

Protecting Ohio's Families



Ohio Joint Study Committee on Drug Use Prevention Education

Report
February 2017



MIKE DEWINE
OHIO ATTORNEY GENERAL



**SENATE PRESIDENT
LARRY OBHOF**



**HOUSE SPEAKER
CLIFFORD A. ROSENBERGER**



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★ OHIO ATTORNEY GENERAL ★

February 2017

Dear Fellow Ohioans:

At least eight people are dying each day in Ohio from accidental drug overdoses. The opioid epidemic has spread to every county, city, and village in Ohio. Without question, it is the worst drug epidemic I've witnessed in my lifetime.

There has been a cultural shift in how our society views drug abuse. The psychological barriers that prevented someone from taking heroin or other deadly drugs are simply gone.

Substance abuse and addiction has a major impact on children. During my time in Congress, I served on President Reagan's National Commission on Drug Free Schools. We assessed the nature of the drug problem in our schools and colleges and recommended ways the problem could be addressed. The experts routinely told us that repetitive, comprehensive, school-based education was necessary to successfully combat drug addiction. While schools are making an effort to provide this education, time and resource constraints are often barriers to these comprehensive efforts.

We need a cultural shift in how we talk about drugs and how we can work to prevent future addiction. To address this, in August 2016, House Speaker Clifford Rosenberger, then-Senate President Keith Faber, and I created the Ohio Joint Study Committee on Drug Use Prevention Education, made up of 24 members from across the state, including teachers, superintendents, substance abuse preventionists, elected officials, law enforcement officers, and other professionals. The committee was charged with examining how communities can implement consistent, age-appropriate drug messaging, particularly in schools.

The following are the committee's report and recommendations. Copies are being shared with the governor and members of the Ohio General Assembly, so they can consider ways to support and implement the recommendations. Our hope is that schools and communities can use this report as a resource, with the goal of educating our children and preventing substance abuse.

I want to thank all the members of the committee. They served selflessly and devoted countless volunteer hours to create this report. I am grateful for their shared commitment to protecting Ohio's children.

Very respectfully yours,

Mike DeWine
Ohio Attorney General



**SENATE PRESIDENT
LARRY OBHOF**



**HOUSE SPEAKER
CLIFFORD A. ROSENBERGER**

February 2017

Dear Members of the Ohio Joint Study Committee on Drug Use Prevention Education,

As leaders of the General Assembly, we would like to thank you for the time and work you invested in this very important effort. We sincerely appreciate your commitment to the fight against addiction and the effort to educate and protect our children from the dangers of substance abuse.

We know that early education is key and that our schools play a vital role. We must be strong, unified, and consistent in our message to youth that drugs can devastate their lives and destroy their futures. They need to hear it from the Statehouse, in our homes, in our schools, in our churches and community centers, and on our ball fields – wherever there is a teachable moment.

This fight will remain a priority for the Legislature, and please know that our doors are always open to hear your feedback and ideas. We are very grateful for your insight and partnership and look forward to continuing to work with you on this endeavor.

Sincerely,

A handwritten signature in black ink, appearing to be "L. Obhof".

Senate President Larry Obhof

A handwritten signature in black ink, appearing to be "Clifford A. Rosenberger".

Speaker Clifford A. Rosenberger

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EXECUTIVE SUMMARY

On August 11, 2016, Ohio Attorney General Mike DeWine, former Senate President Keith Faber, and Speaker of the House Clifford A. Rosenberger formed the Ohio Joint Study Committee on Drug Use Prevention Education (Study Committee). This committee examined appropriate education measures that schools and communities can take to reduce and help prevent substance abuse. After conducting meetings across the state, reviewing testimony, and performing research, the Study Committee issued 15 recommendations:

1. Kindergarten through 12th Grade Substance Abuse Prevention Education – The Study Committee concluded that Ohio schools should provide consistent, age-appropriate, evidence-based substance abuse education for all students, Kindergarten through 12th grade.¹ The Study Committee found many examples of prevention curricula that have been successfully implemented in schools, some of which are available at no cost. While some guidelines from the Ohio Department of Education (ODE) are necessary, the Study Committee believes the choice of a specific curriculum should be left to individual school districts.
2. Required Reporting for Schools – The Study Committee recommends that Ohio adopt a reporting system that requires schools to report and explain how they are fulfilling their requirements to provide substance abuse education. These reports should be electronically available to parents and the public.
3. Social and Emotional Learning Content Standards – Research has shown that incorporating social and emotional learning standards into the school day has positive effects on students and can reduce the likelihood of substance abuse.² While Ohio has incorporated these standards in grades Kindergarten through three, the Study Committee recommends that Ohio extend these standards through grade 12.
4. School and Community Surveys – The Study Committee recommends that Ohio schools implement student and community surveys both to monitor for warning signs of substance abuse or mental illness and to measure the success of their substance abuse prevention efforts.
5. Expand Substance Abuse Curriculum across Subjects – The Study Committee recommends that schools consider including substance abuse curriculum in other subjects beyond health, like science or language arts. For example, Brain Power, a free curriculum from the National Institute on Drug Abuse, examines the scientific effects of drugs on the body and is used in science classes.
6. Resources for Schools about Substance Abuse Prevention – The Study Committee recommends that the Ohio Department of Mental Health and Addiction Services (ODMHAS) provide guidance, training, and other resources to schools about curriculum and other policies that are useful with substance abuse prevention.

¹ Evidence-based is a research-based practice that has demonstrated effectiveness in achieving the designed outcomes for a particular population. For purposes of this report, we follow the definition of evidence-based provided by the Substance Abuse Mental Health Services Administration (store.samhsa.gov/shin/content/SMA09-4205/SMA09-4205.pdf, p. 13). Programs or policies which are research-based, yet not evidence-based, may also be referred to as evidence informed, or emerging or promising practices.

² Social and emotional learning (SEL) is the process through which children and adults acquire and effectively apply the knowledge, attitudes, and skills necessary to understand and manage emotions, set and achieve positive goals, feel and show empathy for others, establish and maintain positive relationships and make responsible decisions (casel.org).

7. Substance Abuse and Mental Health Intervention Training -- The Study Committee recommends that state and local agencies provide free training resources to school personnel on how to detect substance abuse or mental illness in children.

8. Dedicated Prevention Personnel at the Department of Education -- The Study Committee recommends that the ODE designate staff who would be prepared to assist local communities with implementing the recommendations in this report.

9. Continue to Involve and Strengthen Law Enforcement's Role -- Many schools utilize law enforcement through school resource officers and programs, such as Drug Abuse Resistance Education (D.A.R.E.)³ Communities should explore additional ways to partner with local law enforcement on substance abuse prevention efforts.

10. Support Before- and After-school Programs -- Research shows that the hours immediately before and after school are some of the most likely for kids to use drugs. Effective before- and after-school programs minimize that time and help to promote healthy habits. For example, most Boys & Girls Clubs offer programming ranging from academic support to Smart Moves, a training about drug and alcohol prevention and healthy lifestyles. Clever Crazes for Kids is a free web-based STEM (Science, Technology, Engineering and Mathematics) program where students engage in learning, playing, and competing for scores and prizes, all of which contribute to students gaining a strong sense of self-esteem.

11. Community-based Prevention -- Many Ohio communities have successful community coalitions that could serve as a resource to their local schools. The Study Committee recommends increased information-sharing and cooperation between schools and community coalitions promoting similar anti-drug abuse messages.

12. Engaging Families and Caregivers -- Families and caregivers are the most important part of any child's life. Schools should make an effort to involve families with the prevention messages the school is teaching in order to reinforce anti-drug messaging.

13. Youth-led Prevention -- Research shows that prevention efforts led by youth can be particularly effective in reaching their peers. Schools should explore and adopt evidence-based peer programs.

14. Incorporate Prevention in Higher Education -- Many students are first exposed to illegal substances in college. The Study Committee recommends that the Ohio Department of Higher Education work with colleges and universities to ensure prevention efforts don't end in high school.

15. Future Work of the Study Committee -- Given the vital importance of this issue, the Study Committee wishes to continue its work to monitor and study the implementation of these recommendations.

³ Developed in 1983, D.A.R.E. is a K-12 education program in which trained law enforcement officers instruct school youth on decision-making skills to resist peer pressure to use alcohol, tobacco, or harmful drugs. D.A.R.E. curricula also address violence, bullying, Internet safety, and other high-risk circumstances. In 2009, D.A.R.E. developed elementary and middle-school evidence-based curricula called "Keepin' it REAL" (KIR). D.A.R.E. KIR curriculum is based on the social and emotional learning theory and identifies strategies to help youth stay away from drugs by preparing them to act decisively and responsibly in difficult situations (*dare.org*).

Ohio Joint Study Committee on Drug Use Prevention Education

Members

- Rep. Heather Bishoff (D-Blacklick)
- Sen. John Eklund (R-Munson Township)
- Rep. Terry Johnson (R-McDermott)
- Sen. Michael Skindell (D-Lakewood)
- Rep. Robert Sprague (R-Findlay)
- Sen. Joe Uecker (R-Miami Township)
- Lori Criss, associate director, Ohio Council of Behavioral Health and Family Services Providers
- Paul Gross, former commissioner, Madison County
- Tom Gunlock, member, Ohio State Board of Education
- Neil Gupta, director of Secondary Education, Worthington City Schools
- Bob Hannon, president, United Way of Youngstown and the Mahoning Valley
- Kevin Lorson, Ohio Association for Health, Physical Education, Recreation & Dance
- Krish Mohip, CEO, Youngstown City Schools
- Chris Monsour, teacher, Columbian High School, Tiffin
- Stephanie Nowak, teacher, Fairfax Elementary Schools, Mentor
- Chief Joe Morbitzer, Westerville Police Department
- Dean Nance, superintendent, Ironton City Schools
- Marcie Seidel, executive director, Drug Free Action Alliance
- Sarah Smith, director, Start Talking!
- Sheriff Al Solomon, Auglaize County
- Molly Stone, Prevention Bureau chief, Ohio Department of Mental Health & Addiction Services
- Betsy Walker, director of Community Relations, Cardinal Health
- Cheri Walter, CEO, Ohio Association of County Behavioral Health Authorities
- Sarah Wickham, senior policy advisor, Ohio Department of Education

Mission

Ohio Attorney General Mike DeWine, former Senate President Keith Faber and House Speaker Clifford A. Rosenberger formed the Ohio Joint Study Committee on Drug Use Prevention Education (Study Committee) on August 11, 2016. The Study Committee was charged with examining the status of substance abuse prevention education in Ohio schools and issuing recommendations on options for implementing consistent, age-appropriate substance abuse education in schools across all grade levels. As the Study Committee performed research and heard testimony from Ohioans, the mission broadened to focus on ways to reduce substance abuse risk factors and increase protective factors in youth to ensure they have the skills to resist alcohol, tobacco, and other drugs. ⁴

⁴ Protective factors are defined as qualities and characteristics of the individual, peer system, family, community, and school known to be positively related to healthy youth development. Risk for substance abuse increases as the number of risk factors increases, and protective factors may reduce the risk of youth engaging in substance use that can lead to substance abuse. Example protective factors include: parental support and involvement, ability to make friends, good coping skills and problem solving skills, and high self-esteem (youth.gov/youth-topics/substance-abuse/risk-and-protective-factors-substance-use-abuse-and-dependence).

Study Committee Meeting Structure

The Study Committee began working on August 11, 2016, the day of the announcement of the group's formation. The group convened for at least 16 meetings in person or by phone to learn from a number of professionals about the types of substance abuse prevention programs schools are currently providing, what schools need to help expand their substance abuse prevention education efforts, and how to best provide this education across all grade levels and in communities. Of the meetings the Study Committee held, six were regional meetings in Akron, Celina, Chillicothe, Columbus, Dayton, and Jackson. At these meetings, the Study Committee heard testimony from drug coalition members, educators, law enforcement, criminal justice and prevention professionals, parents, researchers, representatives from higher education institutions, and young adults. Additionally, the Study Committee accepted and reviewed multiple submissions of written testimony from individuals who were unable to attend the regional meetings.

Introduction to the Substance Abuse Problem in Ohio

In 2015, 3,050 Ohioans died from accidental drug overdoses. This number represents a 20.5% increase from the 2,531 deaths in 2014. Of the eight individuals who died every day, three to four of those deaths were because of heroin.⁵

One reason for the increase in overdose deaths in 2015 was fentanyl – a drug up to 50 times more potent than morphine. The Ohio Attorney General’s Bureau of Criminal Investigation (BCI) confirmed that in 2015, more fentanyl came through its labs than in the previous five years combined. In March 2016, BCI saw more reports of fentanyl than any month in its history. Last year, a particularly lethal, large-animal tranquilizer called carfentanil surfaced in Ohio and caused large waves of overdoses. Carfentanil is 100 times stronger than fentanyl and can be dangerous to touch without gloves.

Tragically, children are being impacted. Adults who are suffering from addiction may expose children to violence or other unpredictable behavior and also may fail to provide appropriate care. Ohio’s child welfare system has seen a 19% increase in the number of children removed from parental custody since 2010, and now has close to 14,000 children in custody.⁶

Nationally in 2011, 90% of Americans who met the medical criteria for addiction started smoking, drinking, or using other drugs before age 18.⁷ In 2013, there were approximately 2.8 million new users of illicit drugs, or about 7,800 new users per day, with 54.1% under age 18.⁸

More youth drink alcohol instead of using tobacco or marijuana. The Health and Human Services Office of Adolescent Health reports that more than three out of 10 high school seniors drank alcohol in the past month, and one in six engaged in “binge drinking” daily in the past two weeks. Most youth do not smoke, but about one in 10 has smoked within the past month. By the 12th grade, about half of youth have abused an illicit drug at least once, and more than 20% will have used a prescription drug for a non-medical purpose.⁹

Alcohol and drug use among youth can often overlap with mental health issues. For example, youth may begin misusing substances because of undiagnosed depression or anxiety issues. Co-occurring addiction and mental health issues often complicate an ability to get an accurate diagnosis.¹⁰

Risk factors can influence drug and alcohol abuse.¹¹ Early aggressive behavior, lack of parental supervision, academic problems, undiagnosed mental health problems, peer substance use, drug availability, poverty, peer rejection, and child abuse or neglect are risk factors associated with

⁵ Healthy.ohio.gov/-/media/ODH/ASSETS/Files/health/injury-prevention/2015-Overdose-Data/2015-Ohio-Drug-Overdose-Data-Report-FINAL.pdf?la=en.

⁶ Wsws.org/en/articles/2016/12/29/fost-d29.html; Dispatch.com/content/stories/local/2016/10/23/poor-agencies-cant-help-all-kids-in-need-amid-drug-crisis.html.

⁷ Centeronaddiction.org/addiction-research/reports/adolescent-substance-use-america%E2%80%99s-1-public-health-problem.

⁸ Drugabuse.gov/publications/drugfacts/nationwide-trends.

⁹ Hhs.gov/ash/oah/adolescent-health-topics/substance-abuse/home.html; drugabuse.gov/publications/principles-adolescent-substance-use-disorder-treatment-research-based-guide/introduction.

¹⁰ Drugabuse.gov/publications/principles-adolescent-substance-use-disorder-treatment-research-based-guide/frequently-asked-questions/how-do-other-mental-health-conditions-relate-to-substance-use-in-adolescents.

¹¹ Drugabuse.gov/sites/default/files/preventingdruguse.pdf.

increased likelihood of substance abuse.¹² Not all youth who experience these risk factors will experience addiction, yet early introduction of substance use can increase the likelihood of a substance abuse disorder later in life.¹³

¹² *Youth.gov*.

¹³ Facing Addiction in America: The Surgeon General's Report on Alcohol, Drugs and Health, <https://addiction.surgeongeneral.gov/>.

Recommendations

The Study Committee recommendations focus on increasing protective factors and reducing risk factors among youth, so they have the knowledge and skills necessary to resist drugs and alcohol. While schools are a significant area of focus, prevention is a community effort.¹⁴ By working together, schools, families, and communities can partner to change the culture surrounding substance use and abuse for Ohio youth.

School and community efforts should also foster peer, family, and community norms that expect youth to not use drugs or alcohol and instead expect and encourage youth to engage in positive activities. While not an exhaustive list, the resources included within this report can help schools and communities implement the recommendations.

1. Recommendation – Kindergarten through 12th Grade Substance Abuse Prevention Education

Schools should provide consistent, age-appropriate, evidence-based substance abuse prevention education at each grade level from Kindergarten through the 12th grade level. While some guidelines from the Ohio Department of Education are necessary, schools should choose a curriculum that best represents individual school needs based on data analyzed from reliable surveys. This curriculum should address knowledge and skill-building, so students can stay drug free. The curriculum should also include social and emotional learning concepts to address emotional control, decision-making, resistance skills and social skill-building concepts.¹⁵ The Study Committee found many examples of prevention curricula that have been successfully implemented in schools, some of which are available at no cost.

2. Recommendation – Required Reporting for Schools

Schools are required to instruct on prescription opioid abuse prevention and the harmful effects of the use of drugs of abuse, alcoholic beverages, and tobacco as part of the health education requirement. However, there is no procedure for schools to demonstrate they are teaching substance abuse education. The Study Committee recommends that schools be required to report their substance abuse education efforts to the Ohio Department of Education, on a date certain, and the Ohio Department of Education should make this information available to the public.

Specifically, the information required to be reported should include: 1. How are schools providing this instruction; 2. What curricula are being used; and 3. During which grade levels are youth exposed to this content. While standards with testing would be the best mechanism to ensure drug and alcohol education and prevention principles are being taught annually in all Ohio schools, the Study Committee is not recommending this, which could add to schools' current testing burden. Instead, this reporting requirement would provide a statewide baseline of what students are being taught.

¹⁴ The Substance Abuse and Mental Health Services Administration (SAMHSA) has identified 12 stakeholder groups as vital to the success of any community-level prevention effort. These groups include youth, parents, businesses, media, schools, youth-serving organizations, law enforcement, religious or fraternal organizations, civic or volunteer groups, healthcare professionals, state, local or tribal government agencies with expertise in substance misuse or other organizations involved in reducing substance misuse.

¹⁵ [Drugabuse.gov/publications/preventing-drug-abuse-among-children-adolescents-in-brief/prevention-principles](https://www.drugabuse.gov/publications/preventing-drug-abuse-among-children-adolescents-in-brief/prevention-principles).

3. Recommendation – Social and Emotional Learning Content Standards

Research supports that social and emotional learning (SEL) has positive effects on students of diverse backgrounds. SEL helps empower students with the skills needed to make responsible decisions and handle difficult situations, including exposure to alcohol or other drugs. Example skills include: understanding and managing emotions, achieving positive goals, showing empathy for others, and making responsible decisions.

The Ohio Department of Education developed SEL content standards through the 3rd grade level. The Study Committee recommends these standards be continued in grades four through 12 and align with the existing SEL content standards. Coupled with evidence-based substance abuse prevention curriculum and prevention resources, these content standards should serve as benchmarks for schools, so they can ensure children are developing age-appropriate abilities to regulate attention, emotions, and behavior.

4. Recommendation – School and Community Surveys

Schools and communities should incorporate ongoing assessments to evaluate current trends and the effectiveness of prevention strategies. Surveys help assess risk factors, protective factors, and early signs of substance abuse and mental health issues. These surveys should influence school improvement planning processes and encourage schools to focus on academic learning and whole-child development.

5. Recommendation – Expand Substance Abuse Curriculum across Subjects

The Study Committee recommends inclusion of substance abuse education and mental health promotion programming in all appropriate content areas, in addition to health education. For example, Brain Power is a free curriculum from the National Institute on Drug Abuse that examines the physical effects of drugs on the body. Schools can integrate Brain Power into existing science lessons. Local, certified prevention providers, coalitions, university partners, or ADAMHS boards should assist schools by providing ideas on how substance abuse prevention and mental health promotion efforts can be integrated into other appropriate school subject areas.

6. Recommendation – Resources for Schools about Substance Abuse Prevention

Some schools are adopting substance abuse education and prevention resources with little to no direction. Many of these approaches, including mock crashes, one-time school assemblies, having individuals who are incarcerated speak to students, or other similar activities may be considered scare tactics.¹⁶ Research shows this approach is not effective at curbing substance abuse among youth and may do more harm than good.¹⁷

The Ohio Department of Mental Health and Addiction Services should provide guidance for schools about inclusion of appropriate substance abuse prevention resources. This guidance should suggest evidence-based resources and strategies shown to reduce risk factors, increase protective factors,

¹⁶ Scare tactics or fear appeals are intended to scare people into engaging in a desired health behavior (e.g., quit smoking, avoid drugs, stop speeding, exercise more). They often use shocking or graphic images and statistics and are not evidenced to be effective prevention strategies with youth (masstapp.edc.org/sites/masstapp.edc.org/files/Talking%20points%20about%20scare%20tactics_0.pdf; drugfreeactionalliance.org/scare-tactics).

¹⁷ [Cde.state.co.us/sites/default/files/documents/fedprograms/dl/ov_tiv_res_dontdoit.pdf](https://cde.state.co.us/sites/default/files/documents/fedprograms/dl/ov_tiv_res_dontdoit.pdf).

and decrease substance abuse and other problem behaviors. ODMHAS should work with the ODE and other appropriate agencies to develop this resource.

7. Recommendation – Substance Abuse and Mental Health Intervention Training

The Ohio Attorney General’s Office, in partnership with ODE, ODMHAS, and other appropriate agencies should coordinate free training resources. This training would allow school personnel to learn how to detect signs and symptoms of substance abuse problems and mental illness among children, and professional development needs to support these recommendations.

In addition to training, the Study Committee recommends the use of proper screening techniques, such as the Screening, Brief Intervention and Referral to Treatment (SBIRT) to detect substance abuse needs or the Patient Health Questionnaire for depression to provide appropriate responses.¹⁸ Screening techniques should only be used by appropriate school personnel, such as a school nurse, school social worker, or school counselor along with identifying community-based resources. Along with involvement from parents and caregivers, school policies should address necessary action steps if they detect a student has a substance use disorder, is suicidal, or has signs of mental illness.¹⁹

8. Recommendation – Dedicated Prevention Personnel at the Department of Education

The Ohio Department of Education should designate personnel to support implementation of these recommendations at the local level and coordinate this support with other state agencies as appropriate.

9. Recommendation – Continue to Involve and Strengthen Law Enforcement’s Role

Communities should continue to recognize and strengthen the vital role law enforcement plays in substance abuse prevention. In addition to teaching evidence-based programs, law enforcement officers serve as positive role models for students, mediate conflicts, and support parental responses to substance use. The study committee recommends continuing law enforcement presence in schools, anti-drug coalitions, and other avenues for officers to advocate for drug-free lifestyles.

Regular communication between law enforcement officers and certified prevention programs, ADAMH Boards, and other agencies at the local level will help ensure topics in prevention programs are tailored toward local community needs.

10. Recommendation – Support Before- and After-school Programs

Research suggests that risk factors for drug use and violence among youth are particularly prevalent during the hours between the end of the regular school day and the end of the parent or caregiver

¹⁸ Screening, Brief Intervention and Referral to Treatment (SBIRT) is an evidence-based practice used to identify, reduce, and prevent problematic use, abuse, and dependence on alcohol and illicit drugs. The SBIRT model was prompted by an Institute of Medicine recommendation that called for community-based screening for health risk behaviors, including substance use (integration.samhsa.gov/clinical-practice/SBIRT). The Patient Health Questionnaire is a simple diagnostic tool for mental health disorders used by health care professionals. (phqscreeners.com/select-screener/36).

¹⁹ Substance use disorders occur when the recurrent use of alcohol and/or drugs causes clinically and functionally significant impairment, such as health problems, disability, and failure to meet major responsibilities at work, school, or home. According to the DSM-5, a diagnosis of substance use disorder is based on evidence of impaired control, social impairment, risky use, and pharmacological criteria (samhsa.gov/disorders/substance-use).

work day, when many children are unsupervised.²⁰ After-school programs can offer a natural extension of a comprehensive drug and violence prevention strategy by providing a safe haven and promoting the development of social skills that help prevent drug use and violence.

Before- and after-school programs should coordinate with the school to reinforce academic, social, health, and drug-free messages in a safe, caring environment. Activities associated with lower drug use include sports and exercise, volunteer work, and spending more than two hours per day on homework. Additional extracurricular activities, such as student council or drama and art clubs also help build protective factors and reduce risk factors. Boys & Girls Clubs offer a safe, positive place for kids to spend their non-school hours and include programming, nutritious meals, academic support, and the Smart Moves program, which focuses on drug and alcohol prevention and healthy lifestyles. Free programs, such as Clever Crazes for Kids, employ STEM (Science, Technology, Engineering and Mathematics) concepts to help students integrate knowledge across disciplines and think in a more connected and holistic way.

11. Recommendation – Community-based Prevention

A community coalition is a group of community members who work together to solve problems and guide the community's future. By using evidence-based strategies, coalitions should work to reduce the risk factors in individuals, homes, schools, and the community that increase the likelihood of youth substance abuse. At the same time, they should work to increase protective factors that decrease the likelihood of youth substance abuse. Coalitions also have the ability to collaborate to maximize resources to promote prevention, leverage private sector investments, and change norms through public awareness campaigns. Community-based prevention efforts should coordinate and reinforce substance use prevention messaging promoted in schools.

12. Recommendation – Engaging Families and Caregivers

Parents and caregivers are a key part of any community prevention effort. Caregivers should reinforce the same coordinated substance use prevention messages at home that students are learning at school. Programs that stress positive relationships between parents and children and encourage children to look toward the future have a significant positive impact.²¹ State resources, such as Start Talking!, help encourage parents to have conversations with their children about substance use. Start Talking! resources or other parent guides that aid them in having discussions about substance abuse are also available through community coalitions, physicians' offices, and other community partners. These guides should contain simple, effective strategies that parents can use at home.

Law enforcement and other elected officials should work with Parent Teacher Organizations and Parent Teacher Association groups to help ensure that caregivers understand why substance use prevention education programming should be a priority at home.

13. Recommendation – Youth-led Prevention

Communities should support enhancement or formation of youth-led prevention programs that utilize evidence-based practices. Youth-led prevention involves youth hearing directly from their peers on how to deal with peer pressure and other issues. Using evidence-based principles, youth-led

²⁰ https://www2.ed.gov/pubs/After_School_Programs/Strong_Safe_Programs.html.

²¹ "A Component-centered Meta-analysis of Family-based Prevention Programs for Adolescent Substance Use," *Clinical Psychology Review* 45 (2016) 72–80, Mark J. Van Ryzin, Cary J. Roseth, Gregory M. Fosco, You-kyung Lee, I-Chien Chen.

prevention programming reduces risk factors and builds protective factors, promotes compassion and leadership abilities and develops a stable positive identity. ²² Youth-led prevention also improves social norms and sets peer norms for prosocial behaviors.

14. Recommendation – Incorporate Prevention in Higher Education

Many students are also exposed or introduced to underage drinking or illicit drug use in college.²³ Consequences of this high-risk behavior can include sexual assault or other injuries, criminal charges for underage drinking or other infractions, or even death. For this reason, effective prevention strategies and evidence-based drug prevention programming should not end at the high school level. Schools should work with the Ohio Department of Higher Education to ensure prevention and treatment resources are available after high school.

Ohio’s educator preparation programs should also help assist teachers, administrators, counselors, school social workers, and other school personnel in implementing the priorities outlined in this report.

15. Recommendation – Future Work of the Study Committee

The members of the Study Committee recommend keeping the group intact. In particular, the Study Committee members plan to help support the implementation of the recommendations in this report. Future Study Committee work also includes providing insight about grant funding, training, and other opportunities.

²² “Peer Helping/Involvement: An Efficacious Way to Meet the Challenge of Reducing Alcohol, Tobacco, and Other Drug Use Among Youth?” *The Journal of School Health* Kent 68.3 (Mar 1998): 87-93, David Black, Nancy Tobler, John Sciacca; drugfreeactionalliance.org/files/oypn/toolkit/OYLPN-Toolkit-2014.pdf; Wade-Mdivanian, R., Anderson-Butcher, D., Newman, T., Ruderman, D., Smock, J., & Christie, S. (in press). Exploring the long-term impact of a positive youth development-based alcohol, tobacco, and other drug prevention program. *Journal of Alcohol and Drug Education*.

²³ Report.nih.gov/NIHfactsheets/ViewFactSheet.aspx?csid=21.

School Spotlights

The school districts listed below are already incorporating some of the Study Committee recommendations. Their efforts can be used as guides to learn more about incorporating substance abuse and social and emotional learning education within a curriculum, as well as involving the community to support students' health and well-being.

Boardman School District

The Boardman School District, located in Northeast Ohio, uses a science-based prevention curriculum developed by the National Institute on Drug Abuse called Brain Power. This curriculum is offered for Kindergarten through 12th grade. The science teachers integrate the Brain Power lessons into their curriculum in Kindergarten through 8th grade by one of the following: 1. Setting aside five to eight class periods per year for drug education or 2. Devoting one solid week to the lessons. In high school, science teachers select the companion program, "The Brain: Understanding Neurobiology by Studying the Process of Addiction," and teach five to eight classes in grades nine through 12, integrated into biology, chemistry, or anatomy. The program materials for Brain Power are free and available online through NIDA's website.²⁴

Talawanda School District

The Talawanda School District, located in Southwest Ohio, is committed to a comprehensive approach to addressing youth substance abuse. The philosophy of the district is to address the whole child; they believe that "healthy learners are better learners." Its curricular and evidence-based practices span Kindergarten through 12th grade and intentionally engage sectors of the community to achieve measurable outcomes.

The Talawanda Health Coordinating Council is based on the Center for Disease Control's Coordinated School Health Model. This body, within the school district, is comprised of faculty, staff, and community members who have a vested interest in the health and safety of Talawanda youth. The mission is to minimize the non-academic barriers to learning for students through policy, practice, and program. The Council acts as a clearinghouse to help ensure that proposals align with the district's health curriculum for Kindergarten through 12th grade and reinforce consistent messages. In addition, this body tracks new legislation and policy related to school and community wellness that may impact students and regularly makes recommendations to the Superintendent and Board of Education on these critical issues.

Evidenced-based practices guide the district's drug prevention work. From the inception of a Student Assistance Program to youth-led prevention efforts to most recently exploring the adoption of SBIRT in the schools, Talawanda is continually looking for research-based strategies. The district's goal is to educate their students, provide them with necessary supports and alternatives, and continue to focus on strength-based models for youth.

²⁴ <https://www.drugabuse.gov/brain-power>; <https://drugpubs.drugabuse.gov/media/curricula>.

Cleveland Metropolitan School District

Cleveland Metropolitan School District students in grades Kindergarten through 12 receive Health and Physical Education courses that assist students in developing resilience and coping skills, learning and applying critical thinking skills, and building healthy relationships with others. The curriculum emphasizes the need for students to learn and apply factors that lead to a healthy lifestyle, including personal engagement and responsibility for lifelong health and wellness. The Cleveland Metropolitan School District also implements social and emotional learning concepts, which support students in gaining knowledge and skills in self-awareness, self-management, social awareness, relationship-building, and responsible decision-making.

Guidance for Implementation of Recommendations

Substance Abuse Prevention-related Services in Ohio

The following section provides brief background on state and local agencies and nonprofit and policy organizations that provide substance abuse prevention services at the state and local level in Ohio. It is important to have an understanding of the services available, as these agencies may play a role in the implementation of the Study Committee's recommendations.

Ohio Department of Mental Health and Addiction Services

Contained within ODMHAS is the Bureau of Prevention Services, which supports prevention services across the lifespan, with the goal of reducing the likelihood or delaying the onset of behavioral health problems. The bureau supports evidence-based initiatives, including community drug-free coalitions, youth-led programming, life and social skills programs, prevention of underage drinking, and programs that promote and teach self-regulation and social emotional learning competencies, as well as programs that reduce risks and promote other protective factors for healthy youth development.

The bureau is responsible for administering Strategic Prevention Framework (SPF) State Incentive Grants. To receive grant funding for prevention resources, the Strategic Prevention Framework requires states and communities to do the following: 1. Assess needs; 2. Build capacity; 3. Plan; 4. Implement; and 5. Evaluate progress. The SPF also includes two guiding principles of cultural competence and sustainability (www.samhsa.gov/capt/applying-strategic-prevention-framework; <http://www.mha.ohio.gov/Default.aspx?tabid=761>).

The ODMHAS Bureau for Children and Families has been awarded nearly \$9 million from the federal Substance Abuse and Mental Health Administration (SAMHSA) to implement the Safe Schools/Healthy Students (SSHS) initiative from 2014-2017. The goal is to engage youth, families, schools, and communities in building the local and statewide capacity to mitigate behavioral health problems in youth from preschool through 12th grade (www.mha.ohio.gov/Default.aspx?tabid=843).

ODMHAS also oversees "Start Talking!" – a youth drug prevention program that encourages conversations with children about the importance of being drug-free. Governor John Kasich's office created the program in 2014. It is based on national research that shows children are up to 50% less likely to use drugs when parents or other trusted adults talk with them about the dangers of drug use. Start Talking! provides parents, teachers, physicians, guardians, and community leaders with tools to start the conversation with Ohio's youth about the importance of living healthy, drug-free lives (www.starttalking.ohio.gov).

Ohio Department of Education

The Ohio Department of Education (ODE) oversees the state's public education system, which includes public school districts, joint vocational school districts, and charter schools. The department also monitors educational service centers, other regional education providers, early learning and child care programs, and private schools. The department's responsibilities include administering the school funding system; collecting school fiscal and performance data; developing academic standards and model curricula; administering the state achievement tests; issuing district and school report cards; administering Ohio's voucher programs; providing professional development;

and licensing teachers, administrators, treasurers, superintendents and other education personnel. The department is governed by the State Board of Education. The Superintendent of Public Instruction is charged with the administration of the department.

Among its many functions, ODE also provides guidance for two processes used in schools to address behavioral health needs: 1. The Ohio Improvement Process (OIP) and 2. Positive Behavioral Interventions and Supports (PBIS). Schools use the OIP to help raise student academic achievement levels and use the PBIS framework to teach and reinforce positive behaviors and provide targeted assistance for students who have specific behavior or academic needs (www.education.ohio.gov/).

Ohio Department of Health

The Ohio Department of Health (ODH) is a cabinet-level state agency whose mission is to protect and improve the health of all Ohioans. Its core priorities are Infectious Diseases, Preparedness, Health Improvement & Wellness, Health Equity & Access, Environmental Health, and Regulatory Compliance. Through its Violence & Injury Prevention Program, ODH promotes evidence-based strategies to reduce death and disability associated with intentional and unintentional injury, including those caused by drug overdoses.

ODH supports prescription drug abuse prevention efforts at the state and local levels, working with the Board of Pharmacy and clinicians to expand the use of Ohio's prescription drug monitoring program (OARRS) and reinforce responsible prescriber and consumer medication practices. The Department also administers the federal Center for Disease Control and Prevention's "Youth Risk Behavior Survey" as part of efforts to assess the burden of injury and violence in Ohio. The ODH is accredited by the Public Health Accreditation Board and works in collaboration with Ohio's local health departments (www.odh.ohio.gov/).

Ohio Department of Medicaid

Launched in July 2013, the Ohio Department of Medicaid (ODM) is Ohio's first cabinet-level Medicaid agency. With a network of approximately 90,000 active providers, ODM delivers health care coverage to more than three million Ohio residents on a daily basis. Many substance abuse and mental health services are covered by Medicaid (www.medicaid.ohio.gov/).

Ohio Department of Youth Services

The Ohio Department of Youth Services (DYS) is the juvenile corrections system for the state of Ohio. DYS is statutorily mandated to confine felony offenders, ages 10 to 21, who have been adjudicated and committed by one of Ohio's county juvenile courts. During their stay with DYS, youth are engaged in programming that is designed to address their criminological and behavioral needs. DYS oversees the Title II Formula Grant awarded by the federal Office of Juvenile Justice and Delinquency Prevention (OJJDP). This grant addresses juvenile crime and delinquency at the local level by funding anti-crime programs and services that include primary prevention and early intervention (www.dys.ohio.gov/Community-Programs/Other-Community-Initiatives).

Law Enforcement

The Ohio Attorney General's Office funds grants to law enforcement agencies to establish and implement drug abuse resistance education programs in public schools. During the 2014-15 program year, Attorney General DeWine provided approximately \$3 million in funding to 157 local

law enforcement agencies, including eight new grant recipients. The funds supported school-based programs and helped 265 Drug Abuse Resistance Education (D.A.R.E.) and school resource officers work with almost 362,000 students ([Ohio Attorney General 2015 Annual Report](#)).

Community Health Centers

Ohio's 46 Community Health Centers manage over 250 locations in both rural and urban areas in 62 of Ohio's 88 counties. This also includes mobile units. In 2015, Community Health Centers provided care to over 623,000 Ohioans and recorded over 2.1 million patient visits. Collectively, Community Health Centers are the largest health care system in the nation (www.ohiochc.org).

Alcohol, Drug Addiction and Mental Health Services Boards

Currently, 52 Alcohol, Drug Addiction and Mental Health Services (ADAMHS) boards serve 88 counties. These boards fund and monitor public mental health, alcohol, and other drug addiction services. ADAMHS boards are also responsible for providing substance abuse prevention services and opportunities (R.C. 340.03(A)(1)(b); www.OACBHA.org).

Local Departments of Health

Local departments of health support interventions aimed at reducing risks to health, including environmental health programs, immunization clinics, well-baby visits, pre-natal health screenings, dental services, health promotion activities, disease surveillance, and other services and programs (R.C. 3701.342; OAC Chapter 3701-36; www.odh.ohio.gov/localhealthdistricts/lhdmain.aspx).

Drug Free Action Alliance

Drug Free Action Alliance (DFAA) is a statewide nonprofit organization receiving support from federal, state, and private funds. DFAA delivers up-to-date information and develops initiatives that serve the immediate needs of those working to prevent substance abuse throughout Ohio and beyond. Through participation in DFAA's Ohio Center for Coalition Excellence and by becoming members of the Statewide Prevention Coalition Association, community groups have an opportunity to network and share knowledge with many other coalitions at unique stages of growth and development (drugfreeactionalliance.org).

The Ohio High School Athletic Association

The Ohio High School Athletic Association (OHSAA) is a statewide nonprofit athletic administration organization. OHSAA regulates and administers interscholastic athletic competition, while promoting the values of participation in interscholastic athletics as an integral part of a student's educational experience. The OHSAA represents its member schools by recognizing and promoting academics, the safety of participants, good citizenship, and lifelong values as the foundation of interscholastic athletics. OHSAA requires parents, students, coaches, and others to review issues concerning concussions and steroids and their school's Athletic Code of Conduct each sport season (www.OHSAA.org).

Universal Health Care Action Network of Ohio

Universal Health Care Action Network of Ohio (UHCAN Ohio) is a statewide health care advocacy organization whose mission is to achieve high quality, accessible, affordable health care for all Ohioans. UHCAN Ohio is directing its youth drug and alcohol use prevention efforts at expanding the use of Screening, Brief Intervention and Referral to Treatment (SBIRT) in youth settings, such as schools. The SBIRT process involves simple questions about alcohol and other drug use, followed by brief education or counseling where appropriate. If necessary, a referral to treatment is made. UHCAN Ohio is leading the “Somebody Finally Asked Me!” campaign to remove policy and financial barriers to the provision of SBIRT in schools (www.UHCANOHIO.org).

The Health Policy Institute of Ohio

The Health Policy Institute of Ohio (HPIO) is a nonprofit organization with a mission to partner with policymakers and other interested parties to provide the independent and nonpartisan analysis needed to create evidence-informed state health policy. Last year, the Ohio Department of Health contracted with HPIO to conduct the latest iteration of the state health assessment and subsequently prepare the state health improvement plan (SHIP). Mental health and addiction are priority topics identified in the SHIP. The SHIP is targeted for release in February 2017 and will include evidence-based strategies at the state and community level that can address reducing depression, suicide, drug dependency and abuse, and drug overdose deaths (www.healthpolicyohio.org).

Before- and After-school Programs

Before- and after-school programs are provided across the state by a variety of organizations. These programs aim to provide a safe and rich learning environment for youth, narrow achievement and opportunity gaps, and position students toward a bright future. Before- and after-school efforts also reduce risk factors, such as access to and availability of drugs and alcohol, as well as promote protective factors, such as social skills, self-esteem, aspirations, caring relationships with adults, and interactions with peers in healthy environments (www.occrra.org; www.ohioafterschoolnetwork.org).

Substance Abuse Prevention-related Laws

This section details some of the federal and state laws that set the parameters and support for availability of substance abuse prevention education and services in Ohio. These laws helped to shape the direction of the Study Committee recommendations, shed light on the limitations in state law to providing substance abuse education in schools, and provided insight on potential federal resources.

Federal Laws and Grants

The Elementary and Secondary Education Act (ESEA) was passed in 1965. ESEA offered more than \$1 billion a year in aid to school districts to assist with costs of educating disadvantaged students. The No Child Left Behind Act (NCLB) was an update to the ESEA. The NCLB law defined education policy for students in kindergarten through high school, increased the federal role in holding schools responsible for the academic progress of students, and included targeted funding for drug prevention programs in schools.

In 2015, Congress replaced NCLB with the Every Student Succeeds Act (ESSA), which represents a shift toward increased state and local control of elementary and secondary education. Title IV, Part B of the law contains the “21st Century Community Learning Centers” grant program, which authorizes funding to support student health and wellness. This funding can include drug use prevention programs.

Ohio Law

Under Ohio law, health education includes six topics required for instruction, including the “harmful effects of and legal restrictions against the use of drugs of abuse, alcoholic beverages, and tobacco” and “prescription opioid abuse prevention, with an emphasis on the prescription drug epidemic and the connection between prescription opioid abuse and addiction to other drugs, such as heroin” (R.C. 3313.60(A)(5)(b) and (A)(5)(f)). Students are required to complete a minimum of 60 hours of health education to graduate. These 60 hours must be completed between 9th and 12th grades (R.C. 3313.603).

Ohio law does not permit the State Board of Education to adopt health education standards or health curriculum in Ohio without approval by both houses of the General Assembly (R.C. 3301.0718). Further, health is not one of the general topic areas indicated on the statewide achievement assessments required by law (R.C. 3301.071). Therefore, there is no current method of determining what type of substance abuse prevention education schools are providing.

Separately, in 2013, the State Board of Education created rules and policy to prevent the use of restraint and seclusion. This policy also references the use of Positive Behavior Interventions and Supports, or PBIS.²⁵ PBIS use evidence-based practices and data-driven decision making processes to foster a positive school environment and improve academic and behavioral outcomes.²⁶

Some schools expanded the use of the PBIS framework beyond the ties to restraint and seclusion to teach and reinforce positive behaviors for all students and provide targeted assistance for students who have specific behavior or academic needs. Representative members of the school focus on behavioral expectations that are positively stated and easy to remember. Rather than telling students what not to do, the school focuses on preferred behaviors.²⁷ One study of 48 public high schools from 11 states and one U.S. territory found that implementation of PBIS are associated with decreased illegal drug and alcohol use in high schools.²⁸

²⁵ PBIS language comes directly from 1997 reauthorization of the Individuals with Disabilities Education Act (IDEA).

²⁶ R.C. 3319.46; OAC 3301-35-15; education.ohio.gov/Topics/Other-Resources/School-Safety/Building-Better-Learning-Environments/PBIS-Resources/Ohio-Positive-Behavior-Interventions-Network-1; <http://education.ohio.gov/getattachment/Topics/Other-Resources/School-Safety/Building-Better-Learning-Environments/Policy-Positive-Behavior-Interventions-and-Support/Ohio-Department-of-Education-Policy-on-Positive-Behavior-Interventions.pdf.aspx>.

²⁷ Pbis.org/school/swpbis-for-beginners.

²⁸ Pbis.org/evaluation/evaluation-briefs/drug-and-alcohol-use-rate.

Substance Abuse Prevention Savings

The chart below lists the benefit-per-dollar cost ratios for various evidence-based substance abuse prevention programs. The Washington State Institute for Public Policy developed a standardized model using scientifically rigorous standards to estimate the costs and benefits associated with various prevention programs. Cost estimates are per participant, based on 2015 United States dollars.²⁹

Program	Benefit per Dollar Cost
Nurse-Family Partnership	\$1.61
Raising Healthy Children/SSDP	\$4.27
Good Behavior Game	\$64.18
LifeSkills Training	\$17.25
Keepin' it REAL	\$11.79
Strengthening Families Program 10-14	\$5.00
Guiding Good Choices	\$2.69
Positive Family Support/ Family Check Up	\$0.62
Project Towards No Drug Abuse	\$6.54
BASICS	\$17.61

National Institute on Drug Abuse Prevention Principles

The National Institute on Drug Abuse Prevention Principles provide research-based guidance for communities undertaking the development of a comprehensive substance abuse prevention plan.³⁰ These principles are summarized below:

Principle 1: Prevention programs should enhance protective factors and reverse or reduce risk factors.

²⁹ Note: It is not possible to estimate specific cost-benefits for every evidence-based intervention due to challenges in calculating accurate intervention effect sizes, the failure to document costs, the variation of methods used, and few mandates or incentives to complete this research. Reaching a consensus on standards for cost-benefit analyses and making them a routine part of prevention program evaluation could help policymakers choose evidence-based programs that both prevent substance misuse and ensure that investments return benefits over the life course. Source: Washington State Institute for Public Policy.

³⁰ [Drugabuse.gov/publications/preventing-drug-abuse-among-children-adolescents-in-brief/prevention-principles](https://www.drugabuse.gov/publications/preventing-drug-abuse-among-children-adolescents-in-brief/prevention-principles)

Principle 2: Prevention programs should address all forms of drug abuse.

Principle 3: Prevention programs should address the type of drug abuse problem present in the local community.

Principle 4: Prevention programs should be tailored to address risks specific to populations.

Principle 5: Family-based prevention programs should include drug education and enhance family bonding and relationships.

Principle 6: Prevention programs can be designed to intervene as early as preschool to address risk factors for drug abuse.

Principle 7: Prevention programs for elementary school children should target improving academic and social and emotional learning to address risk factors for drug abuse.

Principle 8: Prevention programs for middle or junior high and high school students should increase academic and social competence with areas including peer relationships, drug resistance skills, and reinforcement of anti-drug attitudes.

Principle 9: Prevention programs aimed at general populations at key transition points, such as the transition to middle school, can produce beneficial effects even among high-risk families and children.

Principle 10: Community prevention programs that combine two or more effective programs, such as family-based and school-based programs, can be more effective than a single program alone.

Principle 11: Community prevention programs reaching populations in multiple settings are most effective when they present consistent, community-wide messages in each setting.

Principle 12: Community programs should adapt programs to meet local needs, yet retain core elements of the original research-based intervention, including structure, content, and delivery.

Principle 13: Prevention programs should be long-term with repeated interventions (i.e., booster programs) to reinforce the original prevention goals.

Principle 14: Prevention programs should include teacher training on good classroom management practices, such as rewarding appropriate student behavior.

Principle 15: Prevention programs are most effective when they employ interactive techniques, such as peer discussion groups and parent role-playing.

Principle 16: Research-based prevention programs are cost-effective.

Implementation Checklist

The following checklist, provided in part by the substance abuse prevention organization Prevention First! will help schools and communities with implementing a comprehensive prevention program.

Step One: Define school substance abuse prevention components. These efforts should include, but are not limited to, school policies, substance abuse prevention curriculum, surveys, screenings and interventions, community engagement methods, and staff development training.

- For help with education content standards, refer to the Health Education Curriculum Analysis Tool (HECAT). The Alcohol and Other Drug Module in the HECAT can be used to ensure students are learning substance abuse prevention knowledge and skills at the appropriate grade levels (cdc.gov/healthyyouth/hecat/pdf/hecat_module_aod.pdf).
- Information about Ohio Social and Emotional Learning standards through Grade 3 can be found here: www.Education.ohio.gov/getattachment/Topics/Early-Learning/Early-Learning-Content-Standards/Birth-Through-Pre-K-Learning-and-Development-Stand/ELDS-Social-Emotional.pdf and www.education.ohio.gov/getattachment/Topics/Early-Learning/Early-Learning-Content-Standards/Ohios-Kindergarten-Through-Grade-3-Learning-and-D/K-3-Standards.pdf.aspx.
- Federal registries of evidence-based substance abuse programs and curriculum can be found here:
 - The Substance Abuse and Mental Health Services Administration National Registry of Evidence-Based Programs and Practices (nrepp.samhsa.gov/01_landing.aspx).
 - Office of Juvenile Justice and Delinquency Prevention Model Programs Guide (ojjdp.gov/mpg/Topic/Details/79).
 - Guide to Community Preventive Services sponsored by the Centers for Disease Control and Prevention (thecommunityguide.org).
- Schools and communities using a prevention resource other than evidence-based curriculum should consult with their local organizations with prevention expertise, such as an ADAMH Board, certified prevention program, college or university, or local health department for guidance on appropriate implementation. Examples of research-based prevention resources include:
 - Health and Opioid Abuse Prevention Education (HOPE) Curriculum (starttalking.ohio.gov/Prevention/HOPECurriculum.aspx).
 - Blueprints for Healthy Youth Development (blueprintsprograms.com/).
 - NIDA Lesson Plan and Activity Finder (teens.drugabuse.gov/teachers/lessonplans#/questions).
 - Generation Rx contains educational resources to help prevent the misuse of prescription medications (generationrx.org/).
 - D.A.R.E. of Ohio offers information about D.A.R.E. officer certification information, trainings, and other resources (dare-oh.org/).
 - Ohio School Resource Officers Association offers information about School Resource Officer educational opportunities and other resources (osroa.org/).

- Ohio Chapter of the American College of Emergency Physicians provides training to schools and parents on the dangers and physical effects of substance abuse, particularly opiates (ohacep.org).
- Signs of Suicide (SOS) Prevention Program educates students about dangers of mental health issues that may lead to suicide. Nationwide Children's Hospital may be able to assist with this training (sprc.org/resources-programs/sos-signs-suicide; www.nationwidechildrens.org/suicide-research).
- Mental Health First Aid (MHFA): Mental Health First Aid is an eight-hour course that teaches participants how to identify, understand and respond to signs of mental illness and substance use disorders (mentalhealthfirstaid.org/cs/).
- Below is a list of school and community survey resources:
 - The Youth Risk Behavior Survey (cdc.gov/healthyyouth/data/yrbs/)
 - Ohio Healthy Youth Environment Survey (ohyes.ohio.gov/)
 - PRIDE Survey (pridesurveys.com/)
 - The Ohio State University Community and Youth Collaborative Institute School Experience Surveys (cayci.osu.edu/surveys/)
 - National Center on Safe Supportive Learning Environments School Climate Survey Compendia (safesupportivelearning.ed.gov/topic-research/school-climate-measurement/school-climate-survey-compendium)
- Information about screening tools for depression, substance abuse, bipolar disorder or suicide risk can be found here: integration.samhsa.gov/clinical-practice/screening-tools#depression.

Step Two: Collect, analyze, track, and report student and community survey data. Contact the local ADAMHS Board, certified prevention program, or college or university to assist with this process.

Step Three: Work with ODE State Support Teams and Educational Service Centers to promote social and emotional learning and positive school climate efforts. Include Positive Behavioral Interventions and Support or Ohio Improvement Process teams, and other related school efforts, as appropriate.

Step Four: Coordinate with Before- and After-school programs on substance abuse prevention efforts.

- Information about Before-and After-school programs can be found below:
 - Boys & Girls Clubs provide a positive, affordable place for kids at a dedicated youth facility. Club programs and services promote and enhance well-being and healthy lifestyles (bgca.org/Pages/index.aspx).

- The Ohio Afterschool Network is a statewide advocacy organization with the goal of creating and supporting the development of quality, comprehensive child and youth programming (ohioafterschoolnetwork.org/).
- Clever Crazes for Kids is a free educational website that engages kids in learning about STEM (Science, Technology, Engineering and Mathematics) concepts (www.clevercrazes.com/).

Step Five: Connect with local colleges and universities to discuss and coordinate with their substance abuse prevention activities.

- Information about higher education programs can be found below:
 - Get details about Alcohol or other drug prevention on college campuses (alcoholeducationproject.org/DOEModelPrograms2008.pdf).
 - Each public institution of higher education is required to provide incoming students with information about mental health issues, including depression and suicide prevention resources (suicideprevention.ohio.gov/).
 - Since 2013, the Ohio State Collegiate Recovery Community (CRC) has been supporting students in recovery from alcohol and other drug addictions to pursue their degrees while maintaining their recovery (swc.osu.edu/services/alcohol-tobacco-and-other-drugs/collegiate-recovery-community/).

Step Six: Develop, engage, and support community resources, including community coalitions, youth-led prevention, and parents and caregivers. Coordinate community efforts with school-based substance abuse prevention efforts.

- Information about community coalition resources can be found below:
 - Through participation in the Drug Free Action Alliance's Ohio Center for Coalition Excellence and by becoming members of the Statewide Prevention Coalition Association, community groups have an opportunity to network and share knowledge with many other coalitions at unique stages of growth and development (drugfreeactionalliance.org).
 - The Community Anti-Drug Coalitions of America Prevent Rx Abuse Toolkit provides information on preventing and reducing teen prescription drug abuse (prevenrxabuse.org/).
- Information about youth-led prevention resources can be found below:
 - Ohio Youth Led Prevention Network is a joint-collaboration between Drug Free Action Alliance and The Ohio Department of Mental Health & Addiction Services. It is a network to assist youth with making positive life decisions (drugfreeactionalliance.org/oylpn).
 - Youth to Youth (Y2Y) engages young people through meaningful activities and experiences to develop and implement their own ideas to create positive change (youthtoyouth.net/central-ohio/central-ohio-initiatives/).

- Information about resources for parents and caregivers can be found below:
 - The Partnership for Drug Free Kids parent toolkit contains information to help guide children of all ages toward a healthy lifestyle (drugfree.org/the-parent-toolkit/).
 - Parents and caregivers can receive free tips via email through the “Start Talking! KNOW Tips!” program. The tips contain current facts about alcohol, tobacco, and other drugs, as well as action steps parents and caregivers can take to help children resist peer pressure (starttalking.ohio.gov/Prevention/KNOW.aspx).
 - The Strengthening Families Program is an evidence-based parenting and family strengthening program for high-risk and general population families (strengtheningfamiliesprogram.org/).

CONCLUSION

At least eight Ohioans die every day from accidental drug overdoses. Schools and communities are on the frontlines of this crisis, and their efforts to educate our children about the dangers of drug abuse will help build a better future. This report includes several recommendations to help build stronger, drug-free communities:

- By reducing risk factors and increasing protective factors, children will build resiliency and make positive life decisions.
- Screening for substance abuse and mental health issues needs to be followed by effective interventions and treatment.
- A comprehensive, community-wide substance abuse prevention program should include schools, parents and caregivers, before-and after-school efforts, law enforcement, community coalitions, and others to be effective.

The Study Committee was honored to develop this report, which includes recommendations and resources to help undertake comprehensive substance abuse education prevention efforts. But our work is not done. Our members are committed to playing a role in implementing the recommendations listed in this report. We would like to extend our thanks to Ohio Attorney General Mike DeWine, Ohio Speaker of the House of Representatives Clifford A. Rosenberger, Ohio Senate President Larry Obhof, and Representative Keith Faber for their guidance and leadership.

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Report



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