

# The SAP Networker

## CDC Survey Finds that 1 in 5 U.S. High School Students Have Abused Prescription Drugs

Prescription drugs have joined alcohol, tobacco and marijuana as the top drugs of abuse among teens. **One in 5 U.S. high school students say they have ever taken a prescription drug without a doctor's prescription**, according to the 2009 National Youth Risk Behavior Survey (YRBS) released by the Centers for Disease Control and Prevention. This is the first year the survey assessed prescription drug abuse among high school students. The YRBS has been conducted every other year since 1991.

The survey asked if they'd ever taken a prescription drug such as OxyContin, Percocet, Vicodin, Adderall, Ritalin, or Xanax, without a doctor's prescription. Prescription drug abuse was most common among white students (23 percent), followed by Hispanic students (17 percent) and then black students (12 percent). Prescription drug abuse was most common among 12th grade students (26 percent) and lowest among 9th grade students (15 percent). There was no difference in prescription drug abuse by gen-

der (20 percent for both male and female students).

The YRBS also asks several questions related to alcohol, tobacco and drug use. The 2009 survey found that about 72 percent of high school students ever used alcohol, about 37 percent ever used marijuana, 6.4 percent ever used cocaine, 4.1 percent ever used methamphetamine.

Further reports indicate that:

\* 19.5% of students smoked cigarettes on at least 1 day during the 30 days before the survey.

\* 8.9% of students had used smokeless tobacco (e.g., chewing tobacco, snuff, or dip) on at least 1 day during the 30 days before the survey.

For current information about student alcohol, tobacco and other drug, or to obtain the complete report, visit:

<http://www.cdc.gov/HealthyYouth/yrbs/>

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## Factoid

The school setting is a *key system* to impact youth tobacco use. Findings underscore the need to train school personnel to enforce school tobacco policy.

Adams, M.L., Jason, L.A., Pokorney, S. & Hunt, Y. (2009). The Relationship Between School Policies and Youth Tobacco Use. *Journal of School Health*, 79(1) 17-22.



Mandatory-random drug testing in schools shows mixed results.

The MRSDT program had no “spillover effects” on the substance use reported by students who were not subject to testing and had no effect on any group of students’ reported intentions to use substances in the future.



## The School Drug Testing Debate: Mixed Results

Despite a decline in adolescent substance use over the past 10 years, the prevalence of illicit substance use among youth remains high and a cause of concern. Recent national estimates indicate that 47 percent of students report having ever used illicit drugs and 72 percent report having ever drunk alcohol before leaving high school (Johnston et al. 2008). The negative consequences associated with substance use in adolescence include low academic outcomes, delinquency, and risky sexual behaviors (Baskin-Sommers and Sommers 2006; Ellickson et al. 2003; Roebuck et al. 2004).

One approach to addressing student substance use is school-based mandatory-random student drug testing (MRSDT). Under MRSDT, students and their parents sign consent forms agreeing to the student’s random drug testing as a condition of participation in athletics and other school-sponsored competitive extracurricular activities. The programs are designed to supplement existing school-based substance use prevention strategies and have the twin goals of (1) identifying students with substance use problems for referral to appropriate counseling or treatment services and (2) deterring student substance use. Recent national estimates indicate that 14 percent of U.S. public school districts conducted random drug testing in at least one of their high schools during the 2004–2005 school year (Ringwalt et al. 2008); since 2003, the U.S. Department of Education’s Office of Safe and Drug-Free Schools (OSDFS) has operated a grant program to support MRSDT programs in schools.

To help assess the effects of

school-based random drug testing programs, the U.S. Department of Education’s Institute of Education Sciences (IES) contracted with RMC Research Corporation and Mathematics Policy Research to conduct an experimental evaluation of the MRSDT programs in 36 high schools within seven districts that received OSDFS grants in 2006. This report describes the implementation of the MRSDT programs and their impact on students—focusing primarily on student-reported substance use but also examining other outcomes.

The study’s key findings indicate that:

1. **Consistent with the goals of the program, students subject to MRSDT reported less substance use than comparable students in high schools without MRSDT.** Student-reported past-30-day use of substances tested under their districts’ MRSDT policies was lower in schools implementing MRSDT than in schools without such policies. A similar, though not statistically significant, pattern was observed on other student-reported substance use measures.

2. However, the **MRSDT program had no “spillover effects” on the substance use reported by students who were not subject to testing and had no effect on any group of students’ reported intentions to use substances in the future.**

3. Contrary to concerns raised about the possible unintentional negative consequences of random drug testing, the MRSDT program had no effect on the proportion of students participating in activities subject to drug testing or on students’ attitudes toward school and perceived consequences of substance use.

**For a complete copy of the study please visit:** <http://ies.ed.gov/ncee/pubs/20104025/pdf/20104025.pdf>

**We’re On the Web!**  
[www.upmc.com/sap](http://www.upmc.com/sap)

## Little Progress Being Made in Reducing Smoking Among High School Students



### **One in Five High School Students Still Smoking**

Current cigarette use among high school students nationwide began to decline in the late 1990s, but the rate of decline slowed during 2003–2009, according to CDC's *Morbidity and Mortality Weekly Report (MMWR)*. The report published today shows that since 2003, the rate of decline in current cigarette use slowed or leveled off for all of the racial/ethnic (white, Hispanic, and black) and gender subgroups except black female students, for which rates of current cigarette use showed no slowing or leveling off after 1999.

Because of this slower rate of decline, the United States has not met its national 2010 health objective of reducing cigarette use among high school students to

16 percent or less. The *MMWR* article examines data for 1991–2009 from CDC's national Youth Risk Behavior Survey to evaluate trends in cigarette use among U.S. high school students in grades 9–12.

"Although 4 of 5 don't smoke, it's discouraging to see that current smoking did not continue to decline more rapidly among youth," said [CDC Director Thomas R. Frieden, M.D., M.P.H.](#) "**Smoking is the leading preventable cause of death in this country and 9 out of 10 adults started smoking in their teens or earlier. The slow progress since 2003 tells us that much more needs to be done to reduce youth smoking.**"

Center for Disease Control, July 8, 2010

<http://www.cdc.gov/media/pressrel/2010/r100708.htm>

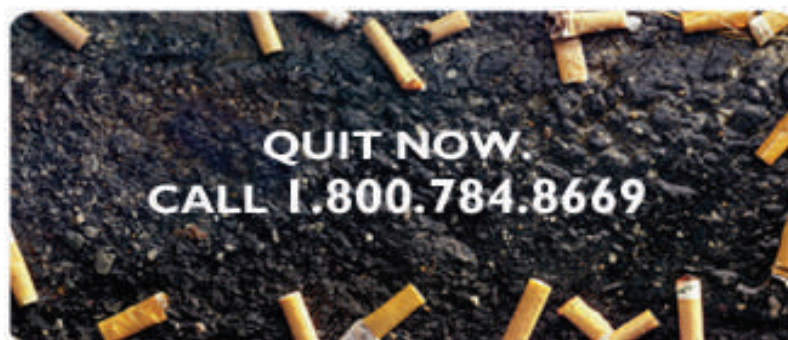
**We encourage all schools to include tobacco behavior as part of the SAP process.**

### **School Clinics Await Funds From Health-Care Reform**

School-based health centers, which provide comprehensive medical care, are awaiting a big boost from the federal government under the law overhauling the nation's health-care system. The legislation provides for \$200 million over four years to help centers pay for capital improvements and it authorizes the government to distribute additional money for operating costs. The measure is important because it created a federal authorization that is specific to school-based health clinics, which were once a controversial innovation. (Education Week, <http://www.edweek.org>, 08/03/10)

### **One-third of Teens with ADHD Delay High School Degree or Drop Out**

Teens with attention-deficit/hyperactivity disorder (ADHD) are more likely to drop out of high school or delay completing high school than other kids, a new study has found. The rate is twice that of students with no psychiatric disorder. Developing methods to help students with ADHD graduate high school could have significant long-term societal benefits, according to author. The researchers also found high drop-out rates among students with other mental health disorders. The study was published in the July online edition of the *Journal of Psychiatric Research*. (USA Today, 07/31/10) - [http://www.usatoday.com/news/education/2010-07-31-adhd-students\\_N.htm](http://www.usatoday.com/news/education/2010-07-31-adhd-students_N.htm)



To address smoking and tobacco use among your students, please call Pat Woodke at 412-586-2575 for a copy of the Tobacco Free Allegheny publication:

**100% Tobacco Free School Toolkit**

Or download a copy at [www.tobaccofreeallegheny.org](http://www.tobaccofreeallegheny.org)

# Training Calendar

**All SAP Training workshops offer NBCC (LPC), LSW, APA, CAC/CPS credit-hours for an additional \$30/participant fee through OERP-WPIC.**

## TO REGISTER:

Online (preferred)

[http://](http://www.upmc.com/sap)

[www.upmc.com/sap](http://www.upmc.com/sap)

or contact Pat Woodke:

412-586-2575 or

[woodkeps@upmc.edu](mailto:woodkeps@upmc.edu)

## **MIDDLE AND SECONDARY SAP TRAININGS**

- **OCTOBER 19, 20 & 21, 2010 AT PATTAN [CLOSED]**
- **DECEMBER 8, 9, 10, 2010 AT PATTAN**

**FEE:** \$350/participant includes all materials, continental breakfast, lunch and Act-48 Credits. **CURRICULUM:** SAP Essentials: How it Works; Resiliency and Adolescent Development; Substance Abuse & Addiction; Identifying & Intervening with Suicide, Crisis & Other Mental Health Issues; Team Building; Legal, Ethical & Professional Issues in SAP; Working with Families; SAP Team Practice; Action Planning and Re-Entry. Concise directions to PaTTAN & security codes are provided in the participant confirmation letters sent to the SAP Coordinator ten to 14 days prior to the training. To access directions to PATTAN, please visit: <http://www.pattan.k12.pa.us/pittsburgh>

## **ELEMENTARY SAP TRAINING**

- **NOVEMBER 3-5 , 2010 TENTATIVE AT NORTH ALLEGHENY SCHOOL DISTRICT**

**\*\*\*SITE TO BE ANNOUNCED\*\*\***

**FEE:** \$350/participant includes all materials, continental breakfast, lunch and Act-48 Credits

**CURRICULUM:** Integrating IST & RTI with ESAP; Substance Abuse Issues for Elementary Educators; Responding to Child Abuse and Neglect; Legal and Ethical Issues for Student Assistance Professionals; Bullying; PTSD and Trauma; Grief and Loss at the Elementary Level; Team Building and Service Integration. Participants will receive directions within two weeks of the training.

### **A Word About On-Site Training Programs**

We are always happy to schedule a training on your campus, provided the following criteria are met:

1. Provide **at least** 15 participants @ \$335/participant. We may ask that you open the training to other schools/districts to meet the minimum number
2. Provide continental breakfast, lunch, AV equipment and training manuals
3. If training is conducted outside of Allegheny County, a fuel surcharge will be added

### **Payment and Cancellation Policy**

Cancellations are accepted up to seven (7) days prior to training. After that, a \$50 cancellation fee is assessed for each cancelled attendee. An additional \$50 "no-Show" fee is assessed for registrants who do not cancel.

## Adolescent Substance Abuse & Mental Health

### Adolescent Substance Abuse Clinic

Western Psychiatric  
Institute and Clinic of  
UPMC  
3501 Forbes Ave.,  
Suite 900  
Pittsburgh, PA 15213  
412-246-5152

Are you in need of referral options for students with alcohol or drug problems in addition to other mental health problems

Please consider:

**Adolescent Substance Abuse Clinic** through  
Western Psychiatric Institute & Clinic of UPMC.

Our clinic provides state-of-the-art treatment and research opportunities to adolescents with alcohol or drug problems, including those with depression, attention deficit disorders, or other mental health problems. At UPMC's Adolescent Substance Abuse Clinic, the therapists and doctors work with the individual and his/her family, and school in providing treatment.

*Please feel free to contact us  
if you have any questions  
or if your school would like us to  
present a topic of interest to your school  
or team*

## Alcohol, Other Drug Use & Academic Achievement



Data presented below from the 2009 National Youth Risk Behavior Survey (YRBS) show a negative association between alcohol and other drug use and academic achievement after controlling for sex, race/ethnicity, and grade level. **This means that students with higher grades are less likely to engage in alcohol and other drug use behaviors than their classmates with lower grades, and students who do not engage in alcohol and other drug use behaviors receive higher grades than their classmates who do engage in alcohol and other drug use behaviors. These associations do not prove causation.** Further research is needed to determine whether low grades lead to alcohol and other drug use, alcohol and other drug use leads to low grades, or some other factors lead to both of these problems.

*Students with higher grades are significantly less likely to have engaged in behaviors such as*

- Current alcohol use** (having at least one drink of alcohol on at least 1 day during the 30 days before the survey).
- Binge drinking** (having five or more drinks of alcohol in a row within a couple of hours on at least 1 day during the 30 days before the survey).
- Drinking alcohol for the first time before age 13 years** (other than a few sips).
- Current marijuana use** (using marijuana one or more times during the 30 days before the survey).
- Ever taking prescription drugs without a doctor's prescription** (taking prescription drugs [e.g., OxyContin, Percocet, Vicodin, Adderall, Ritalin, or Xanax] without a doctor's prescription one or more times during their life).



## Contact Information

### Intervention for Underage Drinking

Alcohol & Highway Safety Program  
412-362-3235

### Adolescent Dual Diagnosis Program

412-246-5089

### Adult Ambulatory Addiction Treatment

CPCDS, 9th Floor, Oxford Building, 3501 Forbes Avenue  
412-246-5910

### Child & Adolescent Psychiatric Inpatient Treatment

Western Psychiatric Institute and Clinic  
412-624-1000

### Services for Teens at Risk

412-624-5170

**Emergency Services are available 24 hours a day, 7 days a week. Call: re:solve Crisis Network at 1.888.7.YOU CAN (1.888.796.8226)**

**[www.upmc.com/resolvecrisis](http://www.upmc.com/resolvecrisis)**

SAP Training Services  
Prevention Education of  
Addiction Medicine  
Services

Western Psychiatric Insti-  
tute & Clinic of UPMC-  
Presbyterian /Shadyside

Drake Annex  
Entrance #3

4117 Liberty Avenue  
Pittsburgh, PA 15224

Phone: 412 586-2575

Fax: 412 586-2891

E-mail:

[modroma@upmc.edu](mailto:modroma@upmc.edu)

[tarasl@upmc.edu](mailto:tarasl@upmc.edu)

## Upcoming Conferences

**PASAP Pennsylvania Association of Student Assistance Profes-  
sionals (PASAP) February 27, 28 and March 1, 2010** at the Penn  
Stater Conference Center, State College, PA. Visit: [http://  
www.pasap.org/](http://www.pasap.org/)

**OERP MH/Substance Abuse Training Programs** offered through the  
**WPIC Office of Education and Regional Programing** can be found by going to their website  
at <http://www.wpic.pitt.edu/oerp/conferences>



**Allegheny County Resources [www.humanservices.net](http://www.humanservices.net)  
National Suicide Prevention Lifeline 1-888-273-TALK (8255)**