

## **STUDENT ALCOHOL, TOBACCO, AND OTHER DRUG ABUSE PROGRAM**

The School District of Jefferson has a responsibility to provide an environment that supports the intellectual, emotional, and physical development of its students. The district recognizes that the use of alcohol, tobacco, and other drugs, and the problems associated with them, are growing problems in our society and our schools. The district recognizes that in many instances a person's misuse or abuse of alcohol, tobacco, and other drugs can lead to the illness of alcoholism and other chemical dependencies. Alcohol, tobacco, and other drug abuse and dependency is regarded as a behavioral/medical problem which often can be treated more successfully when identified early and treated appropriately.

The School District of Jefferson recognizes that alcohol, tobacco, and other drug abuse, chemical dependency, and the stress of living in a chemically dependent family environment represents a serious threat to the health and welfare of the individual student. Such harmful involvement with alcohol, tobacco, and other drugs affects the whole person, his/her significant relationships with those around him/her, and impairs physical, social, emotional, intellectual, and academic growth.

The School District of Jefferson believes that along with parents/guardians, other segments of the community and appropriate mental health professionals, the school has a role to play in helping students to make responsible decisions about the use of alcohol, tobacco, and other drugs. Although the goals are primarily to prevent alcohol/drug use, other goals of the district are to provide services to the student who shows indications of a behavioral/medical problem associated with alcohol, tobacco, or other drug abuse, to the student who lives in a chemically dependent family environment and to the student returning from treatment.

The School District of Jefferson shall provide staff in-service programs regarding the nature of adolescent alcohol, tobacco, and other drug abuse and chemical dependency and shall continue to develop instructional programs to meet present and future needs relating to alcohol and drug abuse education.

Students seeking assistance for alcohol- and other drug-related problems shall be entitled to confidentiality as follows:

1. A school counselor, nurse, psychologist, social worker and any teacher or administrator designated by the Board who engages in alcohol or drug abuse program activities, shall keep confidential information received from a student that the student or another student is using or is experiencing problems resulting from the use of alcohol or other drugs unless: (a) the student using or experiencing problems resulting from the use of alcohol or other drugs consents in writing to disclosure of the information; (b) the staff member has reason to believe that there is serious and imminent danger to the health, safety, or life of any person and that disclosure of the information to another person will alleviate the serious and imminent danger (no more information than is required to alleviate the serious and imminent danger may be disclosed); or, (c) the information is required to be reported for child abuse/neglect reporting purposes under state law; and
2. Other staff shall keep information confidential except when the immediate health, safety, and welfare of the student or others is endangered or when the student is in violation of the Board's policy on alcohol, tobacco, and other drug use by students at the time information is made available.

The district shall also provide alcohol, tobacco, and other drug abuse prevention activities and/or curriculum in all grades kindergarten through 12. These presentations and curricular approaches are required for all students except when parents/guardians provide notice requesting that their child be exempted from this type of programming. The district shall also provide student assistance programming at all building levels which may include small group activities for students. The primary emphasis of any group approaches shall be educational in nature and shall assist students in developing a better understanding of the nature of alcohol, tobacco, and other drug abuse as well as helping students to develop better decision-making and coping skills. Parents/guardians in the district shall be informed about the mandatory aspects of alcohol, tobacco, and other drug abuse prevention programming and about the possibility of student involvement in student assistance program groups on a yearly basis through *the Family Information Publication*.

The implementation of the Board's policies concerning alcohol, tobacco, and other drug use shall involve a three-fold approach: first, prevention-based curriculum programs for all students; second, student assistance programs (SAP) for students experiencing alcohol- and other drug-related abuse problems, including students affected by alcohol/drug use by family members; and third, school disciplinary action for violations of the Board's policy on alcohol, tobacco, and other drug use by students.

The Superintendent shall develop guidelines for the implementation of this policy which shall be approved by the Board and reviewed periodically.

ADOPTED: July 26, 1982

REVISED: July 27, 1987 (Under Policy JFCH)  
December 17, 1990 (Under Policy JFCH)  
February 24, 1992 (Under Policy JFCH)  
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March 24, 2003 (Under Policy JHJ)

LEGAL REF.: Wisconsin Statutes: 118.126  
118.127  
118.24(2)(f)

CROSS REF.: JHJ-R (1), Student Alcohol, Tobacco, and Other Drug Abuse Program Guidelines  
JHJ-R (2), Explanation of Terms Relating to Alcohol, Tobacco, and Other Drug Use  
JFCH, Alcohol and Other Drug Use by Students

REVIEW DATE: June 24, 2013

# STUDENT ALCOHOL, TOBACCO, AND OTHER DRUG ABUSE PROGRAM GUIDELINES

## A. Prevention

1. The district believes that the best approach to alcohol, tobacco, and other drug use by students is to provide as much prevention programming as possible. As such, the district views its alcohol, tobacco, and other drug abuse (ATODA) program as being primarily prevention based incorporating instructional, student support, and direct student initiatives. The primary objectives of the instructional classroom programming are to:
  - a. Increase student knowledge of the harmful effects and risks of use of alcohol and other drugs (including legal issues and Board policy about use)
  - b. Improve student decision-making skills
  - c. Increase student confidence in the ability to make choices and good decisions in this area
  - d. Improve student peer refusal skills
  - e. Improve student knowledge about alternative (non-drug) ways of affecting mood
  - f. Improve student knowledge about community resources for help or treatment
2. Instruction shall occur in all grades kindergarten through 12 and may be incorporated through instruction by classroom teachers, instruction through the health curriculum, instruction through classroom guidance activities and/or instruction using the Drug Abuse Resistance Education (DARE) curriculum provided by appropriately trained police officers. Instruction may also occur through cross-age student education programs.

## B. Student Assistance Programs

An equally important aspect of the district's approach is the support and referral systems to be provided to students experiencing alcohol- and other drug-related problems. When grant and/or other funding is available to the District, a student tobacco cessation program will be provided. Programs shall be planned, implemented, and coordinated by the Alcohol, Tobacco, and Other Drug Abuse (ATODA) Coordinator who shall be appointed by the Superintendent. There shall also be staff assigned to coordinate these programs at all building levels. Students may come into contact with these services through a referral by staff (with or without infraction of the Board's policy on alcohol, tobacco, and controlled substance use by students), self, peer, family, or community.

### Program Description

1. The district shall provide referral information to students and their parents/guardians regarding community-based ATODA programs/agencies including assessment services.
2. Staff shall be assigned to monitor student involvement in any treatment program that necessitates the student being out of school for any extended period and make arrangements for the student to maintain academic work while doing so.

3. At all schools, the district shall provide opportunities for student involvement in small group educational programs. Any involvement by students shall be voluntary. The focus of these groups shall be: to help students understand why individuals use mood-altering chemicals, including why some individuals abuse chemicals and/or become dependent upon them; to help students understand how chemical abuse and/or dependency affects how family members relate to one another; to help students understand the risks associated with chemical use, thereby improving their ability to make choices as individuals; and/or to help students learn how to develop coping skills so that problems associated with chemical abuse or dependency have minimal impact on their academic program. As such, the focus of any student involvement in small groups shall be on educating and supporting the student.
4. In order to provide group experiences for students, student services staff and teachers who are identified as student assistance program group facilitators shall be provided with specialized training. Building administrators shall annually receive information regarding staff members who have received this type of training. Groups shall be co-facilitated and the ATODA Coordinator and/or other designated staff shall annually evaluate the needs of the program.

Additionally, because of the importance of the student assistance program, the district shall offer to all certified staff yearly staff in-services in at least one of the following areas:

- a. Knowledge of the identifiable behaviors and symptoms of adolescent ATODA and chemical dependency.
  - b. Knowledge of psychological mechanisms which accompany alcohol/drug abuse and chemical dependency.
  - c. Chemical dependency and its impact on the family.
  - d. Procedures in referring a student to the ATODA program.
  - e. The nature of effective identification, assessment, treatment, and aftercare of these problems.
5. The district shall also actively encourage parents/guardians and other community members to become part of the implementation of this policy. The district recognizes that ATODA programs seek to educate and motivate people to make healthier choices in their lives. However, ATODA programs supplement and reinforce cultural norms and societal values, they do not create values and norms in and of themselves. Thus ATODA prevention efforts in schools can work, but they cannot do the job alone. There is data that supports school-based prevention efforts for improving students' attitudes towards healthy and positive choices as well as for increasing resistance skills. Prevention programs also delay the onset of experimentation with alcohol and other drugs. However, research also shows that alcohol and other drug abuse programs have limits. These programs need to build on positive family efforts and community-wide values and programs. Without this wider approach, ATODA prevention efforts will not have maximum impact.

To this end, the district shall:

- a. Require that parent(s)/guardian(s) of students who participate in any high school extracurricular event/activity including sports shall attend at least one meeting a year to discuss expectations for student non-use of alcohol and other drugs.
- b. Implement a regular program to educate parent(s)/guardian(s) about risks associated with alcohol/drug use as well as strategies they can utilize to decrease risks for their children.

C. Referral Procedures

The following procedures are designed to provide guidelines to staff members when dealing with students who may benefit from the services of the ATODA program.

Staff Referrals

1. Any staff member suspecting that a student is using alcohol and/or other drugs shall:
  - a. Complete a behavioral checklist and forward it to the ATODA coordinator and/or other designated individual.
  - b. Approach the student in a concerned, understanding manner to discuss the staff member's observations or consult with a student services team member and decide upon a course of action.
2. If a referral is made to the building administrator, the student's locker/desk may be searched.

Student Referrals

1. Staff shall encourage students to refer themselves or others for assistance with alcohol- or other drug-related problems and concerns.
  - a. Student confidentiality shall be maintained to the extent permitted by law or Board policy.
  - b. A student may:
    - i. Talk with a staff member who can then fill out the behavior checklist form as a "self-referral" and send it to the ATODA Coordinator.
    - ii. Directly contact a building ATODA team member; or
    - iii. Fill out the behavior checklist form and forward it to the ATODA Coordinator.

Other Referrals

Parents/guardians, concerned others, and community agencies are encouraged to contact student services staff or the principal regarding student problems with alcohol or other drugs with the assurance that such contact will be handled confidentially.

3/24/03

# EXPLANATION OF TERMS RELATING TO ALCOHOL, TOBACCO, AND OTHER DRUG USE

Throughout the policies and guidelines for alcohol, tobacco, and other drug use by students and alcohol, tobacco, and other drug abuse assistance programs, several terms are used which may be unclear. The following descriptions explain the meaning of those terms as used in these documents.

**ATODA:** Alcohol, tobacco, and other drug abuse.

**Alcohol:** A drug capable of altering the physical, mental, and emotional state of the user. It is the active ingredient in beer, ale, wine, whiskey, and other distilled liquors.

**Chemical:** Alcohol, tobacco, and other drugs.

**Controlled Substance:** Any illicit drug.

**Dependency/Alcoholism:** A condition in which the person no longer has the control to reduce or stop using alcohol, tobacco, or other drugs.

**Drug:** Any substance, including alcohol and tobacco, which produces physical, mental, or emotional behavior change in a person. However, for the purposes of these policies and procedures, it shall not include the drug nicotine in tobacco products.

**Drug Use:** A reasonable ingestion of a mood-altering chemical or drug for a clearly defined, socially justifiable purpose and in a manner that is regulated by that purpose.

**Drug Misuse:** An unreasonable ingestion of mood-altering chemical substances that is always potentially harmful to the misuser, is not controlled by a socially justifiable purpose and employs the drug inappropriately, improperly, or in a manner outside its intended purpose.

**Drug Abuse:** An unreasonable ingestion of a mood-altering drug that causes actual harm or injury to the abuser and ordinarily to others.

**Paraphernalia:** Apparatus used for the ingestion, absorption, inhalation, or injection of drugs.

**Prevention:** An active process which provides appropriate information and developmental experiences necessary to encourage the development of responsible decision-making skills.

**Tobacco:** Any of various plants of the genus Nicotina, the leaves of which are processed chiefly for use in cigarettes, snuff, chewing tobacco, cigars, and for smoking in pipes.

**Treatment:** A structured, supervised experience designed to help a person change behaviors which are creating serious problems for the person.

3/24/03