

# **Report on Act 75 of 2013**

**An Act Relating to Strengthening Vermont's Response to  
Opioid Addiction and Methamphetamine Abuse**

**Section 13b. The Quality and Effectiveness of Substance  
Abuse Prevention Education in Vermont Schools Report on  
Findings and Recommendations**

**REPORT**

**January 8,  
2015**

**Submitted to House Committees on Human  
Services and on Health Care; Senate Committee  
on Health and Welfare; House and Senate  
Committees on Education and on Judiciary**

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## **Executive Summary**

This report summarizes the elements of a school-based substance abuse prevention program, and Vermont's school quality standards for health education related to this topic area. The School Health Profiles survey of Vermont schools is described, including the information that can be expected from that survey relevant to this report. The importance of alcohol, tobacco and other drug-specific practices being integrated into the schools' whole strategy for creating a safe and healthy environment is emphasized. The importance of the school's program being linked with prevention and treatment supports in the community is also noted. Vermont's Education Quality Standards are discussed, including the status of the assessment of those standards, which are under development.

The report conclusion provides two recommendations:

1. The Education Quality Standards Review (EQR), now under development, includes measures related to alcohol, tobacco and other drug prevention (ATOD) education, including a review of local curriculum strategies and assessment practices to ensure that evidence of high-quality research-based ATOD curriculum and assessment practices in place in schools are included during the review process.
2. The Agency of Education ensures that current best practices on alcohol, tobacco and other drug prevention are available to school staff through pre and in-service programs. This can be accomplished through partnerships with higher education and professional development organizations.

## **Charge**

The Act 75 of 2013 charge to the Vermont Agency of Education and Department of Health requires that:

*(a) The Agency of Education and the Department of Health shall use the School Health Profile to survey public and approved independent middle and high schools in Vermont to determine the quality and effectiveness of substance abuse prevention education in Vermont's schools.*

*(b) On or before January 15, 2015, the Secretary of Education and the Commissioner of Health shall report their evaluation of the quality and effectiveness of substance abuse prevention education in Vermont based on the results of the survey required by this section, as well as their recommendations for evidence-based and data-driven practices to be incorporated into school quality standards in the health education domain, to the House Committees on Human Services and on Health Care, the Senate Committee on Health and Welfare, and the House and Senate Committees on Education and on Judiciary.*

This report on the findings and recommendations is submitted to the House Committees on Human Services and on Health Care, Senate Committee on Health and Welfare, House and Senate Committees on Education and on Judiciary.

### **Description of School Health Profiles**

The School Health Profiles (Profiles) is a system of surveys, sponsored by the Centers for Disease Control and Prevention, Department of Adolescent and School Health. The surveys seek to assess school health policies and practices in states, large urban school districts, territories, and tribal governments. In Vermont, the Profiles surveys are conducted every two years by the Department of Health among middle and high school principals and lead health education teachers.

The Profiles surveillance system is intended to monitor the status of school health education requirements and content; physical education and physical activity requirements and policies; school health policies related to HIV infection/AIDS, tobacco-use prevention, and nutrition; asthma management activities; family and community involvement in school health programs and school health coordination. An overview of Profiles can be found at:

[http://www.cdc.gov/healthyyouth/profiles/pdf/profiles\\_overview.pdf](http://www.cdc.gov/healthyyouth/profiles/pdf/profiles_overview.pdf).

The Profiles were not developed as a tool for the evaluation of specific programs. While Profiles data can tell us about the adoption of specific policies and practices within specific schools, it cannot tell us how effective those policies and practices are in meeting their intended impact. The existence of a specific program or policy does not speak to the fidelity of implementation or enforcement or the quality with which it is carried out.

Profiles data are used to:

- describe school health policies and practices;
- compare jurisdictions in policy and practice adoption,
- identify professional development needs;
- plan and monitor programs;
- support health-related policies and legislation and to seek funding for implementation.

In order to improve the understanding of alcohol and drug practices being employed, questions were added to Vermont's 2014 Profiles survey. These questions explore whether the following practices exist:

- specific alcohol and drug prevention topics are required for certain grades;
- discipline and rehabilitation procedures for students who violate policy;

- screening and referral procedures;
- agreements with an external provider for assessment and treatment services;
- prevention information provided to parents and families

The Profiles survey was administered in 2014. Analysis of this data, including the Vermont added questions on alcohol and other drug prevention, is underway. A report on findings can be made available upon completion.

Although not the topic of this report, the Vermont Department of Health's 2014 School-Based Substance Abuse Services Grants Progress Report can be made available on request. One performance measure of that program is also summarized in Substance Abuse Treatment Services Objective and Performance Measures, submitted in accordance with Act 179 (2014) Sec. E.306.2.

What follows is a summary of research on best practices related to school-based substance abuse prevention and health education, and Vermont's Education Quality Standards. The recommendations contained in this report are based on this information.

### **Comprehensive Approach to Alcohol, Tobacco and Other Drug Prevention**

The leading causes of illness and death among youth and young adults are largely preventable. The evidence has repeatedly shown, nationally and in Vermont, that early substance use among youth is influenced at the individual, peer, family, school, community and societal levels. The more of these levels employing evidence based prevention programs and practices, the better the likelihood of positive outcomes. Schools are key because of the critical role that they play for youth and families. The National Academy of Sciences has recommended investment in proven mental health promotion and substance abuse prevention approaches by school systems, among others. Substance abuse prevention and early intervention works best when robust and integrated into the schools whole approach to a safe and healthy school climate. Consistent with the Centers for Disease Control and Prevention Whole School, Whole Community, Whole Child Model, effective school-based substance abuse prevention includes the following elements: Safe and Healthy School Environment; School Policy; Early Intervention Services; Health Education/Classroom Curricula; Parent Outreach and Community Engagement. The following is a summary of these elements and Vermont standards related to alcohol, tobacco and other drug prevention.

### **Safe and Healthy School Environment**

A safe and healthy school climate that promotes student connection to school also helps to protect them against risky behaviors, such as early alcohol and drug use. Substance abuse specific programs and practices work best when integrated into efforts to

improve school climate, such as the Multi-Tiered Systems of Support (MTSS) framework. Teacher training on good classroom management practices, such as rewarding appropriate student behavior. Such techniques help to foster the school bonding and academic motivation associated with reduced substance abuse.

### **School Policy**

16 VSA §1165, concerning school policy, requires each school district to adopt policies for the education, discipline and referral for rehabilitation of students who are involved with alcohol or drug abuse on school property or at school functions, including recommended procedures for education; referral for treatment, counseling and rehabilitation; and standards consistent with due process of law for discipline, suspension or dismissal of students. This law does not, however, mandate local school districts to employ counselors for treatment or rehabilitation.

### **Health and Early Intervention Services**

Early intervention services should be available to all students in the school. Such services include: screening, referral for assessment when indicated, educational support groups and family outreach. Students may self- refer for any variety of reasons, or a parent may seek assistance. Research suggests that these practices can help increase effectiveness of early interventions services for students who may be dealing with their own or a family member's substance abuse issue:

- Administrative support and the support of a multidisciplinary team with roles and assignments clearly articulated
- Relationships and agreements with community prevention and treatment providers
- Teacher support for implementing strategies that are recommended by the team
- School policies, referral mechanisms and guidelines that are communicated and understood by staff, students and parents
- Use of evidence-based screening tools and process for how screenings get conducted and used

### **Parent Outreach and Community Engagement**

Linking school-based prevention to community prevention initiatives and family support programs significantly increases the likelihood that youth will receive consistent messages discouraging substance use. When schools and other community organizations work together and plan mutually supportive strategies to discourage substance abuse and promote youth development, early substance use and abuse is reduced. An example of such work in Vermont is the Vermont Youth Risk Behavior Survey Student Analysis Project, where students identify risk and protective factors that impact substance use through their own analysis of the Vermont Youth Risk Behavior

Survey, educate parents and community members about the issues they face, and possible solutions. This engages adults in local initiatives, and increases students' opportunities for building a sense of belonging to the community.

Parent outreach includes providing information on the school's program, substance abuse policy, family education resources, health services and referral system. There is evidence to suggest that relationship-building between health services staff and parents helps strengthen early intervention and referral services because families are more likely to follow referral recommendations from someone they trust.

### **Health Education/Classroom Curricula**

Prevention curricula should address all forms of drug abuse, including the underage use of legal drugs; the use of illegal drugs, and the inappropriate abuse of legally obtained substances (i.e. inhalants, prescription medications or over the counter drugs). Elementary level programs should target improving academic and social-emotional learning. Prevention programs for middle and high school students should increase academic and social competence, and drug resistance.

School prevention grants such as Vermont's Tobacco Prevention Program and School-Based Substance Abuse Services grants provide a menu of evidence-based programs from which schools can select. Prevention programs must be a good practical fit for the school to ensure that it is actually implemented. This requires time, training and organizational support to staff and peers who deliver the program.

16 V.S.A. § 131 defines "comprehensive health education" as a systematic and extensive elementary and secondary educational program designed to provide a variety of learning experiences based upon knowledge of the human organism as it functions within its environment. The term includes the study of eleven content areas, including "alcohol, caffeine, nicotine and prescribed drugs."

Vermont's Framework of Standards in health education are aligned with The National Health Education Standards, which are written expectations for what students should know and be able to do by grades 2, 5, 8, and 12 to promote personal, family, and community health. The standards provide a framework for curriculum development and selection, instruction, and student assessment in health education. The standards are:

- Standard 1: Students will comprehend concepts related to health promotion and disease prevention to enhance health.
- Standard 2: Students will analyze the influence of family, peers, culture, media, technology, and other factors on health behaviors.

- Standard 3: Students will demonstrate the ability to access valid information, products, and services to enhance health.
- Standard 4: Students will demonstrate the ability to use interpersonal communication skills to enhance health and avoid or reduce health risks.
- Standard 5: Students will demonstrate the ability to use decision-making skills to enhance health.
- Standard 6: Students will demonstrate the ability to use goal-setting skills to enhance health.
- Standard 7: Students will demonstrate the ability to practice health-enhancing behaviors and avoid or reduce health risks.
- Standard 8: Students will demonstrate the ability to advocate for personal, family, and community health.

The Vermont Agency of Education’s Health Education Guidelines for Curriculum and Assessment are based on Vermont’s Framework of Standards and Learning Opportunities, Vermont Health Education Standards, and the National Health Education Standards. This Vermont resource allows schools to develop a curriculum that will help students develop the knowledge and skills they need to be healthy and achieve academically.

In 2007, Vermont’s Health Education Grade Expectations (GEs) were revised to reflect current research and best practice. These revised Health Education GEs enhance the assessment, curriculum, and instruction of schools and teachers. These expectations are organized into six content areas: Alcohol, Tobacco and Other Drugs; Family, Social and Sexual Health; Mental and Emotional Health, Nutrition and Physical Activity; Personal Health and Wellness; and Violence and Injury Prevention.

### **Education Quality Standards (EQS)**

Education Quality Standards, which provide rules set forth by the State Board of Education, were adopted in February 2014. EQS shifts instructional practices to promote personalization for each student, and enable each student to successfully engage in curriculum and meet graduation requirements. Now schools must provide students the opportunity to experience learning through flexible and multiple pathways, and ensure all students in grades seven through 12 have a Personalized Learning Plan.

EQS outlines what students are expected to know and be able to do. Now schools are required to enable students to engage annually in rigorous, relevant and comprehensive learning opportunities that allows them to demonstrate proficiency in a variety of subject areas including health education as defined in 16 V.S.A. §131. While previously schools were allowed to use Carnegie units (time-based) to determine graduation

decisions, EQS requires that progression through grades and graduation decisions be based on the demonstration of proficiency. Additionally, EQS requires that all professional staff be licensed and properly endorsed for their assignment. The Vermont Agency of Education is charged with insuring school compliance with EQS through review of schools' Continuous Improvement Plans, and Education Quality Standards Reviews, to be conducted by the Agency. While EQS does name the subject areas schools are required to offer, and requires adherence to standards as defined by the State Board of Education, EQS does not define for schools specific quality or duration in terms of curriculum or discreet content for student educational experiences.

## **Recommendations**

### **Recommendation 1**

The Vermont State Board of Education's Education Quality Standards requires that the Agency of Education identify schools on an annual basis for an Education Quality Standards Review (EQR). All schools, regardless of accountability status, will be eligible for this review. The Secretary of Education will determine the requirements and outcomes of this review, including a peer review system between schools. Because of this new requirement, we recommend that the EQR include measures related to alcohol, tobacco and other drug (ATOD) prevention education, including a review of local curriculum strategies and assessment practices pertaining to ATOD education. The Vermont Agency of Education employs a health education consultant who should be involved in the EQR development and implementation process in order to ensure that evidence of high-quality research-based ATOD curriculum and assessment practices in place in schools are included during the review process. The EQR system is currently under development so this recommendation is timely.

### **Recommendation 2**

16 V.S.A. § 909. Authorizes the Vermont Agency of Education to develop a sequential alcohol and drug abuse prevention education curriculum for elementary and secondary schools. This legislation also requires the Agency to provide for pre-service and in-service training programs for school personnel on alcohol and drug abuse prevention and on the effects and legal consequences of the possession and use of tobacco products. We recommend that the AOE ensure that current best practices on alcohol, tobacco and other drug prevention are available to school staff through pre and in-service programs. This can be accomplished through partnerships with higher education and professional development organizations. The School Health Profiles report can inform the practice areas where schools most need training.



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