

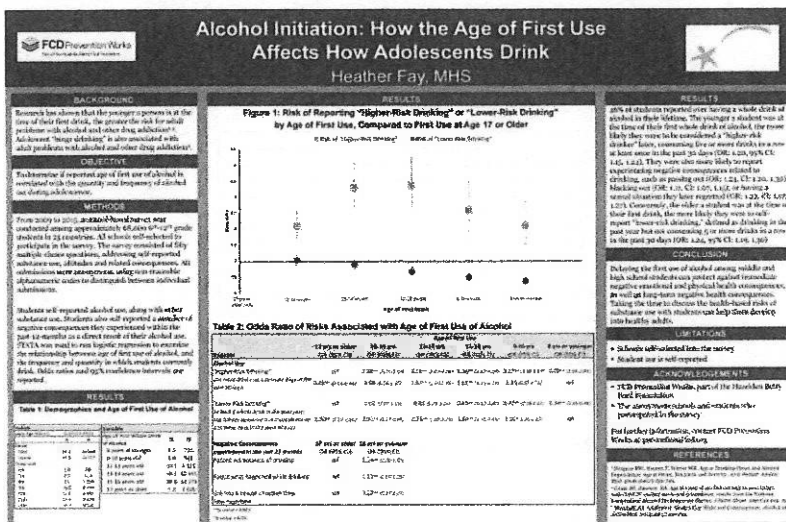
Freedom from Chemical Dependency



Healthy Life Style Model

- Prevention
- Vigilance
- Identification of At Risk Behaviors
- Treatment

How the Age of First Use Affects How Adolescents Drink: FCD at APHA



Age Matters

Research in the field of substance use has linked adult misuse of alcohol or other drugs to early initiation of use. A study conducted by the Boston University School of Public Health found that adults who started drinking before the age of 14 were 78% more likely to develop alcohol dependence, compared to adults who started drinking at 21¹. But how does age of first use affect how *adolescents* use alcohol?

Age of First Alcohol Use

This past November, FCD presented a poster at the American Public Health Association (APHA) Annual Conference on age of first use of alcohol. The poster was based on research gathered from the *FCD Student Attitudes and Behavior Survey* Database - a resource of over 68,000 6th-12th grade students surveyed from 2009 - 2015 across 25 countries.

The *FCD Student Attitudes and Behavior Survey* is a 50-question research instrument, designed to give a snapshot of a school community's substance use, attitudes towards use, perceptions around peers' use, and attitudes about school, family and substance use policies. Students are asked at what age they had their first whole drink of alcohol, not including a few sips with family or for religious purposes. Students are also asked about their alcohol use in the past year and past 30 days. In addition to questions on frequency of use, students are also asked how many whole drinks they typically consume. Students also report negative consequences that they have experienced as a direct result of their own alcohol use.

Results

All use, of any substance, has risks associated with it, and those risks are magnified for adolescents who still have a developing brain and body. When analyzing this risk, FCD groups students into "higher-risk drinkers" and "lower-risk drinkers."

- A "higher-risk drinker" is defined as a student who consistently reported consuming 5 or more drinks of alcohol on 1 or more days in the past 30 days.
- A "lower-risk drinkers" is defined as a student who had at least one whole drink in the past year, but did not consume 5 or more drinks on 1 or more days in the past 30 days.

FCD found that the younger a student was at the time of their first whole drink of alcohol, the more likely they were to be considered a "higher-risk drinker." They were also more likely to report experiencing negative consequences related to their drinking. For example, compared to students who had their first whole drink of alcohol at 17 or older, students who had their first whole drink at 16 or younger were:

- 24% more likely to report passing out because of their drinking
- 11% more likely to report forgetting what happened while drinking
- 22% more likely to report getting into a sexual situation they later regretted.

When looking at "lower-risk drinking," FCD found that the older a student was at the time of their first drink, the more likely they were to self-report "lower-risk drinking."

Next Steps

The younger a student is at the time of their first whole drink negatively impacts how they use alcohol during adolescence, and into adulthood. Delaying the first use of alcohol among middle and high school students can protect against immediate negative emotional and physical health consequences, as well as long-term negative consequences. Taking the time to discuss the health-based risks of substance use with students can help them develop into healthy adults.

Parents are the front line of defense in keeping healthy kids healthy. Having clear rules regarding substance use, and having regular conversations about the health-based risks of using substances can protect a student from negative consequences. Students who have strong boundaries set by their parents, such as rules about substance use, and feel supported by parents are more likely to engage in healthy decision making². Sixty-five percent (65%) of students surveyed by FCD reported having at least one conversation with a parent about alcohol or other drugs in the past year. While this is a positive sign, only 35% of those students reported having more than one conversation. Increasing the frequency of these communications can help delay a student's first use of alcohol.

In addition to feeling support from home, students can be encouraged to make the healthy choice to delay use by being part of a peer group that supports that choice. FCD's SALSA program (Students Advocating Life without Substance Abuse) is a support and advocacy group for students who choose not to use alcohol and other drugs. SALSA was created out of the recognition that the first goal of a prevention program should be to support those students already making healthy choices. SALSA focuses on the joys of choosing not to use, rather than on the drinking or substance use habits of others. SALSA students are also trained in peer leadership and mentoring. They are role models who actively present their healthy choice to live alcohol-and-other-drug-free to younger students. Recognizing that younger students tend to overestimate use of alcohol and other drugs by their older peers, SALSA members visit elementary school classrooms to present skits and role-model drug-free living as a healthy and accepted choice.

Healthy students are often an untapped resource for school-wide prevention education. An active SALSA program can effectively work to strengthen protective factors already in place for students, while at the same time training and empowering older students to benefit younger schoolmates through their healthy knowledge, attitudes and experience.

For more information about starting a SALSA program at your school, or for further questions about FCD's research, contact FCD at schools@fcd.org.

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1 Hingson RW, Heeren T, Winter MR. *Age at Drinking Onset and Alcohol Dependence: Age at Onset, Duration, and Severity*. Arch Pediatr Adolesc Med. 2006;160(7):739-746. doi:10.1001/archpedi.160.7.739

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Alcohol Initiation: How the Age of First Use Affects How Adolescents Drink

Heather Fay, MHS



BACKGROUND

Research has shown that the younger a person is at the time of their first drink, the greater the risk for adult problems with alcohol and other drug addiction^{1,2}. Adolescent "binge drinking" is also associated with adult problems with alcohol and other drug addiction³.

OBJECTIVE

To determine if reported age of first use of alcohol is correlated with the quantity and frequency of alcohol use during adolescence.

METHODS

From 2009 to 2015, a school-based survey was conducted among approximately 68,000 6th-12th grade students in 25 countries. All schools self-selected to participate in the survey. The survey consisted of fifty multiple choice questions, addressing self-reported substance use, attitudes and related consequences. All submissions were anonymous, using non-traceable alphanumeric codes to distinguish between individual submissions.

Students self-reported alcohol use, along with other substance use. Students also self-reported a number of negative consequences they experienced within the past-12-months as a direct result of their alcohol use. STATA was used to run logistic regression to examine the relationship between age of first use of alcohol, and the frequency and quantity in which students currently drink. Odds ratios and 95% confidence intervals are reported.

RESULTS

Table 1: Demographics and Age of First Use of Alcohol

Variable	Mean Age (95% CI)	%	N
Mean Age (95% CI)	16.0 (13.2-18.9)		
Gender			
Male	55.2	16 990	
Female	44.8	13 717	
Grade Level			
6th	1.0	291	
7th	2.0	613	
8th	5.1	1 556	
9th	14.9	4 406	
10th	22.5	6 925	
11th	27.5	6 473	
12th	27.7	8 521	

Variable	%	N
Age of First Whole Drink of Alcohol		
8 years or younger	2.3	723
9-10 years old	3.0	921
11-12 years old	10.1	3 123
13-14 years old	40.1	12 441
15-16 years old	39.3	12 173
17 years or older	5.3	1 628

RESULTS

Figure 1: Risk of Reporting "Higher-Risk Drinking" or "Lower-Risk Drinking" by Age of First Use, Compared to First Use at Age 17 or Older

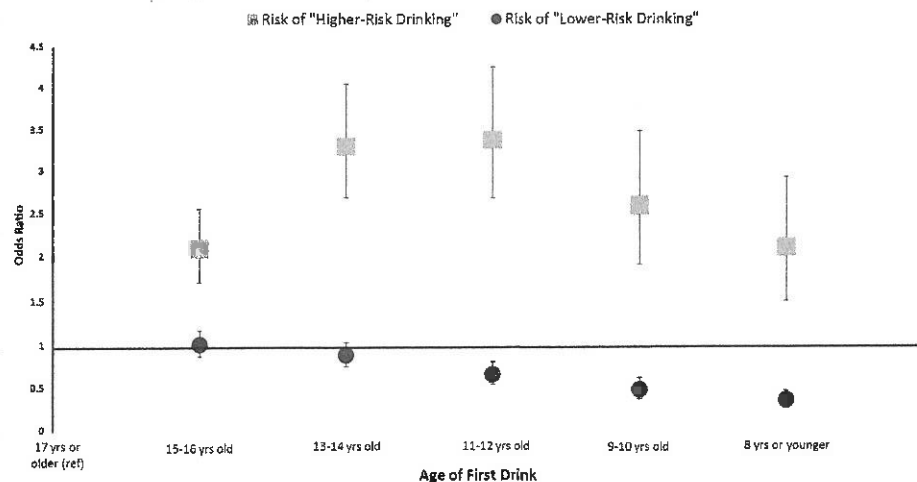


Table 2: Odds Ratio of Risks Associated with Age of First Use of Alcohol

Variable	Age of First Use					
	17 yrs or older OR (95% CI)	15-16 yrs OR (95% CI)	13-14 yrs OR (95% CI)	11-12 yrs OR (95% CI)	9-10 yrs OR (95% CI)	8 yrs or younger OR (95% CI)
Alcohol Use						
"Higher-Risk Drinking"	ref	2.08** (1.70-2.54)	3.28** (2.67-4.04)	3.36** (2.67-4.24)	2.57** (1.90-3.47)	2.09** (1.50-2.91)
5 or more drinks on 1 or more days in the past 30 days	0.48** (0.34-0.66)	0.99 (0.76-1.30)	1.57** (1.20-2.05)	1.61** (1.21-2.13)	1.23 (0.87-1.73)	ref
"Lower-Risk Drinking"	ref	1.01 (0.87-1.16)	0.88 (0.75-1.04)	0.65** (0.53-0.80)	0.47** (0.36-0.61)	0.34** (0.26-0.46)
At least 1 whole drink in the past year, but did not consume 5 or more drinks on 1 or more days in the past 30 days	2.90** (2.18-3.86)	2.91** (2.27-3.74)	2.55** (2.00-3.25)	1.89** (1.46-2.45)	1.36* (1.00-1.85)	ref
Negative Consequences experienced in the last 12 months						
Passed out because of drinking	ref	1.24** (1.20-1.30)				
Forgot what happened while drinking	ref	1.11** (1.07-1.15)				
Got into a sexual situation they later regretted	ref	1.22** (1.17-1.27)				

**p-value < 0.001

*p-value < 0.05

RESULTS

46% of students reported ever having a whole drink of alcohol in their lifetime. The younger a student was at the time of their first whole drink of alcohol, the more likely they were to be considered a "higher-risk drinker" later, consuming five or more drinks in a row at least once in the past 30 days (OR: 1.20, 95% CI: 1.15, 1.24). They were also more likely to report experiencing negative consequences related to drinking, such as passing out (OR: 1.24, CI: 1.20, 1.30), blacking out (OR: 1.11, CI: 1.07, 1.15), or having a sexual situation they later regretted (OR: 1.22, CI: 1.17, 1.27). Conversely, the older a student was at the time of their first drink, the more likely they were to self-report "lower-risk drinking," defined as drinking in the past year but not consuming 5 or more drinks in a row in the past 30 days (OR: 1.24, 95% CI: 1.19, 1.30).

CONCLUSION

Delaying the first use of alcohol among middle and high school students can protect against immediate negative emotional and physical health consequences, as well as long-term negative health consequences. Taking the time to discuss the health-based risks of substance use with students can help them develop into healthy adults.

LIMITATIONS

- Schools self-selected into the survey
- Student use is self-reported

ACKNOWLEDGEMENTS

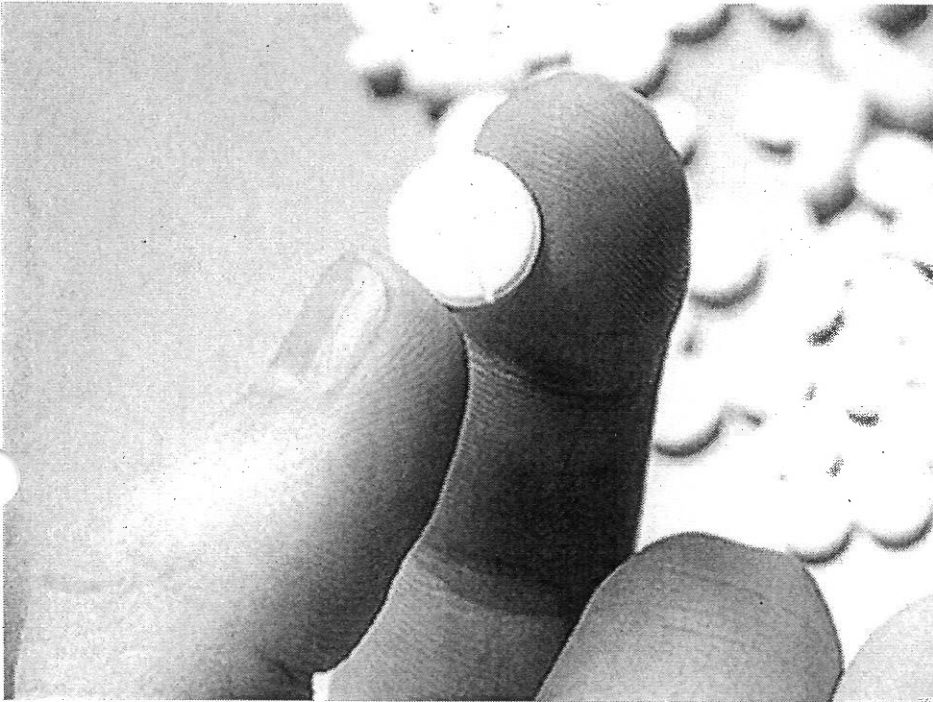
- FCD Prevention Works, part of the Hazelden Betty Ford Foundation
- The anonymous schools and students who participated in the survey.

For further information, contact FCD Prevention Works at prevention@fcd.org

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- ² Grant BF, Dawson DA. Age at onset of alcohol use and its association with DSM-IV alcohol abuse and dependence: results from the National Longitudinal Alcohol Epidemiologic Survey. *J Subst Abuse*. 1997;9(1):103-110.
- ³ Marshall, BJ. Adolescent Alcohol Use: Risks and Consequences. *Alcohol and Alcoholism*. 2014;49(2):160-164.

Overdoses on ADHD Drugs May Be Rising



[En Español](#)

By **Amy Norton**
HealthDay Reporter

MONDAY, May 21, 2018 (HealthDay News) -- The number of U.S. kids accidentally or intentionally overdosing on ADHD medications may be on the rise, a new study suggests.

Researchers found that between 2000 and 2011, there was a 71 percent increase in calls to U.S. poison control centers related to kids' ingestion of drugs prescribed for ADHD (attention-deficit/hyperactivity disorder).

After 2011, there was a small -- but not statistically significant -- dip.

Most cases were accidents, the study authors said. Young children got their hands on pills such as Ritalin or Adderall, for example, or kids were mistakenly given a double-dose of their prescription.

But 18 percent of calls were made after a teenager intentionally abused an ADHD medication, took it in a suspected suicide attempt, according to the new report.

Calls to poison control centers are often made by worried parents whose kids aren't actually sick, but might have been exposed to a drug.

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• [Banned Pregnancy Drug Linked to ADHD](#)

"So an exposure to a medication does not necessarily mean there's been a poisoning," said senior researcher Dr. Gary Smith.

Still, it's concerning to see such calls going up, said Smith, who directs the Center for Injury Research and Policy at Nationwide Children's Hospital, in Columbus, Ohio.

in some cases, the kids did suffer an overdose, the findings showed.

Just over 6 percent of calls ended with a hospital admission, the investigators found. And three teenagers died -- two from abusing ADHD medications, and one in a suspected suicide.

"The scenario of the medication exposure varies greatly depending on the age group," Smith said.

That means various solutions are in order -- from safer medication storage, to education on the risks of abusing ADHD medication, he added.

ADHD affects how kids function in school and in everyday life. Stimulants such as amphetamine and methylphenidate are frequently prescribed to help control behavior and improve focus.

The study findings are based on calls to U.S. poison control centers between 2000 and 2014. Over the years, Smith's team found an average of 29 calls a day related to kids' exposure to ADHD medications.

Those numbers steadily rose until 2011, when about 12,300 calls were made -- up from just over 7,000 in 2000. Then from 2011 to 2014, calls declined slightly -- to fewer than 11,500.

It's not clear whether the recent dip represents any turnaround in the problem, Smith said.

Overall, kids reportedly suffered symptoms in 28 percent of cases -- including agitation and irritability, elevated heart rate, and drowsiness or lethargy. About one-quarter of all kids were taken to a medical center and released soon after, while just over 6 percent were admitted to a hospital.

in children younger than 6 were involved, it was usually because they'd stumbled upon pills that were left out or improperly stored, Smith said.

"With children that age, it's all about safe storage," he stressed. "Keep all medication in child-proof containers up, away and out of sight."

Anita Siu is a clinical associate professor at Rutgers University School of Pharmacy who specializes in pediatric pharmacy.

She made the same point about younger children -- and said that also applies to any over-the-counter medicine or supplement that could mistakenly get into little hands.

With kids aged 6 to 12, the study found, they typically had a prescription for ADHD medication and were accidentally given an extra dose.

Parents can prevent those mishaps, Smith said, by having a system that helps them remember whether their child has taken that day's dose -- using a smartphone app, for instance.

Pill boxes can be helpful reminders, Siu said. But, she stressed, they can also make it easier for young kids to get their hands on pills.

With kids in the 6- to 10-year age range, Siu said, an adult should always supervise medication use. But parents can start to educate them on label reading and the importance of taking medications only as directed.

With teenagers, it's a different situation. In this study, half of the teens had intentionally abused an ADHD drug or used one in a suspected suicide attempt.

...ut figure is striking, Smith said.

Siu said, with preteens and teenagers, education is key. They should know that taking someone else's prescription -- or sharing their own with a friend -- is dangerous.

Generations Later

• Fewer Antibiotics for Kids, But More ADHD Drugs

• ADHD Drug Use Soars Among Young Women

• Ritalin During Pregnancy May Raise Risk of Heart Defect in Baby

• Adderall Misuse May Be Hidden Part of Teen Amphetamine Abuse

• Nearly a Third of College Kids Think ADHD Meds Boost Grades

And if parents have any concern their child might be abusing a medication, they should talk to their health care provider, Siu and Smith said.

The findings were published online May 21 in *Pediatrics*.

More information

For advice on safe storage of medications, visit [Up and Away](#).

SOURCES: Gary Smith, M.D., Dr.Ph., director, Center for Injury Research and Policy, Nationwide Children's Hospital, Columbus, Ohio; Anita Siu, Pharm.D., clinical associate professor, Ernest Mario School of Pharmacy, Rutgers, The State University of New Jersey, Piscataway, N.J.; May 21, 2018, *Pediatrics*, online

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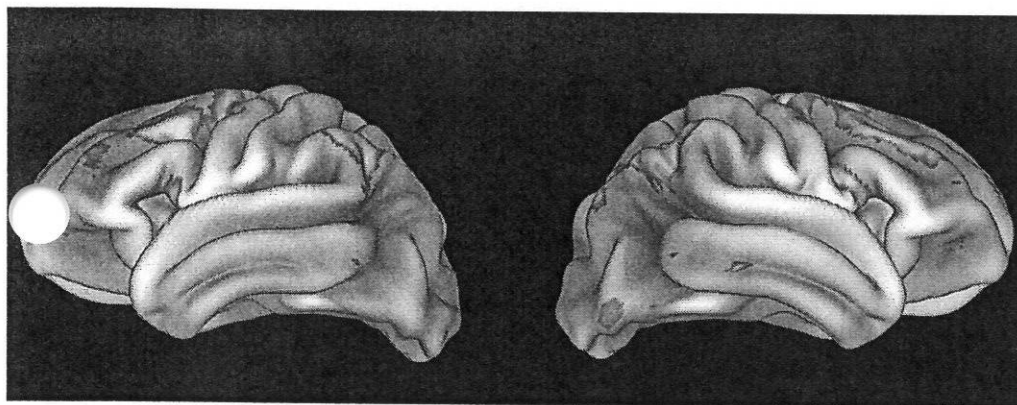


NEWS RELEASES

Tuesday, February 13, 2018

NIH releases first dataset from unprecedented study of adolescent brain development

More than 7,500 children recruited for study to date; data available for first 4,500



MRI of adolescent brains activated during a memory task in ABCD study. Dr. Richard Watts and ABCD/Univ. of VT P.I. Dr. Hugh Garavan

The National Institutes of Health Tuesday released to the scientific community an unparalleled dataset from the Adolescent Brain Cognitive Development (ABCD) study. To date, more than 7,500 youth and their families have been recruited for the study, well over half the participant goal. Approximately 30 terabytes of data (about three times the size of the Library of Congress collection), obtained from the first 4,500 participants, will be available to scientists worldwide to conduct research on the many factors that influence brain, cognitive, social, and emotional development. The ABCD study is the largest long-term study of brain development and child health in the United States.

This interim release provides high-quality baseline data on a large sample of 9-and-10-year-old children, including basic participant demographics, assessments of physical and mental health, substance use, culture and environment, neurocognition, tabulated structural and functional neuroimaging data, and minimally processed brain images, as well as biological data such as pubertal hormone analyses. The data will be made



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available through the National Institute of Mental Health (NIMH) Data Archive, which can be accessed by researchers who obtain a free NIMH Data Archive account. All personally identifiable information is removed from the data to ensure participant confidentiality and anonymity.

"By sharing this interim baseline dataset with researchers now, the ABCD study is enabling scientists to begin analyzing and publishing novel research on the developing adolescent brain," said Nora D. Volkow, M.D., director of the National Institute on Drug Abuse (NIDA). "As expected, drug use is minimal among this young cohort, which is critical because it will allow us to compare brain images before and after substance use begins within individuals who start using, providing needed insight into how experimentation with drugs, alcohol and nicotine affect developing brains."

"Sharing ABCD data and other related datasets with the research community, in an infrastructure that allows easy query, data access, and cloud computation, will help us understand many aspects of health and human development," said Joshua A. Gordon, M.D., Ph.D., director of NIMH. "These datasets provide extraordinary opportunities for computational neuroscientists to address problems with direct public health relevance."

This comprehensive dataset, which will be disaggregated by sex, racial/ethnic group, and socioeconomic status, will allow researchers to address numerous questions related to adolescent brain development to help inform future prevention and treatment efforts, public health strategies and policy decisions, including, but not limited to:

- How do sports injuries impact developmental outcomes?
- What is the relationship between screen time and brain and social development?
- How does the occasional versus regular use of substances (e.g., alcohol, nicotine, marijuana) affect learning and the developing brain?
- What are some of the factors that contribute to achievement gaps?
- How do sleep, nutrition, and physical activity affect learning, brain development and other health outcomes across racial/ethnic and socioeconomic groups?
- What brain pathways are associated with the onset and progression of mental health disorders and do these pathways differ by sex?
- What is the relationship between substance use and mental illness?
- How do genetic and environmental factors contribute to brain development?

"The collection and release of this baseline data is a crucial step in ongoing efforts to sharpen our understanding of the link between adolescent alcohol use and long-term harmful effects on brain development and function," said George F. Koob, Ph.D., director of the National Institute on Alcohol Abuse and Alcoholism (NIAAA).

Recruitment of participants began in September 2016 through outreach to public, charter, and private schools, as well as twin registries in Colorado, Minnesota, Missouri and Virginia. The ABCD Study is designed to include a diverse population that reflects the demographics of the U.S., however these interim data may not fully capture that

iversity as enrollment is not yet complete. So far, 7,637 youth have been enrolled, including 6,399 single participants and 1,238 twins/multiples, reaching a 66 percent recruitment milestone. The study aims to enroll a total of 11,500 children by the end of 2018. The next annual data release will include the full participant cohort.

Participants will be followed for 10 years, during which data are collected on a semi-annual and annual basis through interviews and behavioral testing. Neuroimaging data, including high resolution MRI, are collected every two years to measure changes in brain structure and function.

The ABCD Coordinating Center and Data Analysis and Informatics Center are housed at the University of California, San Diego and recruitment is being conducted at 21 study sites across the country. For more information, please visit the ABCD website at www.ABCDStudy.org.

The ABCD study is supported by the National Institute on Drug Abuse, the National Institute on Alcohol Abuse and Alcoholism, the National Cancer Institute, the Eunice Kennedy Shriver National Institute of Child Health and Human Development, the National Institute of Mental Health, the National Institute on Minority Health and Health Disparities, the National Institute of Neurological Disorders and Stroke, the NIH Office of Behavioral and Social Sciences Research, the NIH Office of Research on Women's Health, and the Division of School Health at the Centers for Disease Control and Prevention (CDC), with additional partnerships with the National Institute of Justice, the CDC Division of Violence Prevention, the National Science Foundation, and the Virginia L. Endowment for the Arts.

For more information about the adolescent brain, go to:
<https://www.drugabuse.gov/related-topics/adolescent-brain>.

About the National Institute on Drug Abuse (NIDA): The National Institute on Drug Abuse (NIDA) is a component of the National Institutes of Health, U.S. Department of Health and Human Services. NIDA supports most of the world's research on the health aspects of drug use and addiction. The Institute carries out a large variety of programs to inform policy, improve practice, and advance addiction science. Fact sheets on the health effects of drugs and information on NIDA research and other activities can be found at www.drugabuse.gov, which is now compatible with your smartphone, iPad or tablet. To order publications in English or Spanish, call NIDA's DrugPubs research dissemination center at 1-877-NIDA-NIH or 240-645-0228 (TDD) or email requests to drugpubs@nida.nih.gov. Online ordering is available at drugpubs.drugabuse.gov. NIDA's media guide can be found at www.drugabuse.gov/publications/media-guide/dear-journalist, and its easy-to-read website can be found at www.easyread.drugabuse.gov. You can follow NIDA on Twitter and Facebook.

About the National Institute of Mental Health (NIMH): The mission of the NIMH is to inform the understanding and treatment of mental illnesses through basic and clinical research, paving the way for prevention, recovery and cure. For more information, visit the NIMH website

About the National Institute on Alcohol Abuse and Alcoholism (NIAAA): The National Institute on Alcohol Abuse and Alcoholism (NIAAA), part of the National Institutes of Health, is the primary U.S. agency for conducting and supporting research on the causes, consequences, diagnosis, prevention, and treatment of alcohol use disorder. NIAAA also disseminates research findings to general, professional, and academic audiences. Additional alcohol research information and publications are available at: <https://www.niaaa.nih.gov>.

About the National Institutes of Health (NIH): NIH, the nation's medical research agency, includes 27 Institutes and Centers and is a component of the U.S. Department of Health and Human Services. NIH is the primary federal agency conducting and supporting basic, clinical, and translational medical research, and is investigating the causes, treatments, and cures for both common and rare diseases. For more information about NIH and its programs, visit www.nih.gov.

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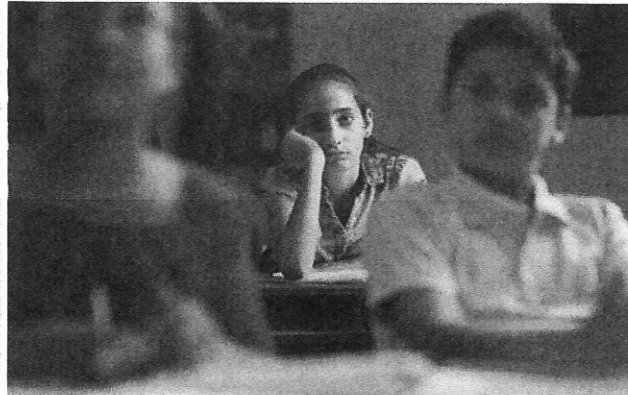
Sleep in Middle and High School Students

Children and adolescents who do not get enough sleep have a higher risk for many health and behavior problems. Learn how much sleep students need and how many are not getting it.

Importance of Sleep

Children and adolescents who do not get enough sleep have a higher risk of obesity, diabetes, injuries, poor mental health, and problems with attention and behavior.¹⁻⁴

How much sleep someone needs depends on their age. The American Academy of Sleep Medicine has recommended that children aged 6–12 years should regularly sleep 9–12 hours per 24 hours and teenagers aged 13–18 years should sleep 8–10 hours per 24 hours.¹



Are Students Getting Enough Sleep?

CDC analyzed data from the 2015 national and state Youth Risk Behavior Surveys.⁵ Students were asked how much sleep they usually got on school nights. Students who were 6 to 12 years old and who reported sleeping less than 9 hours were considered to not get enough sleep. Teenagers aged 13 to 18 years who reported sleeping less than 8 hours also were considered to not get enough sleep.



Students who get enough sleep may have fewer attention and behavior problems.

Middle school students (grades 6–8)

Students in 9 states were included in the study

- About 6 out of 10 (57.8%) did not get enough sleep on school nights

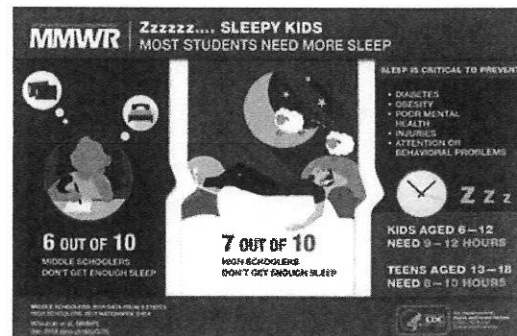
High school students (grades 9–12)

- National sample
- About 7 out of 10 (72.7%) did not get enough sleep on school nights

Help Your Child Get the Sleep They Need

Parents can support good sleep habits such as:

- **Sticking to a consistent sleep schedule** during the school week and weekends. This means going to bed at the same time each night and getting up at the same time each morning. Adolescents whose parents set bedtimes are more likely to get enough sleep.⁶ To help decide on a good bedtime for your child, go to the [Bedtime Calculator](http://www.sleepeducation.org/healthysleep/Make-Time-2-Sleep-Bedtime-Calculator). (<http://www.sleepeducation.org/healthysleep/Make-Time-2-Sleep-Bedtime-Calculator>)
- **Limiting light exposure and technology use** in the evenings.
 - Parents can limit **when** their children may use electronic devices (sometimes referred to as a “media curfew”).
 - Parents can limit **where** their children may use electronic devices (for example, not in their child’s bedroom).
- Other tips for better sleep are available at [CDC’s Tips for Better Sleep](https://www.cdc.gov/sleep/about_sleep/sleep_hygiene.html) (https://www.cdc.gov/sleep/about_sleep/sleep_hygiene.html).



Many middle school and high school students do not get the sleep they need. [View large image and text description. \(infographic.html\)](#)

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ACHIEVING A DRUG AND ALCOHOL-FREE CAMPUS

Background

In 2008, the Shelton Board of Trustees, in keeping with the school's mission statement, approved the adoption of a program aimed at achieving a drug and alcohol free campus for the Shelton School. Following a year of focus on both parent and student drug education, the Shelton School embarked on a program to assist Shelton students in remaining drug and alcohol free.

The student enrollment contract for 2021-2022 reflects this intention. For many years, the Shelton School has partnered with FCD (Freedom from Chemical Dependency), a non-profit consulting group, for drug and alcohol education of our students and community. The goal is to raise awareness of the dangers surrounding drugs and alcohol that exist in all communities. As Shelton moves forward towards the goal of a drug and alcohol free school, we will continue to use FCD to supplement our program.

This Drug-and-Alcohol-Free Policy is intended to comply with all applicable laws. If any provision of this policy is or becomes illegal for any reason, the applicable law will be followed.

Shelton reserves the right to modify its policies without prior notice. Any additions, deletions, or changes to this Drug-and-Alcohol-Free Policy shall become effective immediately upon adoption.

The Program

The Shelton program is based on the premise that random drug testing gives students an excuse to say no, therefore reducing drug experimentation and use. The implementation of our program involving grades 8-12 began in August 2009.

This is a positive program of prevention and is intended to help any student having problems with drugs and alcohol. It involves both counseling and a second chance. Initiating a testing program does not imply our students are not trusted or respected, nor is it intended to identify students for expulsion. It is hoped that this program will prove to be a reason parents and students would find Shelton a safe and wholesome choice as a school.

Confidentiality is basic and essential to the success of this program. No results will be published or made public in any way unless required by law. Should a student need counseling and assistance, the school will work with the parents and the student. The Random Plus Drug Testing Program will be funded through tuition.

Enforcement of Policy and Consent Requirements

As explained below, Shelton will conduct random drug and alcohol testing of students to determine compliance with this policy. Refusal to submit to testing or to sign the consent form is insubordination and is grounds for appropriate discipline, up to and including immediate expulsion.

Testing Method

Although the testing method may be changed at any time at Shelton's sole discretion, urinalysis has been selected as the primary method for the Random Plus Testing program. An accredited consortia third party administrator will perform the collection on the Shelton campus. The specimens will then be forwarded to a Substance Abuse and Mental Health Services Administration (SAMHSA) certified laboratory. Urinalysis is a nine-panel test which tests for nine major drug classes plus alcohol. Hair testing may be used as an additional testing source as needed. Hair samples will be analyzed using the five-drug panel test which tests for five major drug classes. The lab utilizes the most current state-of-the-art methodologies to ensure reliable and accurate test results.

Student Selection Method

Step One Services will come to the Shelton campus at least one time per month during the school year. Each student in grades 8-12 will be assigned a unique identification number that is randomly generated. Student ID numbers will be selected for testing, at random, using a computer program. Only the Head of School, Division Heads, and Divisions' Dean of Students will have access to these ID numbers. Added to the random group, will be any students confidentially referred by administration, faculty, or staff as possible high risk. Some students may go through the entire year without being tested while others may be tested more than once. The ID number of any student who has tested positive will be placed on the PLUS list for follow up testing. The Upper School Dean of Students will maintain this list.

Collection Procedures

1. The ID number will be entered on the chain of custody and will protect the identity of the individual being tested.
2. Trained representatives from Step One Services will perform the sample collection of urine.
 - Urine: a sample will be collected privately and in a non-intrusive manner.
 - The testing will take approximately ten minutes.
3. Step One Services will follow established chain of custody procedures from the collection of the sample to the delivery of sample to the testing facility.

*Hair samples are not currently collected on campus. If a student is referred for testing at an off campus site, hair samples may be collected. Hair: a sample of hair is cut at the scalp from the crown of the person's head from three to four very small areas. Persons with insufficient hair will have body hair collected, such as arm or leg hair.

Confidentiality and Dissemination of Results

1. All collection samples and results are identified by a unique individually coded ID number. No names are recorded on the chain of custody, collection sample or on the test results. The testing labs will not have access to student names.
2. All positive results are substantiated.
3. Test results are confidentially provided to the Upper School Dean of Students, who may disclose the results on a need-to-know basis. In the event of a positive result, the Upper School Dean of Students will notify the parents. A private meeting between the student, parents, Upper School Dean of Students, division administrators, division counselor, or Head of School will be arranged. Any positive result may be contested through a second test given at the parent's expense.
4. No test results of students will be disclosed to any person or agency beyond the persons identified above (#3) without legal compulsion. Upon signed written consent, parents may direct the results to be disclosed to specifically designated parties.
5. Parents will be notified of testing only in the event of a positive result.

Consequences of Positive Results

1. School personnel do not anticipate initiating criminal charges or other legal action against the student, based solely on a positive drug test. If evidence of sale or possession of drugs is discovered, however, Shelton reserves the right to report it to the appropriate law enforcement agencies.
2. The Head of the Division and the Dean of Students will work with the parents and place a student who has tested positive on a required plan. A drug education course will also be required. The student and parents must seek this course and follow the recommendations. All costs for this course will be the responsibility of the parent.
3. A student receiving a positive test result will be retested as part of future PLUS groups. If the required plan for counseling and drug education is violated or the student has an additional positive test result, the student will be asked to withdraw from the school.
4. A student who has tested positive and follows Shelton's required plan for counseling and a drug education course, may continue all normal school activities unless directed otherwise by the counselor, physician, or school.
5. A student who has been asked to leave the school after the second positive drug test may, after following appropriate treatment, a substance abuse evaluation, with a counselor's recommendation, and a clear record, be permitted to reapply at the beginning of the following semester to the Shelton School. Under these circumstances, readmission will be based on the sole judgment of The Shelton School.

*Students are not permitted to possess controlled substances or alcohol on school grounds at any time, including school hours, athletic events, or at other school events. Possession of controlled substances or alcohol under these circumstances is grounds for immediate expulsion.

Treatment Options

A list of possible referrals for treatment and evaluation will be given to the family; however, parents may choose to seek other agencies of their choice with approval of Shelton. A counselor or community agency will provide assessments and referrals for further assistance and treatment to any student who tests positive. The designated counselor or community agency will provide recommendations to the family on the type of additional services that are required. The counselor or community agency will need permission from the parents to communicate with the Shelton School throughout the treatment process.

SHELTON SUBSTANCE USE POLICY

Shelton School supports students in making ethical, responsible, and healthy decisions. Substance use and misuse can be dangerous to a teenager's health and can result in negative life changes.

Shelton does not support any activity where students use drugs or alcohol. Drugs and alcohol have no place in the physical, mental and emotional growth of our students. The school will take disciplinary action if a student sells, possesses, uses, exchanges, delivers or is under the influence of alcohol or drugs, cigarettes, tobacco products, electronic smoking devices, inhalants, or any other illegal substance. The school reserves the right to consult with the authorities.

Parents are reminded that providing alcohol or drugs to students is illegal and can result in criminal penalties and civil lawsuits and could jeopardize their student's enrollment at the school. Shelton is committed to providing a drug-free atmosphere on campus and at school-sponsored events. To protect the safety and welfare of students and school personnel, Shelton may use the following procedures:

- Shelton reserves the right to search a student's pocket, purse, backpack, gym bag, locker, other personal belongings, or automobile. Searches may be conducted without notice
- Shelton reserves the right to require that any unknown or suspicious substance found be tested at a Shelton designated facility at the expense of the parent.
- The school reserves the right to bring detection canines on campus to search vehicles, lockers, backpacks, purses, and any other belongings.
- The school will conduct random drug testing for students in grades 8 – 12 through the Shelton Random Plus Drug Testing program. Should a student not be able to produce a sample at school, the parent will be notified and then required to transport their student to a school designated drug-testing facility that day for testing at the parent's expense.
- The school reserves the right to require students of concern to take drug tests (at parents' expense). This includes testing for drugs, alcohol and other substances. Parents must transport the student from Shelton directly to the testing center. Testing must occur the same day Shelton requires the test. Results of these tests must be sent to the school from the Shelton approved test facility.
- Refusal of the student or family to cooperate with searches or required drug testing will result in the student being asked to withdraw from Shelton.
- Any attempt to tamper or alter a test will be considered a positive test result.
- asked to withdraw from Shelton. Any attempt to tamper or alter a test will be considered a positive test result.

ALCOHOL AND OTHER DRUGS

Possession or consumption of alcohol or drugs on the Shelton campus or at any school-sponsored program/activity will result in request of withdrawal. Consumption of alcohol or drugs prior to arrival at school or a school-sponsored event may result in disciplinary action to be determined by the administration. Shelton reserves the right to use breathalyzers or other similar devices to test students at school-sponsored events. This includes the abuse or non-authorized use of prescription and over-the-counter drugs, other substances, including inhalants, and counterfeit controlled substances.

SHELTON SCHOOL ALCOHOL BREATH TESTING POLICY

At all Shelton-sponsored events on and off campus, Shelton School retains the right to determine if a student is under the influence of alcohol or other substances through the use of a breath alcohol test, commonly referred to as a breathalyzer test.

A. All students and guests will be subject to a breath alcohol test administered by an employee of Step One Co. using qualified alcohol breath testing devices.

1. Students testing negative will be allowed to enter the event.
2. Students testing positive for alcohol use will be denied entry to the event. The student's parent(s) will be called and will be required to pick up their student from the event. A breathalyzer test showing a consumption of alcohol will result in a positive test result according to Shelton's drug, alcohol, and tobacco policy.
3. A student refusing to take the test will be denied entry to the event. The student's parent(s) will be called and required to pick up their student from the event.
4. Any student that has been denied entry to an event must be picked up by a parent or designated guardian. Students will not be released to anyone other than a parent or designated guardian.
5. All students will also be subject to a breath alcohol test prior to departure from the event. Students testing positive for alcohol use, or refusing to take the breath test, will be denied departure from the event. The student's parent(s) will be called and will be required to pick up their student from the event. Any student who is found to have substances in their possession, has consumed substances while at a school-sponsored event, or refuses the breathalyzer test prior to departure will be asked to withdraw from Shelton School.

B. Shelton School reserves the right to conduct purse/bag searches as well as searches of any vehicle, limousine, or party bus that may have been used to transport students to the event.

1. If contraband substances are found during a bag/purse search, the student will be denied entry to the event. The student's parent(s) will be contacted and required to pick up their student from the event. Any student who is found to have substances in their possession will be asked to withdraw from Shelton School.
2. If such substances are found upon the search of a car, limousine, or party bus, ALL students arriving in said vehicle will be denied entrance whether they knew of the illegal substance(s) or not. The limousine or party bus will be asked to depart. Student's parent(s)/guardian(s) will be contacted and required to come and pick up their student from the event.
3. Any student that has been denied entry to an event must be picked up by a parent. Students will not be released to anyone other than a parent or designated guardian.

TOBACCO PRODUCTS

Possession or use of any tobacco product, e-cigarettes, any electronic smoking device, or facsimile on campus or at any school-sponsored program/activity may result in parent notification and up to a three (3)-day off-campus suspension.

SUBSTANCE USE OCCURRING OFF-CAMPUS/NON SCHOOL EVENT

If it comes to the attention of the administration that a student is using, in possession of, selling, exchanging, delivering, or under the influence of tobacco (below legal age), alcohol, or other drugs off-campus while not at a school-sponsored event, the administration will notify the parents. Drug testing may be required. Students arrested for drug or alcohol-related incidents may be required to take random drug/alcohol tests with results reported to the Dean of Students or Assistant Head of the appropriate division and could be subject to disciplinary action.

Students in grades 8-12 will be selected on a random basis several times throughout the school year. Random drug testing will be at the school's expense.

***Please note that any reference to drugs includes: Inhalants, illegal substances, the abuse or non-authorized use of prescription or over-the-counter drugs, other substances, and counterfeit controlled substances.

Whenever a student is tested, as an administrative requirement or as part of the Random Drug Testing program, the following procedures will be followed:

ALCOHOL








- Testing
 - Negative result – no action taken
- First positive result
 - Parent notification
- Second positive result
 - Meet with student and parents; plan on file in office, which includes:
 - Required substance awareness course
 - Ongoing counseling with permission for Shelton to speak with counselor
 - Discontinued substance use verified by random substance testing; student placed in Plus group for future testing
- Third positive result or if plan is violated
 - Student will be required to withdraw from Shelton.

DRUGS/OTHER SUBSTANCES

- Negative result
 - No action taken
- First positive result
 - Meet with student and parents; plan on file in office, which includes:
 - Required substance awareness course
 - Ongoing counseling with permission for Shelton to speak with counselor
 - Discontinued substance use verified by random substance testing; student placed in PLUS group for future testing
- Second positive result or if plan is violated
 - Student will be required to withdraw (expulsion) from Shelton.

HOW TO RECEIVE HELP FOR SUBSTANCE USE PROBLEMS

- If a student voluntarily seeks help for substance use/abuse from a faculty member or administrator, (prior to the day of any testing required by Shelton) the administration will assist the family in finding appropriate treatment, provided the substance use did not occur at school or at school sponsored activities.
- The student will be required to have a treatment plan deemed appropriate by the mental health provider or treatment facility and the Shelton Administration on file with the division's office and actively working on the treatment plan while enrolled at Shelton.
- In addition, the student will be required to take random drug tests at a Shelton approved test facility as requested by the school at parent's expense. Refusal of the student to permit testing or refusal of the family to cooperate with testing will result in the student being asked to withdraw from Shelton.

Substances on Campus/ School-Sponsored Event	Substances Off Campus/ Not a School-Sponsored Event
<p>Possession, Usage, Sale, Exchange or Delivery</p>  <p>Alcohol and Other Drugs</p>  <p>Student will be required to withdraw from the Shelton School.</p> <p>Tobacco or Tobacco Products</p>  <p>3 Day Suspension (Off-Campus)</p>  <p>Three suspensions result in the requirement to withdraw from the Shelton School.</p>	<p>Information Confirmed by Administration</p>  <p>Testing for substance usage at a Shelton approved test facility with a prescribed test.</p>  <p>Positive Test Result Plan on file in office, which requires:</p> <ol style="list-style-type: none"> 1) Substance Awareness Course 2) On-going counseling, if needed 3) Discontinued substance use verified by random substance testing at a Shelton approved testing site. (At parent's expense.)  <p>If plan is violated, student will be required to withdraw from the Shelton School.</p>

IF A STUDENT VOLUNTARILY ASKS FOR HELP WITH SUBSTANCE ABUSE

The Shelton Administration will assist the family in finding appropriate treatment.

The student will be required to submit a plan which includes:

- 1) Substance Awareness Course
- 2) On-going counseling, if needed
- 3) Continued random substance testing

If plan is violated, student will be required to withdraw from Shelton.

*** Any reference to drugs includes inhalants, illegal substances, and the abuse or non-authorized use of prescription and over-the-counter drugs, other substances, and counterfeit controlled substances.

Shelton Random Drug Testing Program Procedures

Alcohol	Drugs/Other Substances*
<p style="text-align: center;">Random Testing on Campus</p> <p style="text-align: center;">↓</p> <p style="text-align: center;">Negative Result</p> <p style="text-align: center;">↓</p> <p style="text-align: center;">No Action Taken</p> <p style="text-align: center;">First Positive Result</p> <p style="text-align: center;">↓</p> <p style="text-align: center;">Notify Parents</p> <p style="text-align: center;">Second Positive Result</p> <p style="text-align: center;">↓</p> <p>Meet with student and parents; plan on file in office to include the following:</p> <ol style="list-style-type: none"> 1) Substance Awareness Course 2) Ongoing counseling, if needed, with permission for Shelton to speak with counselor 3) Discontinued substance use verified by random substance testing; student is placed in PLUS group for future testing <p style="text-align: center;">Third Positive Result Or Plan Is Violated</p> <p style="text-align: center;">↓</p> <p>Student will be required to withdraw from the Shelton School.</p>	<p style="text-align: center;">Random Testing on Campus</p> <p style="text-align: center;">↓</p> <p style="text-align: center;">Negative Result</p> <p style="text-align: center;">↓</p> <p style="text-align: center;">No Action Taken</p> <p style="text-align: center;">First Positive Result</p> <p style="text-align: center;">↓</p> <p>Meet with student and parents; plan on file in office to include the following:</p> <ol style="list-style-type: none"> 1) Substance Awareness Course 2) Ongoing counseling, if needed, with permission for Shelton to speak with counselor 3) Discontinued substance use verified by random substance testing; student is place in PLUS group for future testing <p style="text-align: center;">Second Positive Result Or Plan Is Violated</p> <p style="text-align: center;">↓</p> <p>Student will be required to withdraw from the Shelton School.</p>

*Tobacco positives will follow consequences listed on the previous page.