

# Strategies for Success

## new pathways to drug abuse prevention

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### When Drug Testing Stops (and Starts Again)

In March 1998, De La Salle High School in New Orleans made headlines when it became the first high school in the area to implement mandatory random drug testing for the entire student body.

Officials at the private Catholic school noticed a change almost immediately. After just one year of testing, the percentage of students testing positive for drug use at De La Salle dropped by almost half, from 6.2 percent in 1998 to 3.3 percent in 1999. Positive drug-test results declined again the following year, to 2.0 percent, and remained relatively low thereafter.

Then disaster struck. On August 29, 2005, Hurricane Katrina slammed into New Orleans, devastating the city and the surrounding area. Homes and businesses were destroyed, residents evacuated, and schools, which had opened only weeks earlier, were forced to shut down. More than six weeks later, De La Salle became the first high school in New Orleans to open its doors and classrooms after the storm.

Classes were back in session, but life at De La Salle was hardly back to normal. Only about half of the school's 550 regular students had returned. Meanwhile, De La Salle had taken on many students from other, storm-ravaged schools in the area.

It was a confusing, difficult time as administrators were forced to deal with pressing disaster issues in the area. Many school operations were put on hold, including De La Salle's vaunted drug testing program.

"We felt we had bigger problems," recalls Principal Gina Hall. Ultimately, though, suspending the program only strengthened her belief in the benefits of drug testing.

It is impossible to know precisely what effect, if any, the absence of drug testing had on drug use at the school. But when testing resumed several months later, school officials were shocked to see that the rate of drug-test positives had spiked to 8.4 percent, well above that of any previous year. Results taken the following fall, with testing underway, showed the rate of positive tests plunging by more than half.

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## Clear-headed kids

Tony Bonura was born in New Orleans and graduated from De La Salle in 1986. He came back as dean of students in 2002. Although he had no experience with random student drug testing, he supported the concept, influenced by his days as a coach at another high school that did not test for drugs.

"I lost a player to a drug overdose," he says. "An all-American kid, captain of the basketball team." As a new faculty member at De La Salle, with its robust drug testing program, Bonura "realized immediately we could help a lot of kids."

There have been no drug overdoses at De La Salle in the five years he has been on the job, either among current or former students, says Bonura. He sees other signs as well, some quite subtle, that the school is standing strong against the currents of substance abuse. When you walk down the halls, he says, you don't see glazed eyes and dull expressions. "You see clear-headed kids."

The beauty of drug testing, he continues, is how it relieves peer pressure by giving students a convenient reason to say "no" when offered drugs. Better yet, it allows them to avoid the question altogether.

"They don't even get asked anymore," he says, "because other kids know they go to De La Salle."

Today, the numbers are looking better than ever. Assistant Principal Tony Bonura, who conducts drug testing at De La Salle, says preliminary results for the entire 2006-2007 school year show the positive-test rate at less than 1 percent. He is convinced that drug testing is keeping substance abuse at bay. "There's no doubt in my mind that testing is a deterrent," he says.

## Testing for all

As part of De La Salle's "Random Plus" drug testing program, every student in grades 8-12, as well as every member of the faculty and staff, is tested for drug use at least once during the school year. Students entering grades 9-12 from other schools must pass a drug test before being admitted. The tests are administered five days a week, with five to seven students tested each day. Once a student has been tested, his or her name goes back into the pool. This means a student may get tested again that same year.

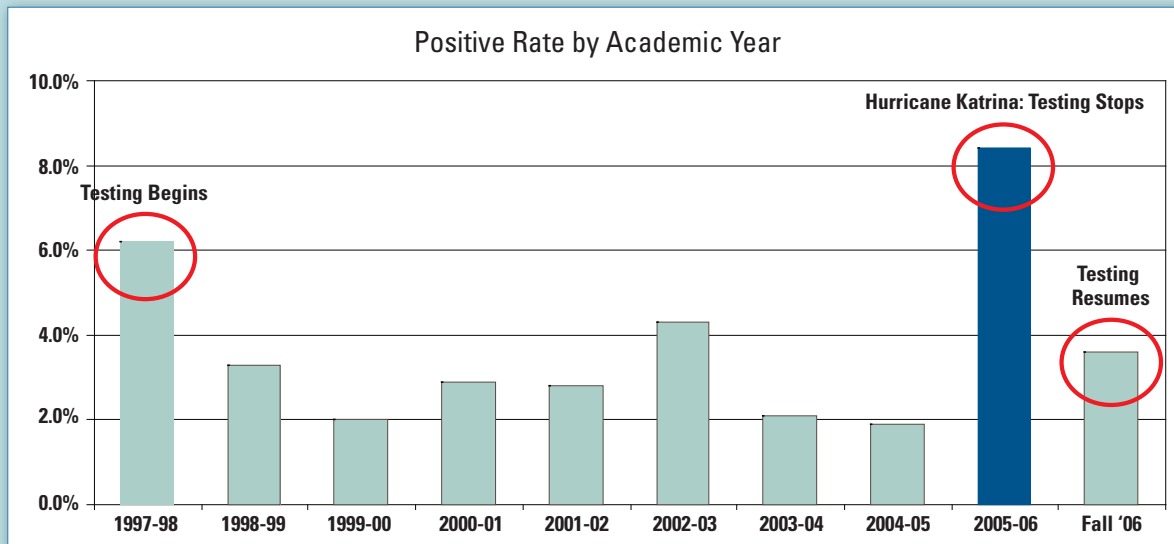
Students selected for drug testing are summoned from the classroom and directed to the testing room, where several strands of hair are snipped from their heads. The samples are sent to a lab and examined for use of marijuana, cocaine, amphetamines, opiates, and MDMA (Ecstasy).

The process, from classroom to testing room and back again, takes only a few minutes, explains Bonura, adding that the students have come to accept drug testing as part of the school's normal routine. When called in for testing, he says, students do not feel ashamed or unfairly singled out. "They joke about it. They know they are being picked because everyone is being picked." One day, he recalls, a girl was brought to his office looking nervous. "I told her she was here for a drug test, and she relaxed. 'Oh, thank goodness,' she said. 'I thought I was in trouble.'"

De La Salle's drug testing program is funded through the school's tuition, at a cost of about \$55 per test. Students who test positive for drugs must submit to a second test, this time at their own expense. The point of testing, says Bonura, is not to punish students who use drugs, but to provide counseling and determine if some kind of treatment is necessary. "We don't hang a scarlet letter around their necks. The idea is to get them the help they need."

*cont., page 10*

## De La Salle Drug Testing Results



Results from bar chart based on: academic years, samples processed, and percent positive rates. 1997-98, 985, 6.2%; 1998-99, 1106, 3.3%; 1999-00, 898, 2.0%; 2000-01, 785, 2.9%; 2001-02, 772, 2.8%; 2002-03, 839, 4.3%; 2003-04, 745, 2.1%; 2004-05, 745, 1.9%; 2005-06, 286, 8.4%; Fall 2006, 165, 3.6%; Totals, 7,326 samples, 3.5% positive rate.



Thanks to the efforts of parents; schools; community coalitions; civic and faith-based organizations; local, State, and Federal agencies; and other concerned partners, student use of illicit drugs has declined 24 percent since 2001, according to Monitoring the Future, 2007 (MTF). This means 860,000 fewer young people are using drugs today. Although these impressive reductions suggest that prevention programs aimed at youth are making a difference, adolescents are still at risk for substance abuse.

MTF also reveals that 19 percent of 8th graders, 36 percent of 10th graders, and 47 percent of 12th graders have used an illicit drug during their lifetime. Abuse of prescription-type drugs is high among 12th graders, with 9 percent reporting abuse of narcotic pain-killers other than heroin in the past year, and 6 percent reporting abuse of sedatives. Moreover, Substance Abuse and Mental Health Services Administration (SAMHSA) data indicate that 1.3 million youths aged 12 to 17 needed treatment for an illicit drug-use problem in 2006.

Schools have a variety of prevention and education programs at their disposal to help students stay drug-free. Although these programs may deter young people from initiating drug use or prompt them to refrain from continued experimentation with drugs, sometimes an enhanced awareness of drug use among students or a tragic event such as a drug overdose death – as was the case with New Castle High School in Pennsylvania (Issue 1, *Strategies for Success*) – will spur a school to seek additional strategies.

Random drug testing, which has the potential to deter and identify drug use by students, can be a valuable complement to existing prevention programs. Screening can also help create a culture of disapproval toward drugs and a safer school environment.

Random testing programs share important commonalities of purpose, but the best programs are designed to address the unique needs of the school or community. This issue of *Strategies for Success* looks at a variety of successful programs and program elements that have been implemented around the Nation in public and private schools. Articles on these pages also address misconceptions about the safety of misusing prescription drugs and the drug testing process.

With continued, concerted efforts, drug use among youth can decline even further. Fewer youth initiating drug use can translate into fewer dependent or addicted adults. Random testing for drug use and other drug abuse prevention programs that target young people can make important contributions to this public health goal. We urge communities and schools to add random testing to their anti-drug strategies.

John P. Walters, Director  
National Drug Control Policy

Margaret Spellings  
U.S. Secretary of Education

# Random Student Drug Testing Program Embraced By Suburban Phoenix Community

by Regina Wainwright

In November of 2005, the Chandler Unified School District in suburban Phoenix, Arizona, was awarded a \$780,000 grant from the U.S. Department of Education to implement and carry out a three-year mandatory random student drug testing program. The purpose of the program is to protect the health, safety, and welfare of our students. The catalyst for attempting to obtain the grant was a district-wide survey that indicated a concern from parents and students regarding drug availability and use in the community. Although the schools were not exhibiting “drug problems”, a desire to be proactive versus reactive prompted the district to formulate some type of testing program. It is the nature of education to protect our students, and this was just one more area in which vigilance to prevent issues from arising was seen as important.

Creating a clearly organized, supportive, non-punitive intervention program was paramount. Parent information meetings were held at each of our three high schools to disseminate and explain the guidelines of the mandatory random drug testing program. It was decided that the drug testing pool would consist of all students in grades 9-12 participating in any activities governed by the Arizona Interscholastic Association. This range would include students engaged in athletics and fine arts as well as in other activities such as JROTC, Chess Club, and Speech and Debate, and would allow for a diversified, cross cultural pool of testing candidates. It was also decided that a random student drug testing parent/student consent form and a parent handbook would be distributed to each student. Once the consent form is returned to the school site and the student enters into the drug testing pool, he or she becomes eligible to participate in the activity.

The testing process is clearly outlined and protocols defined. The district entered into a contract with a testing company to provide two mobile units, which are gender specific, to obtain urine samples for testing. The company maintains the chain of custody for the samples and transports them to a lab for testing. Students are escorted from class by a district employee who monitors the collection process and answers any questions the students may have at the time. Approximately 30-50 students are impacted on a test day. Once the sample has been obtained, the student is given a pass to return to class. On the day of testing, all parents receive a phone call informing them that their child was randomly selected to be drug tested that day and inquiring if they have any questions. Most thank us for the effort and state how much they appreciate the program.

Once lab results are obtained, a letter is sent home to the parents along with the original test results for their records. Positive test results are dealt with on a personal level and are never sent through the mail. A meeting is held with the student, parents, and the director of the random drug testing

program to review the test results and the options available at that time for the student. It is the goal of the program that an assessment will be done and counseling will commence. A minimum of eight hours of counseling is required after the first positive test, and the student is ineligible to participate in his or her activity for four weeks. If counseling is declined, the student is ineligible for the following eight weeks. To date, all students have chosen to attend counseling.

Of the 5,200 students who have been included in the drug testing pool since the program began actively testing students in January of 2006, a total of 1,710 (32.9 percent) have been tested for alcohol, drugs and anabolic steroids. Eighteen (1.05 percent), have tested positive for an illegal substance.

Since its inception, students, parents, teachers, and site administrators have lauded the program. In a March 2006 survey of students participating in the drug testing program, 57 percent of respondents stated that drug testing makes them want to avoid illegal drugs and alcohol. Forty-nine percent stated that they felt drug testing reduces illegal drug use.

When questioned, parents have responded that they feel student testing is a positive deterrent they would like to see continue in the district. There has been no decline in the number of students participating in activities included in the random drug testing program. Based on the comments and feedback obtained over the past year and half, I would highly recommend to other districts that they consider some type of random drug testing program. In today's culture, students not only need it, they also appreciate a reason to say no to drugs.

*Regina Wainwright is the Random Student Drug Testing Project Director for Chandler Unified School District.*

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# SUMMIT

## Summit Watch

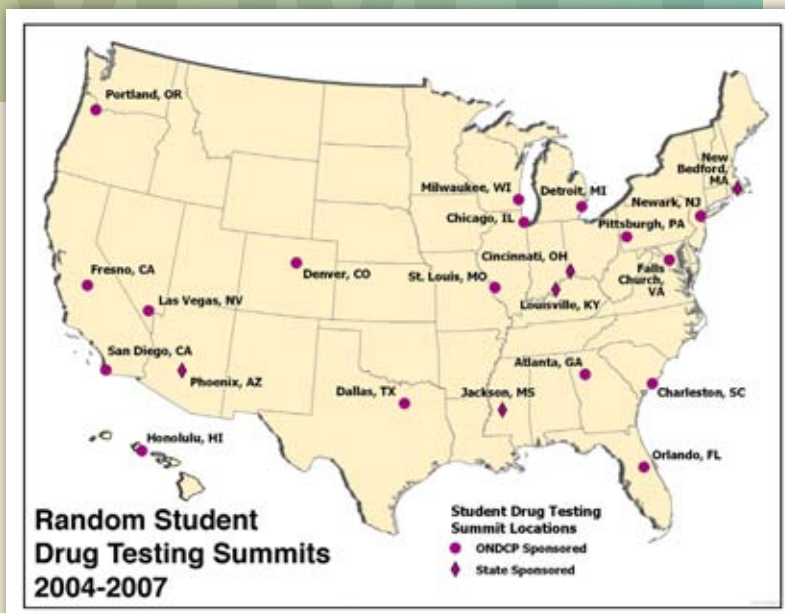
The Office of National Drug Control Policy (ONDCP) hosted four one-day summits on random student drug testing between January and April 2007. The summits brought together experts in the drug testing field to review a variety of topics such as program development, testing methods and protocols, and student assistance programs.

Popular with audiences were panel discussions led by representatives from school districts across the country who shared experiences, advice, and strategies on incorporating student drug testing into existing prevention programs.

Kathy Jordan and her colleagues from Winston-Salem/Forsyth County Schools in North Carolina showcased their *It's Our Call/It's My Call* Student Drug Testing Program at the Charleston, South Carolina, summit in January. Their program asks students in junior high and high school to stand up and be counted as “drug free” and requires drug tests for all high school students who participate in extracurricular activities. Students in grades 6-12 who do not participate in extracurricular activities can volunteer for the random drug testing program.

Lisa Brady, Superintendent of Hunterdon Central Regional High School in New Jersey, has spent ten years working with school drug testing programs and remains a strong advocate of random drug testing. At the February summit in Newark, Superintendent Brady told participants that “random student drug testing sends a clear message: students are expected to be drug free. As caring adults,” she said, “we have an obligation to provide our young people with any and all resources to assist them with decision-making during the critical adolescent years. Random student drug testing gives kids a reason to say ‘no’ to drugs and negative peer pressure.”

At the Honolulu summit in March, ONDCP Deputy Director for Demand Reduction Dr. Bertha Madras and Hawaii Lieutenant Governor James R. “Duke” Aiona led discussions on the benefits of student drug testing. Lt. Governor Aiona explained



that random student drug testing gives parents yet another opportunity to engage in conversations about substance abuse. “As a family court judge, I’ve seen too many tragedies that could have been avoided had we been more proactive.”

Also speaking at the Honolulu summit was Richard J. Schaffer, principal of the Mid-Pacific Institute, a private school in Hawaii with a voluntary drug testing program. A number of positive outcomes have resulted from the school’s testing program, said Mr. Schaffer, pointing out, for example, how frequently even students who are not in the testing pool use the “I might be drug-tested” excuse for not using drugs.

Representatives from 21 States and four high school athletic associations attended the Las Vegas summit. John Maltsch, Activities Director for the Pewaukee School District in Wisconsin, told attendees his district’s testing program is “all about deterrence. If we can save two or three students a year, we’ve done what we set out to do.”

ONDCP Deputy Director Bertha Madras delivered the summits’ keynote address. Her remarks focused on the harmful effects of drugs on brain development and the importance of deterring young people from initiating drug use. She also noted that random drug testing can help address current drug use trends, such as increases among youth in prescription drug abuse and the use of dangerous performance-enhancing illicit drugs among student athletes.

Of the 495 schools/school districts that were represented by attendees during the 16 regional summits ONDCP has hosted since 2004, 227 have instituted random student drug testing programs.

To download materials presented at recent summits or to learn about upcoming summits, please visit [www.randomstudentdrugtesting.org](http://www.randomstudentdrugtesting.org).

A comprehensive site offering resources, publications, research findings, best-practices, and guidance on policy development, [www.randomstudentdrugtesting.org](http://www.randomstudentdrugtesting.org) is designed to meet the needs of a range of audiences—from parents and students interested in learning more about program goals to educators and administrators involved in program management.

# Washington, DC Conference Focuses on Random Drug Testing

On June 25 and 26, 2007, in Washington, DC, the Institute for Behavior and Health sponsored its first annual random student drug testing (RSDT) conference. The keynote address was presented by John Walters, Director of National Drug Control Policy, who talked about the future of RSDT and the benefits of including screening in anti-drug strategies. Speaking at the opening dinner, Dr. Bertha Madras, Deputy Director for Demand Reduction, Office of National Drug Control Policy, reviewed the scientific rationale behind random drug testing.

More than two dozen leaders in this promising and rapidly growing drug-abuse-prevention field gave presentations describing state-of-the-art practices. Speakers included Karen Tandy, then Administrator of the Drug Enforcement Administration (DEA); Charles H. Muston, Jr., Principal, Mooresville Consolidated School Corporation; David Evans of the Drug-Free Schools Coalition; and Joyce Nalepka of Drug-Free Kids: America's Challenge.

Conference organizer Robert DuPont, MD, observed: "Many presentations at the meeting focused on the positive effects of RSDT, from lowered drug use to an improved academic environment." Another common theme, he said, centered on "the opportunities non-punitive RSDT creates to identify student drug use early. This permits interventions and treatment, when needed, to help students get and stay drug-free."

DEA Administrator Tandy spoke about prevention, treatment, and supply-reduction efforts working in synergy to help young people face and overcome tough challenges. "DEA and student drug testing programs are perfect partners in this fight," she said. "Your work reduces addiction, which reduces demand, which reduces the law-enforcement workload. And DEA supports you, giving your prevention and treatment efforts a chance by reducing the tempting supply of cheap, plentiful drugs." Describing the DEA as the "last resort," Tandy urged participants to "stay strong in your resolve to give our kids the tools to Teflon-coat them from drugs."

Other speakers at the conference discussed school drug testing policies and community drug prevention practices, such as developing relationships with local businesses that can lead, for example, to programs that provide discounts to students who participate in drug screening. Sample school policies can be found at [www.randomstudentdrugtesting.org/additionalresources.html](http://www.randomstudentdrugtesting.org/additionalresources.html)

## Profiles of Schools with Random Drug Testing

Schools with random student drug testing (RSDT) programs report progress in combating the threat of illegal drug use. Below are some RSDT school systems seeing signs that their efforts are paying off.

### Winston-Salem/Forsyth County Schools

#### *Winston-Salem, North Carolina*

Results of a survey show that students participating in the district's random drug testing program were less likely (34.6 percent) to have used marijuana in their lifetime than those not in the program (49.3 percent). According to the 2006 Adolescent Drug and Alcohol Survey and Prevention Planning Survey, more than 38 percent of non-participating students reported past-year marijuana use, compared with 26.4 percent of those enrolled in the drug testing program.

### Sesser-Valier Unit School District #196

#### *Sesser, Illinois*

Using results of the Sesser-Valier Student Drug Testing Survey, school officials determined the district had met its goal of reducing student drug use in the 2005-2006 school year by 5 percent over the previous year. According to the survey, 83 percent of Sesser-Valier students in 2005-2006 reported never having used drugs, compared with 73 percent the year before. The number reporting no drug use in the past 30 days grew from 85 percent in 2005 to 93 percent in 2006.

### Letcher County Public Schools

#### *Whitesburg, Kentucky*

More than half (52 percent) of students in grades 10-12 responding to a student survey reported that they or a close friend had stopped or cut down on their drug use in the past year because they were subject to random drug tests.

### MSD Southwest Allen County Schools

#### *Fort Wayne, Indiana*

The rates for positive drug tests at district schools in 2005-2006 were lower than anticipated: 1.8 percent the first semester and 1.4 percent for the second. One positive outcome of random drug testing, district officials reported, is that it confirms some parents' concerns about their children's drug use and alerts others to a problem they had not known existed. Through testing, students identified as drug users are able to receive guidance or assistance they might not have sought on their own.

### Marion County Public Schools

#### *Ocala, Florida*

Administrators hoped that 70 percent of students participating in the random drug testing program that began in October 2005 would test negative for drug use. Actual performance data showed that 98 percent tested negative, exceeding the goal by 28 percentage points.

# Not Safe at any Dose: Marijuana and Non-medical Use of Prescription Drugs

by Bertha K. Madras, Ph.D., Deputy Director, Demand Reduction, Office of National Drug Control Policy

*This is the second in a series of articles on how specific drugs affect the brain and body.*

## The brain drain

Myths that downplay the risks associated with drug use permeate youth culture and are embraced to rationalize experimentation with addictive drugs. Scientific evidence can help educators and parents de-bunk these dangerous myths.

Adolescents and young adults are the principal age groups using addictive drugs and are at the greatest risk for experiencing adverse consequences as a result of the early introduction of drugs into their brains. Early drug use can compromise academic achievement, school attendance, homework, participation in extracurricular activities, and school behavior. Drug use at a young age is also associated with addiction, violence, accidents, delinquency, criminal activity, and even death. As with any major public health problem, the inability to predict which young people will suffer detrimental, potentially life-threatening consequences from drug use is itself a reason to engage in widespread prevention efforts.

The brain has approximately one hundred billion nerve cells, with each cell producing 10,000 or more “wires” that connect with other cells. A critical component of brain development is accurate “wiring.” Imaging technologies that compare adolescent brains with those of adults have shown that the “wiring” of the adolescent brain is still immature, compared to the adult brain. Exposure to drugs before brain maturation may affect brain development, interfering with the wiring and circuitry of the brain in much the same way as a computer technician can damage a circuit board by zapping it with electrical jolts during the assembly process.

In the short term, a single dose of a drug can result in poor performance in a school or sports activity, accidents, violence, unplanned risky behavior, and the risk of overdosing. It can trigger repeated drug use, which is associated with serious health consequences, loss of desire to fulfill obligations, truancy, disorderly conduct, and social or family problems. Repeated drug use can also lead to addiction. Studies show that the earlier an adolescent begins using drugs, the more likely he or she will be to develop a substance abuse problem or become addicted to substances. Conversely, if an individual does not start using drugs during the teen years, he or she is less likely to initiate or develop a substance abuse problem later in life.

Statistics make a compelling case for focusing on preventing youth drug use. In 2006, among persons with substance dependence or abuse, the percentage dependent on or abusing illicit drugs was much higher in the 12-17 age group (57.4 percent) than among 18- to 25-year-olds (36.9 percent) or adults

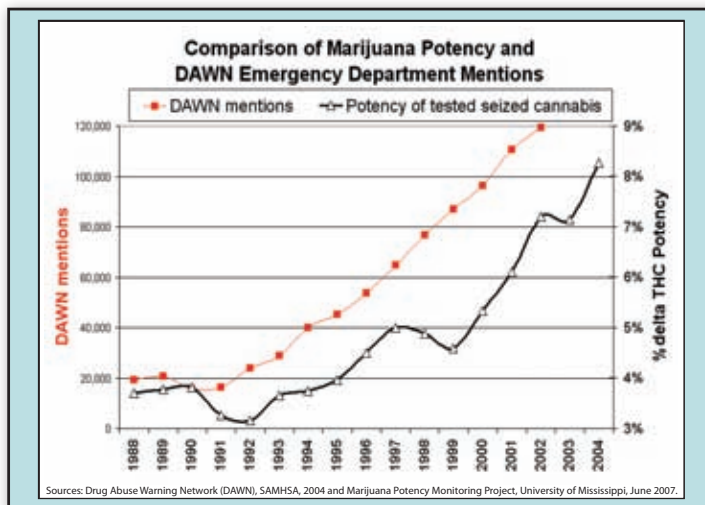
age 26 or older (24.1 percent), according to the 2007 National Survey on Drug Use and Health (NSDUH). One hundred eighty-one thousand youth (12-17 year-olds) received treatment for alcohol or illicit drugs (NSDUH 2007). Although prevention is a key to interrupting the progression to addiction, deterring marijuana use and prescription-drug misuse is particularly challenging because of the myths associated with these drugs.

## Myth No. 1: Marijuana is a ‘soft’ drug

Marijuana use should not be considered a rite of passage. It is neither a “soft” drug nor a safe drug. The effects of marijuana can last up to 24 hours after administration, continuing to compromise reflexes, cognitive ability, and other brain functions. Driving while under the influence of marijuana is dangerous, as the use of this drug can impair motor function, concentration, and perception, thereby increasing the likelihood of road accidents. According to the 2006 Monitoring the Future study, the percentage of high school students who reported driving under the influence of marijuana (10.6 percent) was nearly as high as the percentage of those driving under the influence of alcohol (12.4 percent).

Accumulating evidence makes a forceful case for abstention from marijuana use. One study found that high school students who

A long-term analysis of marijuana potency funded by the National Institute on Drug Abuse (NIDA) reveals that the strength of marijuana has increased substantially over the past two decades. Today, marijuana is more potent than ever before, and this elevated potency may be leading to an increase in teen marijuana treatment admissions and a rise in the number of marijuana-related emergency room episodes.



cont., page 8



*Not Safe*, from page 7

abstained from marijuana functioned better than occasional or frequent users during high school and during the transition to adulthood. During high school, abstainers fared better than experimenters and frequent users of marijuana on the basis of school engagement, deviant behavior, family and peer relations, and mental health. They were more likely to do homework and get better grades. When they turned 23, abstainers were twice as likely to graduate from college and much less likely to steal or to sell illicit drugs.

These worrisome results add to the growing body of evidence that the effects of youth marijuana use may endure into adulthood. Adolescents who used marijuana are twice as likely to use illicit drugs when they become young adults. In fact, in one study, individuals of twin pairs who used marijuana by age 17 had 2.1 to 5.2 times higher risk of other drug use (cocaine, heroin), alcohol dependence, and drug abuse/dependence than their co-twin who did not use before the age of 17.

Experiments with animals seem to corroborate these findings. Animals, which were not subject to environmental stressors, were exposed to the active ingredient of marijuana during adolescence. They were given a drug-free period and then, as adults, were given access to heroin. After maturation into adulthood, the early-exposed animals consumed higher amounts of heroin and showed greater heroin-seeking behavior than the non-exposed group. The effects of early exposure to marijuana were not restricted to behavior: components of the system in the brain that modulates pain and pleasure were changed in the animals' adult brains, after exposure during adolescence.

Collectively, these findings suggest that marijuana, introduced during adolescence, may influence the biology of the brain, promote drug-seeking behavior, and affect social function during the transition to adulthood.

How addictive is marijuana, and how realistic is the perception that it is a “soft” drug? The 2007 NSDUH reported that in 2006, among adults aged 18 or older who first tried marijuana at age 14 or younger, 12.9 percent were classified with illicit drug dependence or abuse, a considerably higher number than the percentage (2.2 percent) who had first used marijuana at age 18 or older. Marijuana also ranked first as the most reported illicit drug resulting in abuse/dependence.

Early, frequent use of marijuana may be an independent risk factor for psychosis — even if use precedes the onset of schizophrenia or another form of psychosis. Marijuana may induce acute psychotic symptoms in vulnerable people and a persistent psychosis in some individuals who have not had prior signs of psychosis. Marijuana may also exacerbate psychosis in people with symptoms of schizophrenia, and these effects can persist after the drug is cleared from the body.

As with other addictive drugs, heavy marijuana use has many health and social consequences. Heavy marijuana use into adulthood creates an expanding set of health risks, including exercise-induced heart pain and reduced lung function, as well as

objective and self-reports of adverse social consequences. During pregnancy, heavy marijuana use can lead to impaired fetal growth and development.

***Myth No. 2: Prescription drugs used for psychoactive effects are safer than “street drugs”***

Several classes of controlled prescription drugs — medications prescribed by doctors for legitimate medical purposes — have abuse and addiction potential. These include opioids prescribed for the management of pain, drugs to treat attentional problems and anxiety, and drugs to promote sleep. These drugs are safe and effective when used according to doctors' prescriptions and advice. Abuse or non-medical use of prescription drugs is the use of drugs not prescribed for the individual, use of drugs solely for the experience or feelings they cause, or use of drugs for which the intended person has made false or inaccurate claims to obtain them.

A disturbing trend emerged last year, when NSDUH reported that first-time non-medical users of prescription drugs now equal first time users of marijuana and that misuse of prescription drugs among 12- and 13-year-olds exceeds marijuana use. The misuse of opioid pain killers is of particular concern because of



the large number of users, the high addictive potential, and the potential to induce overdose or death.

Also of concern is that approximately 598,542 visits to emergency departments during 2005 involved the non-medical use of prescription drugs or over-the-counter medication or dietary supplements, with the majority involving multiple drugs (Drug Abuse Warning Network, 2005).



There are many factors contributing to the increased misuse of prescription drugs. There is a perception among young people that prescription drugs are safer than illicit street drugs. Moreover, many teens are not aware of the consequences of prescription drug misuse. Prescription drugs are also more easily attainable from friends and family.

There are indications that long-term misuse of pain medications can lead to addiction, and that intravenous use of this class of drugs places a person at increased risk of HIV and other infectious diseases. Additionally, because many of the prescription drugs that are abused share similarities with illicit drugs in the way they act on the brain, it is probable that some of the harmful consequences will be the same.

It is important for adults to recognize this growing problem and to help young people understand the risks of using prescription drugs non-medically. When used properly, under the supervision

of a doctor, prescription drugs can be safe and effective. Used improperly, however, they can have serious consequences.

### **Preventing initiation and identifying problem use**

Using marijuana or misusing prescription drugs in any amount is not safe. Scientists, educators, counselors, community coalitions, prevention experts, and others are working to expose dangerous drug myths and to increase awareness of the adverse physical, mental, emotional, and behavioral changes that can be associated with these substances. Testing students for drug use may help prevent initiation and identify drug users at an early stage, before a dependency sets in, thereby protecting adolescents and their fragile brains from the harmful effects of drug-using behavior.

A complete list of citations for this article is available at [www.randomstudentdrugtesting.org](http://www.randomstudentdrugtesting.org)



## **Grants For Student Drug Testing Programs**

### **Department of Education Awards Grants for School-Based Student Drug Testing**

In June 2007, the Department of Education awarded grants totaling \$1.6 million for School-Based Student Drug-Testing Programs to 15 grantees in 7 states.

“In order for our students to succeed academically, they have to come to school ready to learn,” says, U.S. Secretary of Education Margaret Spellings. “This means students need to make smart decisions outside of the classroom, especially when it comes to drugs. Random student drug testing helps keep students healthy, both by discouraging drug use in the first place and detecting drug abuse so that it can be treated.” Since 2003, the Department of Education has awarded 89 grants covering over 100 school districts to develop and implement, or to expand, school-based random drug testing programs for students in grades 6 through 12.

School-based random student drug testing programs funded under the program must be limited to students who participate in the school’s athletic program, other students engaged in competitive, extracurricular, school-sponsored activities, and students who, along with a parent or guardian, have provided written consent to participate in a random drug-testing program. Authorized by section 4121 of the Elementary and Secondary Education Act, the grants are supported through the Office of Safe and Drug-Free Schools.

*Information about the grant program, including the 2008 School-based Student Drug-Testing Programs grant competition, is available at:*  
<http://www.ed.gov/programs/drugtesting/index.html>

## Testing in Public and Non-Public Schools

In decisions over the past decade, the U.S. Supreme Court has given public schools greater authority to randomly test students for drug use. The rulings represent a major breakthrough. With a broader pool of students eligible for random drug testing, public school administrators across the country have a powerful tool for combating student drug use.

But this does not mean that public schools have *carte blanche* authority to drug test whomever and whenever they choose. Their authority has strict limitations. Random drug testing in public schools has been upheld by the Supreme Court only for students who participate in competitive extracurricular activities. State and local laws may also place restrictions on random drug testing in public schools.

By contrast, non-public schools, such as De La Salle High School and Hilton Head Preparatory School, are not State actors or agents of the government and are, therefore, not bound by the same restrictions placed on public schools. Non-public schools are free to develop more expansive testing policies, even programs that require drug tests for all students.

With a first positive drug test, the student and his or her parents meet with Bonura and Principal Hall to talk things over and determine the best course of action. The meeting is confidential and designed to “take the lid off the silence,” as Bonura puts it. All related documentation goes under lock and key. The test results are not shared with law enforcement or entered on transcripts. At the end of the student’s senior year, the records are shredded, the slate wiped clean.

De La Salle is serious about stopping drug use, but compassion is built into the policy: Everyone gets a second chance. As Bonura points out, kids can get detention for not wearing a belt—a required part of the school uniform. But for a first positive drug test, there is no punishment at all.

With a second positive test, however, regardless of how many months or years have passed since the first offense, the student must withdraw from the school. Even then, Bonura explains, De La Salle’s guidance staff will help provide the student with counseling and information about treatment resources.

The spike in drug use at De La Salle in the aftermath of hurricane Katrina “moved the issue of drugs to the front burner,” explains Principal Hall. There was a time when she had doubts about drug testing. Not any more. In fact, she sees drug testing as the best thing a school can do to ward off the drug threat.

“I put a lock on my front door to keep anyone from coming in and hurting my own kids,” Hall says. “We do drug testing for the same reason—to protect our students from harm.”

## Drug Testing in Non-Public Schools: Hilton Head Preparatory School

Students at Hilton Head Preparatory School, an independent K-12 school in Hilton Head Island, South Carolina, accept drug testing as part of the school routine. “They don’t complain. They understand that this is what we do,” says guidance counselor Marilyn Calore, who manages the testing program.

Hilton Head Prep requires drug tests every year for students in grades 7-12, as well as for all faculty and staff. The program began as a voluntary initiative in 2002, but was revised in 2003 to become mandatory.

Like De La Salle High School, Hilton Head Prep uses the hair-analysis method of testing. Rather than run the tests continuously, though, Hilton Head Prep tests everyone at or near the start of school, then conducts two random tests during the year. All adults – including teachers, staff, nurses, custodians, and even the head of school – are drug tested on the first day of school.

Over the course of several days in the fall, students are called into a specially outfitted locker room, where trained nurses clip 30 or 40 strands of hair. The samples are sent to a lab and analyzed for signs of drug use: marijuana, cocaine, opiates, PCP, and amphetamines. One advantage of hair testing, says Calore, is that it can detect drug use within the previous three months.

With a first positive test, the student and his or her parents meet with the Head of School, Dr. Susan R. Groesbeck, for a frank discussion and to schedule the required counseling and further testing. A doctor or counselor might then suggest treatment. There is no penalty. “The first positive test – that’s a gimme,” says Calore. “That’s a wake-up call.”

Students who test positive for the first time are required to participate in testing throughout the remainder of their enrollment at Hilton Head Prep. If a student tests positive for drugs a second time within two years, he or she must leave the school. (Adults must score negative on all drug tests.)

After four years of testing, the average rate of drug-test positives at Hilton Head Preparatory is “staggeringly low,” or around 2 percent, explains Groesbeck, who came to the school in 2003. She credits the drug testing program and praises the administrators before her who carefully researched, developed, and implemented the plan.

“It’s a safety net — not a dragnet,” as she puts it. “The program is designed to reach out and help children, not to catch them.” Still, she cautions, drug testing “can’t be instituted ‘kinda,’ or almost.” It is vital for the school board and the community to be fully behind the plan, which must then be tailored to the local circumstances. “It’s valid only in the soil in which it’s planted,” she says.

Ultimately, adds Groesbeck, the purpose of drug testing boils down to one simple wish: “I want kids to feel this gives them a reason not to use drugs.”

# Resources

## Government Agencies and Services

### Office of National Drug Control Policy (ONDCP)

[www.whitehousedrugpolicy.gov](http://www.whitehousedrugpolicy.gov)

### Random Student Drug Testing (ONDCP)

[www.randomstudentdrugtesting.org](http://www.randomstudentdrugtesting.org)

### National Youth Anti-Drug Media Campaign

For Parents & Other Caring Adults

[www.theantidrug.com](http://www.theantidrug.com)

[www.laantidroga.com](http://www.laantidroga.com) (Spanish)

[www.chinese.theantidrug.com](http://www.chinese.theantidrug.com)

[www.korean.theantidrug.com](http://www.korean.theantidrug.com)

[www.filipino.theantidrug.com](http://www.filipino.theantidrug.com)

[www.vietnamese.theantidrug.com](http://www.vietnamese.theantidrug.com)

For Teens

[www.freevibe.com](http://www.freevibe.com)

[www.abovetheinfluence.com](http://www.abovetheinfluence.com)

### National Institute on Drug Abuse

Phone: 301-443-1124

[www.nida.nih.gov](http://www.nida.nih.gov)

### Substance Abuse and Mental Health Services Administration (SAMHSA)

U.S. Department of Health and Human Services

Phone: 240-276-2130

[www.samhsa.gov](http://www.samhsa.gov)

### Center for Substance Abuse Prevention (CSAP)

U.S. Department of Health and Human Services/SAMHSA

Phone: 240-276-2420

[www.samhsa.gov/centers/csap/csap.html](http://www.samhsa.gov/centers/csap/csap.html)

### Center for Substance Abuse Treatment (CSAT)

U.S. Department of Health and Human Services/SAMHSA

Phone: 240-276-2750

[www.samhsa.gov/centers/csat/csat.html](http://www.samhsa.gov/centers/csat/csat.html)

### The Drug-Free Communities Program

[www.ondcp.gov/dfc/](http://www.ondcp.gov/dfc/)

### Office of Safe and Drug-Free Schools

U.S. Department of Education

Phone: 202-260-3954

[www.ed.gov/offices/OESE/SDFS](http://www.ed.gov/offices/OESE/SDFS)

### Helping America's Youth

Helping America's Youth is a nationwide effort led by Mrs. Laura Bush to raise awareness about the challenges facing youth, particularly at-risk boys, and to motivate caring adults to connect with youth in three key areas: family, school, and community.

<http://www.helpingamericasyouth.org/>

### Drug Testing Information

#### State List of HHS Certified Labs

Current list of laboratories that meet minimum standards to engage in urine drug testing for Federal agencies.

[http://workplace.samhsa.gov/DrugTesting/Level\\_1\\_Pages/CertifiedLabs.aspx](http://workplace.samhsa.gov/DrugTesting/Level_1_Pages/CertifiedLabs.aspx)

### College of American Pathologists

Information about choosing a lab.

<http://www.cap.org/>

### National Student Drug-Testing Coalition

Visitors to the site can click on the "Legislation" tab to view or download the booklet "Model Legislation For Student Drug-Testing Programs: State Bill and Insertion Language."

[www.studentdrugtesting.org](http://www.studentdrugtesting.org)

### Grant Information

#### U.S. Department of Education

[www.ed.gov/fund/landing.jhtml?src=1n](http://www.ed.gov/fund/landing.jhtml?src=1n)

### Office of Safe and Drug-Free Schools

Programs/Initiatives, US Department of Education  
[www.ed.gov/about/offices/list/osdfs/programs.html#national](http://www.ed.gov/about/offices/list/osdfs/programs.html#national)

### What Should I Know About ED Grants?

U.S. Department of Education

[www.ed.gov/fund/grant/about/knownabtgrants/index.html](http://www.ed.gov/fund/grant/about/knownabtgrants/index.html)

### Developing Competitive SAMHSA Grant Applications: Participants Manual

Substance Abuse and Mental Health Services Administration (SAMHSA)

<http://alt.samhsa.gov/grants/TAMannual/toc.htm>

### Surveys and Other Data Sources

#### Drug Abuse Warning Network

The Drug Abuse Warning Network (DAWN) is a public health surveillance system that monitors drug-related visits to hospital emergency departments and drug-related deaths investigated by medical examiners and coroners.

<http://dawninfo.samhsa.gov/>

### Monitoring the Future

Monitoring the Future is an ongoing study of the behaviors, attitudes, and values of American 8th, 10th, and 12th graders.

<http://www.monitoringthefuture.org/>

### National Survey on Drug Use and Health

Formerly the *National Household Survey on Drug Abuse*, NSDUH measures the prevalence of drug and alcohol use among household members age 12 and older.

<https://nsduhweb.rti.org>

### Youth Risk Behavior Survey

The Youth Risk Behavior Survey (YRBS) is a component of the Youth Risk Behavior Surveillance System (YRBSS), maintained by the Centers for Disease Control and Prevention (CDC). The YRBSS has three complementary components: 1) national school-based surveys, 2) State and local school-based surveys, and 3) a national household-based survey.

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

### Other Organizations

#### Drug-Free Schools Coalition, Inc.

Phone: 908-284-5080

Email: [drugfreesc@aol.com](mailto:drugfreesc@aol.com)

#### National Student Assistance Association

Phone: 800-257-6310

[www.nsaa.us](http://www.nsaa.us)

#### Partnership for a Drug-Free America

[www.drugfree.org/](http://www.drugfree.org/)

#### National Center on Addiction and Substance Abuse at Columbia University

Phone: 212-841-5200

[www.casacolumbia.org](http://www.casacolumbia.org)

#### The Core Institute

Center for Alcohol and Other Drug Studies

Phone: 618-453-4420

Email: [coreinst@siu.edu](mailto:coreinst@siu.edu)

[www.siu.edu/~coreinst](http://www.siu.edu/~coreinst)

#### American Society of Addiction Medicine

[www.asam.org](http://www.asam.org)

#### American Public Health Association

[www.apha.org](http://www.apha.org)

#### Institute for Behavior and Health

Phone 301-231-9010

[www.ibhinc.org](http://www.ibhinc.org)

ONDCP  
P.O. Box 6000  
Rockville, MD 20849-6000



[www.whitehousedrugpolicy.gov](http://www.whitehousedrugpolicy.gov)  
[www.randomstudentdrugtesting.org](http://www.randomstudentdrugtesting.org)



To subscribe or view newsletter archives, go to [www.randomstudentdrugtesting.org](http://www.randomstudentdrugtesting.org)

**Myth**

Random drug testing of qualifying students is unnecessary if a school already has a policy of testing students based on reasonable suspicion of drug use.

**Fact**

Testing based on reasonable suspicion is designed to confirm drug-using behavior, rather than deter it. Obvious signs of substance use will prompt a school authority to request a drug test from a student. The consequences of a positive test vary, depending on school policy, but can include suspension or expulsion. The goal of random student drug testing (RSDT) is to prevent drug use and to halt the pipeline to addiction by identifying students in the early stages of drug use, before use becomes readily apparent or a dependency begins. RSDT is also non-punitive: test results are confidential and are used to refer students to appropriate treatment. Moreover, with RSDT the testing pool is large. Names are drawn by chance so students are not singled out, and teachers and administrators are not asked to make subjective decisions about suspected drug users. Importantly, the decision to implement RSDT and the particulars of the program are determined with input from all sectors of the community – parents, educators, administrators, and others – to address the specific needs of the school.

**Myth vs. Fact**