

Student Assistance Programs (SAPs): Aligning Prevention Services with Need

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Executive Summary: There are over 6 million students in California public schools. Many of them are at some risk from regular marijuana use, and a minority is at serious risk. Student Assistance Programs (SAPs) offer an infrastructure that brings proven opportunities for growth and development for all students. Youth education and prevention services, already badly needed, would be significantly enhanced by the following:

1. Reserved cannabis tax revenue fund (minimum of 15%) for SAPs
2. Comprehensive long-term SAP designs
3. Standardized metrics and long-term outcomes evaluations for SAPs
4. Elimination of zero-tolerance expulsion/suspension policies for marijuana possession in favor of in-school counseling and “restorative justice” in funded districts
5. Funding health care resources for disadvantaged/uninsured youth

Background: Social influences are powerful factors in the initiation and maintenance of many adolescent problem behaviors, including marijuana use, and therefore we need to focus on peer influence as much as on drug use itself. And, schools are key locations for youthful socialization and identity formation.

Practically speaking, youth in California already have ready access to marijuana but only limited access to effective prevention services and treatment (mostly delivered through Juvenile Justice) [1]. Although it is not yet known how legalization of marijuana will impact access to marijuana for youth in California, 10% of non-cannabis-using students in the U.S. report an intent to initiate use once it is legalized [2].

Based on the 2011-13 California Healthy Kids Survey (CHKS) [3], in 2015-16 *prior* to any legalization initiative, we estimate that approximately 180,000 high school students in California are already regular users (10-19 days per month) or heavy users (20 or more days per month). Heavy use in 8% of upper level students is particularly likely to be associated with significant academic impact—irrespective of whether criteria for cannabis dependence have been met.

The table below combines CHKS survey data with school enrollment projections from the Department of Education.

Estimated Monthly Marijuana Use in California High Schools (2015-16)

California High School Marijuana Use	Grade 9	Grade 10	Grade 11	Grade 12	Graduates	Total Gr. 9-12:
Estim. Enrollment 2015-16	496,021	489,532	470,944	489,939	416,058	1,946,436 1,325 schools
Marijuana Use per month	CHKS	Estimate	CHKS	Estimate		
Percent 3-9 Days	4%	4%	5%	5%		
Number 3-9 Days	19,841	19,581	23,547	24,497		87,466
Percent 10-19 days	2%	2%	3%	3%		
Number 10-19 days	9,920	9,791	14,128	14,698		48,538
Percent 20 or more days	4%	6%	8%	9%		
Number 20 or more days	19,841	29,372	37,676	44,095		130,983
						Students using >3 days/mo.
						266,987
						Students using >10 days/mo.
						179,520
						Students using >20 days/mo.
						130,983

Insufficient counseling support currently exists for youth who are already harmfully involved with marijuana, and underage use is likely to increase, at least transiently, once adult prohibition ends.

Suspensions & Expulsions: Zero-tolerance school policies [4-7] often rely excessively on disciplinary tactics of suspension and expulsion for drug-related offenses. The American Academy of Pediatrics (AAP) reported that between 79-94% of schools have policies that mandate predetermined consequences for student behavioral offenses [8]. In addition to safety risks associated with a lack of supervision during suspensions and expulsions, including increased drug use [9], the AAP argues that,

discontinuity in education is an important concern.... Forty-nine percent of students in schools disciplined under a zero-tolerance clause are given out-of-school suspensions that last 5 days or more. Thirty-one percent are expelled, and 20% are transferred to an alternative school or program but often have out-of-school suspension periods up to 4 days in duration. [8]

Since 2012, the California Department of Education has worked successfully to decrease suspensions and expulsions. The top three reasons for suspension in 2012-13 were (1) disruption and “willful defiance,” (2) student fights, and abusive language and (3) vulgar acts. In September 2014, California enacted AB 420 to eliminate student suspensions for “willful defiance” and minor misbehaviors. School suspensions and expulsions (disproportionately affecting minorities) have dramatically declined in the past two years-- a 20% decline in expulsions and a 15% decrease in suspensions in the last school year [10]. (However, at this time, we do not have a breakdown of disciplinary actions directly related to marijuana or drug use.)

Research on the effect of school policies on marijuana and drug use is scarce and offers mixed results. A March 2015 study looked at the effects of school drug policies on student marijuana use in Washington state and Victoria, Australia. The “likelihood of student

marijuana use was higher in schools in which administrators reported using out-of-school suspension and students reported low policy enforcement. Student marijuana use was less likely where students reported receiving abstinence messages at school and students violating school policy were counseled about the dangers of marijuana use [11].”

Student Assistance Programs (SAPs): More than 1,500 school systems in the U.S. have incorporated SAPs (National Student Assistance Alliance Directory 1997). Many models of SAPs have operated successfully for over 30 years in the U.S. and California. Some emphasize providing in-school professional services, while others emphasize outside community referrals. Most typically SAPs offer in-school group counseling and support services as a common base. But, all confront the same issues among adolescents: drug and alcohol use, anger/violence, academic failure, family conflict, truancy, school dropout, and mental health problems. Referrals to an SAP may come from teachers, administrators, self-referral, parents and police.

SAPs are modeled on the confidential services provided for adults by Employee Assistance Programs (EAPs). The “workplace” for youth is the classroom, and SAPs recognize that academic and peer stressors can have as profound an effect on school attendance and performance as they do on adult job performance. SAPs coordinate school-based services, outside resources and professional referrals for students to remediate issues that prevent students from learning, staying in school, and being successful. From a practical point of view an SAP model may be considered a variant of community interventions, with the school defining the community. It offers the benefit of direct interventions for those who need it (and will otherwise resist it). Social influence is a central factor in initiating and sustaining many adolescent problem behaviors, and schools are high-impact social environments for shaping development and adaptation.

SAPs are in a position to provide a range of preventive services, including drug education, early identification of risks, learning skills assessments, family engagement, counseling, support groups for students and families, and professional referrals to promote school retention, readiness to learn, and a positive school climate. The school climate improves for all students when there is support for the students and families who are at the highest risk. SAPs offer working models of multi-tiered interventions as an alternative to over-utilized zero-tolerance policies and one-size-fits-all universal drug education—all in the service of school retention [12], improved academic performances, and reduced drug use and other risk behaviors.

SAPs can provide the range of prevention services outlined by the Institute of Medicine (IOM) by addressing three levels of risk:

1. *Universal* prevention strategies provide drug education for every student.
2. *Selected* prevention strategies target subgroups known to be at elevated risk (e.g., those just entering high school or with a positive family history of addiction).
3. *Indicated* prevention strategies focus on individuals known to have initiated risky behaviors (e.g., marijuana use or binge drinking).

Prevention conceptually encompasses all services provided *before* a diagnosis of substance use disorder is made and before treatment is needed. In most cases marijuana-related problems will create learning problems before they rise to the level of an addiction diagnosis *per se*. The most effective SAPs also involve students’ families as genuine partners

in early intervention. The level of expertise and cost required to deliver the prevention increases with higher level interventions. SAPs provide access to early intervention and coordination of services that turn a school suspension into an opportunity for evidence-based remediation.

Research Literature on SAPs: Because of very wide variations in philosophy, design, and available services, it is difficult to evaluate the relative efficacy of such programs on alcohol and drug use. There is a large, generally supportive, literature on diverse Student Assistance Programs; and, such programs typically target various behavioral disorders, violence, truancy, and alcohol and drug abuse.

The traditional service delivery model for adolescent AOD problems involves trained professionals treating teenagers and their families in clinics located in hospitals, universities or other institutional settings. As we have argued elsewhere (see Wagner et al. 2000), the main problem with this model is that only those adolescents who present to clinics receive services. Presenting to a clinic for intervention is no mean feat, as the process includes: (a) recognizing the need for services; (b) identifying appropriate services; (c) gathering resources to cover the costs of services; (d) scheduling an appointment; and (e) traveling to the clinic for the appointment(s). Substance-abusing adolescents rarely recognize the need for intervention by themselves, and thus are unlikely to make any independent steps toward getting help. [13] p. 107

Generally the SAP literature shows many kinds of behavioral benefits in school performance, retention, and behavior; however, the literature on the effectiveness on drug use *per se* remains much smaller. Wagner et al. [13] reviewed the literature (1990-2004) on efficacy of SAPs on alcohol and drug abuse. Wagner's group found six studies (Morehouse 1984 [14]; Moore & Forster 1993; Carlson et al. 1994, 1996; Richards-Colocino et al. 1996; Wagner et al. 1999b) that *specifically* evaluated the impact of SAPs on students' substance abuse behavior:

The strongest finding to date is from Morehouse (1984), who found that 63% of students who reported using alcohol and 94% of students who reported using marijuana at the initial SAP referral reported abstinence from these drugs following SAP participation. The weakest finding to date is from Richards-Colocino et al. 1996, p. 149) who offered as support for SAP effectiveness the finding of a 'lack of significant increases in drug use from pre-assessment to post-assessment'. Regardless of the implications, all six published reports on SAP effectiveness have been plagued by significant methodological limitations, including: (a) no non-treatment or alternative treatment comparison groups; (b) no systematic, repeated follow-ups of participants; (c) no evaluation of participants using standard(ized) alcohol and/or other drug use measures; (d) no attempt to identify the 'active ingredients' of intervention (e.g. what component(s) of intervention produce changes); and (e) failure to examine potential explanations about why certain adolescents responded to interventions while others did not. Because of these methodological limitations, conclusive statements about the effectiveness of SAPs in general cannot be made at present. [13] p.112

SAP-based AOD interventions for adolescents reported in more general studies have shown positive results and also produced benefits in other areas of function such as school performance, emotional distress and family relations; however, despite such general benefits, "relapse rates remain high, with most adolescents returning to substance use at some time between 3 and 6 months post-treatment [13]."

California SAPs: The California Governor's Safe and *Drug-Free Schools and Communities* (SDFSC) Program is funded by the California Department of Alcohol and Drug Programs (ADP) and managed by the Center for Applied Research Solutions (CARS). It provides support for grantees implementing their alcohol, drug, and violence prevention efforts (<http://www.ca-sdfsc.org/>). Technical assistance and training services are provided cost-free to grantees and subcontractors. In addition, the *California SAP Resource Center* offers SAP resources and synopses of research showing SAP benefits for behavioral problems and substance abuse (<http://casapresources.org/about/effectiveness.php>).

Currently, a wide range of student prevention services have defined themselves as Student Assistance Programs. Some are on site in the schools, thus providing direct access, and others are housed in a centralized district office, thus offering more privacy protections. All offer some degree of confidentiality from teachers and administrators, but not from parental notification and engagement; indeed, parental engagement is a core principle in many of these programs. The online California SAP Resource Center [15] describes five basic design models for SAP Programs:

Single Site Models:

1. *Volunteer/Staff Model:* On site staff or part-time hires are trained in essential SAP skills, and interventions are delivered in the school.
2. *Core Team Model:* The Core Team consists of 6-8 multidisciplinary personnel, ideally a campus administrator, school counselor, trained SAP counselor or SAP specialist, social worker, classroom teacher, school nurse and other student services staff. The cost for a year-round SAP-designated counselor is around \$48,000 to \$55,000, without benefits. This model can also be conducted with the use of a SAP specialist of paraprofessional status for typically around \$25,000.
3. *Counselor Model:* School or community-based counseling resources provide SAP services on a fee-for-service basis. Hourly cost estimates can vary widely depending on the arrangement with a local counselor or community-based service provider. Costs will depend on screening and referral processes, and number of days of service and types of services provided.
4. *Community Agency Model:* Contracts with outside agencies. Estimated cost ranges from \$20,000 to over \$80,000 per year.

District-Wide Model:

5. *Hub & Spoke Model:* Services tend to be more comprehensive. Key staff are based in the district office and site counselors are located at individual schools.

Project SUCCESS (Schools Using Coordinated Community Efforts to Strengthen Students):
The following description is from Westchester County, New York:

Project SUCCESS is considered a SAMHSA model program. It is modeled after the successful Westchester Student Assistance Program (WSAP) and Residential Student Assistance Program (RSAP). Both programs are highly effective, school-based substance abuse prevention and early intervention programs. Project SUCCESS is a program that prevents and reduces adolescent substance use and abuse. It works by placing highly trained professionals (Project SUCCESS counselors) in the schools to provide a full range of substance abuse prevention and early intervention services.

Project SUCCESS is a research-based program that builds on the findings of other successful prevention programs by using interventions that are effective in reducing risk factors and enhancing protective factors. Project SUCCESS counselors use the following intervention strategies: information dissemination, normative and prevention education, problem identification and referral, community based process and environmental approaches. In addition, resistance and social competency skills, such as communication, decision making, stress and anger management, problem solving, and resisting peer pressure are taught. The counselors primarily work with adolescents individually and in small groups; conduct large group prevention/education discussions and programs, train and consult on prevention issues with school staff; coordinate the substance abuse services and policies of the school and refer and follow-up with students and families needing substance abuse treatment or mental health services in the community.

Project SUCCESS Program Components

- Prevention Education Series – An eight-session Alcohol, Tobacco, and Other Drug prevention program conducted by the Project SUCCESS Counselor.
- Individual and Group Counseling – PROJECT SUCCESS Counselors conduct time limited individual sessions and/or group counseling at school to students following participation in the Prevention Education Series and an individual assessment. There are seven different counseling groups for students to participate in.
- Parent Programs – PROJECT SUCCESS includes parents as collaborative partners in prevention through parent education programs.
- Referral - Students and parents who require treatment, more intensive counseling, or other services are referred to appropriate agencies or practitioners in the community by their PROJECT SUCCESS counselors.

<http://www.sascorp.org/success.html>

Three models of Student Assistance Programs in California currently being explored by the Youth, Education and Prevention work group are:

- (1) **BI:** The Brief Intervention model designed by Ken Winters (2-4 sessions for indicated students) is used in the San Francisco Unified School District. This particular BI model does not involve parents. Limited funding has caused SFUSD to cut its earlier prevention program to this minimum.
- (2) **BRRIM:** The Brief Risk Reduction Interview and Intervention Model (BRRIM) developed by Redleaf Resources and operating in Riverside County since 1995 uses a motivational interview to engage indicated individuals and their families in creating their own prevention plan.
- (3) **Project SUCCESS:** Sonoma County's SAP is based on Project SUCCESS (Schools Using Coordinated Community Efforts to Strengthen Students), developed by Ellen Morehouse and widely implemented in the U.S. (<http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=71>). It stratifies levels of intervention; providing on site universal, selected and indicated prevention services, including an 8-week education series, school-wide activities, parent involvement, time-limited counseling and referral to treatment for indicated individuals.

There are many SAPs in California, but we have found no organized system for finding or reviewing their outcomes data. Apparently many, perhaps most, programs deliver services but lack the funding to maintain more than mutually inconsistent outcomes data over relatively short periods of time. Following are two examples from a system that tracks some of the possible outcomes.

Breakthrough, Riverside County: This was a large countywide implementation of SAP strategies that reported a significant increase in students' "readiness to change" their drug alcohol and tobacco use soon after participation in their program. They relied on Morehouse's Project SUCCESS materials and on the family meeting using the *Brief Risk Reduction Interview and Intervention Model* (BRRIM) developed by Jan Ryan and Jim Rothblatt.

Youth using marijuana self-reported that their readiness to change improved from 53% to 87%. In Riverside County, evaluations by the Individual Prevention Service found a reduction of alcohol use in 81% of participants and a reduction in drug use in 87% of participants [16, 17]. Expulsions were reduced by 43%. Fifty-seven percent (57%) self-reported doing better in school and 50% reported being less likely to use alcohol or other drugs.

The Murrieta Valley Unified School District in Riverside County implemented a 90 minute structured student/family interview using the BRRIM [16, 17]. In this brief assessment/referral design, high-risk drug use or binge-drinking patterns were identified by faculty and these children's families were offered "family conferences," essentially motivational interview assessments and collaboratively developed intervention/referral plans. The District believes it has improved academic outcomes and student resilience; and, implementation of this SAP model reduced suspensions by 35% [Jan Ryan, personal communication, January 2015]. As a result, district policy now requires all MVUSD students suspended for AOD or violence to be referred to a Breakthrough Family Conference.

Short Term Outcomes (BRRIM Intervention):

- A total of 89 students participated in BRRIM family conferences.
- School attendance rates increased among students participating in a Family Conference. Participants' average attendance at school increased from 82% during the 30 days before the conference to 88% during the 30 days following the conference
- The average number of discipline incidents decreased after students attended a Family Conference.
- During the 30 days prior to the conference, participants overall received an average of 1.8 disciplinary actions, as compared to 0.7 disciplinary actions during the 30 days following the conference.
- The number of high school students expelled from MVUSD decreased since 2006-07. There were 50 expulsions in 2006-07, in comparison to only 28 in 2007-08, and 29 in 2008-09.
- Breakthrough students who participated in a Family Conference had a higher average year-end GPA (2.19) after participating in the Family Conference compared to those who were referred to the program but did not participate (1.76).

Other States: These moderate results, although methodologically imperfect, are consistent with programs in Washington State that showed a 33% reduction in students using marijuana and a 50% reduction in suspensions for alcohol and drug related problems [15].

Vermont SAPs report that 50% of students referred had no further suspensions. A European study of 7,079 students 12-14 years old in 7 European countries also showed a 26% reduction of past 30-day marijuana use eighteen months after delivery of a 12-week curriculum (one-hour per week) by trained teachers [18].

Even brief interventions can produce some initial benefits. Ken Winters et al. [19] “evaluated the use of two brief intervention conditions for adolescents (aged 12–18 years) who have been identified in a school setting as abusing alcohol and other drugs. Adolescents and their parents were randomly assigned to receive either a two-session adolescent-only, a two-session adolescent and additional parent session, or an assessment-only control condition. A major criticism of Winter’s two-session approach is that relapse is sufficiently common in adolescent marijuana use that ongoing support rather than single brief interventions is warranted.

Abstinence rates at 6-months post-intervention for each of the 3 intervention groups.			
Source: Winters (College on Problems of Drug Dependence, 2008).			
Variable	2 Session Brief Intervention, Youth Only	2 Session Brief Intervention, Youth & Parents	Control
Alcohol abstinence prior 90 days at 6 mo. follow-up	50%	59%	29%
Marijuana abstinence, prior 90 days at 6 mo. follow-up	59%	68%	22%

Proposed Core Components of SAPs:

The core goals are improved school retention and academic performance, both enhanced by reduced drug use. The principal tools in California SAPs should include drug use assessments, cognitive/learning assessments, learning skills remediation, and counseling and support groups.

Students who have been professionally diagnosed as dependent (problems from marijuana use is not the same as a DSM-V diagnosis of marijuana use disorder) should be supported at school *and* referred for community-based professional care.

School districts understand their needs best and should be allowed the freedom to choose models and to design SAPs that are most appropriate for them. Having said that, we believe that state-funded programs should include each of the following core components.

Core Components of California SAPs Funded by Marijuana Reform

1. **District-level organization and staffing.**
2. **Science-based drug and alcohol education for all students.**
3. **Privacy/Confidentiality protections.**
4. **Family engagement, no privacy protections from parental notification.**
5. **No random toxicology testing of general students**
6. **Elimination of zero-tolerance (suspension & expulsion) policies**
7. **Staff will have training in cognitive/learning and drug abuse assessments**
8. **Relapses do not equal intervention failures**
9. **Community-based referrals for support systems and/or professional care.**
10. **Stable funding for long-term outcomes evaluations and standardization of outcomes metrics for the state as a whole.**

1. **District-level organization:** SAP staff should be organized at a district level and the numbers of SAP personnel should be commensurate with the size of the school district. Ideally, confidential counseling services should be offered in schools and professional treatments at outside locations.
2. **Science-based drug and alcohol education for all students:** Drug education and prevention services emphasizing the evolving scientific knowledge base about marijuana and other drugs must be developed for SAPs to offer. DARE-type and “scare them straight” programs are not recommended because of poor results (<http://www.alcoholfacts.org/DARE.html>).
3. **Privacy/confidentiality protections:** School administrators and teachers will be provided limited information about students’ SAP program attendance and cognitive learning assessments/plans. But, they will not receive privileged clinical information.
4. **Family engagement, no privacy protections from parental notification:** Students will not have privacy protections from parental notifications of test results, program attendance, and other clinical information.
6. **No random toxicology testing of general students:** No initiative tax resources are to be used for in-school toxicology testing. However, random and for-cause testing will be funded for enrollees in an SAP. Testing must be respectful and dignified. For this reason, urine testing is to be discouraged in favor of oral fluid testing (which is also more reliable and less subject to falsification). Toxicology test results will be available for families, but not for schools, except in anonymized and aggregated reports [20-22]. Toxicology tests are reserved for SAPs with rigorous privacy and confidentiality protections and professional staff.
See (www.drugabuse.gov/related-topics/drug-testing/faq-drug-testing-in-schools).
6. **Elimination of zero-tolerance (suspension & expulsion) policies:** The initiative should actively discourage zero-tolerance policies of suspension and expulsion, a trend already underway in California for “willful defiance” behaviors [10]. A singular exception is dealing or distributing drugs on campus in amounts greater than personal possession amounts (1 oz of marijuana). These remain criminal offenses subject to arrest and prosecution. School districts should provide suspension/expulsion data annually to the State Department of Education; and, this report should break out the data related to drug offenses, including school dropout data.
6. **Staff will have training in cognitive/learning and drug abuse assessments:** A core purpose of an SAP program is school retention and remediation of failing academic performance. Teachers and administrators will require focused training curricula in order to better identify students in trouble and non-prejudicially assist families in obtaining assessments and assistance. The SAP must have resources for performing cognitive learning assessments and individually tailored remediation responses. Basic clinical screenings need to be carried out for substance use disorders, mental health, and family problems. Positive screens should lead to more focused and longer-term interventions, either within the SAP or by referral to a clinical professional.

- 8. Relapses do not equal intervention failures:** Relapse and remission are best understood as parts of the natural history of any addictive disorder. Intermittent return to drug use is an expected part of any treatment intervention and can provide a needed moment of personal learning. SAP enrollees must not be terminated for relapses; generally speaking, relapses call for a shift in services or treatment intensification. Termination may, however, follow a sustained pattern of non-participation in SAP services. Less often, termination will be necessary for in-program threats, violence, drug dealing, or theft.
- 9. Community-based referrals for support systems and/or professional care:** SAPs may be organized to provide professional care and sustained support services either inside the SAP or through outside referral to professionals. Reserved marijuana tax revenues must be allocated to defray expenses for disadvantaged and/or uninsured youth requiring professional treatment.
- 10. Stable funding for long-term outcomes evaluations and standardization of outcomes metrics for the state as a whole:** Stable funding must be allocated to provide long-term outcomes evaluations of SAP-referred and enrolled students and their families. No SAP should be approved and funded without an operational outcomes evaluation plan. It is most prudent to organize standard California metrics through the State Department of Health and the State Department of Education.

Discussion:

We believe that the risks to learning among regular and heavy marijuana users are more likely than the risks of long-term addiction or psychosis. There are over 6 million students in California public schools. Many of them are at some risk, and a minority is at serious risk.

Student Assistance Programs offer an infrastructure that brings proven opportunities for growth and development for all students. A well designed and comprehensive SAP, wholly paid for by tax revenue from marijuana/cannabis sales, provides the best opportunity for mitigating negative impacts of marijuana on youth.

SAPs have grown rapidly in the past 20 years. In the main, they target a wide array of behavioral problems seen in schools, but generally seem to emphasize interventions for violence, family distress, truancy, and alcohol or drug abuse. Although the literature supports multiple benefits of SAP interventions, it is a difficult literature to review because of very great inconsistencies in basic principles, philosophies, program designs, and methodological problems in outcomes measures. For example, some programs deliver counseling or even professional services within the school, while others refer out for professional care. However, school-based education, counseling and group support services seem to form one kind of baseline for most programs. Long-term outcomes measures over multiple years are mostly absent, and there are no standard metrics across such programs.

Even so, SAPs are better than zero-tolerance policies and one-size-fits-all prevention programs. The research looking specifically at SAP impact on alcohol and drug use is still small, modestly supportive or neutral; and, as in adult drug dependence treatment, relapses

within 3-6 months are the rule rather than the exception. One possible interpretation is that such diverse programs are more effective as education and early prevention for youth who do not already meet criteria for dependence; and, that drug-dependent youth will generally require more intensive professional counseling and treatment.

Having done our best to review some of the ongoing SAP programs in California, we have concluded that fiscal austerity and staff shortages drive school districts towards “quickie” universal programs or “brief interventions.” These approaches check the boxes for administrators, and they are appealing for legislators who need to control expenditures. Brief programs such as the one that has devolved in San Francisco show some short-term efficacy, to be sure, and provide an argument for more ongoing supportive services. We believe that California would be better served, in the event of marijuana legalization for adults, if marijuana tax revenues (a minimum of 15%) funded more comprehensive, longer-term and more professional programs similar in scope to Project SUCCESS.

Why? Simply stated because California data already show that 8% of high school juniors use more than 20 days a month, a metric that approximates the number of near-daily users. We already have approximately 131,000 heavy users and 49,000 regular users in our high schools. These are the high-risk youth that we already know about.

And, in our view, the risks to education and school retention are far better understood in the research literature than are the long-term changes in brain structures and brain functions in regular and heavy users. In other words, one need not prove brain damage to know that adolescents are at great risk for slipping off the academic rails in high school if they develop significant marijuana habits; and, this makes school-based programs the right place to offer education, assessment, and intervention services. We need to help adolescents in their primary workplace—the school system.

Conclusions:

Youth education and prevention services, already badly needed, would be significantly enhanced by the following:

1. Reserved Marijuana/Cannabis Tax Revenue Fund (minimum of 15%) for SAPs
2. Comprehensive long-term Student Assistance Program (SAP) designs
3. Standardized metrics and long-term outcomes evaluations for SAPs
4. Elimination of zero-tolerance expulsion/suspension policies for marijuana possession in favor of in-school counseling and “restorative justice” in funded districts
5. Funding health care resources for disadvantaged/uninsured youth

ENDNOTES:

1. Schwab Foundation. *The need to invest in adolescent treatment-Policy recommendations for adolescent substance abuse treatment in California: A Report for Calif Policy Makers*. 2004; Available from: http://www.schwabfoundation.org/files/PDF/AdolescentReport_exec.pdf.
2. Palamar, J.J., D.C. Ompad, and E. Petkova, *Correlates of intentions to use cannabis among US high school seniors in the case of cannabis legalization*. Int J Drug Policy, 2014.
3. WestEd. *Student well-being and school climate in California, 2011-13: Statewide results of the Biennial Statewide California Healthy Kids Survey, Secondary School Students*. 2014; Available from: <http://chks.wested.org/reports>.
4. American Academy of Pediatrics, *Out-of-School Suspension and Expulsion (Policy Statement, Council on School Health)*. Pediatrics, 2013. **131**(3): p. e1000-e1007.
5. American Academy of Pediatrics Committee on School Health, *Out-of-school suspension and expulsion (Policy Statement)*. Pediatrics, 2003. **112**(5): p. 1206-9.
6. American Psychological Association Zero Tolerance Task, F., *Are zero tolerance policies effective in the schools?: an evidentiary review and recommendations*. Am Psychol, 2008. **63**(9): p. 852-62.
7. Morgan, E., et al. *The School Discipline Consensus Report: Strategies from the field to keep students engaged in school and out of the juvenile justice system*, Council of State Governments Justice Center. 2014.
8. Taras, H., et. al., *Out-of-School Suspension and Expulsion*. Pediatrics, 2003. **112**(5): p. 1206-1209.
9. CDC, *Health Risk Behaviors Among Adolescents Who Do and Do Not Attend School--United States, 1992*. Morb Mortal Wkly Rep, 1994. **43**: p. 129-132.
10. California Department of Education. *State Schools Chief Tom Torlakson Reports Significant Drops in Suspensions and Expulsions for Second Year in a Row*. 2015; Available from: <http://www.cde.ca.gov/nr/ne/yr15/yr15rel5.asp>.
11. Evans-Whipp, T.J., et al., *Longitudinal Effects of School Drug Policies on Student Marijuana Use in Washington State and Victoria, Australia*. American Journal of Public Health, 2015: p. e1-e7.
12. Lynskey, M.T., et al., *A longitudinal study of the effects of adolescent cannabis use on high school completion*. Addiction, 2003. **98**(5): p. 685-92.
13. Wagner, E.F., J.G. Tubman, and A.G. Gil, *Implementing school-based substance abuse interventions: methodological dilemmas and recommended solutions*. Addiction, 2004. **99 Suppl 2**: p. 106-19.
14. Morehouse, E.R., *A Study of Westchester County's Student Assistance Program Participants' Alcohol and Drug Abuse Prior to and After Counseling During the School Year 1982-83, Technical Report no. MHA s65, 15-1*. 1984, Westchester County Department of Community Mental Health: White Plains, NY.
15. California SAP Resource Center. *SAP Models*. 2015; Available from: <http://casapresources.org/about/models.php>.
16. EvalCorp. *MVUSD Breakthrough Student Assistance Program: Interim Evaluation Findings*. EvalBrief 2009; Available from: <http://www.evalcorp.com/resources/publications/selected-publications/MVUSD-EvalBrief-2009.pdf>.
17. EvalCorp (K. Donovan, L.G., S. Boyle),. *Murrieta Valley Unified School District Breakthrough Student Assistance Program: Interim Evaluation Report October 2009*. 2009; Available from: <http://www.evalcorp.com/resources/publications/selected-publications/MVUSDBreakthrough-InterimEval-2009.pdf>.
18. Faggiano, F., et al., *The effectiveness of a school-based substance abuse prevention program: 18-month follow-up of the EU-Dap cluster randomized controlled trial*. Drug Alcohol Depend, 2010. **108**(1-2): p. 56-64.
19. Winters, K.C., et al., *Brief intervention for drug-abusing adolescents in a school setting: outcomes and mediating factors*. J Subst Abuse Treat, 2012. **42**(3): p. 279-88.
20. Sznitman, S.R., *Exploring the promise of mandatory random student drug testing by comparing it to other school drug prevention strategies*. Addiction, 2013. **108**(5): p. 848-50.
21. Sznitman, S.R., et al., *Student drug testing in the context of positive and negative school climates: results from a national survey*. J Youth Adolesc, 2012. **41**(2): p. 146-55.
22. Sznitman, S.R. and D. Romer, *Student drug testing and positive school climates: testing the relation between two school characteristics and drug use behavior in a longitudinal study*. J Stud Alcohol Drugs, 2014. **75**(1): p. 65-73.

ENDNOTES with ABSTRACTS

American Academy of Pediatrics (2013). "Out-of-School Suspension and Expulsion (Policy Statement, Council on School Health)." *Pediatrics* **131**(3): e1000-e1007.

The primary mission of any school system is to educate students. To achieve this goal, the school district must maintain a culture and environment where all students feel safe, nurtured, and valued and where order and civility are expected standards of behavior. Schools cannot allow unacceptable behavior to interfere with the school district's primary mission. To this end, school districts adopt codes of conduct for expected behaviors and policies to address unacceptable behavior. In developing these policies, school boards must weigh the severity of the offense and the consequences of the punishment and the balance between individual and institutional rights and responsibilities. Out-of-school suspension and expulsion are the most severe consequences that a school district can impose for unacceptable behavior. Traditionally, these consequences have been reserved for offenses deemed especially severe or dangerous and/or for recalcitrant offenders. However, the implications and consequences of out-of-school suspension and expulsion and "zero-tolerance" are of such severity that their application and appropriateness for a developing child require periodic review. The indications and effectiveness of exclusionary discipline policies that demand automatic or rigorous application are increasingly questionable. The impact of these policies on offenders, other children, school districts, and communities is broad. Periodic scrutiny of policies should be placed not only on the need for a better understanding of the educational, emotional, and social impact of out-of-school suspension and expulsion on the individual student but also on the greater societal costs of such rigid policies. Pediatricians should be prepared to assist students and families affected by out-of-school suspension and expulsion and should be willing to guide school districts in their communities to find more effective and appropriate alternatives to exclusionary discipline policies for the developing child. A discussion of preventive strategies and alternatives to out-of-school suspension and expulsion, as well as recommendations for the role of the physician in matters of out-of-school suspension and expulsion are included. School-wide positive behavior support/positive behavior intervention and support is discussed as an effective alternative.

American Academy of Pediatrics Committee on School Health (2003). "Out-of-school suspension and expulsion (Policy Statement)." *Pediatrics* **112**(5): 1206-1209.

Suspension and expulsion from school are used to punish students, alert parents, and protect other students and school staff. Unintended consequences of these practices require more attention from health care professionals. Suspension and expulsion may exacerbate academic deterioration, and when students are provided with no immediate educational alternative, student alienation, delinquency, crime, and substance abuse may ensue. Social, emotional, and mental health support for students at all times in all schools can decrease the need for expulsion and suspension and should be strongly advocated by the health care community. This policy statement, however, highlights aspects of expulsion and suspension that jeopardize children's health and safety. Recommendations are targeted at pediatricians, who can help schools address the root causes of behaviors that lead to suspension and expulsion and can advocate for alternative disciplinary policies. Pediatricians can also share responsibility with schools to provide students with health and social resources.

American Psychological Association Zero Tolerance Task, F. (2008). "Are zero tolerance policies effective in the schools?: an evidentiary review and recommendations." *Am Psychol* **63**(9): 852-862.

Although there can be no dispute that schools must do all that can be done to ensure the safety of learning environments, controversy has arisen about the use of zero tolerance policies and procedures to achieve those aims. In response to that controversy, and to assess the extent to which current practice benefits students and schools, the American Psychological Association convened a task force to evaluate the evidence and to make appropriate recommendations regarding zero tolerance policies and practices. An extensive review of the literature found that, despite a 20-year history of implementation, there are surprisingly few data that could directly test the assumptions of a zero tolerance approach to school discipline, and the data that are available tend to contradict those assumptions. Moreover, zero tolerance policies may negatively affect the relationship of education with juvenile justice and appear to conflict to some degree with current best knowledge concerning adolescent development. To address the needs of schools for discipline that can maintain school safety while maximizing student opportunity to learn, the report offers recommendations for both reforming zero tolerance where its implementation is necessary and for alternative practice to replace zero tolerance where a more appropriate approach is indicated.

California Department of Education (2015). "State Schools Chief Tom Torlakson Reports Significant Drops in Suspensions and Expulsions for Second Year in a Row." from <http://www.cde.ca.gov/nr/ne/yr15/yr15rel5.asp>.

SACRAMENTO—State Superintendent of Public Instruction Tom Torlakson today announced a dramatic 20 percent drop in the number of students expelled in 2013-14 and a 15.2 decline in the number of students suspended. This marks the second year in a row of declines in both areas. The new figures come at a time when the California Department of Education (CDE) is working with districts around the state to implement innovative programs that reduce suspensions and expulsions, including some known as "restorative justice." Statewide, 49,987 fewer students were suspended in 2013-14 compared to the year before, down 15.2 percent. The suspension rate is 4.4 percent, down 0.7 of a percentage point from the year before. Similarly, 1,655 fewer students were expelled in 2013-14 compared to the year before, down 20 percent.

California SAP Resource Center (2015). "SAP Models." from <http://casapresources.org/about/models.php>.

CDC (1994). "Health Risk Behaviors Among Adolescents Who Do and Do Not Attend School--United States, 1992." Morb Mortal Wkly Rep **43**: 129-132.

EvalCorp (2009). "MVUSD Breakthrough Student Assistance Program: Interim Evaluation Findings." EvalBrief. from <http://www.evalcorp.com/resources/publications/selected-publications/MVUSD-EvalBrief-2009.pdf>.

In December 2008, EVALCORP Research & Consulting was contracted by the Riverside County Department of Mental Health Substance Abuse Program to design and conduct an evaluation of the Murrieta Valley Unified School District's (MVUSD) Breakthrough Student Assistance Program (SAP), funded by the California Alcohol and Drug Programs, Safe and Drug-Free Schools and Communities (SDFSC) Governor's Program. This EvalBrief outlines the Interim Evaluation Report, summarizing Breakthrough's progress, accomplishments, and evaluation findings from the 2008-09 academic year, the second year of project implementation

EvalCorp (K. Donovan, L. G., S. Boyle), (2009). "Murrieta Valley Unified School District Breakthrough Student Assistance Program: Interim Evaluation Report October 2009." from <http://www.evalcorp.com/resources/publications/selected-publications/MVUSDBreakthrough-InterimEval-2009.pdf>.

In December 2008, EVALCORP Research and Consulting was contracted by the Riverside County Department of Mental Health Substance Abuse Program Prevention Services to design and conduct an evaluation of the Murrieta Valley Unified School District's (MVUSD) Breakthrough Student Assistance Program (SAP), funded by the California Alcohol and Drug Programs, Safe and Drug - Free Schools and Communities (SDFSC) Governor's Program. The following Executive Summary provides an overview of the Interim Evaluation Report, summarizing Breakthrough's progress, accomplishments, and evaluation findings from the 2008 - 2009 academic year, which is the second year of project implementation.

The Riverside County Department of Mental Health received a five - year SDFSC grant in the fall of 2007 on behalf of MVUSD to fund Breakthrough, an alcohol and other drug (AOD) and violence reduction focused SAP. Breakthrough addresses the need to reduce high risk use and binge drinking by high school students in the MVUSD, serving Murrieta Valley High School (MVHS), Vista Murrieta High School (VMHS), and the continuation school, Creekside High School (CHS). In addition, as of August 2009 Breakthrough is also serving the new high school, Murrieta Mesa High School (MMHS).

One of the core strategies of the Breakthrough SAP is to identify youth at - risk of or currently involved in high risk use/binge drinking patterns and offer them Family Conferences and links to services that will increase their resiliency, reduce AOD use, and improve academic outcomes. As a result of Breakthrough, district policy has been amended to require all MVUSD students suspended for AOD and violence - related reasons to be referred to Breakthrough for a Family Conference. Students are also referred by school teachers, counselors, and/or other staff, or may be self - referred. Breakthrough staff initiates a Family Conference with all referred students and their parents to assess their strengths, risks, needs, and resources in a 90 minute structured interview using the Brief Risk Reduction Interview and Intervention Model (BRRIM) 1 developed by Jan Ryan and Jim Rothblatt.

In addition to Family Conferences, Breakthrough uses the Project SUCCESS (Schools Using Coordinated Community Efforts to Strengthen Students) program model, developed by Ellen Morehouse, that has been adapted to serve students district - wide. Aligned with Project SUCCESS, Breakthrough services include: Family Conferences for referred students and their families, Prevention Education Series (PES) with prevention lessons in selected health courses for 9th grade students and for new students in the continuation high school (CHS), individual counseling, educational intervention and support groups, a Parent Empowerment Series, and promotional prevention materials.

Evans-Whipp, T. J., et al. (2015). "Longitudinal Effects of School Drug Policies on Student Marijuana Use in Washington State and Victoria, Australia." Am J Public Health: e1-e7.

Objectives. We examined the longitudinal effect of schools' drug policies on student marijuana use. **Methods.** We used data from the International Youth Development Study, which surveyed state-representative samples of students from Victoria, Australia, and Washington State. In wave 1 (2002), students in grades 7 and 9 (n = 3264) and a school administrator from each participating school (n = 188) reported on school drug policies. In wave 2 (2003), students reported on their marijuana use. We assessed associations between student-reported and administrator-reported policy and student self-reported marijuana use 1 year later. **Results.** Likelihood of student marijuana use was higher in schools in which administrators reported using out-of-school suspension and students reported low policy enforcement. Student marijuana use was less likely where students reported receiving abstinence messages at school and students violating school policy were counseled about the dangers of marijuana use. **Conclusions.** Schools may reduce student marijuana use by delivering abstinence messages, enforcing nonuse policies, and adopting a remedial approach to policy violations rather than use of suspensions.

Faggiano, F., et al. (2010). "The effectiveness of a school-based substance abuse prevention program: 18-month follow-up of the EU-Dap cluster randomized controlled trial." Drug Alcohol Depend **108**(1-2): 56-64.

AIM: To evaluate the effectiveness of a school-based substance abuse prevention program developed in the EU-Dap study (EUropean Drug Addiction Prevention trial). **MATERIALS AND METHODS:** Cluster Randomized Controlled Trial. Seven European countries participated in the study; 170 schools (7079 pupils 12-14 years of age) were randomly assigned to one of three experimental conditions or to a control condition during the school year 2004/2005. The program consisted of a 12-h curriculum

based on a comprehensive social influence approach. A pre-test survey assessing past and current substance use was conducted before the implementation of the program, while a post-test survey was carried out about 18 months after the pre-test. The association between program condition and change in substance use at post-test was expressed as adjusted prevalence odds ratio (POR), estimated by multilevel regression models. RESULTS: Persisting beneficial program effects were found for episodes of drunkenness (any, POR=0.80; 0.67-0.97; frequent, POR=0.62; 0.47-0.81) and for frequent cannabis use in the past 30 days (POR=0.74; 0.53-1.00), whereas daily cigarette smoking was not affected by the program as it was at the short-term follow-up. Baseline non-smokers that participated in the program progressed in tobacco consumption to a lower extent than those in the control condition, but no difference was detected in the proportion of quitters or reducers among baseline daily smokers. CONCLUSION: The experimental evaluation of an innovative school curriculum based on a comprehensive social influence approach, indicated persistent positive effects over 18 months for alcohol abuse and for cannabis use, but not for cigarette smoking.

Lynskey, M. T., et al. (2003). "A longitudinal study of the effects of adolescent cannabis use on high school completion." *Addiction* **98**(5): 685-692.

OBJECTIVE: To examine the extent to which weekly cannabis use during mid-adolescence may increase the risk of early school-leaving. SETTING: A prospective study of a general population sample of adolescents studied from ages 15-21 years in Melbourne, Australia. METHOD: Computer-assisted self-completion questionnaires and telephone interviews conducted in six waves at ages 15-18 and again at age 21 in a sample of 1601 male and female school students. RESULTS: Weekly cannabis use, assessed prospectively, was associated with significantly increased risk of early school-leaving. This effect remained after adjustment for a range of prospectively assessed covariates including demographic characteristics, other substance use, psychiatric morbidity and antisocial behavior. There was suggestive evidence of an interaction between weekly cannabis use and age with the effects of weekly cannabis use on early school-leaving being strongest at the youngest ages and diminishing progressively with age. CONCLUSIONS: Early regular cannabis use (weekly use at age 15) is associated with increased risk of early school-leaving. These effects of regular cannabis use may diminish with increasing age and are likely to operate through the social context within which cannabis is used and obtained.

Morehouse, E. R. (1984). A Study of Westchester County's Student Assistance Program Participants' Alcohol and Drug Abuse Prior to and After Counseling During the School Year 1982-83, Technical Report no. MHA s65, 15-1. White Plains, NY, Westchester County Department of Community Mental Health.

Morgan, E., et al. (2014). "The School Discipline Consensus Report: Strategies from the field to keep students engaged in school and out of the juvenile justice system, Council of State Governments Justice Center."

RESEARCH AND DATA ON SCHOOL DISCIPLINE practices are clear: millions of students are being removed from their classrooms each year, mostly in middle and high schools, and overwhelmingly for minor misconduct.

1. When suspended, these students are at a significantly higher risk of falling behind academically, dropping out of school, and coming into contact with the juvenile justice system.
2. A disproportionately large percentage of disciplined students are youth of color,
3. students with disabilities,
4. and youth who identify as lesbian, gay, bisexual, or transgender (LGBT).
5. There is no question that when students commit serious offenses or pose a threat to school safety they may need to be removed from the campus or arrested. Such incidents, however, are relatively rare, and school typically remains the safest place a young person can be during the day.
6. In schools with high rates of suspension for minor offenses, however, students and teachers often feel they are not safe or supported in their learning environment.

Trailblazing student and parent groups, advocacy organizations, researchers, professional associations, and school districts have raised the visibility of exclusionary discipline practices across the nation. In response, individual schools, districts, and state education systems have implemented research-based approaches to address student misbehavior that hold youth accountable, address victims' needs, and effectively improve both student conduct and adult responses. These approaches also help keep students engaged in classrooms and out of courtrrooms.

The federal government has also put a spotlight on these issues. As part of the Supportive School Discipline Initiative, the U.S. Departments of Education and Justice issued joint guidance in January 2014 to assist public elementary and secondary schools in meeting their obligations under federal law to administer student discipline without discriminating on the basis of race, color, or national origin.** That guidance was accompanied by three documents—Guiding Principles, the Directory of Federal School Climate and Discipline Resources, and the Compilation of School Discipline Laws and Regulations—to help guide state- and locally controlled efforts to improve school climate and school discipline. See U.S. Department of Education and U.S. Department of Justice School Discipline Guidance at ed.gov/policy/gen/guid/school-discipline/index.html.

The School Discipline Consensus Report builds on this foundation and breaks new ground by integrating some of the best thinking and innovative strategies from the fields of education, health, law enforcement, and juvenile justice. Leaders in these diverse systems agree that local and state governments must not only help schools reduce the number of students suspended, expelled, and arrested, but must also provide conditions for learning wherein all students feel safe, welcome, and supported. The central thesis of this comprehensive report is that achieving these objectives requires the combination of a positive school climate,

tiered levels of behavioral interventions, and a partnership between education, police, and court officials that is dedicated to preventing youth arrests or referrals to the juvenile justice system for minor school-based offenses.

Palamar, J. J., et al. (2014). "Correlates of intentions to use cannabis among US high school seniors in the case of cannabis legalization." Int J Drug Policy.

BACKGROUND: Support for cannabis ("marijuana") legalization is increasing in the United States (US). Use was recently legalized in two states and in Uruguay, and other states and countries are expected to follow suit. This study examined intentions to use among US high school seniors if cannabis were to become legally available. **METHODS:** Data from the last five cohorts (2007-2011) of high school seniors in Monitoring the Future, an annual nationally representative survey of students in the US were utilized. Data were analyzed separately for the 6116 seniors who reported no lifetime use of cannabis and the 3829 seniors who reported lifetime use (weighted Ns). We examined whether demographic characteristics, substance use and perceived friend disapproval towards cannabis use were associated with (1) intention to try cannabis among non-lifetime users, and (2) intention to use cannabis as often or more often among lifetime users, if cannabis was legal to use. **RESULTS:** Ten percent of non-cannabis-using students reported intent to initiate use if legal and this would be consistent with a 5.6% absolute increase in lifetime prevalence of cannabis use in this age group from 45.6% (95% CI=44.6, 46.6) to 51.2% (95% CI=50.2, 52.2). Eighteen percent of lifetime users reported intent to use cannabis more often if it was legal. Odds for intention to use outcomes increased among groups already at high risk for use (e.g., males, whites, cigarette smokers) and odds were reduced when friends disapproved of use. However, large proportions of subgroups of students normally at low risk for use (e.g., non-cigarette-smokers, religious students, those with friends who disapprove of use) reported intention to use if legal. Recent use was also a risk factor for reporting intention to use as often or more often. **CONCLUSION:** Prevalence of cannabis use is expected to increase if cannabis is legal to use and legally available.

Schwab Foundation (2004). "The need to invest in adolescent treatment-Policy recommendations for adolescent substance abuse treatment in California: A Report for Calif Policy Makers." from http://www.schwabfoundation.org/files/PDF/AdolescentReport_exec.pdf.

Eight policy recommendations emerged from these activities, each addressing a different component of an integrated continuum of care for adolescents. We recognize that California's current budget crisis stresses the need to optimize existing resources. However, we feel strongly that now is the time to bring these recommendations to the table for discussion. Our desire is not to divert funds from existing programs to support these recommendations. Rather, we encourage the state to make these recommendations — and the overarching problem of adolescent substance abuse — high priorities as the budget crisis abates. Nor do we advocate for the creation of more bureaucracy. Instead, we propose collaboration among the agencies and entities that serve youth to ensure that no child in need goes unnoticed.

The first policy recommendation calls for the establishment of a Governor's Council on Adolescent Substance Abuse, comprised of heads of state departments that work with youth. The challenges of dealing with adolescent substance abuse require high-level intervention, and the Governor's Council is designed to provide a forum for bringing this critical issue to the highest level of state government. The Governor's Council will be responsible for the strategic planning, coordination and allocation of state resources for adolescent substance abuse treatment services. It will provide counties with technical and administrative support to implement county-based adolescent drug and alcohol treatment programs. The head of the California Department of Alcohol and Drug Programs is the likely choice to lead this council.

The second policy recommendation proposes that every county develop an integrated treatment system for youth with substance abuse problems. Most treatment services are delivered at the county level, and the greatest opportunities for collaboration and resource sharing exist here. This recommendation calls for counties to assemble a coalition of representatives from publicly funded youth programs to inventory existing county resources and collectively define the components needed to create a streamlined continuum of care for adolescent substance abusers. The coalition will draft an annual plan for adolescent drug and alcohol services in the county, approved by the county board of supervisors. Through the planning process, the county will develop a thorough understanding of its strengths and shortfalls in the area of adolescent substance abuse care, enabling it to develop an annual action plan to maximize funding and meet the needs of its youth more effectively.

The third policy recommendation calls for the adoption and mandated adherence to a set of treatment guidelines developed by the Department of Alcohol and Drug Programs. The ADP's Youth Treatment Guidelines present specific standards of care for adolescent substance abuse treatment programs, and provide a blueprint for building treatment systems that address the comprehensive needs of adolescents. But despite their clear value, the guidelines have languished for lack of mandate and funding. Screening and assessment are two critical precursors to appropriate treatment for youth, yet the state and counties have not adopted standardized, proven screening and assessment instruments.

The fourth policy recommendation calls on the state to establish specific protocols for the screening and assessment of adolescents with potential drug and alcohol problems. It recommends that adolescents receive periodic screenings in a variety of settings where youth interact — for example, schools, community health organizations and physicians' offices. Screenings are conducted to identify youth who exhibit signs of a potential drug or alcohol problem. Assessments, performed by health professionals, would provide a diagnosis and a treatment plan to address problems that are identified. It is critically important that counties develop standardized protocols for the administration of scientifically-based screenings and assessments. Without a proper diagnosis, treatment is compromised. Inadequate funding presents an array of problems for state and county governments — problems that are likely to persist until economic conditions improve. This situation, however, presents an opportunity to ask

government to reassess priorities and create a new and sustainable funding source specifically directed to adolescent substance abuse treatment.

The fifth policy recommendation does just that. Currently the state does not have a single funding stream dedicated to adolescent care, yet many opportunities exist to create one. Other states have allocated funds from vanity license plates, marriage licenses, alcohol taxes and lottery winnings to fund adolescent programs. The future well-being of California rests on the shoulders of today's adolescents. A sustained funding source to help prevent and treat adolescent substance abuse disorders would be money well spent. The private sector can play an important role in improving access to treatment for California's youth, primarily through achieving parity for adolescent substance abuse treatment in health insurance coverage.

The sixth policy recommendation calls upon the state to mandate that private insurance plans offer substance abuse and mental health coverage equal to coverage that is provided for medical disorders and diseases. Such coverage would cost consumers only \$5 per year, while the benefits would be enormous. Parity would reduce pressure on the state budget, and the burden to citizens and businesses. With parity, many more adolescents have access to the treatment they need at a minimal cost while saving lives and dollars. Drug abuse can successfully be treated, and the benefits of treatment continue to be seen one year and five years after treatment, as this survey of adults demonstrates. Similar studies confirm these findings in adolescents. In order to ensure that funding is well-spent, the state needs an accurate measurement and evaluation system to track and monitor the effectiveness of treatment programs. To date, the treatment community has not agreed upon a standardized set of outcome measures, and it is severely limited in its ability to collect and share data on the clients it serves. In response to a federal mandate, California is in the process of developing a database to measure client outcomes. Known as Cal-OMS, this database will collect information on all adults in federally funded drug and alcohol programs in the state to facilitate program evaluation and treatment effectiveness. Although it does not contain fields of specific relevance to adolescents, it provides the only current opportunity for the state to measure the outcomes of adolescents in treatment.

The seventh policy recommendation calls for adding adolescent data to Cal-OMS. This would be an important first step in ensuring that the programs to which youth are referred are effective. One of the primary obstacles to gaining more support for adolescent treatment funding is the underlying issue of stigma. Unfortunately, the stigma attached to substance abuse inhibits many from taking action. Substance abuse is often viewed as an act of moral weakness rather than a disease that progresses from voluntary user to involuntary addict. It is critical that policy makers and the public understand the nature of substance abuse as a public health issue.

The eighth and final policy recommendation proposes a public awareness campaign to draw attention to adolescent substance abuse as a serious public health problem with wide-ranging social consequences. Everyone who interacts with youth should be aware of the risk factors that tend to predispose a youth to substance abuse, while recognizing and encouraging the protective factors that prevent youth from abusing drugs and alcohol. Rather than stigmatize the youth who comes forward for treatment, we must address his or her problems

Sznitman, S. R. (2013). "Exploring the promise of mandatory random student drug testing by comparing it to other school drug prevention strategies." *Addiction* **108**(5): 848-850.

Sznitman, S. R., et al. (2012). "Student drug testing in the context of positive and negative school climates: results from a national survey." *J Youth Adolesc* **41**(2): 146-155.

Positive school climates and student drug testing have been separately proposed as strategies to reduce student substance use in high schools. However, the effects of drug testing programs may depend on the favorability of school climates. This study examined the association between school drug testing programs and student substance use in schools with different climates. The analysis was based on a nationally representative sample of 943 high school students (48% female) ranging from 14 to 19 years of age (62% identifying as white, 18% Hispanic, 13% African American, and 7% in other categories). Results showed that both male and female students in schools with positive climates reported lower levels of personal substance use. Drug testing was associated with lower levels of personal substance use in positive school climates, but only for female students. There was no relationship between drug testing and male students' substance use. The results are discussed in terms of the importance of considering school climates before implementing drug-testing programs in high schools.

Sznitman, S. R. and D. Romer (2014). "Student drug testing and positive school climates: testing the relation between two school characteristics and drug use behavior in a longitudinal study." *J Stud Alcohol Drugs* **75**(1): 65-73.

OBJECTIVE: Fostering positive school climates and student drug testing have been separately proposed as strategies to reduce student drug use in high schools. To assess the promise of these strategies, the present research examined whether positive school climates and/or student drug testing successfully predicted changes in youth substance use over a 1-year follow-up. METHOD: Two waves of panel data from a sample of 361 high school students, assessed 1 year apart, were analyzed. Changes in reported initiation and escalation in frequency of alcohol, cigarette, and marijuana use as a function of perceived student drug testing and positive school climates were analyzed, while we held constant prior substance use. RESULTS: Perceived student drug testing was not associated with changes in substance use, whereas perceived positive school climates were associated with a reduction in cigarette and marijuana initiation and a reduction in escalation of frequency of cigarette use at 1-year follow-up. However, perceived positive school climates were not associated with a reduction in alcohol use. CONCLUSIONS: Student drug testing appears to be less associated with substance use than positive school climates. Nevertheless, even favorable school climates may not be able to influence the use of alcohol, which appears to be quite normative in this age group.

Taras, H., et al. (2003). "Out-of-School Suspension and Expulsion." *Pediatrics* **112**(5): 1206-1209.

Wagner, E. F., et al. (2004). "Implementing school-based substance abuse interventions: methodological dilemmas and recommended solutions." *Addiction* **99 Suppl 2**: 106-119.

AIMS: To review current knowledge about the most effective school-based interventions for child and adolescent problems, and to present dilemmas and potential solutions in mounting and evaluating school-based interventions for adolescent alcohol and other drug (AOD) use problems. DESIGN: Two literature reviews were conducted: (1) a broad and encompassing review of English-language articles published from 1990 to the present concerning school-based interventions for child and adolescent problems and (2) an exhaustive review of articles concerning Student Assistance Programs, which are the most popular approach to school-based AOD intervention in the United States. FINDINGS: Ten key components of effective school-based interventions were identified. In addition, six pervasive dilemmas in school-based AOD intervention research were discussed. Examples of potential solutions to these dilemmas were gleaned from an ongoing randomized clinical trial of a Student Assistance Program. CONCLUSIONS: School-based AOD interventions have several potential advantages over more traditional clinic-based AOD interventions. Nonetheless, there are many challenges and dilemmas to conducting and evaluating interventions in school settings. With patience and guidance, these challenges can be addressed successfully.

WestEd (2014). "Student well-being and school climate in California, 2011-13: Statewide results of the Biennial Statewide California Healthy Kids Survey, Secondary School Students." from <http://chks.wested.org/reports>.

This is the first report to provide the survey results from this representative biennial statewide sample. The data were collected between fall of 2011 and spring of 2013 from 39,165 students enrolled in the randomly-selected sample of 109 secondary schools.

Winters, K. C., et al. (2012). "Brief intervention for drug-abusing adolescents in a school setting: outcomes and mediating factors." *J Subst Abuse Treat* **42**(3): 279-288.