

Getting Linked

- Visit www.ptophelp.org to locate mental health and substance abuse providers in Chittenden County.
- Dial 2-1-1 to reach Vermont 2-1-1, a statewide health and human services information and referral program where you can get person to person assistance to find substance abuse resources in your community.



Additional Resources

Students FIRST Project
School Mental Health Resource for
Chittenden County schools
www.studentsfirstproject.org

Substance Abuse and Mental Health
Services Administration (SAMHSA)
www.mentalhealthsamhsa.gov

Buzzed—The Straight Facts About the
Most Used and Abused Drugs
www.buzzed.org

School Psychiatry Program
Massachusetts General Hospital
www.schoolpsychiatry.org

American Academy of Child/
Adolescent Psychiatry
www.aacap.org

Vermont FACES Project
www.vtfacesnetwork.org

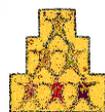
National Institute on Drug Abuse
www.nida.nih.gov

[www.drugabuse.gov/parent-
teacher.html](http://www.drugabuse.gov/parent-teacher.html)

Call First Call for Children and
Families at (802) 488-7777 for crisis
services for children and adolescents

Students FIRST Project

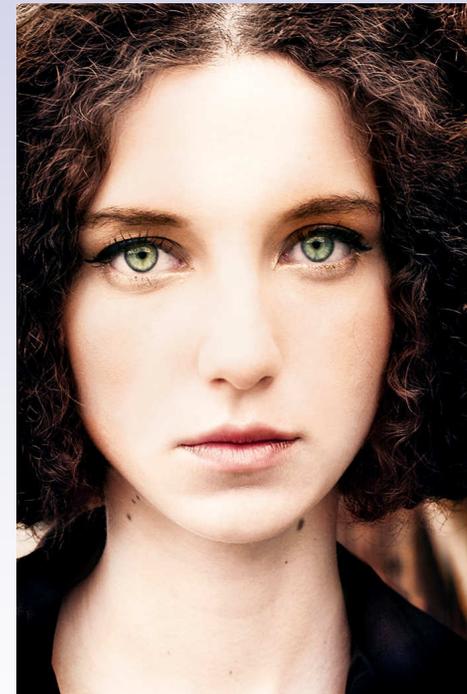
HowardCenter—CYFS
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An Information Booklet for Parents/Guardians and Child Serving Professionals in Chittenden County, Vermont

Quick Facts: Substance Abuse



This fact booklet is intended to enhance understanding of school personnel about the substance abuse and mental health issues that may be encountered in students. The information included is not exhaustive and should never be used to formulate a diagnosis. Mental health and substance abuse diagnoses should be made only by trained professionals after a thorough evaluation

Why is Substance Use a Problem?

When a child or adolescent uses substances, their brain is negatively impacted in numerous ways, including altered chemistry, diminished brain activity, decreased blood flow, and brain cell damage. Even a single dose of a substance can affect the brain, and can result in poor school performance, social problems, accidents, violence, risky behavior, and the possibility of an overdose. It can lead to repeated drug use which is associated with a complexity of escalating problems. *The misuse of any substance that impacts brain chemistry and interferes with one's ability to cope with the demands of home, school, and/or relationships can be considered Problem Substance Use.* The amount of substance a person uses does not define substance use problems, as substances vary in potency and react differently in different people.



Substance Abuse and Substance Dependence

When people develop a pattern of using substances over time, despite the interference with their responsibilities, daily functioning, relationships and well being, they may have a **Substance Abuse Disorder**.

Substance Dependence occurs when a user develops a tolerance to a substance that results in the need for increased quantity or potency to achieve a desired effect. Many substance dependent people, youth included, spend much of their time obtaining, using, or recovering from the use of substances even if they are aware that a problem has developed.

Co-Occurring Disorders

A person is said to have a co-occurring disorder when they have a substance abuse disorder and a mental health disorder at the same time. Youth struggling with mental health issues are particularly vulnerable to substance use. Nearly 43% of youth who receive mental health services in the US have been diagnosed with co-occurring disorders (CMHS, 2001). Early identification and intervention with mental health problems and youth substance abuse may prevent either substance dependence or mental health issues from progressing to more serious levels.

Home Strategies for Students with Substance Abuse Issues

- Be clear about expectations and rules at home regarding use of drugs and alcohol. Voice explicitly that drug and alcohol use is not acceptable in children and adolescents.
- Make use of any learning opportunities that arise about the concerns of drug and alcohol use, like news segments, newspaper or magazine articles.
- Be consistent with follow-through on consequences and match the punishment with the offense, with safety being the highest priority. Make a plan ahead of time on how you will respond to a variety of scenarios like them needing a ride home, if the driver is intoxicated or what will happen if you find a joint in their room.
- Pay attention to sudden changes of friends, loss of interest in previously enjoyed activities, or increased isolation. Yes, some of this is typical adolescent behavior as children try to find themselves, but you know your child best. Trust your gut.
- Pay attention to your child's appearance, scent, eyes, physical and emotional presentation when returning home from being out or in their room for an extended period of time. Comment on observable data without accusation. "Your eyes seem very red and watery, are you feeling ok?"
- Pay attention to direct statements made to you from concerned parties about your child. Friends tend to tell trusted adults when they are worried about their friends. Do your best to be open and not defensive.
- If your child has questions about drugs or alcohol, try to answer openly and honestly about keep the conversation going. Authoritarian or reactive responses tend to close down communication.
- Be invested in your child's activities or talents by attending events, asking how practices or meetings are going and write upcoming events on the family calendar.
- Ask your children every day how things are going at school, with friends, or any other topic of interest. It doesn't matter if they don't want to answer or if they give minimal answers. You're showing your investment.
- If any paraphernalia, substances, writings, or electronic notes about drugs and alcohol are discovered, ask your child about them when you are calm and open for discussion.
- Drug testing can be a reasonable response to suspected drug use. Encourage your child to participate voluntarily. If they admit to use, schedule an evaluation with a substance abuse professional.
- Home intervention for substance abuse is very individualized to a youth and/or family's needs. If your child has a substance use/abuse problem, consult with a substance abuse professional to help you develop a home intervention plan.

School Strategies for Students with Substance Abuse Issues

- Make certain that your school has a substance abuse prevention and intervention policy that is focused on improving the health and well-being of students
- Integrate substance abuse prevention, including teaching evidence-based prevention classes starting in early grades
- Provide substance abuse training to parents/families to increase awareness and skill to prevent, identify, and get treatment for child and youth substance abuse issues
- Develop positive relationships with all students, with specific outreach to students who are at risk of or who may be abusing substances
- Maintain clear expectations of students with substance abuse issues, and be flexible where needed
- Use an open, non-judging, educational, fact-based approach in talking and working with students with substance abuse issues
- Offer descriptive feedback to students in a concerned and supportive way, “you look very drowsy, what’s up?”
- Respond consistently and calmly to unacceptable behavior
- Pay attention to any patterns a student may develop, such as leaving the building at a certain time every day, skipping certain classes, or arriving late to school or class
- If there are any suspicions of a student being actively under the influence, send him or her to the school nurse immediately and/or follow school protocols for immediate referral
- Do not try to problem solve or plan with a student when you suspect they are actively under the influence of substances
- Listen to the concerns of peers. Friends may disclose to a trusted adult that they believe their peer is in trouble
- As soon as you suspect substance use in a student, consult with your school SAP or mental health staff
- Involve the student’s family early and throughout any intervention, as research suggests optimal outcomes when families are involved

Prevalent Signs & Symptoms of Substance Use

If you notice a student with any of the symptoms below or a significant change in mood or behavior that lasts for more than a week, share your observations with the student’s parent and/or guardian and with your school’s nurse and/or mental health support team.



Biological/Physical Symptoms

Changes in body’s ability to self-regulate: may include changes in heart rate, blood pressure, appetite and weight; muscle twitching, weakness or tremors; seizures, lack of coordination, dizziness, blurred vision, dilated or constricted pupils; red, glassy eyes, sweating, nausea, vomiting, respiratory distress, chills

Psycho-motor agitation: may include pacing, hand wringing, picking at skin, fidgeting, and restlessness

Psycho-motor retardation: may include listlessness, slowed speech, thinking or body movements and deterioration of handwriting

Emotional/Cognitive Symptoms

Changes in emotional functioning: may include depressed, irritable mood, nervousness, over-excitability, euphoria, and apathy

Changes in cognitive functioning: may include poor concentration, sensation of slowed time, confusion, rambling flow of thoughts and speech, poor memory and attention

Social/Behavioral Symptoms

Changes in behavioral functioning: may include increased combativeness and competitiveness, lethargy, discontinuation of previously enjoyed activities, becoming more secretive, and engaging in lying behavior

Changes in social functioning: may include involvement in a sudden new peer group or marked isolation from peers

Developmental Variations

Early Childhood (@ 3-7 years old)

This age group is not likely to use substances on their own, but may accidentally ingest alcohol or drugs if they are in circumstances with easy or unrestricted access.



Middle Childhood (@ 8-12 years old)

This age group is most likely to access substances from liquor or medicine cabinets at their or their friends' homes. Additionally, this age group is at high risk for use of inhalants because of easy accessibility.



Pre-Adolescence/Adolescence (@ 12-18 years old)

Pre-adolescent and adolescent youth are most likely to seek drugs and alcohol on their own and as a result have access to a wider range of substances. This age group is also the most likely to engage in high risk behavior when under the influence of substances (i.e. driving, unprotected sex) and are often more sophisticated at hiding substance use than their younger peers.



Cultural Considerations



Substance use issues are “equal opportunity” problems. Regardless of age, race, or socioeconomic status, individuals can succumb to the devastating effects of substance use, abuse, or dependence. There are some risk factors, however, that increase the likelihood that a student will use substances. Some of these risk factors include lack of parental supervision, peer culture of substance use, easy access to substances, and/or a family or community tolerance or acceptance of substance use.



Educational Implications

Research shows that the brain continues to grow and develop into the mid-twenties. As such, children and youth of all ages are at high risk for disruption to healthy brain development when using substances.

Substance use can have a seriously negative impact on a student's learning and ability to be successful in a learning environment. Not only are students unavailable for learning when they are under the influence of substances, but they also won't function well when recovering from use or are craving to use again.

Other possible effects, whether a student is using substances themselves or growing up in a substance abusing home are: fatigue, irritability, anxiety, health problems, tardiness, and truancy. These problems contribute to poor work completion, interpersonal problems with peers or teachers, poor attention and/or poor follow through in school.

