Working With Students Who Are Exposed to Alcohol and Other Drugs

Dr. Steve Behar, Director of Child Welfare & Attendance
Erin L Hill, High School Assistant Principal
Lake Elsinore Unified School District
Who are we?

- Director of Child Welfare and Attendance
- 26 years in public education
- Teacher, ASB Director, Coach, Assistant Principal, Principal, and Director
- Father, Spouse and Son

- High School Assistant Principal
- 12 years in public education
- Program Specialist, District 504 Coordinator, General Education & Special Education Teacher
- Mother, Spouse and Daughter

- Handle discipline, attendance, and several other programs for the district and school site
- Work with many people who help provide support for students and families who have a high level of need
- Two people who do not think we will ever know “The Answer” but will continue to seek the answers we can find
Goals for Today

**Expected Outcomes**
- Identify barriers that get in the way of our work with kids and families
- Provide examples of the conflicts we face
- Share some strategies that have worked in our school district
- Prevention activities
- Intervention in the school setting
- Alternatives to traditional discipline
- Identifying trends
- Hopefully provoke thought and maybe make you a bit uncomfortable
- Provoke thought as to what could work for you in your circumstance

**Unexpected Outcomes**
- Guarantees of what will work with all kids
- Promises that what we have tried will be effective in your school and/or district
- A prescriptive plan to implement in your organization
- A "silver bullet" to solve all student issues involving substance abuse and trauma
What are some songs throughout the years that come to mind about the use of drugs & alcohol?
Do you know these songs?

- 'In the End' by Linkin Park
- 'Wild Side' by Motley Crue
- '1-800-273-8255' by Logic
- 'Numb' by Linkin Park
- 'Wasting Time' by Kid Rock
- 'Day Drinking' by Little Big Town
- 'Drunk Me' by Mitchell Tenpenny
- 'The Weekend' by Brantley Gilbert
- 'Papercut' by Linkin Park
- 'All About the Benjamins' by Notorious B.I.G
- 'Big Pimpin' by JayZ
- 'Hypnotize' by Notorious B.I.G
- 'Drink a Beer' by Luke Bryan
- 'Good Life' by Kanye West Feat. T-Pain
- 'I'll Be Missing You' by Puff Daddy
- 'Whiskey Glasses' by Morgan Wallen
- 'Smooth' by Florida Georgia Line
- '1999' by Prince
- 'Cheers' by Rihanna
- 'Old Fashioned' by Panic at the Disco
- 'Whatever You Like' by T.I.
- 'YOLO' by Adam Levine
- 'Somebody's Daughter' by Tenille Townes
- 'Bleeding Out' by Imagine Dragons
- 'Get Your Shine On' by Florida Georgia Line
- 'Xxplosive' by Dr. Dre
- 'Bring Me to Life' by Evanescence
- 'Beer Can' by Luke Combs
- 'Lowlife' by Kid Rock
- 'No Sleep' by Wiz Khalifa
- 'Otherside' by Mackelmore
- 'Project Dreams' by Marshmellow & Roddy Rich
- 'Whiskey in the Jar' by Metallica
- 'Hustler's Story' by Notorious B.I.G
- 'Whiskey Lullaby' by Brad Paisley
- 'Burn Slow' by Dirty Heads
- 'The A Team' by Ed Sheeran
- 'Without me' by Halsey

And the list continues...
What musicians have been telling us for years

- I use for fun and pleasure
- I use to hide from my problems
- I want to stop, but can’t
- I hate you, so I use
- I love you, so I use
- I want you to understand what we are doing because of you
Kurt Cobain
Michael Jackson
Whitney Houston
Amy Winehouse
Scott Weiland
Prince
Chris Cornell
Tom Petty
Chester Bennington

And on and on....
The influence is everywhere

- Television/Movies
- Sporting events and advertising
- Internet
- Music
- All of these are in the palm of kids’ hands because of the cell phone
  - According to Pew Research Center at Harvard University - 95% of teens have access to a smartphone and 45% say they are online almost constantly

It has become much more difficult to filter what kids access
HEMPCON CUP 2019

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COW PALACE 2600 GENEVA AVE., DALY CITY

FULLY LEGAL & LICENSED EVENT
ON-SITE CONSUMPTION  21+  NO REQ. REQUIRED

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Sports Advertising

- Underage Youth Exposed to Alcohol Ads
- Super Bowl XLVIII Billboards: Beer, Football, Safer
- MarijuanaPolicy.org/Football
- The Guardian: Safer than alcohol... and football.
Talk with one or two people around you and see if you can name some movies that **glorify** substance use.

Talk with one or two people around you and see if you can name some movies that **demonstrate the ill effects** of substance use.
Why would adolescents be interested in this?
Dr. Basil Qandil
Dearborn Heights, Michigan

- Guilty of prescribing 3,700,000 pain pills over a two year period from 2011-2013
- Equals more than 5,000 pain pills per day
- This is 833 patients taking 6 pills per day (1 pill every 4 hours)
- It took two years to figure this out....
- He was found guilty of Medicare fraud- put 1.5 million dollars in bank overseas
TEENS AND PRESCRIPTION DRUG USE

- Many teens believe that prescription drugs are much safer than illegal street drugs because they are prescribed by a doctor.¹⁰
- The top three prescription drugs used by high school seniors in 2017 were: Adderall (5.5 percent), tranquilizers (4.7 percent) and prescription opioids (4.2 percent).¹¹
- There's been a significant decline in the misuse of prescription opioids among teens over the past 15 years. For example, Vicodin use among high school seniors dropped from 10.5 percent in 2003 to 2 percent in 2017.¹²
- Teens reported less availability to prescription painkillers in 2017, with only 35.8 percent of high school seniors saying they were easy to get versus 54 percent in 2010.¹²

Many teens believe that prescription drugs are much safer than illegal street drugs because they are prescribed by a doctor.¹⁰

http://abcn.ws/2i7k0lT

2018 Prescription Drug Abuse Statistics You Need To Know

Prescription drug abuse is a serious and growing problem in the United States. The 2016 National Study on Drug Use and Health reported that an estimated 28.6 million Americans age 12 and over used illicit drugs during the month prior to the study. That means roughly 1 in 10 people struggle with some level of substance use, including addiction to prescription drugs.¹

When a person takes a prescription drug for a nonmedical reason, it can quickly lead to addiction and the need for drug treatment. In fact, 25 percent of people who misused prescription drugs by age 13 ended up with an addiction at some point in their life.²
Prescription Pills

OC Doctor Sentenced to 57 Months in Prison for Distributing ...
www.nbclosangeles.com/news/local/Doctor...  
A former Santa Ana-based psychiatrist was sentenced Monday to 57 months in federal prison for his part in a scheme to distribute prescriptions for opioids and other drugs for non-medical reasons.

Missouri Doctor Sentenced for Illegal Opioid Prescriptions ...
LOUIS (AP) — An eastern Missouri doctor has been sentenced to more than three years in prison for prescribing fentanyl and other opioids to women with whom he had personal relationships who had ...

Doctor sentenced to prison for prescribing narcotics to non ...
www.dea.gov/press-releases/2019/06/13/doctor...  
SAVANNAH, Ga. – A physician with clinics in Pooler, Ga., and Braselton, Ga., was sentenced to nearly three years in federal prison for illegally prescribing drugs to non-patients. Dr.

Doctor sentenced to prison for prescribing narcotics to non ...
www.justice.gov/usao-sdga/pr/doctor-sentenced...  
SAVANNAH, Ga: A physician with clinics in Pooler, Ga., and Braselton, Ga., was sentenced to nearly three years in federal prison for illegally prescribing drugs to non-patients.

Kansas doctor sentenced to life in prison for selling opioid ...
thehill.com/policy/healthcare/medical...  
A Kansas doctor was sentenced to life in prison on Friday after he was convicted of selling opioids to patients without a legitimate medical reason. Judge J. Thomas Marten said the doctor, Steven ...

Livonia Doctor Sentenced To Prison For Prescription Opioid ...
wwjnwsradio.radiio.com/articles/livonia-doctor...  
LIVONIA (WWJ) - A Livonia doctor who confessed to running an $18 million dollar prescription drug scheme has been sentenced to more than 11 years in prison. A federal judge in Detroit on Wednesday sentenced Dr. Zongli Chang to 135 months behind bars, also ordering him to pay a $1 million fine and forfeit $3 million.

Kansas doctor sentenced to life in prison for selling opioids ...
www.nydailynews.com/news/crime/ny-news-kansas...  
Steven Henson, 57, was sentenced to life in prison for selling opioids that resulted in a patient’s death, the Department of Justice announced Friday.

West Bloomfield Doctor sentenced for opioid drug conspiracy
www.dea.gov/press-releases/2018/07/26/west...  
A West Bloomfield doctor and Monroe Patient Recruiter were sentenced to 72 months and 144 months in prison, respectively, for conspiring to unlawfully distribute prescription narcotics, announced United States Attorney Matthew Schneider.
Discover Cannabis-Friendly Palm Springs | Greater Palm ... 
Discover the do's and don'ts of recreational marijuana in Greater Palm Springs plus find dispensaries, marijuana-friendly hotels or just chill in a lounge.

Top 10 Best Cannabis Tours in Palm Springs, CA - Last ... 
Best Cannabis Tours in Palm Springs, CA - Cannabus Express Tours, The Micro Buddy, Cannabis Collective, Cannabis Dispensaries, Cannabis Tours.

10 Cannabis Tours in Palm Desert, CA - Last ... 
Tours in Palm Desert, CA - Cannabus Express Tours, The Micro Buddy, ... tive, Cannabis Dispensaries, Cannabis Tours.

Marijuana is California's Smoking-Hot Cannabis Valley—for tourism and for cannabis.

Information is current as of June 25, 2019.
Marijuana

420 AIRPORT PICKUP

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COLORADO CANNABIS CONCIERGE

COLORADO HIGHLIFE TOURS

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NONSTOP SERVICE FROM DENVER TO WASHINGTON

HCCT HIGH COUNTRY CANNABIS TOURS

THE ORIGINAL CANNA-BUS

Boulder Excursions in Cannabis-friendly SUV Luxury
This is our local community.

What about yours?
Do your kids see these types of ads everywhere?
How many of you traveled the 10 Freeway on the way here?
Need weed? Weedmaps....
List of Ailments to Support Use of Medical Marijuana

What Ailments Can Be Treated with Medical Cannabis?

Under California’s medical marijuana law, patients may be recommended marijuana for the following conditions:

- Anxiety
- ADD
- ADHD
- Arthritis
- Cancer
- Cachexia
- Chemotherapy Side Effects
- Chronic Pain
- Depression
- Fibromyalgia
- Glaucoma
- HIV-AIDS
- IBS
- Menstrual Cramps
- Migraine Headaches
- Multiple Sclerosis
- Radiation Therapy Side Effects
- Sleep Problems
- View Complete list of Medical Marijuana uses

What do I need to bring to my visit?

Please bring in your Driver’s license or state ID card showing that you are a resident of the state. Patients are strongly encouraged to bring in medical records or old prescription bottles with their name on them. In some cases, exceptions can be made for patients who do not have access to or have lost their documentation.

Do I have to pay the evaluation fee if I do not receive a marijuana recommendation?

No. If the physician does not approve you, you do not have to pay any fees. In other words, you only pay the evaluation fee if you are approved.

Do I have to be at least 18 to be a patient?

No, as long as the legal guardian signs a waiver for the minor, someone who is under 18 may still be eligible to become a patient.

Will there be any privacy issues with respect to
Emergent Medical Illnesses Related to Cannabis Use

Karen Randall, DO

Karen Randall, DO, FAAEM, is an Emergency Medicine physician in Pueblo, Colorado. She is certified in Cannabis Science and Medicine (University of Vermont, School of Medicine)

Kathleen Hayward, MD

Kathleen Hayward, MD, FAAEM, FACEP, is an emergency Physician in the Einstein Medical System in Philadelphia, PA.

Abstract

As more states rush to legalize the use of cannabis products, both medically and recreationally, there are more medical harms being seen in emergency departments (ED). The tetrahydrocannabinol (THC) concentration today is much stronger than the concentration from the 90s. In the 1990s most typical “joints” contained 1–3 mg of THC. Today, plants are being raised and modified to produce a higher concentration of THC. In turn, the amount of cannabidiol (CBD) is decreasing. Previously, people would smoke 1–3 mg of THC. The typical joint in Colorado contains 18 mg of THC or more. Currently, in the ED, we see patients who self-report smoking 2,000 mg or more of THC in a day. In 2015, 2.6 million individuals started cannabis use, 45% were 12–17 years of age. This brief report includes some of the more common illnesses that have been seen over the last four years of legalization in Colorado, and is by no means inclusive of all the potential problems that can occur. Among the many untoward effects being seen, illnesses that will be discussed are: cannabinoid associated hyperemesis, acute psychosis, cannabinoid catatonia syndrome, acute myo-pericarditis and ingestions.
Oklahoma native Caleb Fowler, 23, shot himself earlier this month after eating five times the recommended dosage of edibles. And last year, Wyoming college student Levy Thamba Pongi jumped to his death after eating a marijuana cookie. A coroner ruled that “marijuana intoxication” played a major role in the tragedy.

Even in states where marijuana is legal, the lack of edible-specific regulations has caused public safety concerns. State officials in Colorado are now scrambling to create regulations regarding dosages of THC in the products, while more marijuana business owners are encouraging new users to “start low, go slow.”

Perhaps because of the colorful packaging, even pre-teens are getting hold of edibles. Last April, a 10-year-old in Denver was busted for bringing edibles to school and three seventh-graders were hospitalized just one month earlier for eating pot-laced brownies at school.
Low levels of marijuana use – as few as one or two times – may change the teen brain, according to a new study.

The study, which looked at the brains of 46 14-year-old girls and boys from Ireland, England, France and Germany, found that teenagers who reported using recreational marijuana just once or twice displayed increased volume on MRI images in numerous brain regions involved in emotion-related processing, learning and forming memories. The results of the study were published Monday in the Journal of Neuroscience.

Use of e-cigarettes (also known as vaping) by high school students has jumped 78% since last year, according to the US Centers for Disease Control and Prevention (CDC). And it has jumped 48% among middle schoolers. The US Food and Drug Administration (FDA) is responding with a proposal to restrict youth access to flavored nicotine products, which the CDC blames for contributing to the surging popularity of vaping. The report was published November 15, 2018 in Morbidity and Mortality Weekly Report.

Cliff Douglas, American Cancer Society Vice President, Tobacco Control, said, “The unprecedented 78 percent increase in e-cigarette use among our kids in just one year, from 2017 to 2018, threatens to create a new generation of addicted tobacco users, making it paramount that the FDA act as aggressively and expeditiously as possible to stem this dangerous turn of events.”
### Total Surveys Completed

<table>
<thead>
<tr>
<th>Race/Ethnicity**</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>46 (43%)</td>
</tr>
<tr>
<td>Black</td>
<td>3 (3%)</td>
</tr>
<tr>
<td>Asian/Pacific Islander</td>
<td>3 (3%)</td>
</tr>
<tr>
<td>Hispanic/Latino</td>
<td>46 (43%)</td>
</tr>
<tr>
<td>Other</td>
<td>4 (4%)</td>
</tr>
<tr>
<td>Declined</td>
<td>5</td>
</tr>
</tbody>
</table>

### Reported vaping practices in the past 3 months***

<table>
<thead>
<tr>
<th>Product Type</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vaped product containing THC</td>
<td>88 (82%)</td>
</tr>
<tr>
<td>Vaped product containing CBD</td>
<td>39 (36%)</td>
</tr>
<tr>
<td>Vaped product containing nicotine</td>
<td>48 (45%)</td>
</tr>
<tr>
<td>Vaped nicotine products only</td>
<td>10 (9%)</td>
</tr>
</tbody>
</table>

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**Vaping Product Purchase**

Some of the case patients who were interviewed reported buying vaping products from vape shops or dispensaries. Out of the stores named by patients, only six are licensed to sell THC according to the Bureau of Cannabis Control’s online database of licensed retailers.

The remaining patients who self-reported the source(s) of THC vaping products used, reported obtaining those products from illicit street vendors, pop-up shops, social contacts, or unverified sellers (retailers which could not be located and/or verified as licensed).

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- CDC is only reporting hospitalized EVALI cases and EVALI deaths regardless of hospitalization status. See [Public Health Reporting](https://www.cdc.gov) for more information.
- **As of January 14, 2020,** a total of 2,668 hospitalized EVALI cases or deaths have been reported to CDC from all 50 states, the District of Columbia, and two U.S. territories (Puerto Rico and U.S. Virgin Islands).
  - Sixty deaths have been confirmed in 27 states and the District of Columbia **(as of January 14, 2020).**
YOUTH E-CIGARETTE USE IS RISING

E-CIGARETTES TYPICALLY DELIVER NICOTINE

YOUTH NICOTINE EXPOSURE CAN:
- CAUSE ADDICTION
- HARM THE DEVELOPING BRAIN

E-CIGARETTE USE SURGED DURING 2017-2018

IN 2018:
- 1 IN 5 HIGH SCHOOL KIDS
- 1 IN 20 MIDDLE SCHOOL KIDS CURRENTLY USE E-CIGARETTES

HELP PREVENT YOUTH E-CIGARETTE USE

- KNOW THE RISKS OF E-CIGARETTES
- TALK TO YOUTH ABOUT THESE DANGERS
- BE TOBACCO FREE

National Youth Tobacco Survey as reported in Cullen et al., MMWR 2018

WWW.CDC.GOV
As Kids Get Hooked on Vaping...

Juuling, Vaping and Nicotine Addiction

Nicotine Addiction From Vaping is a Bigger Problem Than Teens Realize


http://www.scholastic.com/youthvapingrisks/
Vapes

SMOKING VS VAPING

Thinking about making the switch from smoking to vaping? Excellent choice! Below are real facts about each.

SMOKING

- 7000 CHEMICALS IN A CIGARETTE
- 90% OF SMOKERS WISH THEY NEVER STARTED
- 8,600,000 PEOPLE IN THE US HAVE SUFFERED FROM SMOKING-RELATED DEATHS
- 1,000 KILLED PER YEAR

VAPING

- NO SMOKE, NO LOLIPOP
- FREEDOM FROM THE STINK
- 95% CHANCE OF NEVER SMOKING AGAIN
- 100% RECHARGE & RECYCLE

WOULD YOU EVER?

- CHUG ACETONE?
- GULP METHANOL?
- SWALLOW ARSENIC?
- CHEW TAR?

Vaping finally allows a vaping alternative to smoking, just the click of a button and you’re ready to go.

Nicotine Addiction Cycle

VAPING/JUULING

NICOTINE ABSORPTION

NICOTINE CRAVINGS

AROUSAL, ALTERED MOOD, PLEASURE

WITHDRAWAL SYMPTOMS

TOLERANCE & DEPENDENCE

CONSUMERNOTICE.ORG
California Healthy Kids Survey

A comprehensive student data collection system that addresses school climate, health risks and behaviors, and youth resiliency.

The California Healthy Kids Survey (CHKS) is an anonymous, confidential survey of school climate and safety, student wellness, and youth resiliency. It is administered to students at grades five, seven, nine, and eleven. It enables schools and communities to collect and analyze data regarding local youth health risks and behaviors, school connectedness, school climate, protective factors, and school violence. The CHKS is part of a comprehensive data-driven decision-making process on improving school climate and student learning environment for overall school improvements.

The CHKS is a companion tool to the California School Staff Survey (CSSS) for staff and the California School Parent Survey (CSPS) for parents. Together, they form the California School Climate, Health, and Learning Survey (Cal-SCHLS) System.

At the heart of the CHKS is a research-based core module that provides valid indicators to promote student engagement and achievement, safety, positive development, health, and overall well being. In addition, there are supplementary modules to choose from at the secondary school level that ask detailed questions on specific topics. These include more in-depth questions on school climate; resiliency and youth development; social emotional health and learning; tobacco use; alcohol and other drug use; safety/violence; physical health; sexual behavior; after school activities; gang awareness; lesbian, gay, bisexual, and transgender school experiences; and military connected school. Districts can also customize their questions in a custom module targeting topics of local interest.

Who Should Administer?

The CDE encourages schools and districts serving students in 5-12 grades to administer the CHKS to provide data metrics for their Local Control and Accountability Plan and Single Plan for Student Achievement.

As a funding condition, districts receiving Tobacco-Use Prevention Education (TUPE) funding are required to conduct the biennial CHKS.

https://www.cde.ca.gov/ls/he/at/chks.asp
## CalSchls Trends 2015-17

### State | Most Recent Data (2015-17)

**Current electronic cigarette use | One or more days in the past 30 days**

<table>
<thead>
<tr>
<th>Grade</th>
<th>All Students</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grade 7</td>
<td>All Students</td>
<td>3%</td>
</tr>
<tr>
<td>Grade 9</td>
<td>All Students</td>
<td>8%</td>
</tr>
<tr>
<td>Grade 11</td>
<td>All Students</td>
<td>10%</td>
</tr>
<tr>
<td>Cont. School</td>
<td>All Students</td>
<td>16%</td>
</tr>
</tbody>
</table>

### State | Most Recent Data (2015-17)

**Current alcohol or drug use | One or more days in the past 30 days**

<table>
<thead>
<tr>
<th>Grade</th>
<th>All Students</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grade 7</td>
<td>All Students</td>
<td>7%</td>
</tr>
<tr>
<td>Grade 9</td>
<td>All Students</td>
<td>20%</td>
</tr>
<tr>
<td>Grade 11</td>
<td>All Students</td>
<td>29%</td>
</tr>
<tr>
<td>Cont. School</td>
<td>All Students</td>
<td>44%</td>
</tr>
</tbody>
</table>
Current marijuana use: One or more days in the past 30 days

Please note: In 2018, the marijuana use questions were modified to include eating, drinking, or vaping in addition to smoking...

Results based on: All Students

Grade 7:
- All Students: 2%

Grade 9:
- All Students: 10%

Grade 11:
- All Students: 16%

State | Most Recent Data (2015-17)

Very drunk or high 7 or more times | Lifetime

Results based on: All Students

Grade 7:
- All Students: 1%

Grade 9:
- All Students: 6%

Grade 11:
- All Students: 15%

Cont. School:
- All Students: 32%
CalSchls Data 2015-17

![Graph showing data for different categories such as E Cigarette Use, Alcohol, Marijuana, High 7+ Times, Sadness, Caring Adult, and Connectedness for 7th Grade, 9th Grade, 11th Grade, and Non Trad Sch.](image-url)
Selected Quotes from Students and Parents

- Bud is not a drug
- It’s not a big deal
- It helps me focus
- I can handle it
- I’m not an addict
- I did it when I was a kid
- You don’t understand
- It’s not like I sell to little kids like freshmen
- It belongs to my Mom/Dad, it must be safe
- My parents/guardian smoke(s)/drink(s) with me or know I...
- I've told my son/daughter as long as there are adults around they can drink/smoke/party
- I’m anxious all of the time. I feel better when I'm not stressed.
- I am tired of being left out, teased, bullied for being the only one who does not smoke/drink/party
Prevention

• Talk about substance use and the negative effects it has on life
• Bring in presenters who are experts
• Present to children- age appropriate
• Present in small and large groups
• Frequent, on-going and consistent
• Present to parents- all parents
• Present to your staff and make sure everyone in the organization realizes what we are dealing with
• Knowledge is power and staff need to know the signs to look for in kids
• It is more than a schoolwide program
• Zero Tolerance is oftentimes Zero Effective
Prevention

- Don’t assume people understand
- Yes, the more we share, the more they will know- both good and bad
- Don’t be afraid of the truth
- Substance use is affecting our future
- Dispose of prescription medications properly
- Take advantage of the experts in your area
- Do not oversimplify – the decisions and pressures students are facing are very complex
- Look at each student as an individual, capitalize on their strengths and help them find meaning and purpose to avoid turning to substance use
- Offer specific time(s) within the school day/schedule to have difficult conversations about real topics
SAMHSA’s National Registry of Evidence-based Programs and Practices (NREPP): Substance Abuse Prevention Programs (Ages 6-12; 13-17)

<table>
<thead>
<tr>
<th>Intervention Title</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Across Ages</td>
<td>Across Ages is a school- and community-based substance abuse prevention program for youth ages 9 to 13. The unique feature of Across Ages is the pairing of older adult mentors (55 years and older) with young adolescents, specifically those making the transition to middle school.</td>
</tr>
<tr>
<td>Active Parenting of Teens: Families in Action</td>
<td>Active Parenting of Teens: Families in Action is a school- and community-based intervention for middle school-aged youth designed to increase protective factors that prevent and reduce alcohol, tobacco, and other drug use; irresponsible sexual behavior; and violence.</td>
</tr>
<tr>
<td>Al's Pals: Kids Making Healthy Choices</td>
<td>Al's Pals: Kids Making Healthy Choices is a school-based prevention program that seeks to develop social-emotional skills such as self-control, problem-solving, and healthy decision-making in children ages 3-8 in preschool, kindergarten, and first grade.</td>
</tr>
<tr>
<td>Alcohol Literacy Challenge</td>
<td>Alcohol Literacy Challenge (ALC) is a brief classroom-based program designed to alter alcohol expectancies and reduce the quantity and frequency of alcohol use among high school and college students.</td>
</tr>
</tbody>
</table>

SAMHSA’s National Registry of Evidence-based Programs and Practices (NREPP): Substance Abuse Prevention Programs (Ages 6-12; 13-17) -- 100+ Ideas/Interventions for students & families
[https://www.cde.state.co.us/healthandwellness/nrepp-substance-abuse-programs-2015-pdf](https://www.cde.state.co.us/healthandwellness/nrepp-substance-abuse-programs-2015-pdf)
Trauma Informed School Practices

- Trauma exists in our schools
- It impacts our students and staff daily
- As school leaders we feel it in the form of formal referrals or schoolwide disruptions
- To avoid the negative impact on our sites to both our staff such as compassion fatigue and systems we need to be informed and take proactive steps
Trauma Informed School Practices

Trauma informed schools see each child as an individual with their own story and seek to meet each student's individual needs. Trauma informed schools see each child as an individual with their own story and seek to meet each student's individual needs. Trauma informed schools see each child as an individual with their own story and seek to meet each student's individual needs. Trauma informed schools see each child as an individual with their own story and seek to meet each student's individual needs. Trauma informed schools see each child as an individual with their own story and seek to meet each student's individual needs.

Roles in a Trauma Informed School

- Listen
- Provide emotional support
- Provide interventions
- Support students daily
- Counseling Groups
- Help teachers eliminate triggers
- Awareness around trauma
- Coordinate behavioral interventions
- Coordinate wrap-around services from school perspective
- Coping tools - Self-regulation strategies
- Support teachers in social skill development
- Create a welcoming environment
- Provide opportunities to recognize students
- Support students
- Listen
- Get students help they need
- Pass information about student to the person who can help
- Attend trauma-informed practices trainings
- Communicate when disregulated
- Establish mindfulness and self-care routines
- Take responsibility of their own life
- Be self-aware
- Express needs/wants

COUNSELOR

TEACHER

PRINCIPAL

NON-INST. SUPPORT

STUDENT

PARENT

SOCIAL WORKER

- Support students
- Listen
- Provide relevant educational opportunities
- Direct students to appropriate support
- Don’t be a counselor
- Provide safe, consistent, and inviting environment
- Establish a mindset of understanding the child
- Be a champion for every student
- Forgive
- Start fresh with students every day
- Identify signs of anxiety in students
- Adjust school environment to be supportive of students impacted by trauma
- Ensure safety of staff and students
- Student support team
- Crisis team
- Communication about trauma-informed practices to staff, students, and parents
- Organizational structure supportive of trauma informed practices
- Involved in creation of plans to support their children
- Learn about ACES and how to support students
- Support students holistically
- Partner with the school and notify school staff of challenges
- Get help if dealing with situations that contribute to trauma for their children
- Coordinate wrap-around services from family perspective
- Create and organize trainings for parents
- Maintain list of referrals in the community
- Teach staff about trauma and its effects
- Teach self-regulation strategies
- Partner with mental health organizations
- Provide direct support to students and staff

jethrojones.com
Design by @educateerr
Trauma Informed School Practices

The value of trauma-informed schools is rooted in the universal best practices of trauma-informed care.

If trauma-informed practices can benefit all students, what are their core values? The Substance Abuse and Mental Health Services Administration (SAMHSA) has established the following guiding principles for trauma-informed care:

- **Safety**
- **Trustworthiness and transparency**
- **Peer support and mutual self-help**
- **Collaboration and mutuality**
- **Empowerment, voice, and choice**
- **Consideration, recognition and provision for cultural, historical, and gender issues**

**The Four Rs of Trauma-Informed Care**

- **Realize**
  - Realize the widespread impact of trauma and understand potential paths for recovery
- **Recognize**
  - Recognize the signs and symptoms of trauma in clients, families, staff, and others involved with the system
- **Respond**
  - Respond by fully integrating knowledge about trauma into policies, procedures, and practices
- **Resist**
  - Resist re-traumatization of children, as well as the adults who care for them
Trauma Informed School Practices

As school leaders you can influence the "sacred cow" of school culture in several ways:
1. Holding a "students first" vision
2. Aligning all priorities of PBIS, SEL, Attendance, Inclusion, Academic Growth with a trauma informed framework
3. Create a committee, set goals, take action and reflect
4. Develop a shared vision with shared purpose
5. Build on the power of the community
6. Value inquiry
7. Foster collaboration

[TRAVMA FACTS for Educators]

FACT: One out of every 4 children attending school has been exposed to a traumatic event that can affect learning and/or behavior.

FACT: Trauma can impact school performance.
- Lower GPA
- Higher rate of school absences
- Increased dropout
- More suspensions and expulsions
- Decreased reading ability

FACT: Trauma can impair learning.
Single exposure to traumatic events may cause jumpiness, intrusive thoughts, interrupted sleep and nightmares, anger and moodiness, and/or social withdrawal—any of which can interfere with concentration and memory.
- Chronic exposure to traumatic events, especially during a child’s early years, can:
  - Adversely affect attention, memory, and cognition
  - Reduce a child’s ability to focus, organize, and process information
  - Intervene with effective problem solving and/or planning
  - Result in overwhelming feelings of frustration and anxiety

FACT: Traumatized children may experience physical and emotional distress.
- Physical symptoms like headaches and stomachaches
- Poor control of emotions
- Inconsistent academic performance
- Unpredictable and/or impulsive behavior
- Over or under-reacting to bells, physical contact, doors slamming, sirens, lighting, sudden movements
- Intense reactions to reminders of their traumatic event:
  - Thinking others are violating their personal space, i.e., “What are you looking at?”
  - Blowing up when being corrected or told what to do by an authority figure
  - Fighting when criticized or teased by others
  - Resisting transition and/or change

FACT: You can help a child who has been traumatized.
- Follow your school's reporting procedures if you suspect abuse
- Work with the child’s caregiver(s) to share and address school problems
- Refer to community resources when a child shows signs of being unable to cope with traumatic stress
- Share Trauma Facts for Educators with other teachers and school personnel

https://traumaawareschools.org/traumaResources/resourcecenter#t=trauma-informed-schools
Intervention

- Accountability
- Discipline

School discovers a student is using illegal substances

Balanced Approach

- Inform families
- Trauma Informed Care
- School Site Support

Partnership

- Related Service Providers
- Outside Agency Supports
Intervention

• Regular connections with kids
• Meaningful interactions with caring adults
• Contracts with meaning based on student preferences & needs
• Sustainable & accountable
• Frequent revisits with celebrations
• Commitments from adults
• Protection from malicious attitudes
Adolescent Substance Awareness and Prevention

Say Goodbye to...
1. Automatic 5-day suspension
2. The suspensions and expulsions for remnants of marijuana in a backpack or paraphernalia with remnants of marijuana
3. The opportunity to stay home and get high

Say Hello to...
1. Keeping kids at school and not at home
2. Continuing to work with them on alternative forms of coping and decision-making
3. An opportunity to educate our students on the ill effects of using illegal and legal substances
ASAP Statistics

- **Number of students who have participated in the ASAP class**
  - 2016/17- 118 (class has been held 16 strategic times)
  - 2017/18- 199 (20 classes)
  - 2018/19- 105 (15 classes)

- **Number of students who have had a repeat offense after attending**
  - 2016/17- 12
  - 2017/18- 20
  - 2018/19- 12

- **Number of students who went forward to an expulsion after attending ASAP class**
  - 2016/17- 7
  - 2017/18- 14
  - 2018/19- 3

- **Number of home suspension days avoided**
  - 1,260 (approximately $75,000)

**Math**

- Home suspension day loses approximately $60.00 in ADA
- ASAP pays for itself
- If students are not repeating behavior, they may be learning
- If students are in school, there is a chance they will not fall further behind and this may equate to an increase in grades and graduation
What do our kids need?

- Us
- Rules and consistency
- Meaningful relationships - People who care to help them make safe decisions
- Individuals who care to notice them and their behaviors - change in behaviors
- Us to recognize that they are not at fault for what other members of their family do
- Early intervention
- Remain student focused - It does not matter who is right but more that the right thing is done for the kid
- It does matter what kids do outside of school – you are what you do.
Pay attention to behaviors

• Kids do not always want to continue to do what they are doing
• Help them by being their way out of negative behaviors
• When you see a change in behavior, ask about it - be sincere
• If you show you care, it may make a difference
• Be the difference in a kid’s life
• Give kids something else to do - meaningful alternatives
Do staff members show students that they care?

- When a student asks for help
- When a student displays a need for help
- When a student is demonstrating a change in behavior, grades, etc.
- When a student is found to be using substances
- When a student needs something more than discipline
- When the staff at school may be the only people capable of showing them that they care
A documentary to watch

http://topdocumentaryfilms.com/overtaken/
One Caring Adult at a Time...

✓ Don’t ever give up on a kid. They know you gave up before you do.
✓ Adults don’t hide displeasure or indifference very well.
✓ One caring adult saved us. Be that person for another.
✓ Give every kid what they need when they need it.
✓ Students are 1st.
Questions and/or Comments?

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