

The Role of Schools in Substance Use Prevention and Intervention



Margaret M. Benningfield, MD, MSCI^{a,*}, Paula Riggs, MD^b,
Sharon Hoover Stephan, PhD^c

KEYWORDS

• Substance use disorder • Adolescent • School mental health

KEY POINTS

- Schools provide an ideal setting for screening, brief interventions, and outpatient treatment of substance use disorders (SUD).
- Individual treatment for SUD is effective at decreasing substance use as well as substance-related harm.
- In some contexts, rather than being helpful, group interventions can result in harm to participants; therefore, individual treatment may be preferred.
- Early interventions for adolescents using alcohol and other drugs (AOD) are generally effective in decreasing frequency and quantity of AOD use and decreasing risky behaviors.

INTRODUCTION

Most youth who have mental health problems do not receive appropriate services. This treatment gap is especially pronounced for problems related to or co-occurring with substance use.¹ In the United States, about 5% of youth aged 12 to 17 will develop a substance use disorder (SUD) each year, but fewer than 10% of the 1.3 million youth who meet diagnostic criteria for a SUD receive treatment.² Many schools implement evidence-based drug/alcohol prevention programs; however, the vast majority of these programs target youth who have not yet initiated substance use. In the community, the vast majority of adolescents who receive treatment are mandated to receive care by juvenile justice. Treatment resources are extremely limited for the estimated 10% to 15% of high school students who regularly use or

^a Division of Child and Adolescent Psychiatry, Vanderbilt University School of Medicine, Nashville, TN, USA; ^b Division of Substance Dependence, School of Medicine, Mail Stop F478, 12469 East 17th Place, Building 400, Aurora, CO 80045, USA; ^c Center for School Mental Health, Division of Child and Adolescent Psychiatry, University of Maryland School of Medicine, 737 West Lombard Street, 426, Baltimore, MD 21201, USA

* Corresponding author.

E-mail address: meg.benningfield@Vanderbilt.Edu

Abbreviations	
ACRA	Adolescent Community Reinforcement Approach
AOD	Alcohol and other drugs
CBT	Cognitive-behavioral therapy
CM	Contingency management
CYT	Cannabis Youth Treatment
MDFT	Multidimensional family therapy
MET	Motivational enhancement therapy
SUD	Substance use disorder

meet diagnostic criteria for a SUD, but who are not (yet) involved with the juvenile justice system. Co-locating high-quality substance/behavioral health treatment in schools, including in school-based health centers, has the potential to improve screening, treatment access and availability, continuing care, and coordination of medical/behavioral health care.³ Compared with community-based treatment settings, youth who have access to school-based health centers are 10 times more likely to make a mental health or substance use visit and participate in screening for other high-risk behaviors.⁴ Implementing evidenced-based substance treatment interventions in schools also has the potential to reach youth at earlier stages of substance severity and to reduce the risk of progression to more chronic addiction with considerable cost savings to society.⁵

PREVALENCE OF SUBSTANCE USE IN ADOLESCENTS

The National Survey on Drug Use and Health found that 2.2 million youth ages 12 to 17 years reported using illicit drugs in the past month and 1.6 million youth reported binge drinking (consuming 4 or more drinks in 1 sitting for females or 5 or more drinks in 1 sitting for males) in the past month.² Most youth who engage in substance use do not meet diagnostic criteria for clinical disorders; however, any substance use during adolescence is concerning because the risk for developing a SUD increases significantly with earlier age of initiation of use.⁶ For each year beyond age 14 that first alcohol use is delayed, the odds of subsequent alcohol use disorder drop by 14%. Lifetime prevalence of alcohol dependence was nearly 40% in those who reported first drinking alcohol before age 14 compared with about 10% in those who started drinking at age 20 or older.⁶ Thus, efforts to delay the initiation of substance use may significantly impact public health and dramatically decrease the cost to society of SUD.

SCHOOL BASED PREVENTION OF SUBSTANCE USE DISORDERS

School Climate and Connectedness

Connection with school has a bidirectional relationship with adolescent substance use. Youth who drop out of school have a significantly increased risk for cigarette, marijuana, and alcohol use and those who use alcohol and other drugs (AOD) are more likely to leave school.⁷ School connectedness is characterized by students having positive relationships with teachers, administrators, and peers at school and expressing a sense of commitment to the school. Connectedness is facilitated by provision of a safe learning environment where students feel they are treated fairly. Even in ideal circumstances, school connectedness often declines as youth enter middle school⁸—a time when rates of AOD use are on the rise. In a study of more than 2000 students, low school connectedness was associated with a 2-fold increase in regular alcohol

Download English Version:

<https://daneshyari.com/en/article/4150423>

Download Persian Version:

<https://daneshyari.com/article/4150423>

[Daneshyari.com](https://daneshyari.com)