent Risk Communication Institute (ARCI)

Annenberg Public Policy Center

3535 Market Street, Suite 200

Philadelphia, PA 19104-3309

Phone: 215-898-9400

Fax: 215-898-7116

Website: http://www.annenbergpublicpolicycenter.org/07_adolescent_risk/adolescent_risk.htm

Formally established in January 2002 with a grant from the Annenberg Foundation, ARCI brings together outstanding researchers to synthesize knowledge about prevention of risky behaviors in adolescents, and translates these scholarly findings for use by young people and their families.

American Academy of Health Care Providers in the Addictive Disorders

314 West Superior Street, Suite 702

Duluth, MN 55802

Phone: 218-727-3940

Fax: 218-722-0346

E-mail: info@americanacademy.org

Website: <http://www.americanacademy.org>

This website offers information on addictions research, diagnosis, and treatment.

American Foundation for Addiction Research (AFAR)

7711 E. Greenway Road, Suite 211

Scottsdale, AZ 85260

Phone: 480-368-2688

Website: <http://www.addictionresearch.com>

AFAR is dedicated to fostering scientific research, understanding and disseminating the knowledge of the causes and nature of addictive disorders.

American Medical Association (AMA)

Office of Alcohol and Other Drug Abuse

515 N. State Street

Chicago, IL 60610

Phone: 800-621-8335

Website: <http://www.ama-assn.org/ama/pub/category/3337.html>

The Office of Alcohol and Other Drug Abuse was created by a collaboration of the AMA and the Robert Wood Johnson Foundation to reduce underage alcohol abuse.

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American Society of Addiction Medicine (ASAM)

4601 North Park Avenue
Upper Arcade, Suite 101
Chevy Chase, MD 20815-4520
Phone: 301-656-3920
Website: <http://www.asam.org>

ASAM is dedicated to increasing access to and quality of treatment, education of the medical community and the public, and promotion of research and prevention.

The Brief Addiction Science Information Source (BASIS)

Website: <http://www.basionline.org>

Created by the Cambridge Health Alliance, an affiliate of Harvard Medical School and one of the country's primary centers for the study of addictive behavior, this website provides the general public, treatment providers, policy makers, and other interested individuals with direct access to the latest scientific information and resources on addiction, including self-help tools and screening resources. Five weekly science reviews are available here: *DRAM: The Drinking Report for Addiction Medicine*, which covers issues related to alcohol; *ASHES: Addiction Smoking Health Education Service*, which covers tobacco use; *STASH: Science Threads on Addiction, Substance Use, and Health*, which addresses substance use and abuse; *The WAGER*, a research bulletin on problem gambling published by the Division on Addictions at Harvard Medical School in collaboration with the Massachusetts Council on Compulsive Gambling; and a humanities review called *Addiction and the Humanities*, which discusses literature, art, music, and contemporary culture as these relate to addiction.

Brown University Center for Alcohol and Addictions Studies

Box G-BH
Brown University
Providence, RI 02912
Phone: 401-444-1800
Fax: 401-444-1850
E-mail: CAAS@brown.edu
Website: <http://www.caas.brown.edu>

The Center for Alcohol and Addictions Studies promotes the identification, prevention, and effective treatment of alcohol and other drug use problems through research, education, training, and policy advocacy. It operates the Addiction Technology Transfer Center of New England (ATTC-NE), a SAMHSA/CSAT-funded program that promotes systems change and increases treatment effectiveness through the translation and adoption of research-based approaches in the treatment of addictive disorders into clinical practice and educational programming.

Center for Adolescent and Child Health Research (CACHR)

1995 University Avenue, Suite 450
Berkeley, CA 94704
Phone: 510-883-5724
Fax: 510-644-0594
Website: <http://www.pire.org/PRC/cachr>

CACHR is part of the Prevention Research Center (PRC) of Berkeley, one of 15 national research centers dedicated to the prevention and reduction of social problems. CACHR's primary focus is to undertake and encourage basic and applied behavioral research relating to adolescent and child health and to apply behavioral research findings to the prevention of health problems among young people.

Center for Substance Abuse Prevention (CSAP)

Substance Abuse and Mental Health Services Administration (SAMHSA)
Phone: 800-729-6686
Website: <http://www.prevention.samhsa.gov>

CSAP, the prevention arm of SAMHSA, is the sole federal organization with responsibility for improving accessibility and quality of substance abuse prevention services. CSAP provides national leadership in the development of policies, programs, and services to prevent the onset of illegal drug use and underage alcohol and tobacco use, and to reduce the negative consequences of using substances. It operates the

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RADAR Network, a substance abuse prevention and treatment infrastructure consisting of more than 700 state clearinghouses, prevention resource centers, and national, international, and local organizations supporting substance abuse prevention activities (<http://ncadi.samhsa.gov/radar>). CSAP also produces a monograph series, available through the National Clearinghouse for Alcohol and Drug Information (NCADI) at 800-729-6686 or <http://www.health.org>.

Center for Substance Abuse Research (CESAR)

4321 Hartwick Road, Suite 501
College Park, MD 20740
Phone: 301-405-9770
Fax: 301-403-8342

Website: <http://www.cesar.umd.edu>

CESAR is dedicated to addressing the problems substance abuse creates for individuals, families, and communities. It seeks to inform policy makers, practitioners, and the general public about substance abuse — its nature and extent, its prevention and treatment, and its relation to other problems. In addition to substance-abuse-related information on its website, CESAR provides a library that serves as a clearinghouse of information on substance abuse and related topics, as well as weekly faxed overviews of timely substance abuse topics.

Community Anti-Drug Coalitions of America (CADCA)

625 Slaters Lane, Suite 300
Alexandria, VA 22314
Phone: 800-542-2322 or 703-706-0560
Fax: 703-706-0565

Website: <http://cadca.org>

CADCA's mission is to build and strengthen the capacity of community coalitions to create safe, healthy, and drug-free communities. The organization supports its members with technical assistance and training, public policy, media strategies and marketing programs, conferences and special events. CADCA's National Coalition Institute, created by an act of Congress, helps build more effective community antidrug coalitions through training, technical assistance, and educational materials.

Drug Abuse Warning Network (DAWN)

1650 Research Blvd.
Rockville, MD 20850-3195
Website: <http://dawninfo.samhsa.gov>

DAWN is a public health surveillance system that monitors hospital emergency department (ED) visits associated with underage drinking and misuse of prescription drugs, as well as drug-related deaths. DAWN is managed by Westat, a private research corporation, on behalf of SAMHSA. Communities use DAWN to detect emerging drug problems, support grant applications for treatment and prevention services, and assess the need for public health resources.

Join Together

One Appleton Street, 4th Floor
Boston, MA 02116-5223
Phone: 617-437-1500

Website: <http://www.jointogether.org>

Join Together is a national resource for communities working to reduce alcohol and drug use disorders, offering a comprehensive website, daily news updates, publications, and technical assistance.

National Association on Alcohol, Drugs and Disability, Inc. (NAADD)

2165 Bunker Hill Drive
San Mateo, CA 94402-3801
Phone: 650-578-8047

Website: <http://www.naadd.org>

NAADD promotes awareness and education about alcohol and drug use disorders among people with physical, sensory, cognitive, and developmental disabilities.

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National Black Alcoholism and Addictions Council, Inc.

5104 North Orange Blossom Trail, Suite 111
Orlando, FL 32810
Phone: 888-NBA-CORG (888-622-2674) or 407-532-2774
Website: <http://www.nbacinc.org>

The National Black Alcoholism and Addictions Council is a nonprofit organization that provides programs, education, and training for the prevention and treatment of alcohol and drug use disorders in the African American community.

National Center for Addiction and Substance Abuse at Columbia University (CASA)

633 Third Avenue, 19th Floor
New York, NY 10017-6706
Phone: 212-841-5200
Website: <http://www.casacolumbia.org>

CASA defines its mission as: informing Americans of the economic and social costs of substance abuse and its impact on their lives; assessing what works in prevention, treatment, and law enforcement; encouraging every individual and institution to take responsibility to combat substance abuse and addiction; providing those on the front lines with the tools they need to succeed; and removing the stigma of abuse and replacing shame and despair with hope.

National Clearinghouse for Alcohol and Drug Information (NCADI)

P.O. Box 2345
Rockville, MD 20747-2345
Phone: 800-729-6686
Websites: <http://ncadi.samhsa.gov> or <http://www.health.org>

SAMHSA's NCADI is a national resource for information about substance abuse prevention and addiction treatment. In addition to extensive online resources, it operates a toll-free, 24-hour phone center staffed with English- and Spanish-speaking information specialists.

National Council on Alcoholism and Drug Dependence, Inc. (NCADD)

22 Cortlandt Street, Suite 801
New York, NY 10007
Phone: 212-269-7797
Fax: 212-269-7510
E-mail: national@ncadd.org
Website: <http://www.ncadd.org>

NCADD is a nonprofit advocacy organization working with the legislative and executive branches of the federal government on alcohol and drug policies, advocating for alcoholic and drug-dependent persons and their families, and providing information to the public on prevention, intervention, and treatment.

National Education Association Health Information Network (NEA HIN)

1201 16th Street NW, Suite 216
Washington, DC 20036
Phone: 202-822-7570
E-mail: info@neahin.org
Website: <http://www.neahealthinfo.org>

NEA HIN's mission is to improve health, safety, and student achievement by providing school employees with vital, effective, and timely health information through parent, community, public, and private partnerships. Its Substance Use program includes a school-based advocacy program designed to motivate and mobilize teachers, middle school students, and parents to address the use of drugs, alcohol, and tobacco at the grassroots level.

National Latino Council on Alcohol and Tobacco Prevention (LCAT)

1616 P Street NW, Suite 430
Washington, DC 20036
Phone: 202-265-8054
Fax: 202-265-8056

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E-mail: lcat@nlcatp.org

Website: <http://www.nlcatp.org>

LCAT's mission is to combat alcohol and tobacco problems and their underlying causes in Latino communities.

National Student Assistance Association (NSAA)

4200 Wisconsin Avenue NW, Suite 106-118

Washington, DC 20016

Phone: 800-257-6310

Fax: 215-257-6997

E-mail: info@nasap.org

Website: <http://www.nasap.org>

NSAA is a nonprofit organization dedicated to ensuring student success through safe, disciplined, and drug-free schools and communities. Formerly known as the National Association of Student Assistance Professionals (NASAP), the association was founded in 1987 by professionals who were concerned about the problems of student substance abuse, violence, and academic underachievement. NSAA represents the interests of thousands of student-assistance professionals across the United States.

Prevention Platform

Website: <http://www.preventiondss.org>

Prevention Platform is an online resource for substance abuse prevention provided by SAMHSA's Center for Substance Abuse Prevention. Optional no-fee registration allows users to save work and produce customized reports. Informational resources and interactive tools cover: assessment (determining prevention needs), capacity (improving capabilities), planning (developing a strategic plan), implementation (putting a plan into action), and evaluation (documenting outcomes).

Prevention Research Center

1995 University Avenue, Suite 450

Berkeley, CA 94704

Phone: 510-486-1111

Fax: 510-644-0594

E-mail: center@prev.org

Website: <http://resources.prev.org/index.html>

PRC was formed as part of the Pacific Institute for Research and Evaluation (PIRE) in 1983 as a national center for prevention research. PRC's focus is on conducting research to better understand how social and physical environments influence alcohol use and misuse. The above-listed website is PRC's Resource Link: Research in Action, providing information and practical guidance to state and community agencies and organizations, policy makers, and members of the general public who are interested in combating alcohol and other drug abuse and misuse. Materials on the website are based on the scientific research and analysis conducted at PRC. PRC and Resource Link: Research in Action are funded by the National Institute on Alcohol Abuse and Alcoholism (NIAAA).

Safe and Drug-Free Schools Program

U.S. Department of Education

Phone: 800-872-5327

Website: <http://www.ed.gov/about/offices/list/osdfs/programs.html>

The mission of U.S. DOE's Safe and Drug-Free Schools Program is to create safe schools, respond to crises, support prevention of drug abuse and violence, ensure the health and well-being of students, and promote development of good character and citizenship.

Silent Treatment: Addiction in America

Website: <http://www.silenttreatment.info>

This multimedia public education project, produced by Public Access Journalism LLC and supported by the Robert Wood Johnson Foundation, features the latest research on addiction and treatment possibilities, personal stories of daily struggles and victories on the road to recovery, and a wide range of resources.

Substance Abuse and Mental Health Data Archive (SAMHDA)

Website: <http://www.icpsr.umich.edu/SAMHDA>

SAMHDA, an initiative of SAMHSA's Office of Applied Studies, is an archive providing ready access to substance abuse and mental health research data and promoting the sharing of these data among researchers, academics, policy makers, service providers, and others.

RESOURCES: MASSACHUSETTS AGENCIES AND ORGANIZATIONS (GENERAL)

Harvard Medical School Division on Addictions

Cambridge Health Alliance, an Affiliate of Harvard Medical School

101 Station Landing, 2nd Floor

Medford, MA 02155

Phone: 781-306-8600

Website: <http://www.divisiononaddictions.org>

The Division's mission is to strengthen understanding of addiction through innovative research, education, and information exchange. In addition to providing critical links between Harvard Medical School students, clinical and research scientists at Harvard, and other medical education communities, the Division reaches the general public through its public forums, public education activities, middle school curriculum development, and high school student internship program.

Massachusetts Department of Education Bureau of Student Development and Health

350 Main Street

Malden, MA 02148

Phone: 617-388-3300 x409

Massachusetts Department of Education Safe and Drug-Free Schools Program

350 Main Street

Malden, MA 02148

Phone: 617-388-3300

Website: <http://www.doe.mass.edu/ssce>

Publication: *Don't Give Kids Alcohol; It's Not Worth It*, a brochure designed to educate parents and other adults about social host liability and the criminal and civil responsibility they bear if they allow underage drinking on their property.

Massachusetts Department of Public Health Bureau of Substance Abuse Services

250 Washington Street, 3rd Floor

Boston, MA 02108

Phone: 617-624-5111

Website: <http://www.state.ma.us/dph/bsas>

DPH's Bureau of Substance Abuse Services offers a number of publications related to prevention of substance abuse by school-age youth that are downloadable or available for online ordering. These include:

- *Be the First to Talk with Your Pre-Teen about Alcohol, Tobacco and Other Drugs: A Family Guide*, a pamphlet for parents on effective means to prevent abuse with associated information sheets
- *7 Ways to Protect Your Teen from Alcohol and Other Drugs*
- *I Imagined This, but Heroin Lied*
- *Preventing Alcohol and Other Drug Use by Pre-Teens: Pediatric Clinician Update*
- *Inhalants Poison Your Body*

Massachusetts Health Promotion Clearinghouse

Phone: 800-952-6637 (English, Spanish, Portuguese)

Website: <http://www.mclearinghouse.com>

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The Massachusetts Health Promotion Clearinghouse provides free health promotion materials for Massachusetts residents and health and social service providers in the Commonwealth. Funded by DPH, the Clearinghouse develops and distributes health promotion materials on a variety of health topics, including substance abuse.

Massachusetts Regional Centers for Healthy Communities (RCHC)

Massachusetts Department of Public Health, Office of Healthy Communities
250 Washington Street, 5th Floor
Boston, MA 02108
Phone: 617-624-5455
Fax: 617-624-6062
Website: <http://www.mass.gov/dph/ohc/reghealthcenters.htm>

Six RCHCs (see website for locations and contact information) provide training and technical support and facilitate a process for community partners across the region with a focus on science-based substance abuse prevention practices and environmental strategies. RCHCs provide communities with up-to-date research and data assistance to support best practices across each region. Each RCHC maintains a resource library that provides free loans and current and culturally appropriate resources including videos, curricula, books, and health data. Many materials are available in languages other than English.

Monitoring the Future (MTF)

National Institute on Drug Abuse (NIDA)

6001 Executive Boulevard, Room 5213
MSC 9561
Bethesda, MD 20892
Phone: 301-443-6245

Website: <http://www.nida.nih.gov> or <http://monitoringthefuture.org>

Monitoring the Future is an ongoing study of the behaviors, attitudes, and values of American secondary school students, college students, and young adults, funded by a series of grants from NIDA. MTF is conducted at the Survey Research Center in the Institute for Social Research at the University of Michigan.

RESOURCES: REGIONAL AGENCIES AND ORGANIZATIONS (GENERAL)

New England Institute of Addiction Studies (NEIAS)

75 Stone Street
Augusta, ME 04330
Phone: 207-621-2549
TTY: 207-623-0830
Fax: 207-621-2550
E-mail: neias@neias.org
Website: <http://www.neias.org/SATneias.html>

In existence for over 30 years, the New England Institute of Addiction Studies is dedicated to the education of professionals, volunteers, and the general public concerning alcohol and drug prevention and treatment issues. The Institute is the primary organization through which state alcohol and drug agencies develop and deliver regional educational events.

RESOURCES: SPECIFIC TOPICS

Alcohol

Center of Alcohol Studies (CAS)

Rutgers, the State University
607 Allison Road
Piscataway, NJ 08854-8001

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Phone: 732-445-2190 or 732-445-4442

Fax: 732-445-3500 or 732-445-5944

Website: <http://alcoholstudies.rutgers.edu>

CAS is a multidisciplinary institute dedicated to acquisition and dissemination of knowledge on psychoactive substance use and related phenomena with primary emphasis on alcohol use and consequences.

DRAM: The Drinking Report for Addiction Medicine

Website: <http://www.basisonline.org>

DRAM is a weekly online report on alcohol-related issues from the Brief Addiction Science Information Source (BASIS). (See National Agencies and Organizations.)

Ensuring Solutions to Alcohol Problems

George Washington University Medical Center

2021 K Street NW, Suite 800

Washington, DC 20006

Phone: 202-296-6922

Fax: 202-296-0025

E-mail: info@ensuringsolutions.org

Website: <http://www.ensuringsolutions.org>

Ensuring Solutions, part of George Washington University Medical Center, provides research-based information on effective alcohol treatment and the barriers many people face when they seek help for a drinking problem. By publishing a variety of publicly available resources — fact sheets, issue briefs, policy briefs, educational primers, and online calculators — Ensuring Solutions shows how successful efforts to increase access to alcohol treatment have improved the lives of many individuals and their families.

Fetal Alcohol and Drug Unit

University of Washington School of Medicine

Department of Psychiatry and Behavioral Sciences

180 Nickerson Street, Suite 309

Seattle, WA 98109

Phone: 206-543-7155

Website: <http://www.depts.washington.edu/fadu>

This research unit is dedicated to the prevention, intervention, and treatment of fetal alcohol syndrome (FAS) and fetal alcohol effects (FAE). Its work focuses on research to identify and examine the effects of prenatal alcohol and drug exposure across the lifespan, with particular emphasis on FAS and FAE and on interventions with high-risk mothers who abuse alcohol and drugs.

Leadership to Keep Children Alcohol Free

c/o The CDM Group, Inc.

7500 Old Georgetown Road, Suite 900

Bethesda, MD 20814

Phone: 301-654-6740

Fax: 301-656-4012

E-mail: leadership@alcoholfreechildren.org

Website: <http://www.alcoholfreechildren.org/en/index.htm>

This coalition of governors' spouses, federal agencies, and public and private organizations works to prevent the use of alcohol by children aged 9–15. It is the only national effort that focuses on alcohol use in this age group. Founded by NIAAA and the Robert Wood Johnson Foundation, the initiative has been joined by additional federal sponsors.

Publications:

- *Keep Kids Alcohol Free: Strategies for Action* describes the public and private application of 3 science-based prevention models and includes informative online resources that highlight prevention strategies in action.
- *How Does Alcohol Affect the World of a Child?* is a statistical brochure for lay audiences that summarizes the most current research findings about early alcohol use and its effects. It is available in English and Spanish.

Mothers Against Drunk Driving (MADD)

511 East John Carpenter Freeway, Suite 700

Irving, TX 75062

Phone: 800-438-6233

Website: <http://www.madd.org>

MADD works to stop drunk driving, support victims, and prevent underage drinking.

National Institute on Alcohol Abuse and Alcoholism (NIAAA) Initiative on Underage Drinking

5635 Fishers Lane, MSC 9304

Bethesda, MD 20892-9304

Website: <http://www.niaaa.nih.gov/AboutNIAAA/NIAAASponsoredPrograms/underage.htm>

A component of NIH, NIAAA is the lead U.S. agency supporting research into the causes, prevention, and treatment of alcohol problems. In 2004, NIAAA created an Initiative on Underage Drinking as a response to the convergence of recent scientific advances and increased public concern about this social problem. The Initiative's website contains important new research on underage drinking, the most current national statistics, links to other federal government underage drinking prevention resources, and updates on the Initiative's new Steering Committee. (See Resources: Curricula/Teaching Tools and Registries of Effective Programs for information about Coolspot.gov, NIAAA's website for middle school students.)

Prevention Research Center

Website: <http://resources.prev.org/index.html>

(See also National Agencies and Organizations — General.)

Students Against Destructive Decisions (SADD) (founded under the name Students Against Driving Drunk)

255 Main Street

Marlboro, MA 01752

Phone: 877-SADD-INC (877-723-3462) or 508-481-3568

Fax: 508-481-5759

Website: <http://www.sadd.org>

For 25 years, SADD has been committed to empowering young people to lead education and prevention initiatives in their schools and communities. Founded as Students Against Driving Drunk in 1981 in Wayland, Massachusetts, SADD is a major peer-to-peer youth education and prevention organization with thousands of chapters in middle schools, high schools and colleges. Originally, the mission of the SADD chapter was to help young people say "No" to drinking and driving. Today, the mission has expanded: to provide students with the best prevention and intervention tools possible to deal with the issues of underage drinking, other drug use, impaired driving, and other destructive decisions.

Youth Alcohol Prevention Center

Boston University School of Public Health

715 Albany Street, Talbot Building

Boston, MA 02118

Phone: 617-638-4640

Fax: 617-638-5299

Website: http://www.bu.edu/dbin/sph/research_centers/niaaa.php

The Youth Alcohol Prevention Center was established at the Boston University School of Public Health in February 2004 with a 5-year grant from NIAAA. Its research, training, and evaluation initiatives seek to understand the etiology and consequences of drinking by young people. In its experimental work, the Center develops and tests interventions for the prevention and treatment of youth drinking.

Drugs/Inhalants

American Council for Drug Education (ACDE)

164 West 74th Street

New York, NY 10023

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Phone: 800-488-DRUG (3784)

Website: <http://www.acde.org>

This prevention and education agency develops programs and materials based on the most current scientific research on drug use and its impact on society.

Bubblemonkey.com

Website: <http://www.bubblemonkey.com>

Operated by Drug Strategies (see below), this website gives teens anonymous access to accurate information about drugs.

D.A.R.E. (Drug Abuse Resistance Education) America

P.O. Box 512090

Los Angeles, CA 90051

Phone: 800-223-DARE (3273)

Fax: 310-215-0180

E-mail: dsolicy@aol.com

Website: <http://www.dare-america.com/home/default.asp>

D.A.R.E. is a police officer-led series of classroom lessons that aims to teach K–12 children how to resist peer pressure and live productive drug and violence-free lives.

Drug Strategies

1616 P Street, Suite 220

Washington, DC 20036

Phone: 202-289-9070

Website: <http://www.drugstrategies.org>

Drug Strategies promotes more effective approaches to the nation's drug problems and supports private and public efforts to reduce the demand for drugs through prevention, education, treatment, law enforcement, and community initiatives. (See also Bubblemonkey.com, above.)

Massachusetts Inhalant Abuse Task Force

Massachusetts Department of Public Health

Bureau of Substance Abuse Services

250 Washington Street, 3rd Floor

Boston MA, 02108

Website: <http://www.mass.gov/dph/inhalant/index.htm>

Massachusetts Partners in Prevention

c/o Massachusetts Interscholastic Athletic Association

33 Forge Parkway

Franklin, MA 02038

Phone: 508-541-7997

Fax: 508-541-9888

Massachusetts Partners in Prevention is a local affiliate of Partnership for a Drug-Free America.

Massachusetts Substance Abuse Information and Referral Helpline

Phone: 800-327-5050 (24 hours/7 days)

Website: <http://www.helpline-online.com>

National Inhalants Prevention Coalition (NIPC)

322-A Thompson Street

Chattanooga, TN 37405

Phone: 800-269-4237 or 423-265-4662

E-mail: nipc@io.com

Website: <http://www.inhalants.org>

NIPC serves as an inhalant referral and information clearinghouse, develops informational materials, produces *ViewPoint* (a quarterly newsletter), and provides training and technical assistance to schools and a variety of other organizations.

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Resources:

- *A Parent's Guide to Preventing Inhalant Abuse*, a brochure produced by the Consumer Product Safety Commission and a group of industry and nonprofit organizations
- *EDUCATE: Creating Inhalant Abuse Awareness Together*, a free video produced through the joint efforts of the National Inhalant Prevention Coalition; Deloris Jordan, author of *Family First* (and mother of basketball star Michael Jordan); the Office of National Drug Control Policy; the U.S. Consumer Product Safety Commission; and consumer products manufacturer S. C. Johnson, to provide parents, teachers, and caregivers with information about inhalant abuse and its consequences

National Institute on Drug Abuse (NIDA)

National Institutes of Health
U.S. Department of Health and Human Services
6001 Executive Blvd.
Bethesda, MD 20892-9561
Phone: 301-443-1124
E-mail: information@lists.nida.nih.gov

Website: <http://www.drugabuse.gov>

NIDA's main website provides information on all aspects of drug abuse, particularly the effects of drugs on the brain and body, prevention of drug use among children and adolescents, the latest research on treatment for addiction, and statistics on the extent of drug abuse in the United States. The website allows visitors to print or order publications, public service announcements, posters, science education materials, research reports and fact sheets on specific drugs or classes of drugs, and the NIDA NOTES newsletter. The site also links to related websites in the public and private sector. NIDA also operates a number of other useful websites (listed below).

Publication:

- *Preventing Drug Use among Children and Adolescents: A Research-Based Guide for Parents, Educators, and Community Leaders, Second Edition* (2003), available for download at <http://www.drugabuse.gov/Prevention/Prevopen.html> or from the National Clearinghouse for Alcohol and Drug Information (NCADI) at 800-729-6686

Websites:

- BacktoSchool.drugabuse.gov (free information about the latest science-based drug abuse publications and teaching materials)
- HIV.drugabuse.gov (information on the links between HIV/AIDS and drug use)
- Marijuana-Info.org (information about marijuana)
- ClubDrugs.org (information about ecstasy, methamphetamine, GHB, and others)
- SteroidAbuse.org (information on anabolic steroids)

Office of National Drug Control Policy (ONDCP)

Phone: 800-666-3332

Website: <http://www.whitehousedrugpolicy.gov>

The ONDCP website lists federally sponsored drug-related statistics, links, presentations, and resources.

Partnership for a Drug-Free America (PDFA)

405 Lexington Avenue, Suite 1601

New York, NY 10174

Phone: 212-922-1560

Fax: 212-966-1570

Website: <http://www.drugfree.org>

PDFA is a nonprofit coalition of communication, health, medical, and educational professionals working to reduce illicit drug use and help people live healthy, drug-free lives. The organization conducts annual national studies of teen drug use and attitudes. Its research-based educational campaigns are disseminated through TV, radio, and print advertisements and online. Two PDFA-operated websites, <http://www.drugfree.org/Parent> and <http://www.dxmstories.com> (for teens), provide comprehensive content on the abuse of prescription drugs. Additionally, PDFA offers 4 e-mail newsletters: one for teens/young adults, one for parents/caregivers, one covering early intervention and treatment, and a semiannual "digest" summarizing news and features in one e-mail message.

STASH (Science Threads on Addiction, Substance Use, and Health)

Website: <http://www.basisonline.org>

STASH is a weekly online science review on substance use and abuse from the Brief Addiction Science Information Source (BASIS). (See National Agencies and Organizations.)

Gambling

Gamblers' Anonymous — Massachusetts

Eastern Massachusetts Hotline: 617-338-6020

Western Massachusetts Hotline: 888-519-5059

Institute for Research on Pathological Gambling and Related Disorders

Division on Addictions

Cambridge Health Alliance

101 Station Landing, 2nd Floor

Medford, MA 02155

Phone: 781-306-8600

Website: http://www.divisiononaddictions.org/institute/extra_research.htm

In addition to research and articles, this website, supported by the National Center for Responsible Gaming, offers *Facing the Odds: The Mathematics of Gambling and Other Risks*, a middle-school curriculum on probability, statistics, and mathematics developed by Harvard Medical School's Division on Addictions and the Massachusetts Council on Compulsive Gambling. It was designed to enhance students' critical thinking ability, number sense, and knowledge of the mathematics of gambling so that they can develop rational views about gambling and make their own informed choices when confronted with gambling opportunities.

International Centre for Youth Gambling Problems and High-Risk Behaviors (Youth Gambling International)

McGill University

3724 McTavish Street

Montreal, Quebec

H3A 1Y2, Canada

Phone: 514-398-1391

Fax: 514-398-3401

E-mail: ygi@youthgambling.com

Website: <http://www.education.mcgill.ca/gambling> or <http://www.youthgambling.com>

Youth Gambling International is committed to the advancement of knowledge in the area of youth gambling and risk-taking behaviors, through the development of both basic and applied research. Members of the Centre and its International Advisory Board are engaged in a multitude of research projects directly addressing youth gambling problems and that of co-occurring disorders. The website includes FAQs, prevention resources, treatment information, an online newsletter, and an informational section designed specifically for youth.

Massachusetts Council on Compulsive Gambling

190 High Street, Suite 5

Boston, MA 02110-3031

Phone: 800-426-1234 or 617-426-4554

Fax: 617-426-4555

E-mail: gambling@aol.com

Website: <http://www.masscompulsivegambling.org>

The Massachusetts Council on Compulsive Gambling is a statewide nonprofit agency dedicated to helping people in the Commonwealth with gambling problems. The Council provides information, education, advocacy, and referral services, including a 24-hour, 7-day-a-week Helpline (800-426-1234). In collaboration with the Connecticut Council on Problem Gambling (CCPG) and the New England Center, the Council publishes a monthly newsletter on problem gambling prevention. To receive an electronic copy of the newsletter, contact the Connecticut Council at <http://www.ccp.org>, or call 203-453-0138.

Massachusetts Department of Public Health Bureau of Substance Abuse Services

250 Washington Street, 3rd Floor

Boston, MA 02108

Phone: 617-624-5111

Fax: 617-624-5185

Website: <http://www.mass.gov/dph/bsas/gambling/gambling.htm>

Massachusetts Gambling Helpline

Phone: 800-GAM-1234 (800-426-1234)

Massachusetts Gambling Helpline is a 24-hour confidential helpline and referral service for problem gamblers and others affected by problem gambling behavior.

National Center for Responsible Gaming (NCRG)

1299 Pennsylvania Avenue NW, Suite 1175

Washington, DC 20004

Phone: 202-530-4704

E-mail: contact@ncrg.org

Website: <http://www.ncrg.org>

Founded in 1996 as the first national organization devoted exclusively to funding independent, peer-reviewed scientific research on pathological and youth gambling, NCRG helps individuals and families affected by gambling disorders by supporting the finest peer-reviewed research; encouraging the application of new research findings to improve prevention, diagnostic, intervention, and treatment strategies; and enhancing public awareness.

North American Training Institute (NATI)

314 West Superior Street, Suite 702

Duluth, MN 55802

Phone: 888-989-9234 or 218-722-1503

Fax: 218-722-0346

E-mail: info@nati.org

Website: <http://www.nati.org>

NATI is a private, not-for-profit organization specializing in development and presentation of professional training programs and courses, research facilitation, and distribution of research-based information on the topics of pathological and underage gambling. NATI studies treatment techniques, methods, and programs; provides public awareness and education strategies; and designs educational curricula.

The Wager: Weekly Addiction Gambling Education Report

Website: <http://www.basisonline.org/wager>

The Wager is a weekly research bulletin published by the Division on Addictions at Harvard Medical School in collaboration with the Massachusetts Council on Compulsive Gambling.

Youthbet

TeenNet Gambling Project

150 College Street

Fitzgerald Building, Room 121

Department of Public Health Sciences, University of Toronto

Toronto, Ontario

M5S 3E2, Canada

Phone: 416-978-8498

Fax: 416-946-0096

Website: <http://www.youthbet.net>

Youthbet is an informational problem-gambling website for youth aged 10–19.

Tobacco

American Legacy Foundation

2030 M Street NW, 6th Floor

Washington, DC 20036

Phone: 202-454-5555

Fax: 202-454-5599

E-mail: info@americanlegacy.org

Website: <http://www.americanlegacy.org>

The American Legacy Foundation is dedicated to building a world where young people reject tobacco and where anyone can quit. It develops national programs that address the health effects of tobacco use, through grants, technical training and assistance, youth activism, strategic partnerships, countermarketing and grassroots marketing campaigns, public relations, and community outreach to populations disproportionately affected by the toll of tobacco. Its website offers research, publications, resources, and advice on how to quit.

ASHES: Addiction Smoking Health Education Service

Website: <http://www.basisonline.org>

ASHES is a weekly bulletin of scientific information about tobacco use from the Brief Addiction Science Information Source (BASIS). (See National Agencies and Organizations.)

Center for Tobacco Cessation

901 E Street NW, Suite 500

Washington, DC 20004

Phone: 202-585-3200

Fax: 202-661-5750

E-mail: ctc@cancer.org

The Center for Tobacco Cessation serves as a source of the best available science on tobacco cessation and works with national partners to expand the use of effective tobacco dependence treatments.

Center for Tobacco Prevention and Control

Preventive and Behavioral Medicine

University of Massachusetts Medical School

55 Lake Avenue North

Worcester, MA 01655

Phone: 508-856-2000

Fax: 508-856-3840

Website: <http://www.umassmed.edu/behavmed/tobacco>

The Center provides informational talks for the community regarding tobacco dependence, tobacco treatment, and related topics. These presentations are done as a community service, at no charge.

Centers for Disease Control and Prevention

National Center For Chronic Disease Prevention and Health Promotion

Tobacco Information and Prevention Source (TIPS)

Website: <http://www.cdc.gov/tobacco/index.htm>

TIPS is an online information center where archives of Morbidity and Mortality Weekly Reports, Surgeon Generals' reports, recent research, and educational materials may be obtained.

Office on Smoking and Health

Publications Mailstop K-50

4770 Buford Highway NE

Atlanta, GA 30341-3717

Phone: 770-488-5705

Website: <http://www.cdc.gov/tobacco>

Publication:

Youth Tobacco Cessation: A Guide for Making Informed Decisions was developed for the Youth Tobacco Cessation Collaborative to assess current efforts designed to help youth quit using tobacco

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and to identify “best practices.” Free copies are available from the Office on Smoking and Health by telephone or mail. (Recommendations from this guide were also summarized in an article in the *American Journal of Health Behavior* (Milton et al., 2003); see References.)

Massachusetts Tobacco Control Program

Massachusetts Department of Public Health
250 Washington Street, 4th Floor
Boston, MA 02108
Phone: 617-624-5900
Website: <http://www.mass.gov/dph/mtcp>

National Institute on Drug Abuse (NIDA)

Website: <http://smoking.drugabuse.gov>
The NIDA website provides information on nicotine addiction and other dangers of tobacco use. (See also Resources: Specific Topics – Drugs and Inhalants.)

Save Our Daughters

National Center for Tobacco-Free Kids

1400 Eye Street, Suite 1200
Washington, DC 20005
Phone: 202-296-5469
Website: <http://www.saveourdaughters.org>
Save Our Daughters provides information on women and smoking and on ways to reduce tobacco’s impact on women and girls.

Tips4Youth

Tobacco Information and Prevention Source (TIPS)

National Center for Chronic Disease Prevention and Health Promotion
Centers for Disease Control and Prevention
Website: <http://www.cdc.gov/tobacco/tips4youth.htm>

Transdisciplinary Tobacco Use Research Center (UCI TTURC)

University of California, Irvine
367 Med Surge II
Irvine, CA 92697-4625
Phone: 949-824-8452
Website: <http://www.tturc.uci.edu>
UCI TTURC is one of 7 research centers funded by the National Cancer Institute and the National Institute on Drug Abuse in partnership with the Robert Wood Johnson Foundation. These centers are charged with the mission of integrating a transdisciplinary approach to the investigation of tobacco use and nicotine addiction, and translating the research results for policy makers, practitioners, and the public. *Closing the Gap on Youth Tobacco Use*, a report published by the UCI TTURC Office of Communications in 2004, summarizes recent findings about trends and influences on youth tobacco use. This report may be read online at <http://www.tturc.uci.edu/TTURCYouthreport.pdf>.

Try-To-STOP TOBACCO Resource Center

Massachusetts Tobacco Control Program
Phone: 800-TRY-TO-STOP (800-879-8678) (Smokers’ Helpline)
Website: <http://www.trytostop.org>
The Resource Center houses a telephone-based Smokers’ Helpline, an interactive website, educational materials, and the Quitworks program. It also collaborates with the Massachusetts Tobacco Control Program on special promotional programs — such as Ready, Set, Quit — that distribute free nicotine replacement patches to smokers who want to quit. The Smokers’ Helpline provides confidential information, referral, and counseling at no charge in English, Spanish, and Portuguese, with translators available for other languages. The website <http://www.trytostop.org> offers smokers expert advice, an interactive bulletin board, self-directed quitting tools, resources, and information in 9 languages.

RESOURCES: TREATMENT/POST-TREATMENT

Alcohol/Drugs

Adolescent Post-Treatment Support: A High School Substance Recovery Course

Nancy L. Ferguson and Associates, LLC

Phone: 414-481-4042

E-mail: nfergus@execpc.com

This mentored, independent-study program is for high school youth who have had alcohol and/or other drug treatment. The curriculum, created by a certified alcohol and drug counselor and school social worker, includes 18 written lessons, a midterm assignment, a final paper assignment, and a home contract signed by the student and student's parents. Published in paperback form (ISBN 1-55691-195-5) by Learning Publications, it is now available from the author.

Drug Strategies

Treating Teens: A Guide to Adolescent Drug Programs

Website: <http://www.drugstrategies.org/pubs.html#teen>

Working with a team of nationally recognized experts, Drug Strategies has prepared a comprehensive assessment of adolescent drug treatment. This guide provides current, reliable information on 144 adolescent treatment programs across the country; describes in detail 7 promising adolescent programs that include a range of treatment approaches; and provides practical resources, such as hotline telephone numbers for each state and questions every parent should ask when considering a program. Information on all 144 treatment programs is also available in a searchable database, organized by state, on the Drug Strategies website at <http://www.drugstrategies.org/teens/programs.html>. (For more information about Drug Strategies, see Drugs/Inhalants section of Specific Topics listing above.)

Massachusetts Organization for Addiction Recovery (MOAR)

30 Winter Street, 3rd Floor

Boston, MA 02108

Phone: 877-423-6627 or 617-423-6627

Website: <http://www.neaar.org/moar>

MOAR seeks to organize recovering individuals, families, and friends into a collective voice to educate the public about the value of recovery from alcohol and other addictions. It also works to improve access to treatment. MOAR is the Massachusetts chapter of the New England Alliance for Addiction Recovery. (See listing below.)

New England Alliance for Addiction Recovery (NEAAR)

1492 Elm Street

Manchester, NH 03101

Phone: 603-647-4629

Fax: 603-647-5977

E-mail: neias@mva.net

Website: <http://www.neaar.org>

Sponsored by the New England Institute of Addiction Studies, NEAAR provides education, training, and support to people in recovery through statewide organizations in 6 New England states. NEAAR's mission is to: change public perceptions about addiction and recovery; end discrimination against individuals and families struggling with alcohol and drug addiction; participate in the development of policies and legislation related to addiction, prevention, treatment, and recovery; and provide training to enhance the skills of the recovering community.

SAMHSA (Substance Abuse and Mental Health Services Administration) Model Programs

Website: <http://modelprograms.samhsa.gov>

(See also Curricula/Teaching Tools and Registries of Effective Programs.)

Searchable/Printable Substance Abuse Directory

Massachusetts Department of Public Health

Bureau of Substance Abuse Services (BSAS)

Website: <http://db.state.ma.us/dph/bsas/search.asp>

This directory lists BSAS-funded and licensed programs and contacts.

Substance Abuse Treatment Facility Locator

Substance Abuse and Mental Health Services Administration (SAMHSA)

Website: <http://www.findtreatment.samhsa.gov>

This directory of drug and alcohol treatment programs, sponsored by SAMHSA, shows the location of facilities around the country that treat alcoholism, alcohol abuse, and drug abuse problems. The locator includes more than 11,000 addiction treatment programs, including residential treatment centers, outpatient treatment programs, and hospital inpatient programs for drug addiction and alcoholism. Listings include treatment programs for marijuana, cocaine, and heroin addiction, as well as drug and alcohol treatment programs for adolescents and for adults.

Gambling

Gamblers' Anonymous — Massachusetts

Eastern Massachusetts Hotline Number: 617-338-6020

Western Massachusetts Hotline Number: 888-519-5059

Gambling Treatment Sites in Massachusetts

Massachusetts Department of Public Health

Bureau of Substance Abuse Services

250 Washington Street, 3rd Floor

Boston MA, 02108

Phone: 781-624-5111

Website: <http://www.mass.gov/dph/bsas/gambling/treatment.htm>

DPH's Bureau of Substance Abuse Services supports 13 gambling treatment sites in Massachusetts. All are listed on this website.

Tobacco

Center for Tobacco Cessation (CTC)

Phone: 202-585-3200

(See Resources: Specific Topics/Tobacco.)

Massachusetts Tobacco Control Program (MTCP)

Massachusetts Department of Public Health

250 Washington Street, 4th Floor

Boston, MA 02108

Phone: 617-624-5900

Website: <http://www.state.ma.us/dph/mtcp>

MTCP promotes cessation and helps smokers to quit through the following initiatives: the Try-To-STOP TOBACCO Resource Center (see below); the Quitworks program, which improves access to cessation services by working with health care providers, health insurers, and public and private employers in Massachusetts; and Ready, Set, Quit, a pilot program designed to help smokers quit by providing eligible smokers with a free two-week supply of nicotine patches and telephone counseling services. MTCP also conducts cessation program evaluation and research.

Not On Tobacco (N-O-T)

American Lung Association (ALA)

Phone: 800-LUNG-USA (800-586-4872)

Website: <http://www.lungusa.org>

Developed by the ALA in collaboration with West Virginia University, N-O-T was designed specifically for teens, using a gender-sensitive, 10-session curriculum that includes booster sessions. Sessions are

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facilitated in schools and other community settings by teachers, school nurses, counselors, and other staff and volunteers specially trained by the ALA. N-O-T is designed as a voluntary, nonpunitive program for teens that uses life-management skills to help teen smokers handle stress, decision making, and peer and family relationships. The program also addresses unhealthy lifestyle behaviors such as alcohol or illegal drug use, as well as related healthy lifestyle components such as exercise and nutrition. An Alternative-to-Suspension program is also included to address student violation of a school tobacco policy.

Project EX

Institute for Health Promotion and Disease Prevention Research
1000 S. Fremont Avenue, Unit 8, Building A-4, Room 4112
University of Southern California
Alhambra, CA 91803
Phone: 626-457-6635
Fax: 626-376-4012

Project EX, a school-based, tobacco-use cessation program for high school youth aged 14–19, is delivered in a clinic setting and involves enjoyable, motivating activities including games, talk shows, and alternative exercises such as yoga. At the completion of this program, youth are able to: stop or reduce cigarette smoking, and state accurate information about the environmental, social, physiological, and emotional consequences of tobacco use. The 8-session curriculum, delivered over a 6-week period, emphasizes coping with stress, dealing with nicotine withdrawal, relaxation techniques, and avoiding relapse. The program builds interpersonal, coping, commitment-building, and decision-making skills and provides training in self-control. Recognitions: *Model Program*, SAMHSA.

SAMHSA (Substance Abuse and Mental Health Services Administration) Model Programs

Website: <http://modelprograms.samhsa.gov>
(See Curricula/Teaching Tools and Registries of Effective Programs.)

Try-To-STOP TOBACCO Resource Center

Massachusetts Tobacco Control Program
Phone: 800-TRY-TO-STOP (800-879-8678) (Smokers' Helpline)
Website: <http://www.trytostop.org>
(See Resources: Specific Topics/Tobacco)

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EXHIBITS

Exhibit 14-1 Public and Private Schools and the Massachusetts Smoke-Free Workplace Law

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Exhibit 14-3 Policies to Discourage Tobacco Use

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Exhibit 14-8 Benefits of Quitting Smoking

Exhibit 14-9 Signs and Symptoms Indicating Use of Specific Drug Types

Exhibit 14-1 Public and Private Schools and the Massachusetts Smoke-Free Workplace Law

The Smoke-Free Workplace Law, M.G.L. c.270, s.22, mandates that enclosed workplaces with 1 or more employees must be smoke-free. The state law's intent is to protect workers in enclosed workplaces from secondhand smoke exposure. The full text of the law and additional information is available at <http://www.mass.gov/dph/mtcp>.

PUBLIC SCHOOLS

Is smoking allowed in public schools and on public school property?

No. The Smoke-Free Workplace Law prohibits smoking in all enclosed workplaces, including public and private schools. In addition, Massachusetts requires that all public schools through high school prohibit smoking on school grounds, on school buses, and at school-sponsored events. The law is commonly referred to as the "Education Reform Act" (*M.G.L. c.270, s.22(b)(2); M.G.L. c.71, ss.2A, 37H; M.G.L. c.90, s.7B(10)*).

Who enforces the Smoke-Free Workplace Law in/on public school property?

Local boards of health are the primary enforcing agents of the Smoke-Free Workplace Law (*M.G.L. c.270, s.22(m)*). The superintendent for the school district is responsible for publishing the district's policies prohibiting tobacco use. The principal of each school building is responsible for enforcing the school district's policies.

Are there any penalties for violating the law?

An owner, manager, or other person in control of a building who violates the Smoke-Free Workplace Law by failing to provide a smoke-free environment is subject to a civil penalty of \$100 for the first violation, \$200 for a second violation, and \$300 for a third or subsequent violation (*M.G.L. c.270, s.22(l)*). Individual smokers may also be assessed a civil fine of \$100 for each offense. Penalties are not specified for a violation of the Education Reform Act.

What if my school is a member of the MIAA?

MIAA has additional restrictions pertaining to tobacco use by athletes. For more information, visit the MIAA website at <http://www.miaa.net>.

PRIVATE SCHOOLS

Is smoking allowed in private schools and on private school property?

The Massachusetts Smoke-Free Workplace Law prohibits smoking in all enclosed workplaces, including private schools (*M.G.L. c.270, s.22(b)(2)*).

Are there any penalties for violating the law?

An owner, manager, or other person in control of a building who violates the Smoke-Free Workplace Law by failing to provide a smoke-free environment is subject to a civil penalty of \$100 for the first violation, \$200 for a second violation, and \$300 for a third or subsequent violation (*M.G.L. c.270, s.22(l)*). Individual smokers may also be assessed a civil fine of \$100 for each offense.

What if my school is a member of an Independent School League (ISL)?

ISL has additional restrictions pertaining to tobacco use by athletes. To find out if there are additional rules and violations, the school should contact the league directly.

GENERAL INFO

Are No Smoking signs required?

The law further requires every area in which smoking is prohibited by law to have a *No Smoking* sign posted, so it is clearly visible to all employees, customers, or visitors while in the workplace (school). Additional signs may also be posted in locker rooms, hallways, cafeterias, kitchens, or lobby areas. Signs are available for download at <http://www.mass.gov/dph/mtcp>.

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What are the procedures for filing a complaint about smoking in a school?

Complaints can be filed by contacting your local board of health/health department, or by calling DPH at 800-992-1895. Complaint forms are available at <http://www.mass.gov/dph/mtcp>. Completed forms can be faxed to 617-624-5921 or mailed to the Massachusetts Tobacco Control Program, 250 Washington Street, Boston, MA 02108.

How can I find out more about the smoke-free school law in Massachusetts?

Visit the Massachusetts Department of Education website at <http://www.doe.mass.edu>.

For additional information, contact DPH at 800-992-1895, TDD/TTY 617-624-5992, <http://www.mass.gov/dph/mtcp>.

Exhibit 14-2

**Medford Public Schools
DRUG AND ALCOHOL POLICY**

GOALS

The Medford Public Schools wish to provide the optimum learning environment for our community of learners and therefore the Medford Public Schools promote a substance-free atmosphere. However, the Medford Public School System recognizes that certain individuals use/abuse drugs and alcohol. The use of these substances poses a potential danger to the individual using as well as the entire student body and staff. This policy recognizes the importance of a three-pronged approach to drug and alcohol use: prevention, enforcement, and rehabilitation.

The policy pertains to all vehicles while under school jurisdiction, all school facilities, all school grounds, and all school sponsored functions and events regardless of their location. State law mandates that anyone within 1,000 feet of school building convicted of possessing drugs with intent to distribute or actually distributing receive a mandatory two-year jail sentence.

School lockers, desks, and all other school fixtures are considered school property. The school system reserves the right to conduct periodic inspection of all school property.

DEFINITION OF DRUGS

The term drug includes all illegal drugs. It also includes over the counter medication, prescription medication, inhalants, or any substance that has not received medical clearance from the school health office for use by a specific student.

DEFINITION OF ABUSE

Students are not allowed to possess any drug or medication in school. Students who need inhalers, insulin, or epi-pens must be identified by the health office as having permission to carry their medication. Any illegal use of drugs and/or the misuse of prescribed over-the-counter medications as defined in the Medford Public Schools Medication Policy constitutes abuse.

Any use of alcohol, including medications containing alcohol, is forbidden and considered abuse.

DEFINITION OF SUSPICION

Suspicion is defined as: Recognition that a student's or individual's behavior or appearance is out of the ordinary, with or without evidence.

POLICY

Students with legitimate medical needs must be identified and cleared in the health office. Any student needing to take medication must follow the Medford Public Schools Medication Policy.

No student can transport medication to school as per policy.

Any illegal use of drugs and/or the misuse of prescribed or over the counter medications as defined in the Medford Public Schools Medication Policy constitutes abuse.

No person shall possess, have under his/her control, sell, dispense, purchase, administer, transport, be in the presence of, possess with intent to sell, or conceal alcohol or any controlled drug or any substance represented to be a drug or alcohol.

No person shall ingest, inject, inhale, or otherwise introduce into the human body nor be under the influence of any drug or alcohol.

No person shall possess, have under his/her control, sell, dispense, purchase, transport, possess with intent to sell, or conceal any drug paraphernalia or objects used for the containment or dispensing of alcohol.

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Student athletes/cheerleaders and parent/guardian of each must attend a mandatory chemical awareness session prior to the start of each season as a requirement of eligibility.

On an annual basis, all students will sign an acknowledgment of having read the drug and alcohol policy after they have done so.

School property, including lockers, may be periodically checked for drugs/alcohol at the discretion of the administration when there is reasonable suspicion of a violation of school rules.

Students will not be allowed access to their cars/vehicles during the school day unless accompanied by a school official.

PREVENTION

The comprehensive health curriculum shall address the issues of drugs, alcohol, and tobacco throughout a student's academic experience. A variety of age-appropriate methods will be used, including, but not limited to, the established core curriculum, DARE, specific tobacco programs, and CASPAR (Alcohol/Drug Education).

- Tobacco education and tobacco cessation programs will be offered during the school year.
- The school will provide training and review of its drug/alcohol policies each year to all staff.
- Chemical awareness programs will be offered to all parents annually.

Local law enforcement, with approval of the principal or his/her designee, may periodically provide assistance in maintaining a drug/alcohol free environment. This may include both announced and unannounced visits by the canine drug detection unit, in accordance with procedures promulgated by the Middlesex District Attorney's Office.

POLICY ENFORCEMENT

All students are expected to meet the requirements for behavior as set forth in this handbook.

Any student who poses an immediate threat to the safety of himself/herself or others will be suspended regardless of their regular/special education status.

Additional provisions are made for individual students who have been found to need an Individual Education Plan. The Individual Education Plan of all students must state whether the student is able to meet the discipline code or if some modification is needed. A representative of the special education department will participate/advise in the disciplinary procedures for students with IEPs to interpret all modifications of the IEP and pertinent legal issues. Students without a modified discipline code shall be subject to the discipline outline below.

Any staff member who suspects that a student is in violation of the school drug/alcohol policy is required to report the situation immediately to the appropriate administrator of that building (Submaster, Assistant Principal, Assistant Director, Principal, or Director) for evaluation. The appropriate administrator is then responsible to notify the school resource officer or designee.

Staff members must be assured of confidentiality in reporting.

It is recommended that one individual in each building be identified as the appropriate administrator. The appropriate administrator must report all incidents, regardless of severity or outcome, in writing to the head administrator.

If the administrator determines probable ingestion of drugs or alcohol, the student must be escorted to the health office for medical evaluation. If the nurse determines the student must be medically evaluated, the student will be transported via ambulance to the nearest medical facility.

When there are reasonable grounds to believe or where facts and circumstances give rise to reasonable suspicion that a person has violated or is violating either the law or the rules of the school as outlined in this

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policy and that a search will turn up evidence, a search conducted by the school officials will be permissible if its scope is reasonably related to the objectives of the search.

The Medford Public Schools have a Memorandum of Agreement with the Medford Police. Any student found to be in violation of the policy must be reported to the school resource officer or police designee.

In case of medical emergencies, the health office will notify the parent/guardian. The administrator in charge will handle all other communications between the school and parent/guardian.

VIOLATION

Notwithstanding the possibility of expulsion, the following disciplinary policy is recommended. The principal reserves the right to increase the penalty, based on the circumstances of each case.

First Offense

The school administrator notifies the school resource officer or designee. A student in violation will be suspended for 3 days. The student will be immediately removed from the school by parent/guardian or transported to the nearest medical facility if necessary. Social probation is imposed for one month.* Reentry must be accompanied by medical evidence that the student is drug/alcohol free.** The Director of Guidance will refer the student to an in-house counselor for continued follow-up and monitoring of the treatment plan. The parent/guardian must meet with school administration to discuss a specific plan for the student, including monitoring of behavior as well as treatment.

Second Offense within One Year of First Violation

The police resource officer is notified. A student in violation will be suspended for 6 days. The student will immediately be removed from the school by parent/guardian or transported to the nearest medical facility if necessary. Social probation is imposed for 2 months.* Reentry must be accompanied by medical evidence that the student is drug/alcohol free.** The parent/guardian must agree to enroll said student in an outpatient drug/alcohol treatment program. The student must agree to adhere to the treatment plan recommended by the program. The Director of Guidance will refer the student to an in-house counselor for continued follow-up and monitoring of the treatment program. Failure to meet the treatment program requirements will result in an exclusionary hearing.

Third Offense within One Year of First Violation

The police resource officer is notified. A student in violation will be suspended indefinitely, minimum 10 days, until an exclusionary hearing takes place. Social probation period is indefinite.

DISTRIBUTING

If a student is found to be selling, distributing, or in possession of a quantity sufficient to be charged with the intent to distribute drugs or alcohol, the Principal or designee will immediately notify the parent and the police for mandatory removal of the student. There will be Out of School Suspension and possible exclusion by the Principal. The police will take appropriate action under the law regarding the sale of drugs in proximity to school buildings. An incident report must be completed and forwarded to the head administrator.

CONFISCATED DRUGS/ALCOHOL/PARAPHERNALIA

All confiscated drugs, alcohol, or paraphernalia must be immediately turned over to the police resource officer or his/her designee. A receipt should be obtained.

REHABILITATION

The Medford Public School System is committed to the academic achievement of all students. A student who is experiencing difficulty with drugs/alcohol will be supported through health services, counseling services, and administration. The school system will make every attempt to provide the parent/guardian with a referral for available community resources. The schools will annually review all policies and health curriculum to discourage students from engaging in risk-taking behaviors and encourage positive, healthy life choices.

All students are encouraged to see their counselor, nurse, or police resource officer if they feel they are in need of assistance with alcohol or drugs. The school's support services will assist students to receive appropriate referrals.

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The implementation of this policy will utilize all applicable due process, statutes, regulations, and guidelines.

* Social Probation — Violation of the drug/alcohol policy is a serious infraction of the Code of Discipline in the Medford Public Schools. Students will lose the privilege of attending all school-sponsored events for the duration indicated. Seniors in violation of the drug/alcohol code will jeopardize participation in graduation exercises.

** Medical Evidence — The parent/guardian is ultimately responsible for the medical clearance of the student.

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Exhibit 14-3 Policies to Discourage Tobacco Use

1. PURPOSE AND GOALS

INTENT

All students shall possess the knowledge and skills necessary to avoid all tobacco use, and school leaders shall actively discourage all use of tobacco products by students, staff, and school visitors. To achieve these ends, district/school leaders shall prepare, adopt, and implement a comprehensive plan to prevent tobacco use that includes:

- a sequential educational program to prevent tobacco use that is integrated within the school health education curriculum; that is aimed at influencing students' attitudes, skills, and behaviors; and that is taught by well-prepared and well-supported staff;
- establishment and strict enforcement of completely tobacco-free school environments at all times;
- prohibition of tobacco advertising;
- appropriate counseling services and/or referrals for students and staff to help them overcome tobacco addiction;
- cooperation with community-wide efforts to prevent tobacco use; and
- strategies to involve family members in program development and implementation.

RATIONALE

Cigarette smoking is considered the chief preventable cause of premature disease and death in the United States. Schools have a responsibility to help prevent tobacco use for the sake of students' and staff members' health and the well-being of their families. Research conclusively proves that:

- Regular use of tobacco is ultimately harmful to every user's health, directly causing cancer, respiratory and cardiovascular diseases, adverse pregnancy outcomes, and premature death.
- Second-hand smoke is a threat to the personal health of everyone, especially persons with asthma and other respiratory problems.
- Nicotine is a powerfully addictive substance.
- Tobacco use most often begins during childhood or adolescence.
- The younger a person starts using tobacco, the more likely he or she will be a heavy user as an adult.
- Many young tobacco users will die an early, preventable death because of their decision to use tobacco.

Additional reasons why schools need to strongly discourage tobacco use are that:

- The purchase and possession of tobacco products is illegal for persons under age 18 (depending on local laws).
- Use of tobacco interferes with students' attendance and learning.
- Smoking is a fire safety issue for schools.
- Use of spit tobacco is a health and sanitation issue.

DEFINITION

For the purposes of this policy, "tobacco" is defined to include any lighted or unlighted cigarette, cigar, pipe, bidi, clove cigarette, and any other smoking product, and spit tobacco, also known as smokeless, dip, chew, and snuff, in any form.

2. TOBACCO-FREE ENVIRONMENTS

TOBACCO USE PROHIBITED

No student, staff member, or school visitor is permitted to smoke, inhale, dip, or chew tobacco at any time, including nonschool hours:

- in any building, facility, or vehicle owned, leased, rented, or chartered by the state/district/school;
- on school grounds, athletic grounds, or parking lots; or
- at any school-sponsored event off campus.

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In addition, no student is permitted to possess a tobacco product. The provisions of existing policies that address the use and possession of drugs shall apply to all tobacco products.

TOBACCO PROMOTION

Tobacco promotional items, including clothing, bags, lighters, and other personal articles, are not permitted on school grounds, in school vehicles, or at school-sponsored events. Tobacco advertising is prohibited in all school-sponsored publications and at all school-sponsored events.

CLOSED CAMPUS

No student may leave the school campus during breaks in the school day to use a tobacco product. Signs to this effect will be posted at appropriate locations. School authorities shall consult with local law enforcement agencies to enforce laws that prohibit the possession of tobacco by minors within the immediate proximity of school grounds.

NOTICE

The superintendent/principal/other shall notify students, families, education personnel, and school visitors of the tobacco-free policy in handbooks and newsletters, on posted notices or signs at every school entrance and other appropriate locations, and by other efficient means. To the extent possible, schools and districts will make use of local media to publicize the policies and help influence community norms about tobacco use.

ENFORCEMENT

It is the responsibility of all students, employees, and visitors to enforce this policy through verbal admonition. Any tobacco product found in the possession of a minor student shall be confiscated by staff and discarded. Students and employees also may be subject to sanctions as determined by written school policy, including disciplinary action. All school staff shall participate in training on the correct and fair enforcement of tobacco-free policies.

3. TOBACCO-USE PREVENTION EDUCATION

INSTRUCTIONAL PROGRAM DESIGN

Tobacco-use prevention education shall be integrated within the health education program and be taught at every grade level throughout primary and secondary schooling. The educational program shall be based on theories and methods that have been proven effective by published research and consistent with the state's/district's/school's health education standards/guidelines/framework. The program shall be designed to:

- instruct about immediate and long-term undesirable physiological, cosmetic, and social consequences of tobacco use;
- decrease the social acceptability of tobacco use;
- address reasons why young people smoke;
- teach how to recognize and refute advertising and other social influences that promote tobacco use;
- develop students' skills for resisting social influences that promote tobacco use; and
- develop necessary assertiveness, communication, goal-setting, and problem-solving skills that may enable students to avoid tobacco use and other health-risk behaviors.

Instruction shall be most intensive in grades 6–8 and shall be reinforced in all later grades. Instructional activities shall be participatory and developmentally appropriate. The program shall engage families as partners in their children's education.

STAFF PREPARATION

Staff responsible for teaching tobacco-use prevention shall have adequate pre-service training and participate in ongoing professional development activities to effectively deliver the education program as planned. Preparation and professional development activities shall provide basic knowledge about the effects of tobacco use combined with skill practice in effective instructional techniques and strategies and program-specific activities.

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EDUCATIONAL REINFORCEMENT

Tobacco-use prevention education shall be closely coordinated with the other components of the school health program. Tobacco-use prevention concepts shall also be integrated into the instruction of other subject areas to the greatest extent possible.

To send consistent messages to students and their families, school instructional staff shall collaborate with agencies and groups that conduct tobacco-use prevention education in the community. Guest speakers invited to address students shall receive appropriate orientation to the relevant policies of the school/district. School staff shall also help interested students become involved with agencies and other organizations in the community that are working to prevent tobacco use.

4. ASSISTANCE TO OVERCOME TOBACCO ADDICTION

PROGRAM AVAILABILITY

The school health program shall include referrals to community resources and programs to help students and staff overcome tobacco addiction. School counselors or community agencies are encouraged to establish voluntary tobacco-use cessation programs at school.

PROGRAM ATTENDANCE

Attendance or completion of a tobacco-use cessation program shall not be mandatory for anyone or used as a penalty. Attendance or completion of a tobacco-use cessation program is accepted as a voluntary substitute to suspension for possession or use of tobacco.

From Fit, Healthy, and Ready to Learn: A School Health Policy Guide, Part I - Physical Activity, Healthy Eating, and Tobacco Use Prevention, by National Association of State Boards of Education (2000), <http://www.nasbe.org/HealthySchools/fithealthy.mgi>.

Exhibit 14-4 Sample School Smoking Policy

The purpose of this Policy is to align (town name) Public Schools with that of State Law (Smoke free workplace) and to provide that the health of all (town name) Public School employees and students is paramount to the (town name) School Committee.

Violations may be issued by the following (town name) Public Schools employees:

- Superintendent
- Assistant Superintendents
- Principals
- Associate Principals
- Assistant Principals
- Deans
- Housemasters
- Designee of Superintendent's choice

This policy applies to anyone smoking tobacco products in any (town name) Public Schools building or on any (town name) Public Schools grounds before, during, or after regular school hours, 7 days a week, 365 days a year. The loss of sports and school activities will not end with the academic year. It will be carried out on a rolling 12-month period and will carry on to the next academic year to fulfill the policies guidelines, if needed.

For the intent of this policy, graduation will not be considered an activity that could be lost as a result of a violation. Examples of school activities would be school dances, clubs, school governance, and attendance at all other school sponsored activities.

First offense:

- \$100 fine.
- 2 weeks out of any school sports and/or any school related activity in which the student is involved. This will include any practices that may be required. If an activity or club meets only once a month, the loss of that activity or club would be one meeting or practice.
- Smoking cessation program will be offered.
- Parental notification.

Second offense:

- \$100 fine.
- 12 weeks out of any school sports and/or any school related activity in which the student is involved. This will include any practices that may be required.
- Smoking cessation program will be offered.
- Mandatory parental meeting with Principal, Dean, or Housemaster.
- 1 day of Independent Work Station.
- Loss of leadership role for any sports team, activity, club, or school governance position.

Third Offense:

- \$100 fine.
- 6 months out of any school sports and/or any school related activity in which the student is involved. This will include any practices that may be required.
- Smoking cessation program will be offered.
- Mandatory parental meeting with Principal, Dean, or Housemaster.
- 2 days of Independent Work Station.

Fourth Offense:

- \$100 fine.
- 12 months out of any school sports and/or any school related activity in which the student is involved. This will include any practices that may be required.

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- Smoking cessation program will be offered.
- Mandatory parental meeting with Principal, Dean, or Housemaster.
- 3 days of Independent Work Station.
- Police/Court referral.

In rare circumstances, the Principal of a building, through the Superintendent of schools, may present to the School Committee a certain set of circumstances that could deem that a student be relieved of the balance of this policy. It will be understood that only the School Committee has the ability to perform this function. It will also be understood that in doing so, the School Committee will not be setting any precedent and that this will be looked at on a case by case basis.

Legal Reference: M.G.L. c.270, s.22(m)(1), s.22(m)(2).

Source: Adapted from a draft policy of the Weymouth Public Schools.

Exhibit 14-5 Guidelines for Screening a Student for Suspected Drug or Alcohol Use While in School

Upon request by a school administrator, or as a part of a nursing assessment of a student presenting in the Health Room with suspected drug or alcohol use, the School Nurse will conduct an initial screening for change in a student's neurological status, vital signs, and/or cognitive state.

The following are guidelines for assessment:

- The student is informed that he/she is being assessed for suspected drug or alcohol use based on presenting behavior or physical symptoms.
- Vital signs are taken — Blood pressure and pulse.
- Neuro signs are checked:
 - Level of consciousness is noted: alert, confused, somnolent
 - Pupils are assessed in a darkened room with a flashlight for reactivity and pupil size (dilated or pinpoint)
 - Student is asked to follow a finger without moving his/her head, to see if eyes can follow directions of up, down, sideways
 - Student is asked to walk heel to toe the length of room
 - Student is asked to close eyes, put both hands out by side, then stand on one foot, then the other to check for balance
 - Breath check for suspected alcohol ingestion
 - Have students remove any mints or gum from mouth and blow toward assessor's face with mouth open wide
- If an administrator is present, he/she will ask permission of the student to go through the student's backpack, pocketbook, or other belongings.
- If an administrator is not present when the assessment is made, and there are any positive findings, the administrator is to be called immediately and will take over the notification of the parent/guardian as well as any disciplinary follow-up.

Calling 911

If nursing assessment warrants concern for a student's immediate safety and physical state, emergency medical assistance will be summoned by calling 911. Parents will be called simultaneously, and the administrator will facilitate the necessary contact and follow-up. The student's Primary Care Physician may be called by the School Nurse for advice and consent for emergency treatment if the situation allows this without endangering the student because of a delay.

Permission to Reprint: Lexington Public Schools, Lexington, Massachusetts, 1/03.

Exhibit 14-6 Checklist for Screening of a Student for Suspected Drug or Alcohol Use While In School

Date: _____

Time initiated: _____

Time completed: _____

Student name: _____ DOB: _____

Administrator: _____

School: _____

_____ 1. Student has been informed that he/she is being assessed for suspected drug or alcohol use in school based on presenting behavior or physical symptoms.

_____ 2. BP: _____ Pulse: _____ Temp: _____

_____ 3. Neurological Assessment: _____ alert _____ confused _____ somnolent

Pupils are:

- Oriented to person: _____
- Oriented to time: _____
- Oriented to place: _____

Student can follow commands:

- Follow finger up, down, sideways: _____
- Can walk heel to toe length of room: _____
- Can close eyes, place both hands by side, then stand on one foot then other: _____

_____ 4. Subjective breath check for suspected alcohol ingestion:
Remove mints and gum from mouth and blow toward assessor's face with open mouth.

_____ 5. If administrator is present, permission is granted by student to search of belongings by administrator. Administrator name: _____

_____ 6. If administrator is not present, and positive findings, administrator called to take over situation. Time called: _____

_____ 7. Assessment is made if student needs immediate medical help.
• 911 called at (time): _____
• Parent called at (time): _____
• Primary Care Provider called at (time): _____

Narrative Assessment and comments:

Outcome:

(Signature) RN

Exhibit 14-7 Protocol of Screening Assessment of a Student for Suspected Drug or Alcohol Use in School

Date: _____
Time: _____

Student name: _____ DOB: _____

Referring teacher/administrator's comments: _____

Student's comments: _____

Physical Assessment:

B/P _____ Pulse _____ Resp. rate _____
Temp _____ Weight _____
Pupil size (mm) _____ left _____ right
Pupil assessment _____ left _____ right
Pupil reaction to light _____ left _____ right
Nystagmus _____ vertical _____ horizontal
Upper extremities, DTRs _____ left _____ right
Lower extremities, DTRs _____ left _____ right
Nose _____
Mouth _____
Lungs _____
Skin _____
Odors _____

Mental Status:

Is student: Oriented to person? _____
Oriented to time? _____
Oriented to place? _____
Lethargic/Somnolent? _____
Delusional? _____
Coordinated? _____
Paranoid? _____
Anxious? _____
Depressed? _____
Hyperactive? _____
Euphoric? _____
Speech slurred? _____

Is administrator present? _____

Search of belongings conducted by administrator? _____

Search of locker conducted by administrator? _____

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Search of car on school property conducted by administrator? _____

Drug paraphernalia found? _____

Drugs found? _____

If drugs found, was police department notified? _____

Is student in need of medical help? _____

- 911 called at (time): _____
- Parent called at (time): _____
- Primary Care Provider called at (time): _____

Parents' response/comments: _____

Has teacher/referring official been notified of findings? _____

Summary of Assessment:

Signed: _____ RN

Administrator

Permission to reprint the above protocol was granted by the author, Marilyn Grifoni Belmonte, Drug Abuse Recognition Programs, "Reducing Drug Abuse Through Recognition and Community Awareness," <http://www.DrugAbuseRecognition.com>.

Exhibit 14-8 Benefits of Quitting Smoking

Studies have shown that people who quit smoking live longer than those who continue to smoke. Those who quit notice that they perform better in sports, that their hair and clothes smell fresher, and that their sense of taste improves. Some of the specific health advantages of quitting tobacco use include:

- Within 20 minutes: Blood pressure, pulse rate, temperature of hands and feet return to normal.
- Within 8 hours: Carbon monoxide and oxygen levels in the blood are normal. “Smoker’s breath” is gone.
- Within 2 days: Sense of smell and taste improves.
- Within 3 days: Breathing becomes easier. Lung capacity increases.
- Within 2 to 12 weeks: Circulation improves. Walking becomes easier.
- Within 1 to 9 months: Coughing, sinus congestion, and shortness of breath decrease. Overall energy level and stamina increase. Cilia regrow, helping the body to handle mucus and combat infections.
- Within 2 years: Heart attack risk drops to near normal.
- Within 5 years: Lung cancer risk drops 50%.
- Within 7 years: Bladder cancer risk drops to near normal.
- Within 10 years: The risk of most cancers (mouth, larynx, esophagus, lung, kidney, pancreas) is near normal.
- Before the 4th month of pregnancy: The risk of having a stillborn or low-birth-weight baby will be reduced to normal rates.

Exhibit 14-9

**Signs and Symptoms Indicating Use
Of Specific Drug Types**

Drug Type	Physical/Behavioral Symptoms	Environmental Clues
Marijuana	<ul style="list-style-type: none"> • Glassy, bloodshot eyes • Loud talking and inappropriate laughter followed by sleepiness • A sweet, burnt scent • Loss of interest, motivation • Weight gain or loss • Smell in hair or on clothing (sweet, pungent odor) • “Munchies” or sudden appetite • Wetting lips or excessive thirst (known as “cotton mouth”) • Avoiding eye contact when challenged about use • Burned or sooty fingers (from “joints” or “roaches” burning down) 	<ul style="list-style-type: none"> • Evidence such as seeds, often in devices used to clean marijuana (Frisbees are a typical tool used for this purpose) • Items used as makeshift smoking devices (e.g., bongs made out of toilet paper rolls and aluminum foil)
Cocaine	<ul style="list-style-type: none"> • Jumpy, nervous behavior • Restlessness • Excessive talking, rapid speech • Dilated pupils in well-lit room • Runny nose or bloody nose (with no associated cold or other illness) • Periods of high energy followed by long sleep or exhaustion 	
Amphetamines	<ul style="list-style-type: none"> • Unusual elation (“manic”) • Jumpiness, shaky hands, restlessness • Fast or incoherent speech • Poor appetite and/or weight loss • Hyperactivity • Insomnia • Periods of sleeplessness followed by long periods of “catch up” sleep • Poor attention span 	
Depressants (includes barbiturates and tranquilizers)	<ul style="list-style-type: none"> • “Drunk” demeanor without accompanying odor of alcohol • Difficulty concentrating • Clumsiness • Poor judgment • Slurred speech • Sleepiness • Contracted pupils 	
Stimulants	<ul style="list-style-type: none"> • Euphoria • Irritability • Anxiety • Excessive talking followed by depression or excessive sleeping at odd times • Hyperactivity • Going long periods of time without eating or sleeping • Dilated pupils • Weight loss • Dry mouth and nose 	

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Drug Type	Physical/Behavioral Symptoms	Environmental Clues
Hallucinogens	<ul style="list-style-type: none"> • Dilated pupils • Bizarre and irrational behavior, including paranoia, aggression, or hallucinations • Mood swings • Detachment from people • Absorption with self or other objects • Slurred speech • Confusion 	
Heroin	<ul style="list-style-type: none"> • Needle marks • Sleeping at unusual times • Sweating • Vomiting • Coughing and sniffing • Twitching • Loss of appetite • Contracted pupils • Pupils unresponsive to light 	
Inhalants	<ul style="list-style-type: none"> • Facial rash • Blister, rashes, or soreness around the nose, mouth, and/or lips • Runny nose, secretions from the nose, and frequent sniffing • Irritated, watery, or glazed eyes and dilated pupils • Frequent unexplained coughing • Headaches • Hand tremors • Poor muscle control • Unusual harsh breath odor • Appearance of intoxication • Drowsiness • Impaired vision, memory, and thought • Extreme mood swings • Uncontrolled laughter • Grandiose and hostile speech • Bizarre risk-taking • Increased irritability and anger • Anxiety • Violent outbursts • Nausea, loss of appetite, and vomiting • Hallucinations and convulsions 	<ul style="list-style-type: none"> • Discarded product containers such as bags, rags, gauze, or soft drink cans used to inhale the fumes • Traces of odors of paint, gasoline, or glue