Substance Abuse and Mental Health: What's a School to Do?

Substance abuse and problematic patterns of substance use among youth can lead to problems at school, cause or aggravate physical and mental health-related issues, promote poor peer relationships, cause motor-vehicle accidents, and place stress on the family. They can also develop into lifelong issues such as substance dependence, chronic health problems, and social and financial consequences.
https://youth.gov/youth-topics/substance-abuse

Scientific advances have contributed greatly to our understanding of drug use and addiction, but there will never be a 'magic bullet' capable of making these problems disappear. Drug use and addiction are complex social and public health issues, and they require multifaceted approaches.

Alan Lesher

The chicken and egg conundrum here is: What comes first: substance abuse or mental health problems or problems at school? The relationship among problems such as these is complex (Busch, et al., 2014; DeSimone, 2010; Heradstveit, Skogen, Hetland, & Hysing, 2017; Lynskey & Hall, 2000; Stiby, et al., 2015). Mental health and school problems can lead some youngsters to self-medicate; and for some, substance use can lead to school and mental health problems. For schools, all three problems and their relationship to each other are of daily concern.

How Many Students are We Talking About?

It is widely acknowledged that available information on prevalence and incidence of learning, behavior, and emotional problems varies markedly in both quantity and quality. (Unfortunately, the demand for data has outstripped the availability of good data and has increased the tendency to grab for whatever numbers are being circulated in the literature. So, when someone says: "This is the best data available," it is essential to remember that best does not always mean good.) Difficulties arise in differentiating between substance use and abuse; common learning, behavior, and emotional problems often are misdiagnosed as disorders; youngsters may be counted more than once when they have multiple problems. But the biggest difficulty remains that too little investment has been made in gathering and aggregating such data. As a result, reported figures on young people's problems always have sampling and methodological limitations and so what is reported must be interpreted with care and sophistication (Center for Mental Health in Schools, 2008). All this is compounded because too little attention has been given to adopting a broad perspective in understanding the causes of problems seen at schools. In this respect, see the Center's discussion of the importance of using a reciprocal determinist paradigm in viewing causality and review the range of factors that can generate problems (e.g., Adelman & Taylor, 2003, 2010, 2017).

A few findings on student substance use are offered in Exhibit A as an example of what is reported. Based on the available data, most experts conclude that many try illicit drugs (especially marijuana), but relatively few become dependent. The overall emerging picture suggests that the vast majority of youth will not become addicted to illicit drugs. At the same time, in the absence of intervention, it is probable that significant numbers will use and abuse alcohol and will continue to do so as they grow older. Moreover, a continuing concern is the association of substance use and illegal acts, violence, accidents, unprotected sex, physical, sexual, and psychological trauma, various negative risk taking behaviors, poor performance at school and beyond.

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*The material in this document reflects work done byChris Lim as part of his involvement with the national Center for MH in Schools & Student/Learning Supports at UCLA.

The center is co-directed by Howard Adelman and Linda Taylor and operates under the auspices of the School Mental Health Project, Dept. of Psychology, UCLA,

Website: http://smhp.psych.ucla.edu Send comments to ltaylor@ucla.edu

Exhibit A

Student Substance Use: A Few Findings to Highlight Current Reporting

From: *Monitoring the Future's* 2017 survey. (Institute for Social Research at the University of Michigan)
https://www.drugabuse.gov/related-topics/trends-statistics/infographics/monitoring-future-2017-survey-results?utm_source=Youth.gov&utm_medium=Announcements&utm_campaign=Reports

Data are reported for grades	8	10	12
Daily marijuana use	0.8%	2.9%	5.9%
Binge drinking	3.7%	9.8%	16.6%
E-Vaporizer use	13.3%	23.9%	27.8%

The data suggest that:

- since 1992, daily cigarette use among 12th graders has declined, while the rate of daily marijuana use has increased
- past-year misuse of Vicodin® among 12th graders has dropped dramatically in the past 15, and so has misuse of all prescription opioids among 12th graders (despite high opioid overdose rates among adults)
- Past-year misuse of prescription/OTC drugs among 12th graders in 2017 were:
  - >Adderall®: 5.5%
  - >Tranquilizers: 4.7%
  - >Opioids other than heroin: 4.2%
  - >Cough/cold medicine: 3.2%
  - >Sedatives: 2.9%
  - >Ritalin®: 1.3%
- Past-year use of illicit drugs among 12th graders in 2017 were:
  - >Marijuana/hashish: 37.1%
  - >Synthetic cannabinoids*: 3.7%
  - >LSD: 3.3%
  - >Cocaine: 2.7%
  - >MDMA (Ecstasy/Molly): 2.6%
  - >Inhalants: 1.5%
  - >Heroin: 0.4%

Across all grades, past-year use of heroin, methamphetamine, cigarettes, and synthetic cannabinoids (called "synthetic marijuana" in the survey) are at their lowest by many measures since first survey in 1975.

It is unclear what the trends are at institutions of higher education or what the long-term effects are of substance abuse. For example, the association between cannabis use and poor educational achievement at that school level has not been sufficiently researched. However, researchers have focused on some of the effects of cannabis. General conclusions are: Functionally, cannabis use affects working memory, learning, and information processing. Physiologically, long-term heavy use of cannabis is reported as affecting brain structure, including the amygdala, hippocampus, and the prefrontal cortex. These affects have been linked to depreciation in IQ, memory, attention, as well as neurocognitive performance, all of which are vital in succeeding in school (Battistella, et al., 2014; Volkow, Baler, Compton, & Weiss, 2014; Yücel, et al., 2008).

In approaching the problem of minimizing substance abuse and the vicious cycle associated with it, a socio-cultural perspective is important (see Exhibit B).

Exhibit B

A Note About Substance Use and Abuse

Almost everyone uses “drugs” in some form, such as over-the-counter and prescription medications, caffeinated products, and so forth. Clearly, it is not the use of such substances that is at issue with the majority of society. For the most part, society's concern is with those who use substances excessively to the point of abuse and dependency or are involved with buying or selling illegal drugs. In this latter group are youth who access substances such as nicotine and alcohol products that are legal for adults but illegal for minors.

At schools, additional concerns arise because of the role schools play in socializing the young and because substance abuse is associated with poor school performance, interpersonal violence, and other forms of negative activity. The irony is that, while schools campaign and legislate against drugs, the surrounding society appears to sanction and glamorize many substances. The impact of all this with respect to substance use is compounded by the penchant of many young people to be curious, to experiment and test limits, and to be influenced by peer pressure.

Moreover, the economics surrounding legal substances guarantee the ongoing operation of major market forces and advertisement designed to counter the impact of efforts to convince youngsters not to use. Although tobacco ads are curtailed in the United States, mass media campaigns for alcohol and over-the-counter drugs and increasingly even for prescription drugs is omnipresent. Thus, youngsters are warned of the evils of substance use, while being bombarded with potent, pro-use commercial messages and provided relatively easy access to a wide range of substances. In addition, widespread use of prescribed medications for children and adolescents probably counters perceptions that drugs are dangerous. And, not surprisingly, the increased number of prescriptions has expanded the supply of drugs available for abuse.

Then, there is the business of trafficking in illegal drugs. Selling illicit drugs is a lucrative business enterprise. So much so that in some places the underground economy and life style of substance use is well-integrated into the daily life of the neighborhood.

Given the powerful forces operating around substance use, decisions about how to address substance abuse remain politically controversial. The ongoing debate is reflected in arguments about zero tolerance policies, drug testing, drug use decriminalization, the value of prevention and treatment programs, and so forth.

Academic Stress, Mental Health, Substance Use: A Vicious Cycle

Below (slightly edited) is how Chris Lim described the vicious cycle operating among his friends.

> *Throughout the later years of my academic career, I have seen many of my friends and peers turn to substances in order to cope. With parents and teachers expecting success not only in school and grades but also in extracurricular activities, several of my close friends felt that they could not handle the pressure of AP tests, SAT tutoring, and the relentless hovering of their guardians and sought comfort in smoking, binge drinking, and drugs. Soon they were caught in a vicious cycle. Their grades were affected; their mental health suffered; they adopted all sorts of excuses for substance use, which further exacerbated their academic and mental health problems.*

So What's a School to Do?

The pressure on schools is to identify specific types of problems and develop discrete programs for each. This has led to ad hoc and piecemeal approaches that have produced a marginalized, fragmented, and quite limited set of prevention efforts and student/learning supports. Initiatives to make things better have focused on coordinating existing activity, calling for more hiring of student support staff, and looking to community services for help with students' problems. These approaches have not led to development of a potent system for addressing barriers to learning and teaching and re-engagement of disconnected students.

Approaching student problems as discrete, separate phenomenon ignores the reality that such problems tend to be multifaceted. It is widely recognized that the same etiological biological, genetic, social, psychological, and environmental factors can produce a variety of problem behaviors and that several of these can co-occur, often exacerbating each other (e.g., delinquency, substance abuse, violence, comorbidity of mental disorders). In schools, students who experience learning problems usually manifest behavior and emotional problems as well.

It also is clear that problems may be proactively or reactively motivated. For too many students, daily experiences at schools threaten their feelings of competence, self-determination, and connectedness to significant others and this feeds into the vicious cycle related to learning, behavior, and emotional problems (e.g., Deci & Ryan, 2002).

To effectively address problems manifested by students, schools must adopt a broad focus of causality. Such a perspective encompasses not only a biological understanding, but also an appreciation of the psychological, socio-cultural, and schooling factors that motivate youngsters' behavior. Such a reciprocal determinist perspective of development ensures awareness of the degree to which substance use and other risky behaviors reflect the experimentation and risk taking that is so much a part of the developmental processes of moving toward individuation and independence. Characteristic behaviors during these facets of development include skepticism about the warnings and advice given by adults, as well as reactions against rules and authority. (The very fact that substances are illegal and forbidden often adds to the allure.)

Given a developmentally-oriented, transactional paradigm of the determinants of student behavior, schools can group substance and other student problems along a continuum. At one end are those for whom internal factors are the primary determinants of the behavior; at the other end are those for whom environmental factors are the primary determinants; and at each point along the continuum, there are those for whom some degree of transaction between internal and environmental factors determine the problem behavior.

Then, rather than treating each concern as a discrete problem, schools can embed their efforts to deal with substance use, mental health, learning problems, and other barriers to learning and teaching into a unified, comprehensive, and equitable system for preventing problems and providing student/learning supports. Such a system is rooted in practices that engage students in classroom learning (see Exhibit C).

For more on school improvement practices designed to engage students and develop a unified, comprehensive, and equitable system for preventing problems and providing student/learning support, see the following (free) resources from the Center at UCLA:

>*Addressing barriers to learning: In the classroom and schoolwide*
http://smhp.psych.ucla.edu/improving_school_improvement.html

>*Improving school improvement*
http://smhp.psych.ucla.edu/improving_school_improvement.html

For more resources, see the Center's online clearinghouse *Quick Finds* at
http://smhp.psych.ucla.edu/qf/motiv.htm .

Exhibit C

A Note About Enhancing Engagement to Reduce Risky Behavior*

Student engagement involves not only engaging and maintaining engagement, but also re-engaging those who have disconnected from classroom instruction. Unfortunately, maintaining engagement is a widespread problem in schools.

There is a significant relationship between the degree to which a student is connected with school and harmful risk taking. In turn, school connectedness is related to failure and disengagement from classroom learning. For those students who become disengaged from classroom learning, the disconnection is both symptomatic of one or more causal factors and an additional factor exacerbating learning, behavior, and emotional problems. Clearly, a prominent focus of school improvement efforts should be on how to (a) motivate the many students who are hard to engage and (b) re-engage those who have totally disengaged from classroom learning. Of particular concern is what teachers should do when they encounter a student who has disengaged and is misbehaving. In many ways, these matters are at the core of enhancing school climate.

Porter and Lindberg (2000) indicate that "Students who report feeling connected to their school are less likely to be involved in behaviors that are detrimental to their health and strengthening these connections can be an important prevention strategy."

Ozer's (2005) review of findings from the National Longitudinal Study of Adolescent Health underscores that "adolescents who report feeling more connected to school show lower levels of emotional distress, risk behavior, and aggression." (Perceived school connection was operationalized in terms of happiness, belonging, safety, closeness, and fair treatment by teachers.)

McNeely, et al (2002) underscore the important role school can play through policies and practices that enhance connectedness and caring. They state: "When adolescents feel cared for by people at their school and feel like a part of their school, they are less likely to use substances, engage in violence, or initiate sexual activity at an early age.... When teachers are empathetic, consistent, encourage student self-management, and allow students to make decisions, the classroom management climate improves."

Bond, et al (2007) stress: "Along with connectedness to family, connectedness to school during adolescence has emerged as a key area for building protective factors for positive educational outcomes and lower rates of health-risk behaviors. School is particularly important as a social and learning environment, impacting not only on academic and vocational pathways, but also on present and future health and well being. Young people who are not engaged with learning or who have poor relationships with peers and teachers are more likely to use drugs and engage in socially disruptive behaviors, report anxiety/depressive symptoms, have poorer adult relationships, and fail to complete secondary school. Therefore, the potential consequences for young people of becoming disconnected from school are far reaching. Negative school experiences largely account for young people becoming alienated or disconnected from school. Research focusing on connectedness to school emphasizes the importance of the quality of relationships (peer and teacher) on engagement in learning, and on health and well being. Such experiences highlight different social experiences including, for example, being bullied, not getting along with teachers, feelings of not belonging, not doing well at school, and feeling under stress."

*Excepts from:

Youth Risk Taking Behavior: The Role of Schools
http://smhp.psych.ucla.edu/pdfdocs/policyissues/risktaking.pdf

School Engagement, Disengagement, Learning Supports, & School Climate
http://smhp.psych.ucla.edu/pdfdocs/schooleng.pdf

Some References Used in Preparing this Information Resource

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