

PANTA Plus

Alcohol and Other Drug Use



For the latest
Kentucky Youth Risk Behavior Survey data:





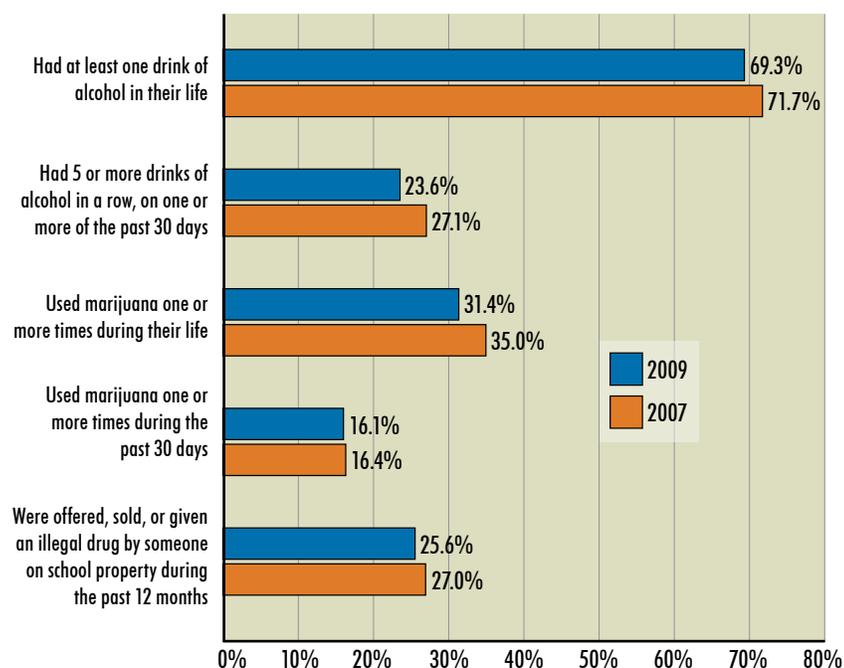
ALCOHOL & DRUG USE High School Fact Sheet

Among youth, the use of alcohol and other drugs has been linked to unintentional injuries, physical fights, academic and occupational problems, and illegal behavior. Long-term alcohol misuse is associated with liver disease, cancer, cardiovascular disease, and neurological damage as well as psychiatric problems such as depression, anxiety, and antisocial personality disorder.¹ Kentucky students seem to experiment with alcohol and drugs early in life with 9.2% having tried marijuana before age 13 and 21.7% having drunk alcohol before age 13.

¹ Centers for Disease Control and Prevention. <http://www.cdc.gov/HealthyYouth/alcohol-drug/index.htm>. Retrieved 7/28/08.

Alcohol & Drug Use in Kentucky

The following graph represents the alcohol and drug use behaviors of high school students in 2007 and 2009. Please note that none of the data represent statistically significant changes.



The YRBS is a nationwide survey produced by the Centers for Disease Control and Prevention (CDC) Division of Adolescent and School Health (DASH) to monitor the six priority health-risk behaviors of adolescents: alcohol and drug use, injury and violence (including suicide), tobacco use, nutrition, physical activity, and sexual risk behaviors. The data is collected from students in 9th through 12th grades every two years.

Youth Disproportionately at Risk

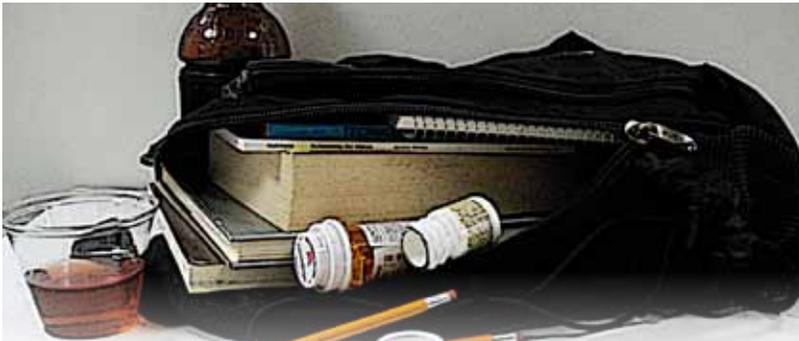
- Among students who report current alcohol use, females (48.5%) were more likely than males (30.3%) to have gotten the alcohol they drank from someone who gave it to them during the past 30 days
- Males (19.6%) were more likely than females (12.5%) to have used marijuana one or more times during the past 30 days

For More Information

For additional KY YRBS data and other YRBS fact sheets, visit the KDE website at: <http://www.education.ky.gov/KDE/Administrative+Resources/School+Health/Youth+Risk+Behavior+Survey.htm>

For national data or more information on the YRBS, visit the CDC website at: <http://www.cdc.gov/HealthyYouth/yrbs/index.htm>





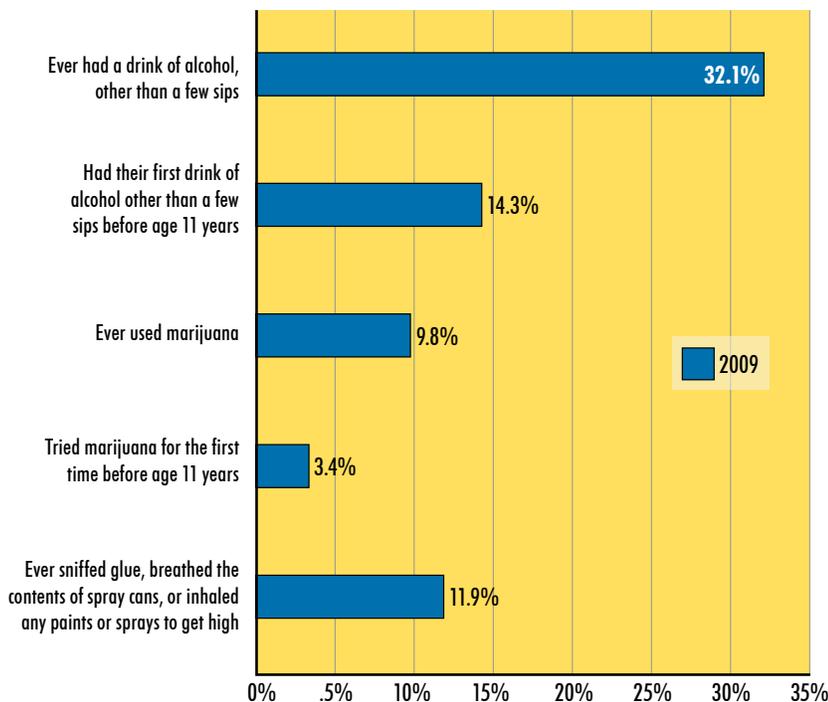
ALCOHOL & DRUG USE Middle School Fact Sheet

Among youth, the use of alcohol and other drugs has been linked to unintentional injuries, physical fights, academic and occupational problems, and illegal behavior. Long-term alcohol misuse is associated with liver disease, cancer, cardiovascular disease, and neurological damage as well as psychiatric problems such as depression, anxiety, and antisocial personality disorder.¹

¹ Centers for Disease Control and Prevention. <http://www.cdc.gov/HealthyYouth/alcoholdrug/index.htm>. Retrieved 7/9/09.

Alcohol & Drug Use in Kentucky

The following graph represents the alcohol and drug use behaviors of middle school students in 2009. No comparison data is available.



The YRBS is a nationwide survey produced by the Centers for Disease Control and Prevention (CDC) Division of Adolescent and School Health (DASH) to monitor the six priority health-risk behaviors of adolescents: alcohol and drug use, injury and violence (including suicide), tobacco use, nutrition, physical activity, and sexual risk behaviors. In 2009, Kentucky was one of 14 states who administered a middle school YRBS to students in grades 6th through 8th.

Youth Disproportionately at Risk

Unlike among high school students, there are no populations identified as youth disproportionately at risk in the alcohol and other drug questions among middle school students. There may be certain individual students at higher risk.

For More Information

For additional KY YRBS data and other YRBS fact sheets, visit the KDE website at: <http://www.education.ky.gov/KDE/Administrative+Resources/School+Health/Youth+Risk+Behavior+Survey.htm>

For national data or more information on the YRBS, visit the CDC website at: <http://www.cdc.gov/HealthyYouth/yrbs/index.htm>



ALCOHOL AND OTHER DRUG USE

Data

In addition to the Youth Risk Behavior Survey as shown on the previous two pages, the Kentucky Incentives for Prevention (KIP) Survey is conducted during even-numbered years. Students in grades 6, 8, 10 and 12 are asked to complete a survey used for research purposes only. Their responses to the survey are compiled to provide information to school districts about students' use of tobacco, alcohol, and other drugs.

<http://www.reachoflouisville.com/kip.htm>

Emerging, Promising and Best Practices

Elementary, middle, and high schools have become important arenas for educational programs in the field of substance abuse prevention, but these institutions also can serve a significant role in the early identification of students in need of professional substance abuse treatment.

While prevention curricula are only one element of a comprehensive, community-wide prevention strategy, schools should choose programs that have been shown to be effective even if in the short-term. With limited funds and time, schools cannot afford to provide programs that have not been evaluated or shown to be effective.

School-based prevention programs are an important element of a comprehensive approach to combat the increasing problem of alcohol, tobacco, and other drug (ATOD) use among youth. In 1998, the U.S. Department of Education identified four principles of effectiveness that would govern the use of all grant funds from the Safe and Drug-Free Schools and Communities Act. These principles required all funded ATOD programs to conduct a thorough needs assessment, set measurable goals and objectives, use effective research-based programs, and evaluate progress toward meeting goals on a periodic basis. The Kentucky Governor's Youth Substance Abuse Prevention Initiative recommends the implementation of science-based practices

and programs, and encourages widespread public/private collaboration in prevention activities.

Botvin LifeSkills Training Botvin LifeSkills Training (LST) is a school-based substance abuse prevention program for elementary, middle and high school students proven to help students develop the essential skills found to significantly reduce tobacco, alcohol, drug abuse and violence. LST promotes healthy alternatives to risky behavior.

<http://www.lifeskillstraining.com/index.php>

Project ALERT Project ALERT is a school-based prevention program for middle or junior high school students that focuses on alcohol, tobacco, marijuana, and inhalants, the substances teens are most likely to use. It seeks to prevent adolescent nonusers from experimenting with these drugs, and to prevent youth who are already experimenting from becoming more regular users or abusers. The program is designed to help motivate young people to avoid using drugs and to teach them the skills they need to understand and resist pro-drug influences.

<http://www.projectalert.com/>

Project Towards No Drug Abuse Project Towards No Drug Abuse (Project TND) is a drug use prevention program for high school youth. Project TND focuses on three factors that predict tobacco, alcohol, and other drug use, including:

- Motivation factors (i.e., students' attitudes, beliefs, expectations, and desires regarding drug use);
- Skills (social, self-control, and coping skills); and
- Decision-making (i.e., how to make decisions that lead to health-promoting behaviors)

It is packaged in 12 40-minute interactive sessions to be taught by teachers or health educators.

<http://tnd.usc.edu>

STARS for Families - Start Taking Alcohol Risks Seriously (STARS) for Families is a health promotion program that aims to prevent or reduce alcohol use among middle school youth ages 11 to 14 years.

STARS for Families consists of three primary strategies:



- **Health care Consultation** – A nurse or other health care provider delivers a brief (20 minute) annual health consultation concerning how to avoid alcohol use.
- **Key Facts Postcards** – Ten Key Facts postcards are mailed to parents or guardians in sets of 1 to 2 per week for 5 to 10 weeks. The cards tell parents what they can say to their children to help them avoid alcohol.
- **Family Take-Home Lessons** – Parents and guardians are provided with four weekly take-home prevention activities they can complete with their children and return. Unlike most existing programs that consist of several weeks of classroom lessons, the STARS for Families program uses very brief, potentially cost-effective strategies. These strategies can be implemented within schools, health clinics, youth organizations, worksites, families, religious organizations and communities using little time and causing minimal organizational disruption. <http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=43>

Policy and Environmental Change

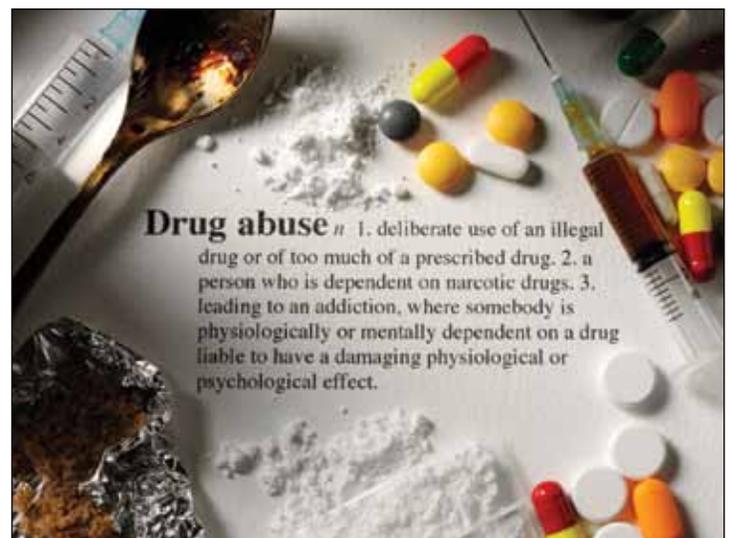
Schools can play a crucial role in changing alcohol and drug use norms in Kentucky. Given that community norms, or standards, are influenced by public and private policies, media messages, and public opinion, schools can adopt and enforce policies and mold public opinion that denormalizes alcohol and drug use. School-based decision making councils and school administration need to evaluate not only whether they provide research-based alcohol, tobacco and other drugs (ATOD) curricula, but also if the curricula are being properly implemented in a consistent and ongoing manner. It is not merely enough for schools to purchase ATOD curricula, but they must train and coach the staff charged with implementing the curricula.

In addition to ATOD curricula, schools can adopt and enforce stringent anti-drug policies including tobacco-free environments. School policies that are inconsistently enforced or not enforced at all send a mixed message that ATOD use is socially acceptable. Schools that adopt drug-free policies send a powerful

message to students, parents, staff, and the community that school leaders view ATOD prevention as important and that they actively discourage tobacco use. The National Association of State Boards of Education recommends that school policies:

- define the purpose and goals of ATOD prevention efforts;
- link effective prevention education to a strictly enforced drug and alcohol-free environment;
- address staff and visitors as well as students;
- identify strategies to help students and staff overcome addiction; and
- promote coordination among all members of the school community

The link between ATOD curricula and strictly enforced drug-free policies sends a consistent message that clearly discourages ATOD use. It is important that school personnel and prevention professionals work together to adopt research-based ATOD curricula and complementary school policies to discourage ATOD use in communities across the Commonwealth.



Kentucky School Board Association Model Policy Template 09.423

Drugs, Alcohol and Other Prohibited Substances

No pupil shall purchase, possess, attempt to possess, use, be under the influence of, sell, or transfer any of the following on or about school property, at any location of a school sponsored activity, or en route to or from school or a school sponsored activity:

- Alcoholic beverages;
- Controlled substances, prohibited drugs and



substances and drug paraphernalia; and

- Substances that “look like” a controlled substance. In instances involving lookalike substances, there must be evidence of the student’s intent to pass off the item as a controlled substance.

In addition, students shall not possess prescription drugs for the purpose of sale or distribution.

Definitions

Controlled substance means any substance or immediate precursor listed in Chapter 218A of the Kentucky Revised Statutes or any other substance added by regulation under KRS 218A.010. Prohibited drugs include, but are not limited to, any substance that an individual may not sell, possess, use, distribute or purchase under Federal or Kentucky law.

Prohibited substances include:

- All prescription drugs obtained without authorization, and
- All prohibited substances however taken or used, including but not limited to, inhaling, ingesting, and/or injecting. These include, but are not limited to, prescribed and over-the-counter drugs and prohibited volatile substances as defined in KRS 217.900 that are used or intended for use for an abusive and/or intoxicating purpose.

Authorized Medication

Use of a drug authorized by and administered in accordance with a prescription from a physician or dentist shall not be considered in violation of this policy.

Penalty

Violation of this policy shall constitute reason for disciplinary action including suspension or expulsion from school and suspension or dismissal from athletic teams and/or other school sponsored activities.

Reporting

Employees of the District shall promptly make a report to the local police department, sheriff, or Kentucky State Police, by telephone or otherwise, if they know or have reasonable cause to believe that conduct has occurred which constitutes the use, possession, or sale of controlled substances on the school premises or within one thousand (1,000) feet of school premises, on a school bus, or at a school sponsored or sanctioned event. In addition, when they have reasonable belief that a violation has taken place,

Principals shall immediately report to law enforcement officials when an act has occurred on school property or at a school-sponsored function that involves student possession of a controlled substance on school property in violation of the law.

Use of Alcohol, Drugs and Other Prohibited Substances Prevention Program

The Superintendent shall establish a comprehensive and on-going drug free/alcohol free prevention program for all students which shall include notice to students and parents of the following:

1. The dangers of drug/alcohol/substance abuse in the schools;
2. The District’s policies and related procedures on drug-free/alcohol-free schools;
3. The requirement for mandatory compliance with the District’s established standards of conduct, including those that prohibit use of alcohol, drugs and other controlled and prohibited substances;
4. Information about available drug/alcohol counseling programs and available rehabilitation/student assistance programs; and
5. Penalties that may be imposed upon students for violations of this policy.

American Academy of Pediatrics Policy Statements

The Role of Schools in Combating Illicit Substance Abuse⁴⁸

Disturbingly high levels of illicit drug use remain a problem among American teenagers. As the physical, social, and psychological “home away from home” for most youth, schools naturally assume a primary role in substance abuse education, prevention, and early identification. However, the use of random drug testing on students as a component of drug prevention programs requires additional and more rigorous scientific evaluation. Widespread implementation should await the result of ongoing studies to address the effectiveness of testing and evaluate possible inadvertent harm. If drug testing on students is conducted, it should never be implemented in isolation. A comprehensive assessment and therapeutic management program for



the student who tests positive should be in place before any testing is performed. Schools have the opportunity to work with parents, health care professionals, and community officials to use programs with proven effectiveness, to identify students who show behavioral risks for drug-related problems, and to make referrals to a student's medical home. When use of an illicit substance is detected, schools can foster relationships with established health care experts to assist them. A student undergoing individualized intervention for using illicit substances merits privacy. This requires that awareness of the student's situation be limited to parents, the student's physician, and only those designated school health officials with a need to know. For the purposes of this statement, alcohol, tobacco, and inhalants are not addressed.

Testing for Drugs of Abuse in Children and Adolescents: Addendum—Testing in Schools and at Home⁴⁹

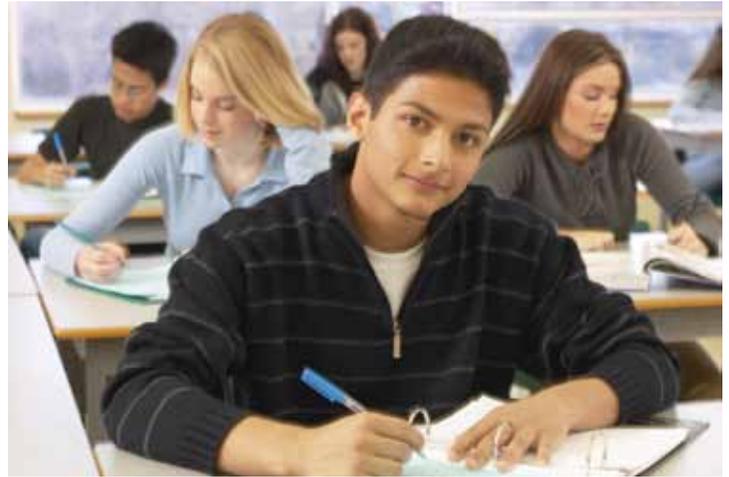
The American Academy of Pediatrics continues to believe that adolescents should not be drug tested without their knowledge and consent. Recent US Supreme Court decisions and market forces have resulted in recommendations for drug testing of adolescents at school and products for parents to use to test adolescents at home. The American Academy of Pediatrics has strong reservations about testing adolescents at school or at home and believes that more research is needed on both safety and efficacy before school-based testing programs are implemented. The American Academy of Pediatrics also believes that more adolescent-specific substance abuse treatment resources are needed to ensure that testing leads to early rehabilitation rather than to punitive measures only.

State and Federal Laws

State Laws

KRS 214.185 Any physician may provide treatment and assessment of a minor age sixteen (16) or older upon the request of such child without the consent of a parent, parents, or guardian of such child.

KRS 222.441 A minor who suffers from alcohol and other drug abuse problems or emotional disturbance from the effects of a family member or legal guardian's alcohol and other drug abuse problem or the parent or



guardian of the minor may give consent to the furnishing of medical care or counseling related to the assessment or treatment of conditions. The consent of the minor shall be valid as if the minor had achieved majority. No person or facility shall incur liability by reason or having made a diagnostic examination or rendered treatment as provided in this section, but the immunity shall not apply to any negligent acts or omissions.

KRS 158.444 Authorizes the Kentucky Department of Education to collaborate with the Center for School Safety to establish and maintain a statewide data collection system by which school districts shall report all incidences of the possession or use of alcohol, prescription drugs, or controlled substances on school property or at school functions. This report includes the number of arrests, the charges, and whether civil damages were pursued by the injured party, the number of suspensions, expulsions, and corporal punishments for these offenses.

Federal Laws

Title IV, Part A, Subpart 1 of the Elementary and Secondary Education Act of 1965 as amended by the No Child Left Behind Act of 2001 Public Law 107-110 is a critical part of a national effort to ensure academic success for all students. Effective July 1, 2002, the SDFSCA State Grants (Subpart 1) program authorizes a variety of activities designed to prevent school violence and youth drug use, and to help schools and communities create safe, disciplined, and drug-free environments that support student academic achievement. The law authorized state formula grants for funding prevention efforts and also provided guidance for state and local programs.



Assessment and Planning

Selecting and Implementing Research-Based Prevention Programs for Your School

Years of extensive research has identified key elements of successful prevention curricula. Research has shown that these elements should be part of a comprehensive strategy in the school, the home, and the community so that young people receive a consistent prevention message. Experts also believe that a comprehensive approach has additional benefits since many of the elements important to drug prevention are also crucial in prevention of other high risk behaviors including violence, sexually transmitted disease, adolescent pregnancy and suicide. It is important to assess the extent to which curricula address these key areas and whether curriculum activities promote necessary skills.

Making the Grade: A Guide to School Drug Prevention Programs identifies the following key elements of effective drug prevention curricula:

- Helps students recognize internal pressures, like wanting to belong to the group, and external pressures, like peer attitudes and advertising that influence them to use alcohol, tobacco, and other drugs;
 - Facilitates development of personal, social and refusal skills to resist these pressures;
 - Teaches that using alcohol, tobacco, and other drugs is not the norm among teenagers, correcting the misconception that “everyone is doing it,” and promoting positive norms through bonding to school and constructive role models;
 - Provides developmentally appropriate material and activities, including information about the short-term effects and long-term consequences of alcohol, tobacco, and other drugs;
 - Uses interactive teaching techniques, such as role plays, discussions, brainstorming and cooperative learning;
 - Actively involves the family and the community, so that prevention strategies are reinforced across settings;
 - Includes teacher training and support, in order to assure that curricula are delivered as intended;
 - Contains material that is easy for teachers to implement and culturally relevant for students.
- <http://www.drugstrategies.com/makinggrade.html>

The Health Education Curriculum Analysis Tool (HECAT) can help school districts, schools, and others conduct a clear, complete, and consistent analysis of health education curricula based on the National Health Education Standards and CDC’s Characteristics of effective health education curricula. The HECAT results can help schools select or develop appropriate and effective health education curricula and improve the delivery of health education. The HECAT can be customized to meet local community needs and conform to the curriculum requirements of the state or school district.

The following HECAT health topic modules are currently available:

- Alcohol and Other Drugs
- Healthy Eating
- Mental and Emotional Health
- Personal Health and Wellness
- Physical Activity
- Safety
- Sexual Health
- Tobacco
- Violence Prevention

<http://www.cdc.gov/HealthyYouth/HECAT/index.htm>

Kentucky Center for School Safety (KCSS) KDE and Kentucky School Boards Association (KSBA) are collaborating to provide safe school assessments to any school in Kentucky. These assessments provide schools with an independent look at the school’s climate and culture as it relates to enhancing the learning environment. Any local school or school district can request a safe school assessment at no cost to the school or district. KCSS will provide or coordinate after-care service once a school determines what areas it wishes to address.

<http://www.kysafeschools.org/clear/assessment.htm>

Frequently Asked Questions

What does alcohol do to young people?

Studies have shown that drug and alcohol use by youth and young adults increases the risk of both fatal and nonfatal injuries.^{50,51,52} Research has also shown that youth who use alcohol before age 15 are five times more likely to become alcohol dependent than adults who begin drinking at age 21.⁵³ Other consequences of youth ATOD use include increased risky sexual be-



What are the signs of being under the influence of drugs and alcohol in children?

Warning Signs of Childhood Drinking

While the following behaviors may indicate an alcohol or other drug problem, some also reflect normal teenage growing pains. Experts believe that a drinking problem is more likely if you notice several of these signs at the same time, if they occur suddenly, and if some of them are extreme in nature.

- Mood changes: flare-ups of temper, irritability, and defensiveness.
- School problems: poor attendance, low grades, and/or recent disciplinary action.
- Rebelling against family rules.
- Switching friends along with a reluctance to have you get to know the new friends.
- A “nothing matters” attitude: sloppy appearance, a lack of involvement in former interests and general low energy.
- Finding alcohol in your child’s room or backpack, or smelling alcohol on his or her breath.
- Physical or mental problems: memory lapses, poor concentration, bloodshot eyes, lack of coordination or slurred speech.

Leadership to Keep Children Alcohol Free Foundation <http://www.alcoholfreechildren.org/info/educators>

haviors, poor school performance, and increased risk of suicide and homicide.^{54, 55, 56}

<http://www.cdc.gov/alcohol/faqs.htm>

What is the statewide policy for dealing with students under the influence?

Each school district has a published Discipline Code of Conduct that includes their own district policy for dealing with offenses involving substance abuse, and the consequences for violations. The Kentucky Department of Education provides guidance in the development of codes of conduct, but the ultimate responsibility rests with the local school district. Codes of conduct are published and distributed every school year to parents and students and can be found on local school district websites. The KDE website to find a school district’s website:

<http://www.education.ky.gov/KDE/About+Schools+and+Districts/Kentuckys+Schools+and+Districts/School+District+Web+Sites.htm>

What is a zero tolerance policy?

Zero tolerance policies usually call for immediate expulsion of a student who violates a drug policy. They may alleviate the problem for the school, but not necessarily for the student. If students are uninformed about the risks of drug use and are not assessed for possible abuse/dependency and referred to

an intervention or treatment program as needed, there is a high probability that the problem will persist and worsen. Effective school policies must allow for discretion and flexibility; incorporate a range of sanctions that appropriately reflect incident severity, including referrals to intervention and treatment services; clearly define drugs and inappropriate acts; involve the collaboration of stakeholders; build on lessons from early programs; integrate health-education programs; tailor policies to local needs; implement regular program reviews; and be developed as part of broader policies for school safety.

Muir, M. Zero Tolerance Policies: Research Brief, Principals’ Partnership. 2004.

<http://www.principalpartnership.com/zerotolerance.pdf>

Reference: Student Drug Testing: A Component to Kentucky’s Approach to Youth Substance Abuse White Paper – April 2006 Office of Drug Control Policy in conjunction with The Student Drug Testing Advisory Council. <http://www.kycss.org/clear/pdfs/docs/DrugTestin%20WhitePaper.pdf>

Do school districts receive any money to fund prevention efforts?

Every school district in Kentucky currently receives money to fund prevention efforts. The General Assembly allocates state general funds to the Kentucky



Center for School Safety; those funds are then distributed to districts based on their enrollment.

Are there other resources in Kentucky that can help schools with prevention efforts?

Kentucky's Regional Prevention Centers (RPCs)

The RPCs assist individuals and groups develop prevention programs that encourage healthy choices about alcohol, tobacco and other drugs. Fifteen centers are set up to serve all counties of the state. Prevention Specialists provide the following services:

- Community Development
- Consultation and Technical Assistance
- Early Intervention Services
- Public Information
- Resource Center
- Training and education

http://dbhdid.ky.gov/dbh/sa_rpc.asp

Kentucky Agency for Substance Abuse Policy (KY-ASAP)

KY-ASAP was created by the General Assembly in 2000 to promote the reduction of alcohol, tobacco and other drug use in Kentucky by working with communities to help them identify existing needs and resources. Currently there are 75 local KY-ASAP boards that cover 113 of 120 counties in the Commonwealth. The local boards consist of stakeholders in each county or multi-county jurisdiction. <http://odcp.ky.gov/kyasap.htm>

C	Have you ever ridden in a CAR driven by someone (including yourself) who was "high" or had been using alcohol or drugs?
R	Do you ever use alcohol or drugs to RELAX , feel better about yourself, or fit in?
A	Do you ever use alcohol/drugs while you are by yourself, ALONE ?
F	Do you ever FORGET things you did while using alcohol or drugs?
F	Does your family or FRIENDS ever tell you that you should cut down on your drinking or drug use?
T	Have you gotten into TROUBLE while you were using alcohol or drugs?

Is there a simple screening instrument to identify drug use?

The CRAFFT (acronym defined below) is a behavioral health screening tool for use with children under the age of 21 and is recommended by the American Academy of Pediatrics' Committee on Substance Abuse for use with adolescents. It consists of a series of 6 questions developed to screen adolescents for high risk alcohol and other drug use disorders simultaneously. It is a short, effective screening tool meant to assess whether a longer conversation about the context of use, frequency, and other risks and consequences of alcohol and other drug use is warranted. <http://www.ceasar-boston.org/CRAFFT/selfCRAFFT.php>

Screening using the CRAFFT begins by asking the adolescent to "Please answer these next questions honestly"; telling him/her "Your answers will be kept confidential"; and then asking them the three following opening questions.

During the past 12 months, did you:

- Drink any alcohol (more than a few sips)?
- Smoke any marijuana or hashish?
- Use anything else to get high? "Anything else includes illegal drugs, over the counter and prescription drugs, and things that you sniff or huff.

If the adolescent answers "No" to all three opening questions, the provider only needs to ask the adolescent the first question - the CAR question. If the adolescent answers "Yes" to any one or more of the three opening questions, the provider asks all six CRAFFT questions. The questions should be asked exactly as written.

A score of 2 or more positive items indicates the need for further assessment.

What program is offered by Kentucky's Regional Prevention Centers as an alternative to expulsion or suspension?

Early Intervention Program This program is an alternative to immediate expulsion or any out-of-school suspension for adolescents 12-18 years of age. EIP is designed to change attitudes and future behavior toward alcohol and other drugs. When a student is referred to the program, parents are also requested to attend a 2-3 hour Impact Intervention Class. Information gathered during the program is used to place each



youth into education or to refer him/her for further assessment. Youth referred for education must complete a 12 hour education program. EIP is administered by local Regional Prevention Centers. <http://mhmr.ky.gov/providerdirectory/onlineproviderdirectory.aspx>

Do Kentucky schools track drug and alcohol incidents?

Local districts report behavior data by law annually to KDE and the Kentucky Center for School Safety collaborates with KDE to create the annual Kentucky Safe School Report. This report publishes an analysis of the safe school incidents in Kentucky schools that result in out-of-school suspension or expulsion. These incidents are reported in the Student Information System and to make this reporting more uniform, a list of law violation definitions was created in 2005 to describe the codes used for any drug or alcohol charge in a school. With two categories, “possession and use”, and “distribution”, the following substances are tracked: alcohol, marijuana/hashish, hallucinogenics, amphetamines, barbiturates, heroin, cocaine/crack, prescription drugs, inhalants, and other drugs (those



not listed above). This report can be accessed on the KCSS website at: <http://www.kysafeschools.org/data09.html>

Resources

National Registry of Evidence-based Programs & Practices (NREPP) a searchable database of interventions for the prevention and treatment of mental and substance use disorders. <http://www.nrepp.samhsa.gov>

National Institute on Drug Abuse (NIDA) contains information for parents and teachers, researchers, students and young adults and medical and health professionals concerning drug abuse. The website has K-12 fact sheets and modules. <http://www.nida.nih.gov/>

National Clearinghouse for Alcohol and Drug Information free drug and alcohol pamphlets mailed to you. <http://ncadi.samhsa.gov/>

National Institute of Mental Health the largest scientific organization in the world dedicated to research focused on the understanding and treatment of mental illness. NIMH provides free, high-quality brochures. <http://www.nimh.nih.gov/index.shtml>

Substance Abuse and Mental Health Services Administration helps create prevention prepared communities where individuals, families, schools, faith-based organizations, workplaces, and communities take action to promote emotional health and reduce the likelihood of mental illness, substance abuse including tobacco, and suicide. <http://www.samhsa.gov/prevention>

National Institute on Alcohol Abuse and Alcoholism (NIAAA) provides leadership in the national effort to reduce alcohol-related problems. <http://www.niaaa.nih.gov/Pages/default.aspx>

Office of National Drug Control Policy (ONDCP) ONDCP establishes policies, priorities, and objectives for the Nation’s drug control program. <http://www.whitehouse.gov/ondcp>



Enforcing the Underage Drinking Laws (EUDL) Program EUDL encourages partnerships between law enforcement agencies and underage drinking prevention advocates in all 50 States and the District of Columbia for the purpose of reducing access to and consumption of alcohol by minors. National training and technical assistance is offered to guide States and communities in their efforts. Details about EUDL efforts may be found at the program website, www.udetc.org

Drug-Free Communities (DFC) Grant Program DFC provides the funding necessary for communities to identify and respond to local substance use problems. www.ondcp.gov/dfc

AboveTheInfluence.com this website is a place for teenagers to get facts about drugs and alcohol, to speak out about their experiences, have fun, locate treatment, and learn what to do when a friend or parent uses. <http://www.abovetheinfluence.com>

Centers for Disease Control and Prevention, Excessive Alcohol Use (CDC) resource for fact sheets, on-line tools and frequently asked questions. <http://www.cdc.gov/alcohol/>

