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Substance abuse and school counseling

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Substance Abuse and School Counseling

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JAMES MADISON UNIVERSITY

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Abstract

School counselors are in a unique position to address substance abuse issues in schools and communities. School counselors may work with students who have substance abuse problems, therefore, it is essential for school counselors to be aware of the research on substance abuse. It is also essential for school counselors to have a sense of what interventions to use with students who are abusing drugs and/or alcohol. The purpose of this project is to: examine the latest research on substance abuse as it relates to youth; examine the role of the school counselor in substance abuse assessment and treatment; and provide a substance abuse intervention guide for school counselors.

Substance Abuse: An Overview

Substance abuse is a broad and complex problem that affects the lives of many people. There are many questions that come to mind when the topic of substance abuse is raised, such as: Why do people abuse substances? Are some people more likely to become addicts than others? What treatments are effective in reducing or even eliminating substance abuse disorders?

According to the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR) (American Psychiatric Association, 2000), substance abuse refers to

a maladaptive pattern of substance use leading to clinically significant impairment or distress, as manifested by one (or more) of the following, occurring within a 12-month period: (1) recurrent substance use resulting in a failure to fulfill major role obligations at work, school, or home ... (2) recurrent substance use in situations in which it is physically hazardous ... (3) recurrent substance-related legal problems ... (4) continued substance use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of the substance. (p. 199)

The DSM-IV-TR does not define which substances can be abused, and indeed, a variety of legal and illegal substances can be abused. According to the Substance Abuse and Mental Health Services Association's (SAMHSA) SAMHSA's *2009 National Survey on Drug Use and Health: National Findings* report, alcohol is the most widely used substance, with slightly more than half (51.9%, or roughly 130 million) of Americans aged 12 or older reporting being current drinkers (2010). The second most-highly abused substance is tobacco.

In 2009, an estimated 69.7 million Americans aged 12 or older were current (past month) users of a tobacco product. This represents 27.7% of the population in that age range. In addition, 58.7 million persons (23.3% of the population) were current cigarette smokers; 13.3 million (5.3%) smoked cigars; 8.6 million (3.4%) used smokeless tobacco; and 2.1 million (0.8%) smoked tobacco in pipes (SAMHSA, 2010).

The two most highly abused substances in America are legal and easily obtained by people who are of age to use those substances (and often even by those who are underage). In fact, “most (85.5%) of the 4.6 million recent alcohol initiates were younger than 21 at the time of initiation”(SAMHSA, 2010). Figure 1.1 shows how youth surveyed in the *Harrisonburg-Rockingham 2007 Youth Data Survey (YDS)* reported the ease with which they can obtain alcohol. The youth surveyed were between the ages of 12 and 19.

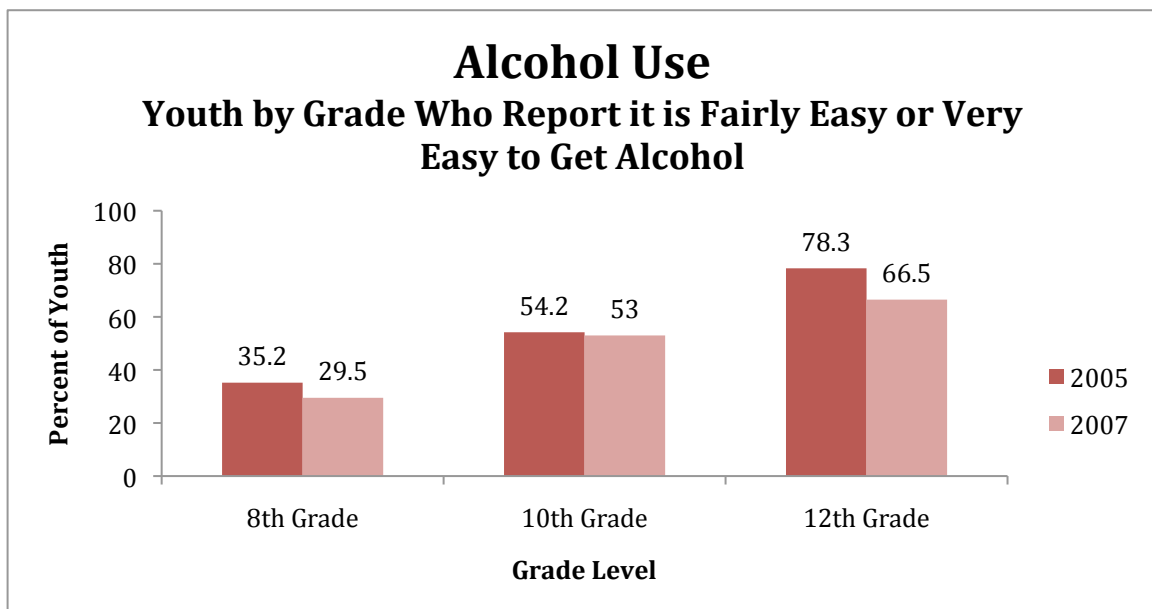


Figure 1.1: Youth who Report it is Fairly Easy or Very Easy to Get Alcohol (YDS, 2007)

Nationally and locally, youth are reporting that it is easy to obtain alcohol despite being underage. This is concerning because access to alcohol is linked with frequency of use (YDS, 2007). Frequent use of alcohol can lead to substance abuse and dependence. The age at which individuals start drinking is also concerning because it is linked with abuse of other substances. “Underage drinkers were more likely than persons aged 21 or older to use illicit drugs within 2 hours of alcohol use on their last reported drinking occasion (17.5 vs. 5.0 percent, respectively)” (SAMHSA, 2010). The most commonly reported illicit drug used by underage drinkers in combination with alcohol was marijuana, which was used within two hours of alcohol use by 16.9 percent of current underage drinkers (1.7 million persons) on their last drinking occasion (SAMHSA, 2010).

Often the term “drug addiction” is used interchangeably with “substance abuse.” However, the language used shapes how people perceive the issue of addiction or abuse. According to Webster’s New World Dictionary (4th Edition), *addict* is defined as “one addicted to a habit, as using drugs” (p. 8). In the same dictionary, *drug* is defined as “a narcotic, hallucinogen, etc.” (p. 202). Thus, when one thinks of drug addiction, one probably comes up with the image of someone abusing an illegal drug, like cocaine or methamphetamine. It is interesting to note, though, that according to SAMHSA’s 2009 National Survey on Drug Use and Health, the percentage of Americans who use illicit drugs is much lower than the percentages of those who use alcohol or tobacco. Approximately 8.3% of the population aged 12 or older reported using illicit drugs in the past month (SAMHSA, 2010). Illicit drugs include marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or prescription-type psychotherapeutics used non-medically (SAMHSA, 2010). The table below, taken from SAMHSA’s 2009 *National Survey on Drug Use and Health: National Findings*, illustrates the percentage of Americans who are identified as current users of illicit drugs (a “current user” is defined as one who has used within the past month).

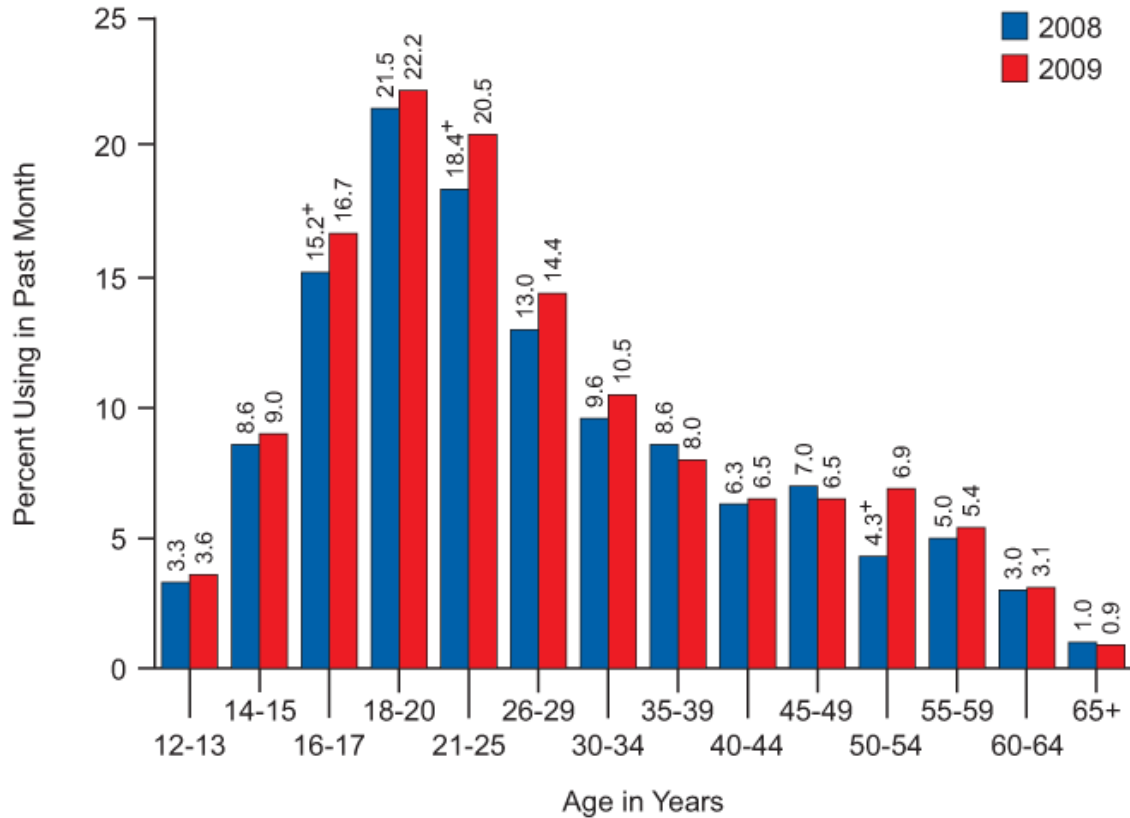


Figure 2.4 Past Month Illicit Drug Use among Persons Aged 12 or Older, by Age: 2008 and 2009

The highest percentages of users are in the 18-20 year old age range. Illicit substance abuse seems to decline significantly after young adulthood, and then drops sharply after about age 54. It is no surprise that the majority of illicit drug users are teenagers and young adults; after all, adolescence is a time of pushing boundaries and questioning rules, and in American culture, adolescence often extends into the college years (McClellan, 2005).

Substance Abuse Treatment

Treatments for substance abuse disorders generally fall into two categories: inpatient hospitalization or rehabilitation, and outpatient treatment. Hospitalization usually occurs during the first phase of treatment, when a client needs to go through the rigorous process of detoxification and physical withdrawal from the substance. Outpatient treatment can include individual counseling, support groups, and prescription medications. Some substance abuse counseling is focused on exploring new coping skills and ways to deal with the pressure to return to drugs or alcohol. Examples of these coping skills include how to say “no” to an offer of drug or alcohol use; types of alternative behaviors to engage in during high-risk periods (e.g., exercising rather than going to a bar for happy hour); methods of expressing affective states rather than using drugs or alcohol; new cognitive strategies, such as thought stopping, to avoid drug thoughts and craving (Rawson, Obert & McCann, 1993).

Both types of substance abuse treatments can be time-consuming and costly, both for the individual who is addicted, and for greater society. Annually, the estimated social costs of substance abuse (SA) exceed approximately \$200 billion; only a small portion of this total cost is spent on treatment of SA problems (Meara & Frank, 2005). The indirect costs of SA, or those not related to treatment include: medical costs due to related illness and injury; lost productivity from illness, premature death and drug- and alcohol-related crimes; resources directed towards the criminal justice system; resources directed towards special education and related costs (Meara & Frank, 2005). It is clear that substance abuse disorders are costly to society, in more ways than one. Perhaps if more people could be treated and taught ways to abstain from further substance abuse, the costs associated with substance abuse treatments would decline. However,

encouraging people to seek help can be difficult.

One myth of substance abuse treatment is that people have to want to get better in order for treatment to be effective. Nora Volkow, M.D., director of the federal government's National Institute on Drug Abuse, once believed that to be true. According to Dr. Volkow, "Research has shown that the outcomes for those who are legally mandated to enter treatment can be as good as the outcomes for those who entered treatment voluntarily." (Home Box Office, 2007). This is good news, because many people do enter treatment involuntarily: they are either required to by the judicial system or they end up hospitalized due to accident or illness.

In order to decide on the best course of treatment, it is helpful to know the client's beliefs about what led to substance abuse. For example, if a person blames his substance abuse problems on things he thinks he can control (like stress level or coping mechanisms), then he may be reluctant to take medication to help with his disorder. It is also important for professionals who treat substance abusers to examine their beliefs about drug addiction and substance abuse. It is imperative for substance abuse counselors to understand how beliefs about the causes of substance abuse are related to their beliefs about treatment, because their beliefs influence the greater public's beliefs about the causes and effective treatment of substance abuse (Kuppin & Carpiano, 2006). Not only do individual beliefs about substance abuse shape how the patient or the health professional thinks about addiction, they shape the way that society at large views addiction.

Though more recent research is focusing on the biological bases for addiction, the public may still be reluctant to accept this, and thus more reluctant to think of how medication can be used in substance abuse treatment. The 1996 General Social Survey found that, "With respect to alcohol and drug dependence, prescription medication was significantly less likely to be perceived as an appropriate treatment option. By contrast,

nonbiologically focused treatment options, such as a therapist, talking to family/friends, and a self-help group were significantly more likely to be viewed as appropriate solutions for these conditions. (Kuppin & Carpiano, 2006).” Regardless of which options clients decide to explore, the most important thing is that treatment is being sought. The National Institute on Drug Abuse (NIDA) issued a revised list of 13 principles of effective treatment for drug addiction in 2008. These principles call for the treatment of the whole person:

1. Addiction is a complex but treatable disease that affects brain function and behavior.
2. No single treatment is appropriate for everyone.
3. Treatment needs to be readily available.
4. Effective treatment attends to multiple needs of the individual, not just his or her drug abuse.
5. Remaining in treatment for an adequate period of time is critical.
6. Counseling—individual and/or group—and other behavioral therapies are the most commonly used forms of drug abuse treatment.
7. Medications are an important element of treatment for many patients, especially when combined with counseling and other behavioral therapies.
8. An individual's treatment and services plan must be assessed continually and modified as necessary to ensure that it meets his or her changing needs.
9. Many drug-addicted individuals also have other mental disorders.
10. Medically assisted detoxification is only the first stage of addiction treatment and by itself does little to change long-term drug abuse.
11. Treatment does not need to be voluntary to be effective.
12. Drug use during treatment must be monitored continuously, as lapses during treatment do occur.
13. Treatment programs should assess patients for the presence of HIV/AIDS, hepatitis B and C, tuberculosis, and other infectious diseases as well as provide targeted risk-reduction counseling to help patients modify or change behaviors that place them at risk of contracting or spreading

infectious diseases.

How Substance Abuse is Relevant to Children and Adolescents

When discussing substance abuse, it is important to think about children for a number of reasons. First, most prevention efforts are aimed at children with the hope of educating young people about the dangers of drugs before they have had a chance to experiment with them. Also, the younger the age of substance use onset, the more damage there will be done to the brain and body. The onset of substance use is occurring at younger ages. This results in increased numbers of adolescents entering treatment for substance abuse with greater social and emotional developmental deficits (Fisher & Harrison, 2000). These deficits may persist into adulthood. Rohde, Lewinsohn, and Seely (2007) found that when they conducted a study of adults who had experienced substance use disorders as adolescents, “Those experiencing substance use disorder by age 19 remained associated with both completing less education and more recent unemployment at age 30.” The number of youth engaging in substance use can be alarming. In 2009, 10.0 percent of youths aged 12 to 17 were current illicit drug users 7.3 percent used marijuana, 3.1 percent engaged in nonmedical use of prescription-type psychotherapeutics, 1.0 percent used inhalants, 0.9 percent used hallucinogens, and 0.3 percent used cocaine; and, in 2009, about 10.4 million persons aged 12 to 20 (27.2% of this age group) reported drinking alcohol in the past month (SAMHSA, 2010).

O’Connor, Fite, Nowlin & Colder (2007) found that during early and middle adolescence, the perceived benefits of substance use outweighed the perceived negative consequences. “Our sample of 10- to 14-year-olds perceived negative consequences of drinking alcohol and smoking as more likely than potential benefits. However, older children perceived the benefits of substance use as more likely and the costs as less likely

than younger children did.” (O’Connor, et. al., p. 529). This means that children’s attitudes about drug use changes as they mature. As mentioned earlier, adolescence is a time of risk-taking. Many adolescents feel that they are invincible and invulnerable to any negative consequences. This obviously impacts the way that people in this age group think about drugs and alcohol. Just as O’connor, et. al. found, adolescents are more willing to engage in substance use because the perceived benefits outweigh the perceived negative consequences. This is problematic because casual substance use can quickly lead to more serious substance abuse, and even though teenagers may not think much about the negative consequences of substance use, there are indeed consequences that can severely affect them.

Another consideration regarding children and substance abuse is that treatment for children with substance abuse disorders is different from adult treatment. Just as rehabilitation for adults isn’t “one size fits all,” neither is treatment for adolescents. Inpatient programs specifically designed for adolescents are few and far between due to a lack of funding for these centers. Once a child is in a rehabilitation center, his needs during treatment are different that what an adult needs. Adults and children differ in size physically, in brain development, and in how much drug tolerance they have; and these differences need to be taken into consideration. Also to be accounted for is the fact that the majority of adolescents in the United States who are in rehab are there involuntarily. “On a average day in 2005, the number of youth admissions to substance abuse treatment were referred by the following sources: 189 by the criminal justice system; 66 by self-referral or referral from other individuals; 43 by schools; 37 by community organizations; 22 by alcohol or drug treatment providers; and 18 by other health providers. (SAMHSA,

2006).” Counselors and treatment professionals need to adjust their treatment plans to be tailored to adolescents who have entered rehabilitation under such circumstances. The good news is, though, that like adults, children do not have to enter rehab voluntarily in order to make progress.

Even if a child is not an addict himself or herself, he or she may be living with one. Having an alcoholic or drug abuser as a parent has a huge effect on a child, and there are a significant number of children who live with a substance abuser in the home. “It is estimated that 20–40% of adults entering treatment for alcoholism or drug abuse are raising one or more children (Pilowsky, Lyles, Cross, Celentano, Nelson & Vlahov, 2001).” Substance abuse is a hidden issue in many homes. People don’t speak about it openly, and children are taught (either specifically or through example) not to talk about it as well. It is well established that children of alcoholic parents are at increased risk for interpersonal and behavior problems, psychiatric disturbances, substance abuse (including early onset of alcohol use), and developmental trajectories of persistent alcohol problems (Chassin, Flora, & King, 2004).

There is no doubt that children of parents who are substance abusers are in need of special services, regardless of if their parents are in rehab or not. However, parents may be reluctant to allow their children to be involved with such services. Most parents in substance abuse treatment are reluctant to allow their children to receive services, whether in the context of family-involved interventions offered by the treatment program or in another setting (Fals-Stewart, Kelley, Fincham, & Golden, 2004). Many parents may feel ashamed of being addicted, and may refuse services for their children out of embarrassment. As a culture, America still by and large thinks of addiction as something

that should be under one's control; that one should be able to will themselves well through self-control. Perhaps as more research comes to light revealing the medical and biological bases for addiction, people will be less ashamed of these disorders, and more willing to seek help in recovering. Hopefully this will lead to more help being available for the families and children of addicts as well. School counselors are in a unique position to be able to help students with substance use disorders as well as students who have parents and family members who struggle with addiction.

Applications for School Counselors

The evidence presented thus far indicates that school counselors need to be familiar with students who may be substance abusers; students who may be at risk for becoming substance abusers; and students who have parents who have been or who are substance abusers. School counselors have four main tasks when working with students who may have possible substance abuse issues. These tasks are: identify the signs of substance abuse; establish a therapeutic relationship; help the family system so that change is possible; and to be a liaison between the student, family, school, and community (Lambie & Rokutani, 2002).

Identifying Warning Signs of Substance Abuse

Fulfilling these functions may be challenging due to the lack of education about substance abuse that school counselors receive. Accredited school counseling programs require students to take coursework in substance abuse counseling, yet many school counselors still report that they feel inexperienced and unsure of how to work with students who are abusing substances. School counselors and school counseling students must take it upon themselves to learn more about substance abuse disorders. Research indicates that school counselors use the same diagnostic criteria for adult substance abuse disorders to diagnose children and adolescents. The way substance abuse presents in an adult may differ from the way an adolescent who is using drugs or alcohol behaves. Here is a list of concerning behaviors to look for in an adolescent who might be using drugs:

- Changes in school performance (falling grades, skipping school, tardiness)

- Changes in peer group (hanging out with drug-using, antisocial, older friends)

- Breaking rules at home, school, in the community
- Extreme mood swings, depression, irritability, anger, negative attitude
- Sudden increases or decreases in activity level
- Withdrawal from the family; keeping secrets
- Changes in physical appearance (weight loss, lack of cleanliness, strange smells)
- Red, watery, glassy eyes or runny nose not due to allergies or cold
- Changes in eating or sleeping habits
- Lack of motivation or interest in things other teenagers enjoy (hobbies, sports)
- Lying, stealing, hiding things
- Using street or drug language or possession of drug paraphernalia/items
- Cigarette smoking

(Home Box Office, 2007).

Of course, with a heavy student caseload, it may be impossible for a school counselor to notice these changes in every student who is abusing substances. However, school counselors are in the perfect position to distribute this kind of information to teachers, administrators, and parents through communications like school newsletters, parent workshops, and presentations to school staff on in-service days when the students are not present.

Though spreading information through newsletters and presentations can reach a large audience of parents and teachers, just writing an article may not be enough. School counselors may have the unique opportunity to identify and intervene with the student and student's family before substance abuse becomes severe. In this way, the school

counselor may be the catalyst for substance abuse treatment to start. A school counselor is also in a position to be able to provide good follow-up support. School counselors have the privilege of being able to follow a student over several years.

Establishing a Therapeutic Relationship and Involving the Family

In substance abuse intervention, treatment, and follow-up, it is important to establish a relationship in order to provide ongoing support (Lambie & Rokutani, 2002). Naturally, a school counselor has other duties to consider as part of the job, but if a school counselor is committed to counseling, then he or she can maintain a relationship with the troubled adolescent. This counseling relationship may be a source of comfort for a student struggling with substance abuse.

When a school counselor suspects a student is using drugs or alcohol, it is important to involve the student's family. Involving the family is not only ethical, and probably mandatory in most school districts, but can also give the counselor an idea about what the student's home life is like. The school counselor must consider the family system when thinking about early identification of substance abuse for two reasons: working with the parents can provide useful information about the student's substance abuse, and inviting the family to come into the school to consult with the school counselor can help the school counselor see how the family interacts (Lambie, & Rokutani, 2002). School counselors should also be sensitive to the fact that if the student is abusing substances, the adults in the home may also be abusing substances. Parents may be reluctant to work with the school counselor or to accept other intervention if this is the case. Though this may be a frustrating and frightening scenario, the school

counselor should work to do what is in the best interest of the child, even if that means the child has to be removed from the home.

Substance Abuse Prevention and Intervention within the School

In order to try to protect the most students possible, school counselors can advocate for substance-abuse prevention services in schools. School counselors can achieve this goal in a few ways. Counselors can use group counseling sessions to address substance-abuse issues with students who are struggling with anxiety, depression, stress, grief, or social skills, for example. Counselors can also use classroom guidance lessons to talk about substance abuse and help students brainstorm ways to avoid becoming addicted. School counselors can also bring in outside agencies to provide services to individual students, targeted groups of students, or prevention programming to all students. Large-scale implementation of preventive efforts can potentially improve student outcomes and be more cost-effective for the school system (Greenberg, 2004). It is difficult to imagine in this age of mandated testing that school administrators would look favorably upon removing students from the regulated curricula in order to educate them about substance abuse, but a school counselor must be an advocate for her students, and must work towards meeting students' needs.

It is easy to see how a middle school or high school counselor should be aware of substance abuse issues, but what about elementary school counselors? Is this an area of knowledge with which these school counselors don't need to be familiar? Of course not. Elementary school counselors are important because they can start the ball rolling in terms of prevention education. With chemical experimentation and exposure to

alcohol and drugs occurring at younger and younger ages, the elementary school counselor is in a perfect position to begin implementing proactive programs that provide students with a better foundation from which to make decisions about alcohol and drug use (Coker, 2001). Primary school counselors should also be educated about how children who have a parent who is an addict behave. Because it is more challenging to do in-depth counseling with young children, elementary school counselors should be aware of the behavior issues of students who may be dealing with one such home situation. They may need to employ more creative methods to understand and help these students.

Though it is a topic not often discussed in the literature, school counselors may also have a responsibility to educate adults in the school about substance abuse. Even if a school counselor did not receive specific coursework regarding substance abuse, he or she is often viewed as the school expert on psychological health. In such a role, it can be argued that the school counselor should be there to intervene if he feels that a teacher, administrator, or other adult school staff member is suffering from a substance abuse disorder. After all, for schools to be positive environments for children, healthy adults who are good role models must staff schools. An adult who is an alcohol or drug addict is not a good role model for students, and students often have keener eyes than adults do—they are acutely aware of others and are quick to notice when someone has a problem. A school counselor can help students in this way by being open to hearing students' concerns and by being willing to intervene if enough evidence is presented. This duty may not be laid out in a school counselor's contract or in the American School Counselor Association's (ASCA) ethical guidelines, but by choosing to be in such a helping profession, a school counselor has tacitly agreed to help whenever the

opportunity presents itself. Therefore, a school counselor needs to know what the best guidelines are in order to be most useful.

Substance Abuse Intervention Guidelines

School counselors may not feel confident in providing substance abuse services or they may not have had adequate training in substance abuse assessments, they may use screening tools to identify substance abuse and then collaborate with parents and community resources to provide proper assessment for students (Burrow- Sanchez et al., 2008).

Substance Use Screening Tools

Multiple screening tools are available to assist school counselors in assessing and identifying substance abusing adolescents. One screening tool is the CRAFFT questionnaire, a test for adolescent abuse, which has proven to be time efficient and consistent (Griswold et al., 2008). The questionnaire asks the adolescent a range of questions from “Do you ever use drugs to relax?” to “Have you gotten into trouble while you were using alcohol or other drugs?” (Griswold et al., p. 334). Answering “yes” to two or more questions suggests that a significant problem with substance abuse exists. An additional assessment tool is the Problem-Oriented Screening Instrument (POSIT), which screens for problems in a range of areas including substance abuse, and can be obtained from the National Clearinghouse for Alcohol and Drug Information (Burrow- Sanchez et al., 2008). A final screening tool that school counselor may use is the CAGE Questionnaire, which is a simple and brief tool to use. The CAGE consists of four questions for adolescents over the age of 16 (Didgen & Shea, 2000). For example, the counselor may ask the student if he or she has ever felt the need to “cut down” on his or

her drinking (Erford, 2007, p. 296). If the adolescent answers “yes” to any of the questions, he or she should be referred for further assessment (Glidden-Tracey, 2005). Further information on these screening tools can be found in Appendix A.

Adolescent Substance Abuse Treatment

Once students have been assessed, there are a variety of treatment options. Students may often be referred to community resources for counseling and treatment, but there are also interventions that can be done within the school setting. Substance abuse interventions implemented within the school setting possess unique advantages over traditional modes of treatment, including providing direct access of care to those who need it and improvements within various domains of functioning (e.g. school, emotional distress, and family relations) (Tubman, Wagner, Gil, & Pate, 2002). Another added benefit of a model within this setting is the many levels to which one can intervene, such as “individuals, classrooms, existing social groups, purposely assembled group, the entire school, or any combination of the foregoing” (Wagner et. al., 2004).

One of the more popular school-based interventions for adolescents with substance abuse problems can be found in the Student Assistant Program (SAP) (Wagner et al., 2004). The SAP is modeled after the Employee Assistance Program (EAP), which is used in businesses to maintain an optimum level of production by employees. According to Wagner et al. (2004), in addition to serving thousands of schools, the SAPs “provide mechanisms for early identification of individuals with alcohol and/or other drug abuse problems and methods for secondary and tertiary prevention. (p. 110)” Although the services may vary from school to school, most SAPs provide assessment, referral,

individual and group counseling services (Wagner et al.).

Another school-based intervention, project CHOICE, has shown to lower rates of alcohol use by adolescents as well as lower perceptions of use of alcohol and marijuana by schoolmates (D'Amico & Edelen, 2007). This intervention included five sessions, which repeated throughout the school year and included such components as “normative feedback, challenging unrealistic positive expectancies, resisting peer pressure to use substances through the use of role-playing, and discussing coping strategies” (D'Amico & Edelen, p. 596).

A third intervention within a school setting that has yielded positive results, is a substance abuse program called *Curriculum in a Box: Substance Abuse* (Gatins & White, 2006). The program consists of ten videos in a documentary format, including a teacher's guide with notes, exercises, and homework for students (Gatins & White). Through a pre and post-test design, it was found that 55% of those who admitted to alcohol use had begun thinking about reducing their use as a result of the program, and 36% of users said participation in the program had reduced their use of drugs (Gatins & White). School counselors could use this program as part of their classroom guidance curricula, or in small groups of students.

General Guidelines for All Professional School Counselors

Not every school counselor will feel comfortable using these interventions in a school setting, but every school counselor should know what actions to take with students involved in substance abuse. According to the American School Counselor Association, when working with students who are abusing substances, all school counselors should:

- Listen

- Be aware of students who may be using or abusing substances
- Be supportive and accepting of students with a problem
- Use cognitive and affective strategies
 - Provide accurate information about reasons to stop using
 - Provide accurate information and concern about health and safety
- Give facts instead of using scare tactics
- Communicate concern for students and support them in getting help
- Offer to discuss the issue with parents and student so that you can advocate for the student and assist the parents in securing help
- Remind the student about the dangers of driving under the influence of substances
- Remind the student of the consequences of underage drinking and drug use
- Keep up-to-date with information about substances, including being knowledgeable about the slang terms used
- Support parents in their efforts to confront their children about possible substance abuse
- Encourage family members of suspected drug users to seek additional professional assistance for themselves (including family counseling)

(Blum & Davis, 2010).

In addition, school counselors should also work to keep up to date on the drug slang terms that adolescents use and on new ways to abuse substances. For instance, “crank” is a term used to describe methamphetamine; and there are various ways to abuse this drug, including snorting it and injecting it. School counselors can work with law enforcement professionals who can help them understand the most recent slang terms and ways to abuse substances. Professional school counselors do not work alone. In the midst of their schools and surrounding communities, their main focus should be to partner with other agencies and professionals to better help their students succeed (Conye & Mazza, 2007).

One such targeted group of students is those at-risk for substance abuse. School counselors should consult and collaborate within and outside of the school in order to prevent and to treat students with substance abuse issues.

This collaborative practice is mandated in the American School Counselor Association's (ASCA) National Model, which encourages school counselors to "engage in leadership, advocacy, collaboration and teaming" (Conyne & Mazza, 2007). In addition, ASCA's National Model emphasizes "bridging counseling and academic achievement via systemic and collaborative efforts" (Holcomb-McCoy, 2007). By utilizing teachers, administrators, and community agencies on behalf of substance abusing students, school counselors are fulfilling those roles outlined by ASCA's National Model.

School counselors often collaborate with teachers to work with students who are prone to substance abuse or who have abused substances in the past. Teachers play a significant role in combating drugs within the school (Finn & Willert, 2006). School counselors can encourage, recognize, and educate teachers in their prevention efforts as they partner with them to help students. When students feel that their teachers are concerned about them, they will be less prone to substance use and abuse (Council on School Health and Committee on Substance Abuse, 2007). In addition, if teachers model resistance to drugs, their students will be more likely to resist peer pressure for substance abuse (Suldo, Mihalas, Powell, & French, 2008). Finally, school counselors involve teachers in their comprehensive school-wide substance abuse intervention efforts as they look to capitalize on the strengths and resources that teachers can provide. For example, recovering students could be given a teacher mentor to whom they could turn to during

the school day if they need assistance or support (Council on School Health and Committee on Substance Abuse, 2007). This type of support provides the student with an excellent resource and sense of nearby help at any time. This type of support also helps the student recognize others, who, alongside the school counselor, can help guide and support the student.

In addition to resources within the school, school counselors also collaborate with community agencies in order to prevent and treat substance abuse among adolescents. This connection between the surrounding community and the school building is important, as it gives community agencies access to students they might otherwise not have as well as provides counselors with the help they need in meeting the needs of their students.

While school counselors are well trained for a variety of services, they may lack the substance abuse specialization that community counselors may have and they may lack enough hours in the school day to adequately serve their students (Holcomb- McCoy, 2007). Community agencies, conversely, may have specialized counselors who are well trained in the areas of substance abuse, providing an invaluable resource for referrals (Council on School Health and Committee on Substance Abuse, 2007). In addition, school counselors may rely on community agencies to support and assist with their substance abuse programs, staff development, and education. Agencies might also have positive, anti-drug alternative opportunities for students out of school who might otherwise become involved in substance abuse activities. Therefore, community agencies can reach students outside of school operating hours (Council on School Health and Committee on Substance Abuse, 2007).

Conclusion

Based on the professional literature cited in this paper, substance abuse among adolescents is a prevalent, but complex issue to address. In addition to being familiar with risk factors, professional school counselors must strive to have a clear understanding of available assessment tools, preventive measures, interventions, and collaborative resources that exist. Additionally, it is crucial that professional school counselors stay up to date on the different street names for drugs as well as new ways children and adolescents are experimenting with drugs. Having a more comprehensive and thorough understanding will allow professional school counselors to play an active and vital role in responding to the needs of substance abusing adolescents.

Appendix A

The substance abuse screening tools discussed in this paper can be found at the following locations:

Problem Oriented Screening Instrument for Teenagers (POSIT)

<http://www.nhtsa.gov/People/injury/alcohol/juvenile/posit.pdf>

The CRAFFT Screening Interview

<http://www.ceasar-boston.org/CRAFFT/index.php>

CAGE Questionnaire

<https://www.lifewisewa.com/lwwa/groups/public/documents/pdfs/012695.pdf>

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