

## **State Survey of Substance Dependent Students Points to Importance of School\Community Links**

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In the decades since schools first began to offer substance-related programs to their students, one of the few agreed upon concepts has been the need for a comprehensive continuum of community services from primary prevention aimed at non-users to tertiary prevention for students in recovery (Kaminer, 2001; NCASA, 2001). Public schools, as educational institutions trying to serve the greatest number of students, have understandably concentrated their efforts on teaching prevention strategies. However, with the documented number of students (Johnson, O'Malley, & Bachman, 2001; PLNDP, 2002) who continued to attend school although they are substance dependent (their functioning is impaired by substance misuse), what role can and do public high schools play in aiding these students? This was the central question of our study which asked school personnel from all 81 NH public high schools, what they were currently doing for their substance dependent students and what areas they saw as needing improvement.

Questionnaires were sent to guidance personnel, school nurses, and specialized drug counselors in all of NH's public high schools. At least one response was received from 2/3 of the schools. In addition, 15 key informants were interviewed in person representing a variety of school personnel as well as state and community agency leaders. Respondents reported that the mostly commonly abused substances by the state's teens were alcohol and marijuana. However, compared with other studies (UNH-Coop Ext, 2002; SAMHSA, 2003), they tended to underestimate the potential impairment caused by student alcohol misuse. Student Assistance Programs and specialized drug counselors were found in less than half of the high schools in the study. This paucity of specialized counselors was distressing because the study pointed to their superior knowledge about substance abuse issues\services and greater optimism about student's willingness to accept services than other school personnel.

School based individual counseling and referrals to community resources were the most commonly provided interventions offered to substance dependent students. NH's poorer school district tended to rely more on their own "in-house" services as compared to the more affluent districts, which relied more on community resources. Responses made it clear that the poorer (often more rural) districts had such a lack of accessible, qualified community-based services to which to refer students that the schools, sometimes by default, became the service providers. However, even in communities with existing referral sources in place, several problems were reported with a low percentage of students actually enrolled after referral due to long waiting lists; geographic distance; and the lack of residential programs, qualified drug counselors, and programs that would both serve youth and their families. Schools also reported critical communication barriers with community service providers, including issues around confidentiality and "turf" conflicts when multi-problem students\families used multi-disciplinary teams.

It was clear that respondents felt schools needed to be "part of the solution" for students already dependent on substances, but not "the solution." Suggestions for improving services included:

1. Better dissemination of information on outcome based strategies with proven track records
2. Increased funding to support a coordinated continuity of community service options available across both the state's rural and more metropolitan districts
3. Ensuring schools each have a specialized AOD counselor
4. Finding ways to address school-community collaboration barriers
5. Fighting for insurance parity for mental health and substance related health issues

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