

Student Drug Testing:

Impact on Substance
Abuse Prevention
Efforts

Objectives

1. Participants will be able to identify key historical events that have helped to bring about voluntary, randomized, student drug testing (VRSDT).
2. Participants will be able to identify the theoretical assumption on which VRSDT is based.
3. Participants will be able to list at least three key strengths and weaknesses in current VRSDT programs.
4. Participants will be able to list at least two research-based ways community- and student-based prevention programs can work to integrate services with school districts implementing VRSDT programs.

Off the Top

- Why are you attending this presentation?
- What are your understandings about VRSDT?
- Do you have an opinion about the effectiveness of VRSDT?

Current Alcohol, Tobacco, & Other Drug (ATOD) Use Rates

- National data suggests ATOD rates are decreasing.
- However, American adolescents have the highest rates of illicit drug use in the industrialized world.
- All USA students are impacted (i.e., no age or racial group is immune).

Future Trends Indicate Increased ATOD Use

- As perceived risk of use of ATOD increases future use decreases.
- Monitoring the Future indicates the younger students are *less likely* to perceive a risk to ATOD use.
- 8th graders in national sample reported decreased perception of risk associated with marijuana, inhalants, LSD, ecstasy, crack, powdered cocaine, heroin, and tobacco.

Direct Harmful Effects of ATOD Use

- Underage ATOD use a major public health concern.
- Today most adolescents are at-risk of drug use and abuse and few, if any, are invulnerable.
- Skiba (2004): "Negative outcomes and costs attributable to adolescent substance use affect nearly 500,000 individuals each year."
- The economic costs associated with ATOD use exceed \$273 billion a year.
- The only cohort group not to document a recent reduction in morbidity (i.e., value of reduced or lost productivity) and mortality costs (i.e., project future losses of productivity based on premature deaths) is adolescents.

Indirect Harmful Effects of ATOD Use

- Researchers have noted that ATOD use interferes with students' ability to think clearly, reduces students' academic achievement, and reduces students' motivation and self-discipline.
- Students that use ATOD are more likely to experience academic failure and are more likely to drop out of school.
- ATOD use, by adolescents, has also been shown to lead to increased delinquent behavior, future increases in ATOD use, poor physical health, and future mental health problems.
- Research has documented that excessive alcohol use by adolescents has a direct and negative impact on brain development and behavioral control.

Societal Impacts

- Adolescent ATOD use is closely connected to students being truant and dropping out of school.
- There is also a strong connection between adolescent ATOD use and increased criminal activity.
- The Office of National Drug Control Policy noted that students who use ATOD are more likely to bring a weapon to school and are more likely to be involved in physical assaults.
- Adolescent substance abusers create negative school climates that can lead to apathy, disruption, and disrespect for others.

Rural Communities Especially Impacted

- The National Survey of Drug Use noted that illicit drug use in rural communities exceeds the use in larger urban centers.
- Youths in rural areas are engaging in dangerous substance-use behaviors and, in some cases, doing so at a greater degree than their urban counterparts.

Adolescents - A Critical Time

- Students "who make it through their teenage years without using drugs are much less likely to start using them when they are older." (Office of National Drug Control Policy, 2002).

Insta-Poll

- For how many years has the USA combated underage substance abuse?
- When did authorities in the USA first attempt to regulate illegal substances?

History of the Issue - Alcohol

- Alcohol has been a major factor in USA history.
- Lender and Martin (1987) noted that as the Pilgrims began to travel in the early 1630's they were likely to carry "three times as much beer as water."
- Demand for alcohol outpaced the European ability to produce and ship enough to the Colonies.
- The Colonies began making their own alcohol.
- The Colonies believed that drinking was OK; but that drunkenness was a sin.
- Thus, if you could drink and suffer few consequences, you were considered a person of character; but if you drank and suffered consequences, such as poverty, or perpetuated domestic violence, then you were a sinner.

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History of the Issue - Tobacco

- Native Americans taught settlers how to grow tobacco.
- American Indians used tobacco for spiritual rituals and fortifying social relationships.
- By the early 1800's, many Americans were concerned that tobacco was addictive.
- In 1964, the Surgeon General stated that tobacco use was not addictive.
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History of the Issue – Cocaine

- Cocaine was used by Native Americans to overcome hunger, temperatures, and discomfort of physical labor.
- In the 1800's, coca was refined and that allowed powdered cocaine to be developed and to quickly become a legal drug of choice.
- With increased use of cocaine came an increase in violent crime.

History of the Issue - Opium

- In early USA, societal pressures prevented women from publicly using alcohol and tobacco.
- Opium, or laudanum, became the drug of choice for women.
- Laudanum was used by men as well.
- Famously, an American General, after consuming large amounts of laudanum, failed to issue attack orders during War of 1812.
- A derivative of opium (i.e., morphine) was widely used by both armies during the Civil War.
- Addiction to morphine was called the “Soldier’s Disease.”
- By the late 1800s, use of ‘smokeable’ opium by school children began.
- Opium was placed in children’s cough medicine.
- In the late 1800s and the early 1900s, Bayer Laboratories sold heroin as a “nonaddicting” pain killer.

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History of the Issue – Cannabis

- Marijuana was discovered by the early European settlers.
- Marijuana initially was grown for its fibers to make rope.
- Harsh taste and smell reduce popularity until the 1920's.

History of the Issue - Amphetamines

- Use of amphetamines has been around for centuries.
- First widely used in USA in the 1930's for treatment of narcolepsy, post-nasal drip, and hyperactivity in children.
- During World War II, USA distributed amphetamines (i.e., 'pep pills') to USA servicemen.
- NASA ordered astronaut Gordon Cooper to take amphetamines prior to his space capsule's reentry.

Coffee Talk

- When did schools begin to teach students about the dangers of substance use and abuse?

Efforts to Reduce ATOD Use

- Since discovery of the first drugs, there have been attempts to control their use.
- Most initial control attempts utilized the church and religious teachings.
- Religious leaders in the 17th century associated drunkenness with sinning.
- This approach - having individuals self-reduce their substance use - is today called **demand** reduction.
- Others, noting that some individuals could not control their substance use, attempted to outlaw the production and distribution of the substance.
- Today this approach is called **supply** reduction.

Supply Reduction

- Simple theory – control supply and make penalties for transporting an illicit substance so intolerable that no one would want to do it.
- Relies on legal processes (e.g., permitting, tax stamps, etc.) and law enforcement to “interdict” before an illicit substance arrives.
- First attempt was in 1633 when Governor of the Massachusetts Bay Colony required all liquor distributors to register with the Governor’s office and receive a permit.

Attempts at Supply Reduction

- 1791 – USA passes excise tax on liquor and distilled spirits.
- 1820's - First temperance movement.
- 1820's - First call for prohibition.
- Throughout 1800's - Many states passed drunkenness and disorderly conduct laws.
- 1833 – Treaty with Siam attempted to control importation of opium.
- 1850's – Eleven states passed prohibition legislation.
- 1875 – San Francisco passed first ordinance to forbid the consumption of opium.
- 1906 – Pure Food and Drug Act.
- 1912 – USA's first international treaty to limit distribution of cocaine, morphine, and opium.
- 1914 – Harrison Act passed requiring drug “peddlers” to register with local authorities.
- 1918 – 18th Amendment (Prohibition).
- 1937 – Marijuana Tax Act.
- 1951 – Boggs Amendment to Harrison Act (mandatory minimum sentences for trafficking).
- 1956 through Today - Many laws enacted to control the distribution and use of substances.
- Current estimates say USA spends **\$30 billion** annually on supply reduction strategies.

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Demand Reduction

- Based on premise that when appropriate education about dangers of ATOD use is coupled with significant consequences for using – individuals will choose not to use.
- Based on the concepts of “perception of harm.”
- First, the more perceived harm from using a substance the less likely one is to use that substance.
- Secondly, if a person is informed of the harms associated with using a certain substance and that individual still chooses to use that substance, then the perceived consequences were not harsh enough.
- To account for this premise, local, state, and federal officials have attempted to increase the perception of harm by imposing laws and penalties against the individual who chooses to use.

Attempts at Demand Reduction

- 1619 – Colony of Virginia outlawed drunkenness.
- 1623 – Manhattan officials penalized drunkenness.
- 1633 – Massachusetts Governor: a “role model” for refused to drink to one’s health.
- 1633 – In Massachusetts repeat drunkards wore a red D around their neck for a year.
- 1700’s - The ‘disease’ concept of addiction was advocated by Dr. Benjamin Rush.
- 1840 – The Washingtonians formed: formal group created to help those addicted.
- 1840’s – Red Ribbons worn to show one’s sobriety.
- 1850’s - Gospel Temperance Movement began: believed one could be saved from the “sin of addiction” once the afflicted person recognized their sin.
- 1870’s - American Association for the Cure of Inebriety began: believed that addiction was a disease and needed medical treatment by professionals.
- 1895 - Due to lack of empirical success of treatment programs, Frances Willard proposed using the public school system to prevent substance abuse and addiction.

Attempts at Demand Reduction - Continued

- 1920’s - Alcohol abuse prevention curriculum taught in some schools.
- 1930 - The Hobson International Narcotic Education Association developed and implemented a substance abuse prevention program that included both alcohol and narcotics.
- 1970 – USA passed the Comprehensive Drug Abuse Prevention and Control Act, which was the first federal government recognition of the role of demand reduction as a prevention strategy.
- 1985 - Drug-Free Schools and Communities Act passed.
- 1991 - Safe and Drug-Free Schools and Communities Act was passed.
- 2001 - Title IV, Part A of the No Child Left Behind Act of 2001: 21st Century Schools, Safe and Drug-Free Schools and Communities Act was funded.

School and Community Impacts of Demand Reduction

- With increased funding, many school districts implemented substance abuse prevention programs.
- These prevention programs routinely utilize substance abuse prevention curricula.
- The curricula are typically based on one of two theoretical assumptions:
 - Transmission Theory;
 - Social Cognitive Theory.

Transmission Theory

- Traditional concept: A teacher teaches and students learn.
- Education is knowledge transmission - teacher to student.
- The student is a passive recipient of the knowledge and is only tasked with being willing to input that information when it is received from the teacher.
- The teacher is responsible for keeping the student motivated about the topic and encouraging student interest by presenting the knowledge in a logical and coherent manner.
- Thus, the transmission theory *presents* knowledge to a student rather than having the student *discover* it him/herself.
- And, there are no interactions between students (in the transmission theory such interactions are called “disruptions”).

Social Cognitive Theory

- Focuses on changing behaviors, attitudes, and knowledge in the context of the social environment.
- Learning takes place through the student's observations and imitations of what is seen in the social environment, not just by transmission of information from the teacher.
- Bandura's observations lead to the belief that students were not just passive recipients of information but actually obtained information from their interactions with their environment.
- Students *interact* and *practice* what they have learned.
- Students taught "peer refusal skills" must be given the opportunity to routinely practice those skills.

Impacts of Demand Reduction Legislation

- The 1985 Drug-Free Schools and Communities Act and the subsequent 1991 Safe and Drug-Free Schools and Communities Act ushered in an era of prevention programming and prevention research.
- Billions of dollars flowed into state and local agencies to combat student substance abuse.
- This federal funding resulted in an explosion of theories, approaches, curricula, and techniques aimed at stopping adolescent substance use
- However, after 23 years of consistent funding, many at the local, state, and federal level failed to see any empirical difference in student drug use
- Steinberg (2004), a leading authority on adolescence behavior, noted "our attempts to educate adolescents about the risks of drugs, alcohol, tobacco,..., have been such unmitigated failures."
- Steinberg and others have called for an abandonment of "prevention programs" and an increase in law enforcement efforts to prevent access to illicit substances
- Thus, with growing public scrutiny of substance abuse prevention efforts many schools are turning to other prevention techniques including voluntary, randomized, student drug-testing (VRSdT) programs.

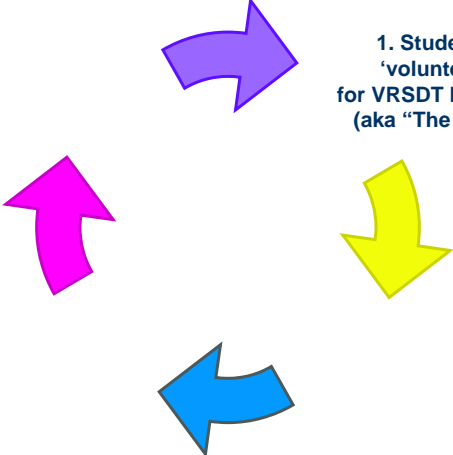
Our attempts“...unmitigated failures”?

- Growing debate about the effectiveness of prevention programs has mostly gone unnoticed and uncontested.
- Most local, state, regional and national prevention organizations have been mostly silent during the debate.
- Some National Institutes of Health experts and other authorities are openly advocating abandoning prevention efforts
- In the absence of leadership and direction, school districts are looking for alternatives and many are experimenting with a new prevention program - VRSDT.

VRSDT Defined

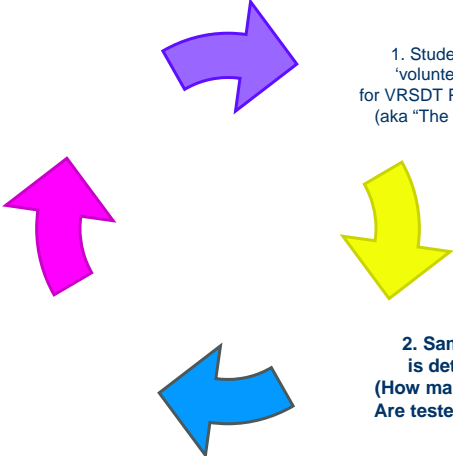
- A secondary school program utilizing urinalysis test samples collected from randomly selected school students who have opted into a school district's drug-testing program by participating in school-sponsored extracurricular activities or by voluntarily asking to be placed in the student drug-testing program.
- The drug-testing collection dates and times are also randomly selected.
- VRSDT programs do not lead to legal consequences for students who test positive.

Parts to a VRSDT Program



1. Students
'volunteer'
for VRSDT Program
(aka "The Pool")

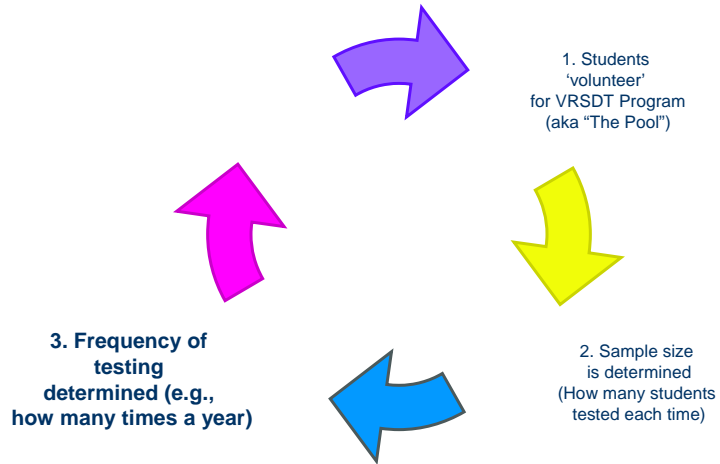
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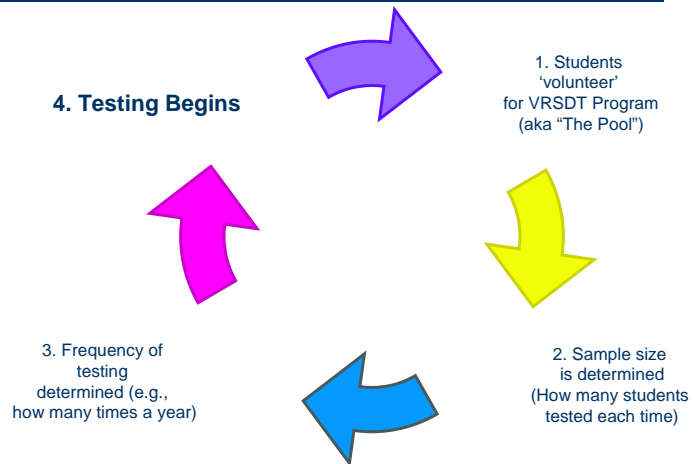
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2. Sample size
is determined
(How many students
Are tested each time)

Parts to a VRSDT Program



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VRSDT Program Positives

- VRSDT programs are increasing in popularity (e.g., going from 20 in 1995 to over 1,000 today).
- VRSDT programs are based on demand reduction (i.e., fear of a positive drug test will prevent students from using drugs).
- Two USA Supreme Court Decisions have upheld the legality of the approach.
- Several studies have found that school districts and administrators like VRSDT programs because they helped to identify and refer students who needed more intensive substance abuse services.
- School districts and administrators report that implementation of VRSDT has increased their staff's perception of school safety.
- School districts and administrators report that VRSDT programs have help them "market" their schools as drug free.
- School districts and administrators report that VRSDT programs are fairly inexpensive (i.e., \$15 - \$20 per student per year).

Key Weaknesses of VRSDT Programs

1. Effectiveness of VRSDT programs have not been established.
2. "Dosage" levels have not been identified (e.g., what percentage of students need to be tested at one time, how often, etc.)
3. Most VRSDT programs do not test for all drugs (e.g., alcohol, steroids, etc.).
4. VRSDT is not a stand-alone program, it must work as part of a comprehensive prevention program.

How to Work with a VRSDT Program

1. The Office of National Drug Control Policy has noted that VRSDT can assist students by giving them a “reason to say no” to drug use.
2. Students must still be taught and practice their refusal skills (i.e., Social Cognitive Theory).
3. The Social Cognitive Theory states that students can only “say no” to their peers if they have *practiced* their peer refusal skills.
4. VRSDT may detect students who are already addicted; thus, community organizations must be trained and ready to treat these individuals and their family systems.

Integrating Services

- Work with the school district before they adopt VRSDT.
- Work with the school district on how referral processes will work for students who failed a drug test.
- Work with the school district’s drug-free coordinator, or designee, to implement curricula that utilizes Social Cognitive Theory.
- Work with school officials to accurately depict the district’s substance use rates by publicizing both drug-testing results along with substance abuse survey results.
- Work to provide a full continuum of services for all members of your community.
- Remember, a school implementing VRSDT is looking for answers to an age old problem.

Contact Information

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