

December 1, 2016 - 12th Annual Wellness Summit
***The Changing Landscape - Addressing the Challenges
of Teen Substance Abuse***

Brookline's recent community Wellness Summit gathered parents, students, Brookline Schools staff/administration, health experts, police, and community members to address the changing landscape of teen substance abuse. The overall goal was to explore current trends and brainstorm strategies.

BHS Interim Headmaster Anthony Meyer welcomed everyone, including Superintendent Andrew Bott and Selectman Bernard Greene, stressing the importance of creating community solutions for ongoing issues. Just as past forums mobilized the community to address the problem of student smoking and lobbying for a no-smoking boundary around the entire school area, this forum addresses current issues of teen substance abuse. He acknowledged that teens often feel school is a "pressure cooker," driving them to look for relief. So the way we can figure out how best to support them is to come together as a community, listen to all perspectives, and commit to finding solutions.

Mary Minott, Division Director for Brookline's Prevention and Intervention Programs for Youth at the Public Health Department, described the three components of her team: B-SAPP (Brookline Substance Abuse Prevention Program), B-PEN (Brookline Parent Education Network), and the Peer Leadership Program. But she stressed, "It is the responsibility of our whole community to look out for and safeguard our youth, and many of our key partners are here today, including parents and the PTO, our health education department, guidance, social workers, school administrators, the Brookline Community Foundation, and our partners in regional prevention from Watertown and Waltham." For more than 10 years, the annual wellness summits have provided an opportunity "for community members to come together to learn more about a specific topic impacting teen health and to craft prevention strategies, many of which we have been able to implement, such as introducing the Break Free from Depression curriculum in freshman health education. With the evolving marijuana laws and the growing opioid epidemic, this year our focus is the changing landscape of teen substance use." She mentioned some of the sobering statistics involving teen substance use, including local students who have died or whose lives are currently derailed by their drug use, which often leads to or worsens mental health issues. She encouraged an ongoing open dialogue about mental health and substance issues, adding, "Our goal today is to put our heads together to brainstorm steps we can take as a community to reduce the impact substance abuse has on the health and wellbeing of our youth."

A panel of Peer Leaders gave a snapshot of the changing landscape, offering the following insights:

- With recent legalization, many students feel marijuana use is OK. Peer Leaders want to make them aware that it is still an issue.
- There is a perception that police don't care about youth marijuana use and there are no consequences at BHS.
- Some students are using an unhealthy amount of marijuana, usually driven by an emotional or mental issue.
- A lot of kids at BHS don't have a trusted adult they can talk to about substance use, and that is problematic. They don't trust confidentiality.
- Binge drinking on the weekends is a big problem and often involves hard alcohol.
- Risky sexual behavior after drinking is common, and condom use is down.
- Sex after drinking affects the concept of consent, which needs to be "sober and enthusiastic," and it's important to consider it from both people's perspectives.
- One reason kids DON'T drink is they are finding resources for other ways to cope with stress – sports, adult involvement, etc. They are also considering safety issues – they know they can't make solid decisions when impaired, and don't want to negatively impact the trust in their relationship with their parents. Majority of BHS students participate in some sort of athletics and extracurricular activities that have penalties for use.
- Friend groups are very influential in substance use choices.

Table Discussions -- Goals & Strategies

TABLE 1 - UNDERAGE BINGE DRINKING

GOAL - Reduce underage alcohol consumption and the number of students who binge drink, as well as related high-risk behaviors.

FACTS TO CONSIDER:

- BHS students report that when they drink, *they drink to get drunk*. Binge drinking (consuming too much alcohol over a short period of time) can result in alcohol poisoning and damage to the part of the brain linked to learning and memory.
- Accidents (unintentional injury) account for nearly one-half of all teenage deaths. Alcohol is the leading contributor to unintentional injury.
- Kids who start drinking before age 15 also are five times more likely to become alcoholics or abuse alcohol than are people who wait until adulthood for their first drink.
- Alcohol industry promotes a culture of drinking at athletic events, concerts, etc.

STRATEGIES:

- Create Peer Leader/student-run one-day conference focusing on real stories from real people who have dealt with substance abuse issues (much like Day of Dialogue).

- Start with information on addiction and the brain in middle school. Consider a Brain Science day.
- Host non-drinking events – game or movie night?
- Extend mandatory health education to juniors and seniors, addressing safety, the risks of bingeing, “safe zone” ideas – eating food, buddy system, using Uber, etc..
- Educate parents around why students drink and the degree to which students binge drink and the culture of house parties – most underage binge drinking is at parties when parents are not around, but sometimes parents are there, which has huge liability issues. Suggest an event or articles about social host laws, which make it illegal to host underage drinking.

TABLE 2 - CHANGES IN MARIJUANA LAWS - IMPACT ON YOUTH

GOAL - Reduce the number of students who use marijuana with the associated cognitive, emotional and health risks. Keeping in mind the changes in marijuana laws, address reduced perception of risk, increased access, and changing social norms.

FACTS TO CONSIDER:

- 27% of BHS students report having tried marijuana
- 1 in 4 teens who try marijuana are likely to go on to becoming heavy users
- Heavy marijuana use impacts memory, attention span and cognition, and can lead to poor school performance, lower IQ, school failure.
- Heavy marijuana use is associated with higher rates of depression and other mental health problems.
- As of Dec 15th, anyone 21 years or older can possess, use and purchase up to one ounce of marijuana, and grow up to 6 marijuana plants, or 12 per household.
- Penalty to use/possession under age 21 Civil penalty of not more than \$100 fine and shall complete a drug awareness program. Parents of children under the age of 18 shall be notified within one year of failure to complete program. Failure could be a basis for delinquency proceedings for those under the age of 17 at time of offense. (Exception to under 21 if they hold a medical marijuana card).
- Kids often use MJ in cars (ie. hotboxing, fishbowling) and drive

STRATEGIES:

- Update the health curriculum to add lessons and/or day of education about marijuana and marijuana laws, with reality that teens will have easier access and be able to use marijuana legally when they grow up.
- Get more involved in politics, making sure pot shops are far from schools, advocating for safe places.
- Make school and community policies more clear, with clarity that it is safe to contact police if a student needs help.
- Consider “Drug Awareness Week.”

TABLE 3 - MARIJUANA USE AT BHS

GOAL - Reduce marijuana use/possession at BHS during the school day in light of the following questions:

- What is the prevalence of use at school?
- What do teachers do if they suspect a student may be high or smells like marijuana, or sees paraphernalia?
- What are possible administrative responses when kids are identified as using? Do students know what the consequences might be?
- What is the role of Police? Parents? Nurses and the substance abuse prevention social workers?
- How might the legalization of marijuana and medical marijuana impact this?

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- The penalty to use/possession under age 21 use is \$100 fine and complete a drug awareness program. Failure to complete the program leads to a \$1000 fine.
- Under 21yrs of age may use marijuana if they hold a medical marijuana card.

STRATEGIES:

- Try to de-normalize marijuana use – students get mixed messages from parents using.
- Extend the half-year of freshman health education to a full year, and add junior and senior year components.
- Clarify policies for chemical health and consequences. Let students know the difference between getting “caught” or voluntarily seeking advice, as well as where to go if they have a problem or suspect an issue with someone else.
- Make students aware that the psychologists/social workers have confidential policies, and students can talk to them without fear of reprisal or parent involvement.
- Clarify for parents/teachers what to do when a kid comes to them about substance issues.

TABLE 4 - CO-OCCURRING MENTAL HEALTH ISSUES AND SUBSTANCE ABUSE

GOAL - Increase understanding of the connections between substance use and mental health issues, addressing use as self-medication.

FACTS TO CONSIDER:

- Nationally, youth suicide rates tripled in the second half of the 20th century.
- As of 2013, suicide is the 2nd leading cause of death for young people aged 15-24 nationally--risk undertreated mental illness. Other risk factors include bullying, physical or sexual abuse, stressful life events or losses, substance abuse, and easy access to lethal methods like firearms or weapons.
- In 2015, 82% of Brookline High School students reported feeling overwhelming stress or anxiety.
- A number of studies have shown an association between chronic marijuana use and increased rates of anxiety, depression, and schizophrenia.
- Marijuana use interferes with proper diagnoses of mental health issues. Important to understand family history of substance use and/or mental health issues given that there is a genetic component.
- Those with anxiety disorders may find that alcohol or other substances can make their anxiety symptoms worse.

STRATEGIES:

- De-stigmatize mental health issues, which we ALL have to varying degrees.
- Develop more venues for talking about mental health - synthesize this conversation into the curriculum, meetings, etc.
- Break issues down into smaller problems.
- Encourage student communications with adults after school.
- Encourage more mindfulness and self-help opportunities.
- Promote programs like NAMI (National Alliance Mental Illness) and school trainings that help people realize the importance of being there, listening, helping figure out together what to do next.
- Let students know their rights, available resources, and the clarify the confidentiality policies - students sometimes don't trust the confidentiality of adults at school.
- Get speakers, especially younger people, to talk to students about their experiences.

TABLE 5 - ALCOHOL AND RISKY SEXUAL BEHAVIOR

GOAL - Raise awareness about the impact of alcohol use on risky sexual behavior. Prepare our students to protect against alcohol related sexual assaults in high school and college, considering the perspectives of both males and females.

FACTS TO CONSIDER:

- Female students are at highest risk of sexual assault the first two weeks of college
- More than 50% of women raped by an acquaintance reported consuming alcohol or other drugs

- 75% of men involved in a sexual assault consumed alcohol or other drugs - remember that consuming alcohol may cause both men and women to make decisions they might not make sober
- Students CANNOT give consent if they are drunk
- In 2015 19% of BHS senior girls reported having sexual contact against their will, Among all of BHS students reported 8% sexual contact against their will. Less likely to use condoms and have safe sex, this increases risk for STI and pregnancy
- 17% of BHS seniors reported that they engaged in sexual activity after consuming alcohol that they regretted afterwards
- Do students/parents know the CERTS model?

STRATEGIES:

- Teach students about the concept of consent and how to be properly ready for sexual activity.
- Promote and reinforce CERTS model = Consent, equality, respect, trust, safety
- Create more health classes that develop as students develop.
- Integrate information into college prep meetings.
- Clarify resources and procedures for reporting sexual harassment – what is considered assault, where should students go to report, what will happen then?

TABLE 6 - THE ROLE OF ATHLETICS IN PREVENTION

GOAL - Identify specific factors that contribute to athletes' misuse of alcohol, marijuana and opioid. Examine the role of coaches, captains, parents, and the chemical health policy?

FACTS TO CONSIDER:

- Sports injuries make student athletes more vulnerable to opioid and prescription drug misuse/abuse. Injuries can also impact the mental/social well being of the athlete's recovery. Losing the social connection to the team due to injury can be as damaging in some ways as the physical injury.
- According to the 2015 BHS Student Health Survey, students who participate on sports teams at BHS report slightly higher rates of alcohol use and binge drinking than non-athletes.
- June 15 WCVB news report [“Some teen athletes becoming new face of addiction in Mass. 4 out of 5 heroin addicts start with prescription drugs.”](#)
- Parents are expected to read, share and discuss athletic policies with their children. The BHS sport online registration process includes a review of the BHS and MIAA chemical health policies as well as Social Media Conduct, Hazing, Bona Fide Team member and Commonwealth of Massachusetts Opioid fact sheets.
- Some participants wondered if the moderation/harm reduction model would be more effective than abstinence, preparing teens for the college culture.

(While the forum aims to inform community members of all points of view considered at the meeting, the Prevention/Intervention team does not advocate this as a prevention model. Also to note: MIAA rules would still be enforced.)

STRATEGIES:

- Coaches sit down with their teams and do contracts physically with members, not just online. Increase and enforce consequences for infractions.
- Have team discussions to build positive team culture, stressing “Good Samaritan” rules (safety trumps all – call 911), responsible social media use. Engender “family” environment with mutual support, honesty (to counteract culture of secrecy), group meals, weekend check-ins, pre-game rituals.
- Train the team captains and stress the importance of responsibility, modeling and enforcing good behavior.
- Reinforce what can be done out of season to counteract bad behavior – find ways, maybe special team events to reconnect as a team. Encourage parents to host fun, safe activities. Explore more substance free alternatives to house parties.
- Fan clubs could create a safe, enthusiastic environment.
- Discuss substance abuse, how painkillers for injury can lead to abuse.

TABLE 7 - THE ROLE OF BHS ADULTS IN PREVENTION

GOAL - Examine the role of BHS adults in intervention and prevention? Can we do more to identify kids in need earlier? Can we develop a unified voice? What are challenges or barriers?

FACTS TO CONSIDER:

- 67% of BHS students report they have an adult in building to talk to
- Students who reported having an adult to talk to at school or at home reported lower rates of binge drinking and marijuana use than those who reported they did not have an adult to talk to.
- Students say that they would be reluctant to tell an adult if they thought their friend abused alcohol or other drugs because they wouldn’t want to be a snitch- how do we address this attitude?
- Students say that they think their peers are reluctant to reach out for help if they are abusing substances for fear of getting in trouble, they are concerned how their parents would respond (get into trouble, be disappointed, set restrictions, monitor their devices) Or, they may not identify their use as a problem.
- Why do you think adults in the building might be reluctant to intervene/reach out if they had concerns that one of their students was abusing alcohol, marijuana, or other drugs.
- Do you think adults would react differently if they smelled alcohol vs marijuana on a student?

STRATEGIES:

- Include talk about prevention at PTO meetings and “Back to School Night.” Capitalize on well-attended meetings about school stuff to reinforce messages about substance abuse. (For example, a lot of times kids self-medicate to deal with the anxiety of college planning and standardize testing.)
- Educate adults to feel empowered in when and how to intervene, and how to hand that off to the right people (psychologists, social workers, etc.) Use faculty meetings and professional development to integrate this info as well.
- Cultivate “unified adult voice” along with providing resources and tools to have conversations with kids.
- Encourage teachers to be more open and connecting -- consider five minutes of class time to talk about issues in a “safe” place.
- Make the summer reading assignment about substance abuse -- all teachers, parents, and students read, then come together for community discussion.

TABLE 8 - PREVENTING OPIOID ABUSE IN BROOKLINE

GOAL - Given the opioid epidemic in surrounding communities, what should we be doing in Brookline to protect our youth? While we don't see the same level of abuse here at BHS, we know of at least 10 former BHS students who have died from drug overdoses. Identify risk factors.

FACTS TO CONSIDER:

- BHS Nurses are now trained and equipped with Narcan
- Many doctors and dentists routinely over prescribe pain killers, which make access as easy as the family medicine cabinet.
- Kids are selling their medications -- opioids, ADHD, anti-anxiety meds. When our teens go off to college they and/or their peers give or sell their ADHD and anxiety meds.
- Parents are often poor role models in medication use and sharing

STRATEGIES:

- Disposal of drugs needs to be recommended more strongly (TAB, Sagamore) and made easily accessible, so folks know why, how, and where to dispose – maybe a “yearly check-up” on drug disposal?
- Parents should set a good example in their own drug usage.
- Reach out to physicians regarding teen health issues, overprescribing, talking to teens about taking/not sharing their own meds, etc.
- Add more discussion of ADHD meds and other prescription drugs to health class. Program more education events for students and parents featuring speakers like Chris Herring (NBA) and Dr. Ruth Potee to get the message across with a persuasive personal touch.

TABLE 9 - PARENTS AND PREVENTION: HOSTING SAFE HOUSE PARTIES AND GATHERINGS

GOAL - What can we do to provide safe environments for teen socializing? Identify specific challenges parents/guardians face when hosting parties or gatherings, and create suggested guidelines and ground rules for hosting safe parties, advice on how to respond if incidents occur.

FACTS TO CONSIDER:

- Kids say unsupervised house parties happen every weekend and can involve alcohol, MJ, and/or pills
- In past years, BHS has seen parties with significant property damage, injury, alcohol overdoses, fights.
- In the Commonwealth of Massachusetts as an adult, you are accountable if you serve or provide alcohol to someone under the age of 21, allow them (with or without your knowledge or permission) to drink alcohol in your home or on any property you control (including a rented hotel room). This means that if your child hosts a party while you are away and unaware, you could be held responsible for the “disorderly home.” Adults are responsible if knowingly or unknowingly allow underage drinking at your home or on your property, and someone gets hurt -- alcohol poisoning, accident, injury from fleeing police, violence, sexual assault, etc. Criminal penalties for basic infractions can include a **fine up to \$2,000** and/or **imprisonment for up to a year**, and adults are at further risk for a civil suit as well. Minors convicted of providing alcohol to other minors in any situation can face a fine and the loss of their driver’s license for a year.

STRATEGIES:

- Educate parents how to talk to kids, publicize resources for good communication so there is good dialogue, mutual understanding, and parent/teen trust.
- Foster a safe place to hang out and other ways to deal with stress and unwinding.
- Create a written guide that helps parents establish ground rules for hosting safe parties – parents **MUST** be there, agree on rules before parties start (how many, who is coming, time limits, no drinking/smoking, what to do if they do smoke drink, unwanted guests, etc.) Parents must be ready with the courage to intervene, and host teen must be prepared, too.
- Teach moderation in drinking – we can’t let teens go off to college without knowing the harms of drinking alcohol, binge drinking, edibles, etc., as substances will be much more available in college.
- Talk about how to enjoy socializing and drinking safely when off to college.