

Alcohol and Other Drug Policy Recommendations for Schools

2012–2013



The New Hampshire Center for Excellence provides technical assistance, disseminates data and information, and promotes knowledge transfer to support the effectiveness of communities, practitioners, policymakers, and other stakeholders working to reduce alcohol and other drug misuse and related consequences in New Hampshire.

School Alcohol and Drug Policy Recommendations

New Hampshire Governor's Commission on Alcohol and Drug Abuse Prevention, Intervention and Treatment

THE MISSION of the New Hampshire Governor's Commission on Alcohol and Drug Abuse Prevention, Intervention and Treatment is to *significantly reduce alcohol and drug problems and their behavioral, health, and social consequences for the citizens of New Hampshire*. To this end, the Commission is calling for action within the core sectors of communities – safety, health, education, business, and government— to help address alcohol and drug abuse problems that lead to high individual and societal costs. These community sectors are both significantly and negatively impacted by alcohol and drug abuse and yet have unique opportunities to positively influence the problem through effective policies, programs and practices that can deter abuse, intervene early when problems emerge, and be critical vehicles for connecting people who are developing abuse patterns and physical dependence to life-saving treatment and recovery support services.

In the education sector, the misuse of alcohol and other drugs by school-aged children and adolescents is a behavior that compromises health and well-being, safe and positive learning environments, and co-curricular and academic achievement. According to the 2011 Youth Risk Behavior Survey, over 80% of New Hampshire high school seniors have tried alcohol and almost half are drinking regularly. Almost one out of three high school students in grades 9 through 12 are drinking alcohol and/or smoking marijuana at least monthly, and about one in four (23.8%) are binge drinking at least monthly, a type of alcohol consumption (five or more drinks within a couple of hours) that poses significant health and safety risks. Additionally, one in five New Hampshire high school students has misused prescription drugs such as Oxycontin and Ritalin, a substance abuse problem that has reached epidemic proportions in the state.

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Research now tells us definitively that the younger a person initiates alcohol use the more likely they are to develop alcohol dependence later in life. A statistic to consider is that the average age a child in New Hampshire tries alcohol or drugs is approximately 13 years old – that is the average age. Is 13 too young for our students? We hope you agree that it is, and we ask you to do everything in your power to move that age higher and higher. It's not a simple task, but it is an essential one.

As an institution that serves the majority of New Hampshire's children throughout the school year, schools can and do play an important role in this responsibility, bringing needed attention, knowledge, and effective responses to the misuse of alcohol and other drugs.

To support the work of schools and educational environments in the state, the Commission endorses the enclosed information and recommendations that are the result of the work of the Commission's Prevention Task Force that launched an ad hoc work group to review school policies in New Hampshire, to study best practices in other states, and to develop these recommendations and an accompanying model school policy template for New Hampshire schools to consider.

Enclosed you will find information and suggestions for a range of possible policy components, from philosophy statements, commitments to professional development and training, student programming, parent programming, data collection, and other domains that can support an effective alcohol and other drug policy.

We hope you will review this information; share it with staff and school boards to initiate dialogue and policy review within your school communities; use it to guide policy change, clarification and/or communication; and to commit to on-going

¹http://www.education.nh.gov/instruction/school_health/documents/2011nhyrbsresultsgraphs.pdf

and open dialogue within schools and communities to address the alcohol and drug use as a behavior that is not a rite of passage that our children will hopefully survive but a behavior, albeit with a strong cultural context, that causes considerable devastation in families and communities – a behavior if avoided will help our children thrive.

With this call to action, we also hope to have your commitment to changing the paradigm and the cultural context of alcohol and drug use of our future by changing how we speak and act relative to underage drinking and drug use. We have witnessed the changes relative to tobacco; we need to be leaders of change relative to other drug use and to alcohol use in particular.

Every conversation, curriculum, policy, forum, media, consequence, thought, and action must ring a single message: we care about our children and students, and we will do everything in our power to help our children and students lead alcohol- and drug-free lives to allow them to thrive, achieve, and excel in their many talents and aptitudes.

We are grateful for your consideration of this information and recommendations and for your efforts in helping protect New Hampshire's children from the harmful consequences of early alcohol use and other drug use.

The New Hampshire Department of Education, the New Hampshire Division of Liquor Enforcement and the New Hampshire School Board Association have contributed to the contents of this publication, and the Governor's Commission extends its gratitude for their efforts and support.

Executive Summary

ALCOHOL AND DRUG USE among adolescents is one of the most detrimental risk behaviors affecting academic achievement, school bonding, and student health and safety. Despite New Hampshire's ranking as one of the healthiest and safest states in the nation, its rates of alcohol and drug abuse are among the highest in the United States.

In its commitment to preventing and reducing alcohol and drug problems in the state, the New Hampshire Governor's Commission on Alcohol and Drug Abuse and its Prevention Task Force are encouraging broader participation in local and community efforts to address the issue with target populations, including school-aged youth.

The meaningful participation of New Hampshire schools in alcohol and other drug abuse prevention efforts has been longstanding, in that schools have been both required and requested to implement a variety of prevention and early intervention strategies over the years, including establishing drug-free school zones, providing health education programming that includes education relative to the risk and harm associated with alcohol and other drug use, and providing early intervention and referral services through guidance counseling departments.

In light of the state's prescription drug epidemic, particularly among young adults, and the continuing high rates of heavy and/or binge drinking and marijuana use, the Commission is asking schools to review their existing policies and programs and consider strengthening them to increase attention and response to the issue among school-aged youth.

The enclosed *School Policy Recommendations* have been designed to encourage schools and school boards to review the laws and requirements relative to substance abuse prevention and early intervention, to reflect on their comprehensiveness, consistency, and efficacy, and to consider expanding or improving their efforts. Schools may consider ensuring the following:

- *Policies and procedures provide supportive discipline and consequences that reflect the value of alcohol- and drug-free youth and environments;*
- *Policies and procedures connect students in need with critical early intervention, treatment and recovery support services when appropriate;*
- *Professional development relative to alcohol and drug trends and best practices for schools is provided to staff each year;*
- *Alcohol and drug education is consistent and adequate throughout the elementary, middle and high school years, with extra attention given to key transitions (e.g. students entering middle school and high school);*
- *Health programming, parent education and outreach, and values acknowledge the significant, negative effect that alcohol and drug use have on a young person's safety, physical and emotional well-being, cognitive development, social development, academic achievement, athletic development and extracurricular opportunity;*
- *School values, policies and education relative to alcohol and drug use are shared with parents regularly;*
- *Enforcement of policies and reinforcement of school values and expectations is consistent for all students and groups (e.g. athletic teams, extracurricular groups).*

The Commission is grateful for the supportive efforts of schools in helping to address youth alcohol and drug use. Although schools have many demands placed on them, their role in preventing and reducing alcohol and drug use is essential to protect our state's most vital resource, its children.

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Supplement A: NH School Alcohol and Drug Policy Survey Summary Report

Supplement B: Policy Template

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Introduction

THE USE OF ALCOHOL and other drugs, including the misuse of over-the-counter and prescription medications, are behaviors that can compromise the health, safety, well-being, educational achievement, and other opportunities of people of any age. Alcohol and other drug use is widely recognized as a behavior that has costly and staggering consequences, from motor vehicle injuries and death to violence, family relationship problems, academic and co-curricular underachievement, and the progression of substance use disorders such as addiction. Children and adolescents are even more susceptible to problems associated with alcohol and other drug abuse because of their developmental stage, in that the adolescent brain is not fully developed until a person is in her/his early to mid 20s and that decision-making in adolescence is influenced by many factors, including the developmental stage and limited life experiences of the adolescent. For example, adolescents are often more likely to be influenced by peer behavior, may be more likely to seek higher risk activities, have an unrealistic sense of immortality, and have a constellation of stressors and other emotional factors that may influence their decision-making with regard to alcohol and other drug use.

The most widespread assessment conducted regularly in the state to monitor youth alcohol and other drug use and perceptions is the biannual New Hampshire Youth Risk Behavior Survey (YRBS), a 100-item pen and paper survey administered through the New Hampshire Department of Education to high school students who voluntarily participate. A random sampling of schools is encouraged to allow randomly selected classrooms to participate in the U.S. Center for Disease Control (CDC) and Prevention's state YRBS program to provide the state with data representative of all high school students. Schools are also encouraged to administer the survey to all high school students for their own local sample.

Responses from students participating in the CDC's random sample 2011 YRBS representing New Hampshire high school students indicate the following:

- 22.7% had **RIDDEN IN A CAR** with a driver under the influence of alcohol or drugs at least once in the past 30 days
- 8.6% had **DRIVEN A CAR** under the influence of alcohol or drugs at least once in the past 30 days
- 67.1% had **TRIED ALCOHOL** at least once
- 14.3% had their first drink of alcohol **BEFORE THE AGE OF 13**
- 38.4% had at least one drink of **ALCOHOL IN THE PAST 30 DAYS**
- 23.8% had **FIVE OR MORE DRINKS IN A ROW** (within a couple of hours) at least once in the past 30 days
- 43.5% had smoked **MARIJUANA** at least once
- 7.7% had smoked marijuana for the first time **BEFORE THE AGE OF 13**
- 28.4% had smoked marijuana **IN THE PAST 30 DAYS**
- 20.8% had used a **PRESCRIPTION DRUG** such as Oxycontin or Ritalin without a doctor's prescription
- 23.1% had been offered, sold, or given an illegal drug **ON SCHOOL PROPERTY** in the past year

These statistics and the Commission's leadership led to the development of an ad hoc work group of the Commission's Prevention Task Force to support effective alcohol and drug policies in New Hampshire schools. The work group first convened in March of 2012 and developed an electronic survey of current policy elements that was administered in New Hampshire schools. The work group also reviewed policy templates from the Vermont Department of Education, the NH School Board Association, and school policies from eight New Hampshire schools. The recommendations herein come from this range of inputs as well as the collective expertise of work group members and consultants who work with schools and communities.

Policy Assessment

ANECDOTAL REPORTS and initial reviews of a sampling of existing school policies in the state led the work group to consider developing an assessment of school policies across the state by means of a survey of school administrators. The assessment included the following categories: vision/philosophy statements, communication of policy to parents, policy components, disciplinary action, “re-institution plans” that may allow a student to earn back suspended time if they complete an education program or access intervention or treatment services, parent involvement in disciplinary action, law enforcement involvement, and other aspects of alcohol and drug policies.

The link to an electronic survey developed by the work group was emailed to all school administrators listed on the New Hampshire Department of Education’s web site, with a three-week response period beginning May 4, 2012, and ending June 1, 2012. Fifty-five out of 87 School Administrative Units (SAUs) participated in the survey, several with multiple responses for different school levels. This represents 60.3% of SAUs participating in the assessment survey, in addition to six private schools.

These and other findings from the assessment confirmed the wide range of policy and procedures relative to alcohol and other drug behaviors of students as well as the interest of school administrators in receiving guidance and resources in the development of more effective policies.

A sampling of information gathered from the survey is provided here (see Attachments for summary report by school level):

Number of Elementary Schools Responding	68
Number of Middle Schools Responding	49
Number of High Schools Responding	52
Other	5

50% of all schools responding involved community members and/or local coalitions in the development of their alcohol and drug policy

- 58.5% of high schools responding always assign out-of-school suspension in response to an alcohol or drug policy violation
- 39% of high schools responding do not provide “re-institution” plans allowing students to earn back suspension time
- 50% of all schools responding involved community members and/or local coalitions in the development of their alcohol and drug policy
- 37.6% of all schools responding never host an orientation or parent meeting that includes review of the school’s alcohol and drug policy
- 96.4% of all schools responding indicated their support for the development of best practice standards and recommendations for effective alcohol and drug policies for New Hampshire schools

These and other findings from the assessment confirmed the wide range of policy and procedures relative to alcohol and other drug behaviors of students as well as the interest of school administrators in receiving guidance and resources in the development of more effective policies.

What Is Policy and What Is Its Role?

A POLICY is a principle or rule used to guide decisions. Every governing body, from a federal agency to a public school to a nuclear family, establishes principles or rules that determine when a course of action should be taken.

School policies governing alcohol and other drug use behavior and effective enforcement of such policies highlight a key intersection between an important focus population for substance abuse prevention (children and their families) and a community institution committed to their well-being (schools).

According to the New Hampshire School Board Association, “the development of clear, sound and legal policies is critical to the successful operation of any school district... and is among the most fundamental responsibilities of any board of education.” The association also notes that policy should “move the school system in [a] desired direction... [and should be] monitored to ensure that it is being followed and the results the board desires are being achieved.”

- a. There are two federal *mandates* relative to alcohol and drug use that are required for public schools.

1.

DOMAIN: DRUG-FREE WORKPLACE

LAW: School District will provide a drug-free workplace in accordance with the Drug-Free Schools and Communities Act of 1988 and Amendments of 1989 and the Drug-free workplace requirements for Federal contractors, 41 U.S.C. §701

LEGAL REFERENCES:

- RSA 193-B, Drug Free School Zones 41 USC Section 701, Et seq.
- Drug-free workplace requirements for Federal contractors Public Law 101-226
- Drug-Free Schools and Communities Act Amendments of 1989

LINK(S):

- <http://nhrsa.org/law/193-b-2-drug-free-school-zones/>
- [http://thomas.loc.gov/cgi-bin/query/z?c105:H.R.3853:](http://thomas.loc.gov/cgi-bin/query/z?c105:H.R.3853)
- [http://thomas.loc.gov/cgi-bin/query/z?c101:H.R.3614.ENR:](http://thomas.loc.gov/cgi-bin/query/z?c101:H.R.3614.ENR)

2.

DOMAIN: SCHOOL GUIDANCE AND COUNSELING PROGRAMS

LAW: School District will ensure a high quality school guidance program that is comprehensive, developmentally appropriate, fosters academic achievement and personal growth, and is provided to all District students in an equitable manner. The program will include the following: distribution of information and support to students and families about academic programming, community supports, and other relevant information; coordination with national standards; prevention, intervention, and crisis response services; promotion of personal, interpersonal, health, academic, and career development for all students through classroom programs and other services; and all provisions of NH Administrative Rules, Section Ed 306, Minimum Standards for Public School Approval.

LEGAL REFERENCES:

- NH Code of Administrative Rules, Section Ed 306.13 Guidance Plan
- NH Code of Administrative Rules, Section Ed 306.15(b) Provision of Staff, Guidance
- NH Code of Administrative Rules, Section Ed 306.39(c) and 306.39(d) Guidance Program

LINK(S):

- <http://www.education.nh.gov/legislation/documents/ed306.pdf>

b. The following three policies are *recommended* by the New Hampshire School Board Association (NHSBA):

1.

DOMAIN: ALCOHOL AND OTHER DRUG EDUCATION AND TRAINING

RECOMMENDATION: The Superintendent shall be responsible to establish and periodically review the District's guidelines for staff members in conducting alcohol, drug, and tobacco education and dealing with abuse education and dealing with abuse.

LEGAL REFERENCES:

- 21 U.S.C. § 812(c), Controlled Substances Act²
- RSA 318-C, Controlled Drug Act³
- RSA 571-C:2, Intoxicating Beverages at Interscholastic Athletic Contests⁴

2.

DOMAIN: COORDINATED SCHOOL HEALTH PROGRAM OF THE CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC)⁵

RECOMMENDATION: The district will strive to promote health using a systemic approach that integrates the eight CDC components to improve student academic performance and overall well-being. This can only result from the cooperation, communication, and collaboration of various staff.⁶

LEGAL REFERENCES: N/A

3.

DOMAIN: STUDENT ALCOHOL OR OTHER DRUG USE, SALE, TRANSFER, INFLUENCE, OR PARAPHERNALIA

RECOMMENDATION: The School Board is concerned with the health, welfare and safety of its students. Therefore, the use, sale, transfer, distribution, possession or being under the influence of unauthorized prescription drugs, alcohol, narcotics, unauthorized inhalants, controlled substances, or illegal drugs is prohibited on any school district property, in any district-owned vehicle, or in any other district-approved vehicle used to transport students to and from school or district activities. This prohibition also applies to any district-sponsored or district-approved activity, event or function. The use, sale, transfer or possession of drug-related paraphernalia is also prohibited. *For the purposes of this policy, a controlled substance shall include any controlled substance as defined in the Controlled Substances Act, 21 U.S.C. § 812(c), or RSA 318-B, Controlled Drug Act.*

LEGAL REFERENCES:

- 21 U.S.C. § 812(c), Controlled Substances Act⁷
- RSA 318-C, Controlled Drug Act⁸
- RSA 571-C:2, Intoxicating Beverages at Interscholastic Athletic Contests⁹

² <http://www.deadiversion.usdoj.gov/21cfr/21usc/index.html>

³ <http://www.gencourt.state.nh.us/rsa/html/NHTOC/NHTOC-XXX-318-B.htm>

⁴ <http://nhrsa.org/law/571-c-2-intoxicating-beverages-at-interscholastic-athletic-contests/>

⁵ The CDC no longer supports the Coordinated School Health Program, but this information has been included to recognize recent recommendations to which schools may still be adhering.

⁶ <http://www.cdc.gov/healthyyouth/cshp/components.htm>

⁷ <http://www.deadiversion.usdoj.gov/21cfr/21usc/index.html>

⁸ <http://www.gencourt.state.nh.us/rsa/html/NHTOC/NHTOC-XXX-318-B.htm>

⁹ <http://nhrsa.org/law/571-c-2-intoxicating-beverages-at-interscholastic-athletic-contests/>

c. The following statutory obligations, provided by the NH Department of Education (DOE), refer to education relative to the risks of alcohol, tobacco and other drug use that can support continuous knowledge- and skill-building of children and parents that may aid in compliance with alcohol and other drug policies and support broader school goals such as wellness and lifelong learning.

NH DEPARTMENT OF EDUCATION HEALTH EDUCATION LAWS & RECOMMENDATIONS

DOMAIN: HEALTH EDUCATION

LAW (portion): The school board shall ensure that health education and physical education are taught to pupils as part of the basic curriculum. The school board shall ensure that all studies prescribed by the state board of education are thoroughly taught, especially physiology, hygiene, and health and physical education as they relate to the effects of alcohol and other drugs, child abuse, human immunodeficiency virus (HIV)/acquired immunodeficiency syndrome (AIDS), and sexually transmitted diseases on the human system.

LEGAL REFERENCES:

Title XV Education, Chapter 189, School Boards, Superintendents, Teachers, and Truant Officers; School Census: School Boards, Transportation and Instruction of Pupils, Section 189:10 Studies

LINK(S): <http://www.gencourt.state.nh.us/rsa/html/XV/189/189-10.htm>

RECOMMENDATION: Ensure that *alcohol and drug abuse and prevention are thoroughly taught in every grade*. Ensure that student instruction is *developmentally appropriate, addresses local norms, is based on behavioral outcomes and is reviewed annually to address emerging trends*. Ensure that students are practicing healthy decision- making and can demonstrate competence in healthy behaviors. **Require annual key staff engagement** in professional development to *stay abreast of emerging drug and alcohol trends, and effective methods to actuate healthy student behavior*.

LINK(S): <http://www.gencourt.state.nh.us/rsa/html/XV/186/186-11.htm>

LAW (portion): The state board of education shall provide instruction as to Child Abuse Prevention, Youth Suicide Prevention, Intoxicants, Drugs, HIV/AIDS, and Sexually Transmitted Diseases. (a) Direct the department (of Education) to develop curriculum frameworks in health, physiology, and hygiene as they relate to the effects of alcohol and other drugs, child abuse, human immunodeficiency virus (HIV)/acquired immunodeficiency syndrome (AIDS), and sexually transmitted diseases on the human system, and which are designed to help students lead longer, healthier lives. ..(see Minimum Standards for school approval)

LEGAL REFERENCES:

Part Ed 306 Minimum Standards For Public School Approval, Section Ed 306.40 Health Education Program

LINK(S): <http://www.education.nh.gov/legislation/documents/ed306.pdf> Scroll to 306.40

RECOMMENDATION: Ensure that drug and alcohol curriculum recommendations and the minimum standards for school approval are followed and thoroughly taught in every grade. Ensure that students are given the knowledge and skills needed to recognize and avoid risky behavior, and that their motivation to make healthy choices is enhanced by practice and experiencing healthy consequences and positive outcomes.

LINK(S): Health education curriculum guidelines:

http://www.education.nh.gov/instruction/school_health/curr_guidelines.htm

**The Commission's model school policy
ad hoc work group provides the following
information and suggestions
relative to discussing, reviewing, and improving
alcohol and drug polices in New Hampshire schools
for the benefit and well-being of students
irrespective of state or federal mandates.**



Value/Philosophy Statement

POLICIES OFTEN DEFINE a principle or value that guides future decision-making. Defining the school's values with regard to student alcohol and drug use is fundamental to an effective and well-implemented policy.

HOW DO WE DETERMINE OUR VALUES? If a school has not done so already, they can participate in a guided discussion to elicit core values from its governing board, staff, students, parents, and the community-at-large. Discussion questions could include the following:



What do we expect of our students relative to alcohol or other drug use?



Where do our responsibilities lie relative to enforcing alcohol and other drug laws? Educating children about their dangers? Educating school staff?



How are alcohol, tobacco, prescription drugs or over-the-counter medications similar in their harm and risk? Are they different?



How do we measure the value of a child's educational success against the value of a safe and alcohol- and drug-free school environment for all students? How do we support a student with an alcohol or drug abuse problem such as addiction or circumstances beyond his/her control that may be underlying his/her alcohol or other drug use?

The answer to these and other questions is not as important as the justification for the response that will begin to build consensus for collective values and philosophies that serve as the foundation of a school policy. Two examples of comprehensive value statements are provided below.

EXAMPLE (Hanover High School)

The Dresden School Board recognizes that abuse of alcohol and other drugs is a treatable health problem which at times involves conditions and violations of law, and that involvement with alcohol and other drugs can interfere with a student's academic, physical, emotional, and social development. Further, the Board recognizes that the school as well as families and the community-at-large have a responsibility to this important matter. Accordingly, the Dresden School Board makes a commitment to the health and well-being of its students through age-appropriate programs and procedures and to an environment free from alcohol and other drugs. In accordance with the Dresden School District Policy, Hanover High School makes a commitment to the health and well-being of its students. Only in an environment that is free of alcohol and other drugs can students reach their potential in academics and extracurricular activities. Hanover High School will create a climate in which students can seek help concerning their own use or another's use of alcohol and other drugs. Each individual in the community has a responsibility to herself/himself and to others to keep Hanover High School an environment free of alcohol and other drugs.

EXAMPLE (Vermont Department of Education)

Consistent with state and federal laws, District _____ School Directors believe:

- A. Every student has the right to a substance-free school and that it is the responsibility of the entire community specifically: students, parents and school personnel to work together to achieve this goal.*
- B. A student's use of substances is detrimental to the education of that student and is likely to be detrimental to the education of other students and to the well-being of the entire school community.*
- C. Substance abuse and dependency are treatable health problems and the school's responsibility is to provide preventative education for all students, intervention (identification and referral) for those students using substances, and support for those students attempting to maintain their recovery.*

Contextual Information

In addition to a vision or philosophy statement, schools may choose to include in their policy manual general information about the harm and risks associated with youth alcohol and other drug use. Information to consider may include data on adolescent brain research, implications of alcohol and drug offenses on driver's license restrictions, effective home and community prevention strategies, the relationship between alcohol use and fetal alcohol syndrome, and the relationship between early alcohol and drug use and later addiction. Below is a sampling of helpful links to reliable information schools may consider to include in their policy manual.



THE BRAIN AND ADDICTION

SOURCE: National Institute on Drug Abuse

LINK: http://teens.drugabuse.gov/facts/facts_brain1.php



PREVENTION EFFORTS Alcohol and other drug effects, recovery and treatment services, and links to programs in the Granite State

SOURCE: New Hampshire Bureau of Drug and Alcohol Services

LINK: <http://www.drugfreenh.org/>



INDIVIDUAL AND PUBLIC HEALTH RISKS OF ALCOHOL ABUSE

SOURCE: U.S. Centers for Disease Control and Prevention

LINK: <http://www.cdc.gov/alcohol/>



NATIONAL YOUTH ANTI-DRUG MEDIA CAMPAIGN

SOURCE: White House Office of National Drug Control Policy

LINK: <http://www.abovetheinfluence.com/>



WHITE PAPER ON ADOLESCENT SUBSTANCE USE AND SUICIDE

SOURCE: U.S. Substance Abuse and Mental Health Services Administration

LINK: http://www.samhsa.gov/samhsanewsletter/Volume_17_Number_1/SubstanceAbuseAndSuicide.aspx



FINDINGS FROM THE 2011 NH YOUTH RISK BEHAVIOR SURVEY

SOURCE: NH Department of Education

LINK: http://www.education.nh.gov/instruction/school_health/documents/2011nhyrbsresultsgraphs.pdf



LOCAL AND REGIONAL YOUTH DATA AND SERVICES

SOURCE: NH Bureau of Drug and Alcohol Services

LINK: http://www.nhcenterforexcellence.org/index.php?option=com_k2&view=item&layout=item&id=24



ATHLETICS AND SUBSTANCE ABUSE Policy and program recommendations

SOURCE: Life of an Athlete

LINK: <http://www.lifeofanathlete.com/>



EVIDENCE-BASED HEALTH EDUCATION AND STUDENT ASSISTANCE PROGRAMS

to address and prevent student alcohol and drug use

SOURCE: National Registry of Evidence-Based Programs (NREPP); See “Life Skills Training, Project Northland, Project Success, Project Alert, and others

LINK: <http://www.nrepp.samhsa.gov/>



RESPONDING TO NH’S PRESCRIPTION DRUG ABUSE EPIDEMIC

SOURCE: NH Governor’s Commission on Alcohol and Drug Abuse

LINK: <http://www.dhhs.nh.gov/dcbcs/bdas/documents/calltoactionnh.pdf>



FETAL ALCOHOL SYNDROME DISORDER PREVENTION

SOURCE: NO-FASD New Hampshire

LINK: <http://www.nofas.org/>

Roles and Responsibilities

Articulating the role of the local school board, school administrators and other staff, parents, students, and community stakeholders in policy development and enforcement can improve the awareness of and support for effective alcohol and drug policies.

Local school boards craft and vote on policies that support the school's mission and goals. School administrators are charged with carrying out the letter and intent of these policies through established procedures. With regard to alcohol and other drug use, school policy manuals or handbooks can also promote the role and responsibility of staff, parents, local law enforcement, health services, and other stakeholders.

Schools may consider the following example:

EXAMPLE

The XX School District acknowledges and supports the role of parents and community members in helping to promote a culture and climate that supports children and adolescents effectively to alcohol and other drug problems. Parents and community members can:

- 1. Educate children and adolescents about alcohol and other drug risks and consequences;*
- 2. Talk openly and regularly with children and adolescents about the expectation that they not use alcohol until the legal age of 21 and never use drugs;*
- 3. Adequately supervise young people to ensure their social and recreational activities do not involve alcohol or other drugs;*
- 4. Give clear and consistent messages about not using alcohol or other drugs;*
- 5. Promote a climate in which children can ask questions and seek help if they are in distress from their own or others' use of alcohol and other drugs;*
- 6. Be supportive of young people recovering from dependency on alcohol and/or other drugs;*
- 7. Role model low-risk alcohol choices as adults;*
- 8. Talk with other parents and community members about alcohol and other drug problems in an effort to build a community environment that prevents youth alcohol and other drug use.*

Policy Statements and Definitions

A policy statement is typically a concise statement of a school's values and approach to alcohol and drug use. Definitions of terms used in the policy statement provide additional detail.

EXAMPLE

A concise policy statement may be, *"In furtherance of its mission and values, and in accordance with applicable state and federal law, the XXX School District prohibits the use of alcohol or other drugs and/or alcohol- or other drug-related activities of any kind on school property at any time by anyone, and at school-related, school-sponsored, or school-sanctioned events or activities."*

SAMPLE DEFINITIONS

- The term **ALCOHOL** refers to any alcohol-related product, such as wine, beer, distilled spirits, malt beverages, etc.
- The term **OTHER DRUGS** refers to any mind-altering substance, legal or illegal. The only acceptable drugs are those medications prescribed by a board certified doctor or nurse practitioner to an individual, or over-the-counter medication given to a school nurse or other designated staff by a parent or legal guardian; that are registered with the school nurse or other designated staff; that are dispensed by or under the supervision of a parent, legal guardian, or the school nurse or other designated staff; and that are taken as prescribed or directed.
- The phrase **ALCOHOL OR OTHER DRUG-RELATED ACTIVITIES** refers to the use, consumption, sale, distribution, transfer, promotion, and/or possession of alcohol or other drugs, alcohol or other drug paraphernalia such as items used to consume alcohol or other drugs, or alcohol or drug use promotion or marketing.

EXAMPLE (Vermont Department of Education)

In support of [its] philosophy, the XXX District prohibits the use or possession of potentially harmful substances or any device associated with these substances, on school premises or at school-sponsored activities, wherever located. The only exceptions to this policy are medications, authorized in writing in advance by a licensed health care provider. Any student who is required to take medications during school hours must comply with school policies. All plans and procedures described in this policy shall comply with Federal and State laws.

SAMPLE DEFINITIONS

- **DRUG OR SUBSTANCE:** Includes any of the following:
 - A controlled substance identified in Schedules I, II, III, IV or V of the Controlled Substance Act, 21 U.S.C. § 812 (c); but does not include such a substance that is legally possessed or used under the supervision of a licensed professional or that is legally possessed or used under any other authority under the Controlled Substances Act or under any other provision such as school medication policy, in school buildings, on school property and grounds, in school-sponsored vehicles or at school-sponsored events at other sites.
 - It does mean controlled substances including, but not limited to,
 - cannabis (marijuana); hallucinogens (LSD, psilocybin mushrooms); stimulants (cocaine, amphetamines such as "speed" or Ritalin); depressants (barbiturates, "Quaaludes"); narcotics (opium, heroin); inhalants (nitrous oxide, medical products, or other fume-producing substances); anabolic steroids and counterfeit (look-alike) controlled substances.

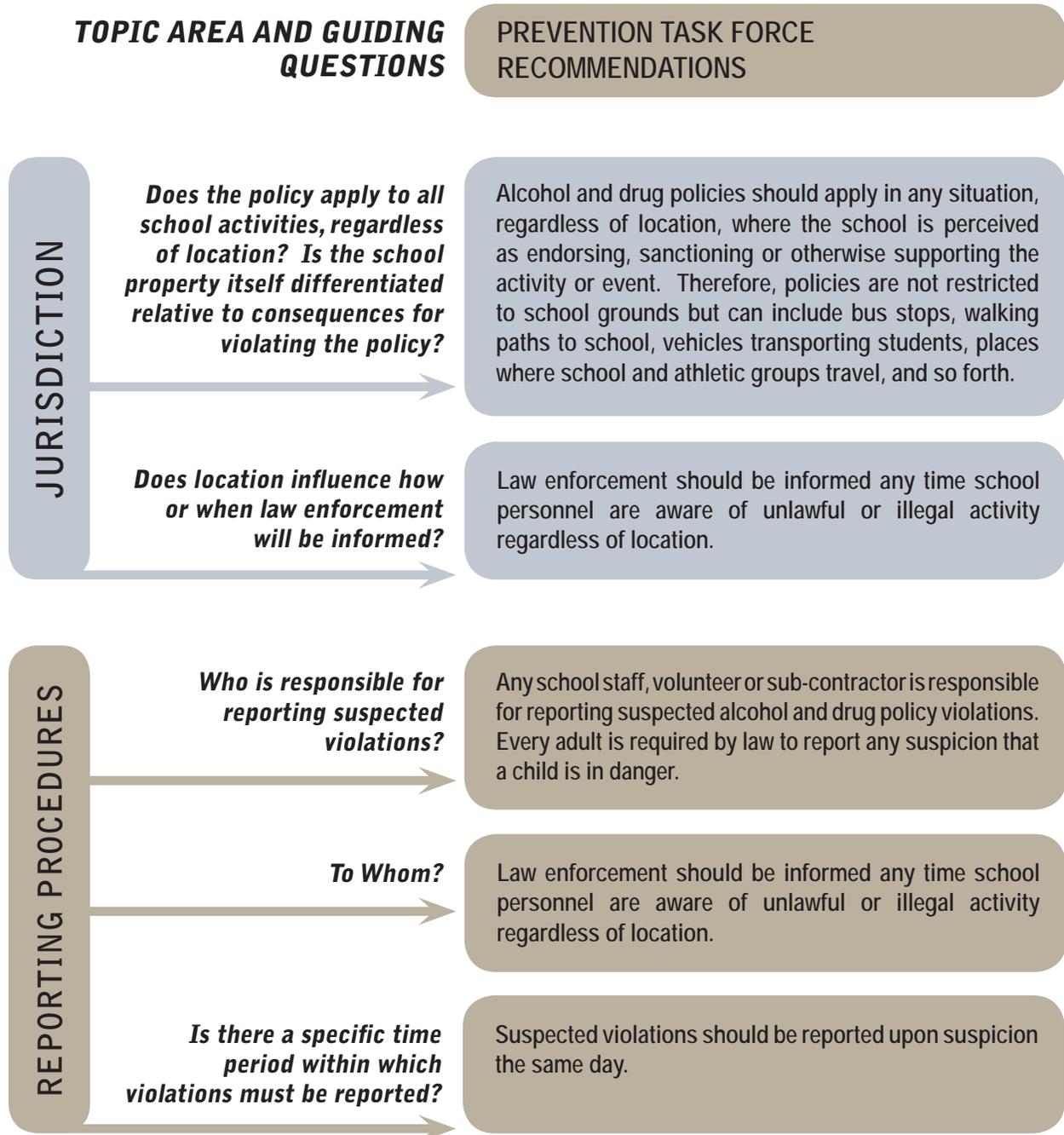
- Prescription medication or over-the-counter (OTC) medications, herbal or homeopathic medications for personal use shall be allowed only as per district medication policy, under the supervision of school personnel, with written orders from a physician. Federal, state and local laws shall apply to students and employees alike.
- Tobacco products in any form (for smoking, chewing, etc.)
- Alcohol and alcohol-containing beverages. Alcohol may also include medicinal products such as mouthwash and cold medicine, which contain alcohol.

● **DRUG PARAPHERNALIA:** Means equipment or apparatus designed for, or used for the purpose of measuring, packaging, distributing or facilitating the use of drugs.

● **SUBSTANCE ABUSE:** Means the use of any substance that alters a person's ability to perform physically, intellectually, emotionally or socially.

Guidelines and Procedures for Responding to a Violation

An important companion to a school's alcohol and other drug policy is the guidance and procedures that outline how the school will respond to a potential violation of the policy. Below are topics commonly covered by guidelines and procedures established by schools in response to an alcohol or drug violation. Questions for schools to consider in developing their own guidelines are provided, along with recommendations from the Prevention Task Force of the NH Governor's Commission on Alcohol and Drug Abuse.



DECISION-MAKING PROCESS

Who and how many should be involved in determining sanctions? Should an extracurricular coach be on the team?

Decision-making that is isolated to one individual significantly limits the school's ability to consider a wide range of perspectives and underlying conditions of a violation. Teams of at least four to five individuals from diverse perspectives (e.g. extracurricular, academic, counseling, social work, and health) will encourage divergent thought and convergent decision-making for the best interests of the school environment and other students affected.

How can a youth's assets help inform sanctions?

Schools can consider a student's assets and interests in determining sanctions, particularly if including a re-entry plan to allow students to shorten the duration of sanctions if s/he participates in activities and services that are tied to factors underlying the violation. For example, if a student has musical interests and talents, s/he may be invited to donate time to tutoring elementary school music students or helping out at a pre-school during music class to earn time back, combining community service and asset development to earn back time and esteem.

How widely can sanctions vary from one case to another?

Sanctions may vary widely depending on age of student, underlying factors, level of offense, etc. Attention should be given to perceptions of inconsistent consequences versus case specific. For example, students may perceive that varying sanctions may be a sign of leniency for certain groups of students, such as athletes. Effective communication not specific to a particular incident or student should be in place to address such misperceptions.

**If a team of people determine sanctions, what role does each member play?
Consensus-builder?
Educational impact advocate?**

Team or panel members may be assigned roles such as meeting facilitator (calling on each member for their individual input before group discussion), policy steward (reminding team of specific policy and procedures language), or "devil's advocate" (presenting opposing perspectives to strengthen decision-making).

How do members reach a decision? By consensus? Does the team make recommendations to the principal, superintendent, or board for final determination?

Team or panel members should reach a decision (or recommendation if the team is so structured) by consensus after carefully considering all underlying and directly evidenced factors related to the violation. Information should be reviewed by members individually and then considered objectively and thoroughly by the team as a whole. Each member should share his/her initial reaction to the information reviewed before a group dialogue and decision.

NOTIFICATIONS

Parent/Guardian:
What is the maximum time frame?

Parents should be notified as soon as a violation is suspected and a communication plan put in place to maintain positive, effective communication throughout investigation, sanction imposition and re-institution of full privileges.

Law Enforcement:
*When are they notified?
What process takes place once they are notified?*

Schools must report any illegal or unlawful activity to local law enforcement so that they may conduct appropriate investigations and enforcement.

School Board:
*When is the board notified?
What information is shared with them?*

School boards should be notified of all alcohol and drug violations and disciplinary actions to maintain an awareness of the prevalence of the issue and the school's response. Such communication can support on-going dialogue and program and policy improvement in support of student well being.

Are other notifications required?

Schools report aggregate data on alcohol and drug violations and subsequent suspensions and expulsions to the state department of education. They may consider sharing such aggregate data with community substance abuse coalitions, task forces, or health promotion organizations to further community dialogue and activities to positively affect community norms, policies, and practices related to youth alcohol and drug use.

DISCIPLINARY ACTION

Privileges and Restrictions:
*What privileges will be revoked and for how long?
What are maximum and minimum penalties for which category of violation? (Paraphernalia? Possession? Distribution or sale?)
Does age of student have an impact on discipline level?*

Restrictions of privileges are the most common form of disciplinary action, such as temporary or long-term removal from a club or sports team or from school grounds or classroom participation. It is recommended that such restrictions be used judiciously and thoughtfully as exclusion can often further ostracize a student from a sense of acceptance, stability, inclusion, self-efficacy, and self-worth. These attributes serve as powerful protective factors that buffer an adolescent from a decision to use alcohol or other drugs. Schools should exercise particular caution in the restriction of privileges for younger students as they are in critical developmental stages both in terms of vulnerability to peer pressure, malleability of behavior patterns (positive and negative), and other factors that should be considered in determining sanctions. Consideration should also be given to other factors that may have contributed to the policy violation, such as family stress, bullying, academic failure, or problems with peers.

DISCIPLINARY ACTION

Assessment and Services:
Will the policy require that students be assessed for a substance abuse problem? Under what conditions? What if they refuse an assessment or services?

For any violation that indicates use beyond an extremely isolated incident, procedures should encourage or require that the student be assessed for a substance use disorder. Regardless of whether an assessment results in a determination that a substance use disorder, such as physical dependence exists, assessments can provide a student and his/her family with valuable information for themselves and their health care provider about underlying emotional or mental health conditions, the level of substance abuse, and the stage of a disorder's progression. Findings from an assessment can inform long-term support plans for the student irrespective of the violation that may require the assessment. If indicated, services can get a young person much-needed and appropriate treatment to reverse the progression of a substance use or mental health disorder.

Parent/Family Involvement and Shared Responsibilities:
How are parents involved in the disciplinary action? Are they required to pay for assessments or services? Will they be required to participate in services that the disciplinary action may require?

Parents should be required to participate fully in all steps of a suspected and confirmed policy violation and subsequent disciplinary action unless there is evidence that requiring such participation may compromise the well-being or safety of the student. Parents may be required to pay for required assessments or services. Communication with parent(s) should always be respectful, sensitive to their schedule and culture, open and responsive, confidential, and consistent throughout the discipline and re-entry process.

Due Process and Appeals:
How do students and parents file an appeal? Who hears it and makes determinations?

Schools may choose to set up a separate appeals board whose membership does not include individuals who serve on the disciplinary committee. Appeals should be shared with the school board for final determinations.

Second or subsequent violations: Are second or third offenses handled differently? How?

Schools may establish expanding disciplinary action procedures for second and third offenses, and communicating the consequences for subsequent offenses during the handling of first offenses to serve as a deterrent. Second and third offenses may include mandatory random drug testing upon re-entry to regular school privileges, substance abuse assessments and counseling services. These services may be at the expense of the parent.

CONTINUED

POLICY COMMUNICATIONS, UPDATING AND REVIEW

How often will the policy be reviewed and updated?

Policies should be reviewed at least annually by a team of school and community members and updated as necessary based on objective data of their effectiveness and alignment with school values and goals. Schools may consider annual or bi-annual data collection relative to the policy, such as surveys, focus groups, or interviews with students, families, and staff regarding the policy and its enforcement to help inform policy review and updating.

How and how often will the policy be communicated to students, parents, coaches, etc.?

Policies should be clearly articulated and communicated at least annually to students, parents, coaches, and staff. It is often not enough to mail home a handbook. Although simpler, this minimizes the recognition of substance use as a significant health and safety problem that affects educational attainment and long-term well-being. Schools should specifically summarize the alcohol and drug policy in a live forum or topic-specific mailing, sharing information about community resources available before a problem arises, and clearly stating the values and philosophies for all school community members. This type of declaration goes far in changing norms among students and even adults in the school community, such as coaches, so that alcohol and drug abuse are not overlooked nor accepted as a rite of passage but are a preventable behavior that limits educational, athletic, artistic, emotional, and other development. Policy and resource information should also be accessible via the web.

In particular, schools should consider specifically communicating the goal of individualized sanctions and re-entry plans in response to violations to promote the values of student wellness, school and community engagement, self-efficacy, and reparations in response to violations.

CONTINUED

OTHER RECOMMENDATIONS

Can the use of re-entry plans or agreements create better outcomes? How are they monitored and supported by the school?

Re-entry plans or agreements can positively affect the outcome of a policy violation by providing incentives for educational programming and assessment, treatment or other support services that can address underlying causes of alcohol and drug abuse and violations. Schools may use re-entry plans to hold some consequences, such as a number of suspended days or extracurricular suspension, in abeyance if a student participates in an alcohol and drug education program, agrees to and complies with random drug testing to deter substance use, seeks and participates appropriately in substance abuse or mental health counseling, and/or other activities and services to address underlying emotional, substance abuse, or behavioral health problems.

What are the potentially unanticipated implications of out-of-school suspension?

Use out of school suspension should be reserved for extreme situations and when all other responses have been exhausted, as it often has a detrimental effect on educational and health outcomes, further exacerbating low attachment to school, educational failure, and substance abuse.

Community Resources

Reaching out to local community-based organizations can provide school communities with valuable information, perspectives, contributions, referral opportunities, and other resources to assist in the development and enforcement of effective alcohol and drug policies that protect students and the school environment from exposure to alcohol and drug messages and behaviors. As much as policies enforce laws and determine punishment and consequences, policies can also bring to light and help identify problems and needs that students may have, bringing needed services and resources to those who may not have otherwise asked for help.

Community resources can include local churches, community health centers, youth-serving organizations, family support groups, counseling, assessment and treatment services for alcohol or drug dependent adolescents, community service opportunities, career counseling, special educational services, and so forth.

In addition, schools can look to local and regional coalitions and networks of professionals trained in substance abuse prevention, intervention, treatment and recovery supports. The following is a list of Drug-Free Community coalitions and Regional Prevention Networks across the state who can be of service to schools in establishing effective, responsive, community-based alcohol and drug policies to address alcohol and drug abuse in a way that protects safety and encourages access to appropriate resources and services for those struggling with alcohol and drug abuse.

■ **NORTH COUNTRY REGIONAL NETWORK** ☎ Phone: 603-259-3700, Ext. 244
Coordinator: Bob Thompson ✉ Email: Bthompson@nchcnh.org 🌐 www.nchin.org

■ **LOWER GRAFTON COUNTY REGIONAL NETWORK** ☎ Phone: 603-536-372, Ext. 111
Coordinator: Sarah Sutherland ✉ Email: bridgestoprevention@gmail.com 🌐 www.bridges2prevention.org

■ **LAKES REGION-MOUNT WASHINGTON VALLEY REGIONAL NETWORK** ☎ Phone: 603-528-2145, Ext. 1800
Coordinator: Jessica Blais ✉ Email: jblais@lrpph.org 🌐 www.lrpph.org

■ **SULLIVAN COUNTY REGIONAL NETWORK** ☎ Phone: 603-477-5565
Coordinator: Liz Hennig ✉ Email: lhennig@sullivancountynh.gov 🌐 www.preventionworksnh.org

■ **CAPITAL AREA REGIONAL NETWORK** ☎ Phone: 603-224-3840 Ext. 228
Coordinator: Shannon Swett Bresaw ✉ Email: shannon@capitalprevention.org 🌐 www.capitalprevention.org

■ **SOUTHEASTERN REGIONAL NETWORK** ☎ Phone: 603-516-2562
Coordinator: Melissa Silvey ✉ Email: info@onevoicenh.org 🌐 www.onevoicenh.org

■ **MONADNOCK REGIONAL NETWORK** ☎ Phone: 603-357-1922, Ext. 125
Coordinator: Elyse Adams, Interim ✉ Email: eadams@mc-ph.org 🌐 www.monadnockvoices.org

■ **GREATER MANCHESTER REGIONAL NETWORK** ☎ Phone: 603-206-6661
Coordinator: Mary Forsythe-Taber ✉ Email: mft@MIH4U.org 🌐 www.mih4u.org

■ **GREATER NASHUA REGIONAL NETWORK** ☎ Phone: 603-882-4011
Coordinator: Donna Arias ✉ Email: Donna@beyondinfluence.org 🌐 www.beyondinfluence.org

■ **GREATER ROCKINGHAM COUNTY REGIONAL NETWORK** ☎ Phone: 603-373-9116
Coordinator: Sandi Rubchinuk ✉ Email: srubchinuk@uwgs.org 🌐 www.asaphn.org

New Hampshire Drug-Free Community Coalitions

- **BRIDGING THE GAPS- ROCHESTER COMMUNITY**
● 603-330-7160 ● www.bridgingthegapsnh.org
- **CADY, INC. (COMMUNITIES FOR ALCOHOL- AND DRUG-FREE YOUTH)- PLYMOUTH**
● info@cadyinc.org ● www.cadyinc.com
- **COMMUNITIES UNITED FOR SUBSTANCE ABUSE PREVENTION**
● lhennig@sullivancountrynh.gov ● www.PreventionWorksNH.com
- **COMMUNITY ALLIANCE FOR TEEN SAFETY- DERRY**
● info@catsnh.org ● www.catsnh.org
- **CONCORD SUBSTANCE ABUSE COALITION**
● (603) 223-2023 ● www.concordprevention.org
- **RAYMOND COALITION FOR YOUTH**
● cclark@rcyf.org ● www.RCYF.org
- **WINCHESTER WE'VE GOT YOUR BACK**
● WGYBinfo@gmail.com ● www.wgybwinnh.com
- **DOVER COALITION FOR YOUTH**
● v.hebert@dover.nh.gov ● www.dovercoalition.org
- **FRANKLIN MAYOR'S DRUG AND ALCOHOL ABUSE TASK FORCE**
● Coordinator: Traci Fowler ● tfowler@franklinnh.org
- **HINSDALE PREVENTION COALITION**
● hpc.coordinator@gmail.com ● www.hpcnh.org
- **MONADNOCK ALCOHOL AND DRUG ABUSE COALITION**
● mdrew@scshelps.org ● www.madacnh.org
- **COOS COUNTY COALITION FOR SUBSTANCE ABUSE PREVENTION- LITTLETON**
● bthompson@nchcnh.org ● www.nchcnh.org/CSAP_coalition.php
- **SANBORN/TIMBERLANE SAFE AND DRUG-FREE COMMUNITY COALITION**
● 603-382-6541 x227 ● www.stcoalition.org
- **MERRIMACK-DRUG ADVISORY COUNCIL COALITION-COMMUNITY SAFEGUARD**
● 603-889-1090 ● [bhoud@theyouthcouncil.org](mailto:bhoude@theyouthcouncil.org)

Conclusion

The New Hampshire Governor's Commission on Alcohol and Drug Abuse and its Prevention Task Force seek to better support schools in their adoption, communication and effective, responsive enforcement of model school policies to prevent and reduce youth alcohol and drug abuse. The Commission also extends its gratitude for school administrators, staff, teachers, coaches, students, parents and other school community stakeholders for rising to the call for action to better protect our state's youth from alcohol and drug abuse and dependence that can and does compromise their education and promise.

Reference materials are also provided for schools developing or revising a school alcohol and drug policy:

- **SUPPLEMENT A:** NH School Alcohol and Drug Policy Survey – Summary Report
- **SUPPLEMENT B:** Policy template developed by the Commission's Prevention Task Force Ad Hoc School Policy Workgroup
- **SUPPLEMENT C:** Hanover High School's Alcohol and Drug Policy

For more information about the Commission or about model school policy development, please contact:

- **NEW HAMPSHIRE BUREAU OF DRUG AND ALCOHOL SERVICES**
 - 105 Pleasant Street, Main Campus, Concord NH 03301
 - 603-271-6110
 - Valerie.morgan@dhhs.state.nh.us
- **New Hampshire Center for Excellence in Substance Abuse Services**
Community Health Institute/JSI
 - 501 South Street, 2nd Floor, Bow NH 03304
 - 603-573-3300
 - nhcenterforexcellence@jsi.com

**New Hampshire Bureau of
Drug and Alcohol Services**

105 Pleasant Street, Main Campus, Concord NH 03301
603-271-6110

**New Hampshire Center for Excellence
in Substance Abuse Services
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501 South Street, 2nd Floor, Bow NH 03304
603-573-3300



ATTACHMENT A: NH SCHOOL ALCOHOL AND DRUG POLICY SURVEY SUMMARY REPORT

The model school policy work group of the Prevention Task Force first convened in March of 2012 and developed an electronic survey of current policy elements to assess the following categories of existing NH school alcohol and drug policies: vision/philosophy statements, communication of policy/parent and student awareness of policy, policy components, disciplinary action, “re-institution plans” that may allow a student to earn back suspended time if they complete an education program or access intervention or treatment services, parent involvement in disciplinary action, law enforcement involvement, and other aspects of alcohol and drug policies.

A link to this electronic survey developed by the work group was emailed to all school administrators listed on the New Hampshire Department of Education’s web site, with a three week response period beginning May 4, 2012, and ending June 1, 2012. Fifty-five out of 87 School Administrative Units (SAUs) participated in the survey, several with multiple responses for different school levels. This represents 60.3% of SAUs participating in the assessment survey, in addition to six private schools.

1. Please Indicate the Grade Level to which your school’s alcohol and other drug policy applies. You may check all that apply.

Answer Options	Response Percent	Response Count (n=68)
Elementary (Kindergarten - grade 5)	51.5%	35
Middle (grades 6-8)	37.1%	37
High (grades 9-12)	39.4%	41
Other (please specify)	5.3%	5
Other specified: Elementary K-4; PreK – Grade 4; Grades 6-12; Our district policies apply to all grades. Our school serves students in grades PreK-6; K-6 (2); Grades 7-12		

2. Does your school’s alcohol and drug policy...

Answer Options	Elementary (K- Grade 5) (n=35)		Middle (Grades 6-8) (n=37)		High (Grades 9-12) (n=41)		Other (n=5)		Total (n=85) ¹	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
Include a value or philosophy statement about the importance of addressing alcohol and other drug use?										
	68% (23)	32% (11)	73% (27)	27% (10)	71% (29)	29% (12)	100% (5)	0% (0)	75% (63)	25% (21)
Require an objective, professional evaluation of the student and their alcohol and/or other drug use?										
	44% (15)	56% (19)	46% (17)	54% (20)	45% (18)	55% (22)	40% (2)	60% (3)	46% (38)	54% (45)
Differentiate consequences for alcohol versus other drugs?										
	15% (5)	82% (28)	23% (8)	82% (27)	18% (7)	83% (33)	40% (2)	60% (3)	21% (17)	79% (65)
Differentiate consequences for first versus subsequent violations?										
	53% (18)	47% (16)	68% (25)	32% (12)	73% (30)	27% (11)	80% (4)	20% (1)	64% (54)	36% (30)
Articulate implications for extracurricular participation?										

¹ Total column in the following tables is for unduplicated responses and therefore is not the same total as Question 1 (number of respondents by school level).

	53% (18)	47% (16)	73% (27)	27% (10)	80% (32)	20% (8)	80% (4)	20% (1)	70% (58)	30% (25)
Discuss a shared responsibility of the school, student, family, and community in the event of a violation?										
	53% (18)	47% (16)	67% (24)	33% (12)	63% (26)	37% (15)	80% (4)	20% (1)	63% (52)	37% (31)
Appear on your school's web site?										
	76% (26)	24% (8)	76% (28)	24% (9)	78% (32)	22% (9)	80% (4)	20% (1)	76% (64)	24% (20)
Explain school-based support services available to students and their families?										
	50% (17)	50% (17)	54% (20)	46% (17)	56% (23)	44% (18)	60% (3)	40% (2)	55% (46)	45% (38)
Indicate a commitment to training educators and school staff in alcohol and other drug use risks warning signs?										
	41% (14)	59% (20)	39% (14)	61% (22)	35% (14)	65% (26)	60% (3)	40% (2)	44% (37)	56% (47)
Indicate a commitment to training educators and school staff in reporting procedures and responsibilities?										
	53% (18)	47% (16)	54% (20)	46% (17)	51% (21)	49% (20)	60% (3)	40% (2)	56% (47)	44% (37)
Require a parent or guardian signature to acknowledge awareness of policy?										
	52% (17)	48% (16)	64% (23)	36% (13)	65% (26)	35% (14)	60% (3)	40% (2)	61% (51)	39% (32)
Require that parents or guardians be notified at the time of a suspected policy violation?										
	79% (27)	21% (7)	97% (36)	3% (1)	98% (40)	2% (1)	80% (4)	20% (1)	89% (75)	11% (9)
Require that law enforcement be notified at the time of a confirmed policy violation?										
	68% (23)	32% (11)	76% (28)	24% (9)	80% (33)	80% (8)	100% (5)	0% 0	80% (67)	20% (17)
Allow for self-referral for services before a violation occurs?										
	41% (14)	59% (20)	51% (19)	47% (18)	51% (21)	49% (20)	80% (4)	20% (1)	54% (45)	46% (39)
Provide reinstatement plans (e.g. earning back suspension time by participating in alcohol and other drug education courses, counseling, or other services) to encourage support services and/or treatment and/or to reduce time out of class?										
	24% (8)	76% (26)	8% (14)	62% (23)	59% (24)	41% (17)	60% (3)	40% (2)	43% (36)	57% (48)
Provide contextual information about the harm, risks and impacts of alcohol use and other drug use?										
	38% (13)	62% (21)	54% (20)	46% (17)	48% (19)	53% (21)	40% (2)	60% (3)	47% (39)	53% (44)
Provide contextual information about the relationship between alcohol and other drug use and suicide risk?										
	27% (9)	73% (24)	28% (10)	72% (26)	26% (10)	74% (29)	40% (2)	60% (3)	30% (25)	69% (57)
Provide contextual information about the relationship between alcohol and other drug use and violence?										
	27% (9)	73% (24)	31% (11)	69% (25)	26% (10)	74% (29)	40% (2)	60% (3)	30% (25)	69% (57)

Provide contextual information about the relationship between alcohol and other drug use and unwanted or risky sexual behavior?										
	24% (8)	76% (25)	36% (13)	64% (23)	28% (11)	72% (28)	40% (2)	60% (3)	32% (26)	68% (56)
Provide contextual information about the relationship between alcohol and other drug use and academic achievement?										
	27% (9)	73% (24)	37% (13)	63% (22)	26% (10)	74% (29)	60% (3)	40% (2)	35% (28)	65% (53)

3. In the event of an alcohol or drug policy violation by a student, does the school...

Elementary (n=34)	Always	Often	Sometimes	Rarely	Never
Have school administrators alone make decisions regarding consequences?	33% (11)	18% (6)	21% (7)	18% (6)	9% (3)
Have a team of administrators and staff make decisions regarding consequences?	28% (9)	19% (6)	34% (11)	9% (3)	9% (3)
Have a team of school and community professionals make a decision regarding consequences?	9% (3)	16% (5)	19% (6)	16% (5)	41% (13)
Assign out of school suspension to students in violation of the policy?	38% (12)	19% (6)	25% (8)	3% (1)	16% (5)
Assign in-school suspension to students in violation of the policy?	0% (0)	13% (4)	34% (11)	22% (7)	31% (10)
Require a special or restricted academic schedule for students in violation of the policy?	0% (0)	10% (3)	33% (10)	17% (5)	40% (12)
Engage the local police department when a student is determined to be in violation of the policy?	59% (20)	18% (6)	12% (4)	0% (0)	12% (4)
Seek to criminally prosecute students in violation of the policy?	0% (0)	19% (6)	34% (11)	9% (3)	38% (12)
Middle (n=37)	Always	Often	Sometimes	Rarely	Never
Have school administrators alone make decisions regarding consequences?	35% (13)	35% (13)	11% (4)	14% (5)	5% (2)
Have a team of administrators and staff make decisions regarding consequences?	27% (10)	30% (11)	24% (9)	8% (3)	11% (4)
Have a team of school and community professionals make a decision regarding consequences?	8% (3)	11% (4)	14% (5)	22% (8)	46% (17)
Assign out of school suspension to students in violation of the policy?	51% (19)	22% (8)	22% (8)	3% (1)	3% (1)
Assign in-school suspension to students in violation of the policy?	5% (2)	19% (7)	30% (11)	24% (9)	22% (8)
Require a special or restricted academic schedule for students in violation of the policy?	3% (1)	11% (4)	29% (10)	20% (7)	37% (13)
Engage the local police department when a student is determined to be in violation of the policy?	62% (23)	22% (8)	11% (4)	0% (0)	5% (2)
Seek to criminally prosecute students in violation of the policy?	8% (3)	14% (5)	47% (17)	8% (3)	22% (8)
High (n=41)	Always	Often	Sometimes	Rarely	Never

Have school administrators alone make decisions regarding consequences?	49% (20)	27% (11)	5% (2)	12% (5)	7% (3)
Have a team of administrators and staff make decisions regarding consequences?	17% (7)	32% (13)	22% (9)	12% (5)	17% (7)
Have a team of school and community professionals make a decision regarding consequences?	5% (2)	7% (3)	12% (5)	22% (9)	54% (22)
Assign out of school suspension to students in violation of the policy?	59% (24)	20% (8)	15% (6)	2% (1)	5% (2)
Assign in-school suspension to students in violation of the policy?	8% (3)	8% (3)	30% (12)	20% (8)	35% (14)
Require a special or restricted academic schedule for students in violation of the policy?	0% (0)	11% (4)	30% (12)	15% (6)	40% (16)
Engage the local police department when a student is determined to be in violation of the policy?	59% (24)	27% (11)	7% (3)	0 (0%)	7% (3)
Seek to criminally prosecute students in violation of the policy?	10% (4)	22% (9)	44% (18)	10% (4)	15% (6)
Other (n=5)	Always	Often	Sometimes	Rarely	Never
Have school administrators alone make decisions regarding consequences?	20% (1)	20% (1)	20% (1)	40% (2)	0% (0)
Have a team of administrators and staff make decisions regarding consequences?	20% (1)	75% (3)	20% (1)	0% (0)	0% (0)
Have a team of school and community professionals make a decision regarding consequences?	0% (0)	20% (1)	40% (2)	40% (2)	0% (0)
Assign out of school suspension to students in violation of the policy?	0% (0)	50% (2)	25% (1)	0% (0)	25% (1)
Assign in-school suspension to students in violation of the policy?	0% (0)	0% (0)	25% (1)	25% (1)	50% (2)
Require a special or restricted academic schedule for students in violation of the policy?	0% (0)	25% (1)	25% (1)	0% (0)	50% (2)
Engage the local police department when a student is determined to be in violation of the policy?	75% (3)	25% (1)	0% (0)	0% (0)	0% (0)
Seek to criminally prosecute students in violation of the policy?	0% (0)	25% (1)	0% (0)	25% (1)	50% (2)
Total (n=84)	Always	Often	Sometimes	Rarely	Never
Have school administrators alone make decisions regarding consequences?	73% (31)	29% (24)	13% (11)	13% (11)	7% (6)
Have a team of administrators and staff make decisions regarding consequences?	20% (16)	29% (24)	28% (23)	10% (8)	13% (11)
Have a team of school and community professionals make a decision regarding consequences?	5% (4)	12% (10)	17% (14)	23% (19)	43% (35)
Assign out of school suspension to students in violation of the policy?	56% (45)	17% (14)	17% (14)	2% (2)	7% (6)
Assign in-school suspension to students in violation of the policy?	5% (4)	9% (7)	33% (26)	20% (16)	34% (27)

Require a special or restricted academic schedule for students in violation of the policy?	1% (1)	9% (7)	32% (25)	16% (12)	42% (32)
Engage the local police department when a student is determined to be in violation of the policy?	67% (56)	18% (15)	7% (6)	0% (0)	7% (6)
Seek to criminally prosecute students in violation of the policy?	9% (7)	15% (12)	40% (32)	13% (10)	24% (19)

4. If your school develops reinstatement plans to support students after a violation (e.g. earning back suspension time by participating in alcohol and other drug education courses, counseling or other services), which of the following components do your school's plans typically include? You may check all that apply.

Answer Options	Elementary (n=35)	Middle (n=37)	High (n=41)	Other (n=5)	Total (n=85)
Educational program related to alcohol and drug risks	28.6% (10)	29.7% (11)	48.8% (20)	60.0% (3)	40.0% (34)
Problem identification and referral to special services such as treatment or counseling	28.6% (10)	27.0% (10)	46.3% (19)	60.0% (3)	38.8% (33)
Referral to and participation in community support services	25.7% (9)	18.9% (7)	41.5% (17)	60.0% (3)	30.6% (26)
Mandatory parent or guardian involvement in services	8.6% (3)	8.1% (3)	22.0% (9)	40.0% (2)	14.1% (12)
Voluntary parent or guardian involvement in services	20.0% (7)	24.3% (9)	24.4% (10)	20.0% (1)	24.7% (21)
Our school does not provide "reinstatement" plans allowing students to earn back suspension time	42.9% (15)	59.5% (22)	39.0% (16)	40.0% (2)	45.9% (39)
Other (please specify)	25.7% (9)	10.8% (4)	7.3% (3)	20.0% (1)	12.9% (11)

5. Were community members or local coalitions involved in the development of your school's alcohol and drug policy?

Answer Options	Elementary (n=34)	Middle (n=37)	High (n=41)	Other (n=5)	Total (n=84)
Yes	52.9% (18)	45.9% (17)	53.7% (22)	10.0% (2)	50.0% (42)
No	23.5% (8)	29.7% (11)	36.6% (15)	40.0% (2)	31.0% (26)
Other (please specify)	23.5% (8)	24.3% (9)	9.8% (4)	20.0% (1)	19.0% (16)

6. Does your school host an orientation or parent meeting at least annually that includes a review of the school's alcohol and drug policy?

Answer Options	Elementary (n=35)	Middle (n=37)	High (n=41)	Other (n=5)	Total (n=85)
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More than annually	2.9% (1)	0.0% (0)	0.0% (0)	0.0% (0)	1.2% (1)
At least annually	25.7% (9)	27.1% (10)	39.0% (16)	20.0% (1)	32.9% (28)
Less than annually	20.0% (7)	27.0% (10)	22.0% (9)	40.0% (2)	23.5% (20)
Never	48.6% (17)	37.8% (14)	31.7% (13)	40.0% (2)	37.6% (32)
Other (please specify)	5.7% (2)	13.5% (5)	12.2% (5)	0.0% (0)	8.2% (7)

7. Would you be supportive of the development of best practice standards and recommendations for effective alcohol and other drug policies in New Hampshire's public schools?

Answer Options	Elementary (n=34)	Middle (n=37)	High (n=41)	Other (n=5)	Total (n=84)
Yes	94.1% (32)	94.6% (35)	97.6% (40)	100.0% (5)	96.4% (81)
No	5.9% (2)	5.4% (2)	2.4% (1)	0.0% (0)	3.6% (3)



NEW HAMPSHIRE SCHOOLS

SUBJECT: Alcohol, Tobacco, Drugs and Other Impairing Substances

REVISED: **EFFECTIVE DATE:**

DISTRIBUTION: **APPROVED:**

I. Policy:

- i. The _ School District recognizes that abuse of alcohol and other drugs is a treatable health problem which at times involves conditions and violations of law, and that involvement with alcohol, tobacco, drugs and other impairing substances can interfere with a student’s academic, physical, emotion, and social development. Further, the _ School District recognizes that the school as well as families and the community at large have a responsibility to this important matter. The _ School District acknowledges that:
 1. Every student has a right to a substance-free school and that it is the responsibility of the communities, specifically students, parents and school personnel and the community at large to work together to achieve this goal.
 2. In furtherance of its mission and values, and in accordance with applicable state and federal law, and school policy, the _ School District prohibits the use of alcohol, tobacco, drugs and other impairing substances and/or alcohol, tobacco, drugs and other impairing substances related activities of any kind on school property at any time by anyone, including at school-related, sponsored, or sanctioned events or activities regardless of location.

- ii. A student determined to be in violation of the School's policy on alcohol, tobacco, drugs and other impairing substances regardless of whether the violation takes place on school property shall be subject to consequences as outlined by school policy.

II. Roles:

The _ School acknowledges the following school roles:

- i. Educate students about the risks of alcohol, tobacco, drugs and other impairing substances;
- ii. Respond supportively to those whose use of alcohol, tobacco, drugs and other impairing substances interferes with school performance and assist with in-school interventions as indicated;
- iii. Promote a climate in which students can seek help if they are in distress from their own or others' use of alcohol, tobacco, drugs and other impairing substances;
- iv. Support students recovering from dependency on alcohol, tobacco, drugs and other impairing substances as requested or deemed appropriate;
- v. Provide referrals to community agencies for further assessment, treatment, or other services as appropriate;
- vi. Develop and implement guidelines and sanctions² in each school which:
 - 1. define violations and their consequences, both disciplinary and supportive;
 - 2. define immediate procedures for handling incidents;
 - 3. describe a support and referral system which includes response to self-referrals and suspected users;
 - 4. are clear and articulated to staff, parents, and students at

² See Attachment C for recommended disciplinary and supportive consequences as well as resources for training, evaluation and other activities.

least annually;

5. train all personnel in school guidelines related to alcohol and other drugs;
 6. support students returning to school from inpatient treatment facilities;
 7. make recommendations and advocate on a student's behalf if appropriate;
 8. ensure no less than a biannual evaluation of the above efforts.
- vii. Notify staff, parents, and students annually of current guidelines and sanctions.

III. Procedures:

Prescription medication or over the counter for medicinal purposes:

- i. Prescription medication or over-the-counter (OTC) medications, herbal or homeopathic medications for personal use shall be allowed only under the supervision of school personnel, with written orders from a physician. Federal, state and local laws shall apply to students and employees alike.
- ii. If the student is using such a product for medicinal purposes, the medicinal purpose must be reported to the school nurse and the product kept by the nurse during school hours. If the administration discovers a student is in possession of such a medicinal product and the nurse has no prior knowledge of the student's medicinal need of the product, the product shall be considered a controlled substance or alcohol for the purposes of this policy.

b. Apparel:

Apparel displaying messages exhibiting or promoting alcohol, tobacco, drugs and other impairing substances is prohibited.

c. Violations and Consequences:

- i. Suspected Use – Any member of the school community concerned that a student is involved with alcohol, tobacco, drugs or other impairing substances should speak to the school nurse or principal as soon as possible. All referrals are confidential.
- ii. Self-Referral – When a student recognizes that he/she has a problem with alcohol, tobacco, drugs and other impairing substances and chooses to do something about this problem, the school will cooperate as fully as possible with the student. No disciplinary sanctions will be imposed if the student is self-referred or not “caught” in violation of school or legal policies.
- iii. Students found possessing, using, distributing, selling, promoting and/or under the influence of alcohol, tobacco, drugs or other impairing substances or paraphernalia
 1. The teacher or staff member must bring the student and any alcohol, tobacco, drugs and other impairing substances to the school principal or designee.
 2. The principal or his/her designee and nurse will make the judgment regarding the immediate medical needs of the student.
 3. The principal or his/her designee will notify the parents, the superintendent, and in the event a local, state, or federal alcohol, tobacco, drugs and other impairing substances law has been violated, law enforcement shall also be notified.
- iv. Violations
 1. A student determined to be in violation of the school’s policy on alcohol, tobacco, drugs or other impairing substances regardless of whether the violation takes place on school property shall be subject to consequences as outlined by school if he/she is:
 - a. In possession of alcohol, tobacco, drugs or other impairing substances;
 - b. In possession of paraphernalia associated reasonably with illegal alcohol, tobacco, drugs and other impairing substance use;
 - c. Distributing alcohol, tobacco, drugs or other impairing

- substances;
- d. Selling alcohol, tobacco, drugs and other impairing substances;
- e. Under the influence of alcohol, tobacco, drugs or other impairing substances;
- f. In the act of using alcohol, tobacco, drugs or other impairing substances;
- g. Knowingly in the presence of students in the act of possessing, distributing, selling, or using alcohol, tobacco, drugs or other impairing substances, except when it is clear that the student's presence is for the purpose of intervening for safety reasons or against another's use of alcohol, tobacco, drugs or other impairing substances.

v. Consequences

1. Parent(s) will be contacted by the principal or his/her designee and notified that local law enforcement has been informed if the violation required doing so.
2. The principal or his/her designee, if applicable to the violation, will contact local law enforcement who will decide whether to take the student into custody.
3. If local law enforcement officer does not take custody of the student, the principal or his/her designee can request the parent(s) remove the student from school property/grounds.
4. If the local law enforcement officer does not take custody of the student and a parent is not available, the principal or his/her designee can require the student to stay in the nurse's office until the student can be released into custody of a responsible adult.

d. Search and Seizure:

A search may be conducted when it is justified at its inception and the scope of the search is reasonably related to the circumstances which justify the search (469 U.S. 325 United States Supreme Court Case New Jersey v. T.L.O). In accordance with school policy, a student may be searched. As their lockers are school property, these too may be searched as well as their backpack, car,

and other bags or items brought to school.

e. Retaliation:

- i. It shall be a violation of this policy and other applicable School policies for anyone to retaliate in any way against any person who may or has participated or cooperated in an investigation of the above violation. Retaliation is a very serious matter and will be the basis of separate disciplinary action.
- ii. A student suspected of a violation **will** be expected to comply with a school and/or police investigation.

f. Emergency:

- i. Nothing in this policy shall deter any school employee from initiating quicker and more effective action than outlined in the regulations if a student is obviously in need of immediate medical assistance. The priority is protecting the student and other students from physical harm and from disrupting the school environment.
- ii. Should an emergency arise the following steps shall be taken (911 may be called prior to retrieving the nurse if deemed appropriate):
 1. Notify a teacher or staff member immediately;
 2. Remain with the student;
 3. Send for the school nurse;
 4. Call 911 for emergency medical assistance if nurse is not available;
 5. If indicated, release the student to the custody of appropriate medical personnel;
 6. The principal (or his/her designee if the principal is not available) contact the parent(s).

g. Follow-up³:

³ See main document for follow up recommendations.

- i. The principal shall meet with the student's guidance counselor, student and his/her parent(s) and determine the consequences for the violation.
 - ii. School guidelines and procedures shall be established to dictate the degree of discipline imposed for alcohol or drug use (e.g. in-school suspension, out-of-school suspension, expulsion, etc).
- h. Students in Recovery:
- i. Students who enter into residential treatment for substance abuse services will be encouraged to remain enrolled in school. The school is not financially responsible for a student's education while he/she is in treatment. The student's guidance counselor will:
 - 1. Obtain written releases to discuss an educational plan with the appropriate person at the treatment facility;
 - 2. When appropriate, ensure that the student receives the necessary assignments and materials;
 - 3. Ensure, when appropriate, that the student receives credit for education efforts made while in treatment;
 - 4. Obtain written releases to discuss aftercare plans and how to support a student's recovery.

IV. Glossary of Terms

- i. Apparel: Any clothing or accessory worn or carried to school, in school or at school-sponsored events or activities.
- j. Alcohol: The term alcohol shall be construed to refer to alcohol and alcohol-containing beverages and food products. Alcohol may also include medicinal products such as mouthwash or cold medicine which contain alcohol.
- k. Drug or Substance: includes any of the following:
 - i. A controlled substance identified in Appendix A - Schedules I, II, III,

IV or V of the Controlled Substance Act, 21 § U.S.C. 812(c)⁴; (does not include such a substance that is legally possessed or used under the supervision of a licensed professional or that is legally possessed or used under any other authority under the Controlled Substances Act or under any other provision such as school medication policy). It does mean substances including, but not limited to, alcohol, tobacco, cannabis (marijuana); hallucinogens (LSC, psilocybin mushrooms); stimulants (cocaine, amphetamines such as “speed” to Ritalin); depressants (barbiturates, “Quaaludes”); narcotics (opium, heroin); inhalants (nitrous oxide, medical products, or other fume-producing substances); anabolic steroids and counterfeit (look-alike/synthetic) controlled substances, and other impairing substances that may alter a person’s ability to perform physically, intellectually, emotionally or socially.

- ii. Prescription medication or over-the-counter (OTC) medications, herbal or homeopathic medications.

- l. Drug paraphernalia: Equipment or apparatus designed for, or used for the purpose of measuring, packaging, distributing, possession or facilitation of the use or transport of drugs.

- m. Expulsion: The termination of educational and co-curricular services and activities and the access to such services as determined by the principal in accordance with school policy. The School Board may, in its discretion or if required by law, order that services be provided and credit earned.
- n. Emergency: An emergency is defined as a student out of control, unconscious, or physically ill.
- o. Messages: Refers to either images or text, implied or actual.
- p. Parent(s): The parent(s), legal guardian or custodian.
- q. Re-entry Plan: Any plan developed by school personnel in consultation with the student and parent(s) to promote the well-being of any individual student, his/her re-admission to school, and the well being of the school environment. It may contain whatever provisions consistent with other school policies and state and federal laws that are deemed necessary.
- r. Retaliation: Includes but is not limited to, verbal, non-verbal, electronic/virtual or other threats, intimidation, assault and/or battery or an attempt to do any of the foregoing.
- s. School Day: A day on which school is in session with students present and

⁴ <http://www.deadiversion.usdoj.gov/21cfr/21usc/812.htm>

attending classes.

- t. Substance Abuse: Means the use of any substance that alters a person's ability to perform physically, intellectually, emotionally or socially.
- u. Suspension: The revocation of the privilege to participate in school activities or be on school property without an appointment approved by the principal or his/her designee. There are three categories of suspension:
 - i. In-School – Student is removed from classes but will have access to his/her assignments at the discretion of the principal and is still required to attend school and participate at the level determined by school administration.
 - ii. Out-of-School – The student is removed from school property and any educational services shall be at the discretion of school administration.
 - iii. Long Term – A suspension of more than ten days imposed by the School Board.
- v. Tobacco: Tobacco in any form (for smoking, chewing, e-cigarette, liquid nicotine)

ATTACHMENT C: Hanover High School Alcohol and Drug Policy

HANOVER HIGH SCHOOL • STUDENT HANDBOOK 2011-2012 29

Downloaded 4/4/12 from <http://www.hanoverhigh.us/resources/Handbook.pdf>

ALCOHOL AND OTHER PROHIBITED DRUGS

POLICY: JICH

The Dresden School Board recognizes that abuse of alcohol and other drugs is a treatable health problem which at times involves conditions and violations of law, and that involvement with alcohol and other drugs can interfere with a student's academic, physical, emotional, and social development. Further, the Board recognizes that the schools as well as families and the community at large have a responsibility to this important matter. Accordingly, the Dresden School Board makes a commitment to the health and well being of its students through age-appropriate programs and procedures and to an environment free from alcohol and other drugs.

The Board acknowledges the following school roles:

1. Educating students about alcohol and other drugs;
2. Responding supportively to those whose use of alcohol and/or other drugs interferes with school performance;
3. Promoting a climate in which students can seek help if they are in distress from their own or others' use of alcohol and other drugs;
4. Helping students recovering from dependency on alcohol and/or other drugs;
5. Developing and implementing guidelines and sanctions in each school which
 - a. define violations and their consequences, both disciplinary and supportive;
 - b. define immediate procedures for handling incidents;
 - c. describe a support and referral system which includes response to self-referrals and suspected users, and
 - d. are clear and articulated to staff, parents and students.
6. Training all personnel in school guidelines related to alcohol and other drugs;
7. Ensuring no less than a biannual evaluation of the above efforts.

ADOPTED: Dresden, 22 August 1989

ALCOHOL AND OTHER PROHIBITED DRUGS

PROCEDURE

In accordance with the Dresden School District Policy, Hanover High School makes a commitment to the health and well-being of its students. Only in an environment that is free of alcohol and other drugs can students reach their potential in academics and extracurricular activities. Hanover High School will create a climate in which students can seek help concerning their own use or another's use of alcohol and other drugs. Each individual in the community has a responsibility to herself/himself and to others to keep Hanover High School an environment free of alcohol and other drugs.

GUIDELINES, PROCEDURES, SUPPORT

& REFERRAL SYSTEM

1. Definitions This policy refers to alcohol, non-prescribed restricted drugs, and illegal drugs.
2. Support and Referral System Student Assistance Team: The Student Assistance Team responds to referrals from the administration, from staff, and from students. All referrals are confidential.

• **Membership:** The team is a subcommittee of the Pupil Services Team and consists of a student assistance counselor, guidance counselor, and school nurse. Within the legal confines of

confidentiality, the team may include student members. Team members have special training in substance use/abuse. The team does not label or diagnose.

- The role of the team is to:
 - a. Receive data (reports from teachers, counselors, administrators, other school employees);
 - b. Assess
 - whether a student's involvement with substances is affecting his/her school performance or behavior;
 - whether the involvement is experimental or chronic;
 - whether the student is affected by a family member's substance use.
 - c. Determine whether there is sufficient information to develop an action plan or whether the situation should be monitored;
 - d. Assist with in-school interventions if indicated;
 - e. Participate in referrals to community agencies for further assessment/treatment.
 - f. Support students returning to school from inpatient treatment facilities.
 - g. Make recommendations and advocate on a student's behalf with the administration.

3. Procedures The administration follows up all alcohol and drug violations with a referral to the Student Assistance Team.

- a. The team keeps written records of all referrals. These records are confidential and privileged.
- b. The team reviews the circumstances of the violation and determines whether a meeting with the student is appropriate and who should be involved.
- c. The team may recommend that a student meet with a team member for education and evaluation. This is similar to the procedure outlined in the Athletic Training Rules and may be required in addition to administrative consequences such as a suspension or schedule-up.
- d. The team may refer a student for further assessment/evaluation to a community agency or to a certified alcohol counselor. Whenever possible, the team works with the parents when further assessment or treatment is indicated.
- e. In cases of repeat offenses, the team may recommend to the administration that outside assessment be requested in addition to the administrative consequences imposed.
- f. When there is clear evidence that a student is becoming a danger to self or to others because of his/her substance use, the Student Assistance Team has an obligation to notify the parents. Whenever possible, this is done in conjunction with the student.

4. Suspected Use Any member of the school community concerned that a student is harmfully involved with alcohol or other drugs can make a referral to the Student Assistance Team. All referrals are confidential.

5. Self-referral When a student recognizes that he/she has a problem with alcohol and/or with other drugs and chooses to do something about this problem, the school will cooperate as fully as possible with the students. No disciplinary sanctions will be imposed provided the following conditions are met:

- There is no immediate or apparent threat of harm to self or to others.
- The student is self-referred and not "caught" in violation of school or legal policies.

A student under the influence of alcohol and/or other drugs will be allowed one opportunity to self-refer to a guidance counselor or nurse without disciplinary sanctions.

6. Students in Recovery Students who go into treatment will be encouraged to remain enrolled in school. The school is not financially responsible for a student's education while he/she is in treatment. The student's guidance counselor will:

- a. Obtain written releases to discuss an educational plan with the appropriate person at the treatment facility.
- b. When appropriate, ensure that the student receives the necessary assignments and materials.
- c. Ensure, when appropriate, that the student receives credit for education efforts made while in treatment.
- d. Obtain written releases to discuss aftercare plans and how to support a student's decision not to use.

7. Cooperative Agreement with Treatment Agencies/Providers The District will work to establish a written referral agreement with a New Hampshire and a Vermont treatment agency. Contacts with other providers will also be made as needed. The agreement will specify referral and intake procedures, financial obligations of parents and the school, confidentiality of information, etc.

VIOLATIONS AND CONSEQUENCES

These regulations apply whenever school is in session and when students are engaged in school-sanctioned activities on school property or on other sites.

Violations

A student is considered in violation of the school district's policy on alcohol and other drugs if he/she is:

1. In possession of alcohol or drugs;
2. In possession of paraphernalia associated reasonably with illegal drug use.
3. Distributing alcohol or drugs;
4. Selling alcohol or drugs;
5. Under the influence of alcohol or drugs;
6. In the act of using alcohol or drugs;
7. Knowingly in the presence of students in the act of possessing, distributing, selling, or using alcohol or drugs, except when it is clear that the student's presence is for the purpose of intervening for safety reasons or against another's use of alcohol and/or other drugs.

Consequences for Violations

1. Selling (attempted or actual):
 - Suspension up to ten school days.
 - Notification of police.
 - Notification of parents or guardians.
 - Notification of Superintendent – possible expulsion
 - Schedule-up for the remainder of the school year
 - Referral to the Student Assistance Team.
2. Possession of alcohol or drugs, using, consuming, distributing (not for sale), or under the influence of drugs or alcohol:
 - Suspension of up to five school days.
 - Notification of police.
 - Notification of parents or guardians.
 - Schedule-up for the remainder of the school year. (Note: An underclass student may be scheduled-up into the next school year if the infraction is near the end of the year.)
 - Referral to the Student Assistance Team.
3. Being knowingly in the presence of drugs or alcohol, but not involved with any of the above infractions:

- Schedule-up for 15 days
 - Notification of parents or guardians.
 - Referral to the Student Assistance Team
4. Items (e.g. tools, paraphernalia) that can be associated reasonably with illegal drug use, but which show no evidence of drugs having been used, will be confiscated. The student in possession will be referred to the Student Assistance Team. Parents will be notified.

PROCEDURES FOR HANDLING INCIDENTS

All personnel are required to report actual or suspected incidents of possessing, distributing, using or consuming to the Principal, or his/her designee, i.e. the adult in charge. The identified student might be required to answer questions and/or undergo an evaluation to determine whether or not substances have been consumed or further action is necessary.

Emergency An emergency is defined as a student out of control, unconscious, or physically ill. The priority is protecting the student from physical harm and from disrupting the school environment and other students.

1. Remain with the student.
2. Send for the school nurse.
3. Call 911 for emergency medical assistance if the nurse is not available.
4. If indicated, release the student to the custody of appropriate medical personnel.
5. Report to the Principal or his/her designee once the student is under medical supervision.
6. The Principal contacts the parents. If the Principal is not available, the Principal's designee contacts the parents.

The Principal implements the follow-up procedures detailed below (Section 3).

Where there is reason to suspect an alcohol or drug violation by a student (even if the evidence is inconclusive):

- a. The Principal or his/her designee contacts the student's parents and informs them that the Hanover Police Department will be called.
- b. The Principal or his/her designee requests that the Hanover Police Department send an officer to the school who will decide whether to take a student into custody.
- c. If the police officer does not take custody of the student, the Principal or his/her designee can request that a parent take the student home.
- d. If the police officer does not take custody of the student and a parent is not available, the Principal or his/her designee can require the student to stay in the nurse's office until the student can be released into the custody of a responsible adult.

Follow-up Procedures

- a. The Principal meets with the student and his/her parents and determines the consequences for the violation. The School independently determines whether it should impose discipline for alcohol or drug use whether or not the police take action.
- b. The Principal advises the student and his/her parents that a referral will be made to the Student Assistance Team.
- c. After reviewing the incident, the Student Assistance Team may recommend that the student meet with a Team counselor as a condition of reinstatement. This is similar to the procedure outlined in the Athletic Training Rules and may be required in addition to

administrative consequences such as a suspension or schedule-up. The team may also recommend interventions outside of school.

DEFINITION OF "SCHEDULE UP" from Hanover Handbook

Schedule-up is a school-based consequence that may be employed when a student violates unscheduled time or one of several rules stated in the *Handbook*.

Schedule-up means that for a period of time the student loses the free choice of where to go during unscheduled time.

Usually, the student works out a schedule with the adult in charge. The schedule-up specifies the following:

- The student spends all unscheduled time in adult supervised work spaces;
- With the exception of a 30-minute lunch period, the student must supervisor to initial the schedule form for each period, thereby confirming the student was in a previously designated space;
- The form must be turned in at the Main Office at the completion of the student's school day and picked up at the beginning of the next school day;
- Failure to attend a required period, excessive lateness, or failure to turn in or pick up the schedule form may mean in-school suspension as the next level consequence.

The NH Center for Excellence was established and funded through a public-private partnership of the New Hampshire Charitable Foundation and the New Hampshire Bureau of Drug and Alcohol Services and is supported by the New Hampshire Governor's Commission on Alcohol and Drug Abuse Prevention, Intervention and Treatment and the U.S. Substance Abuse and Mental Health Services Administration.