

Toolkit for Parks and Recreation Departments:

Preventing Youth Substance Use and
Addressing Substance Misuse

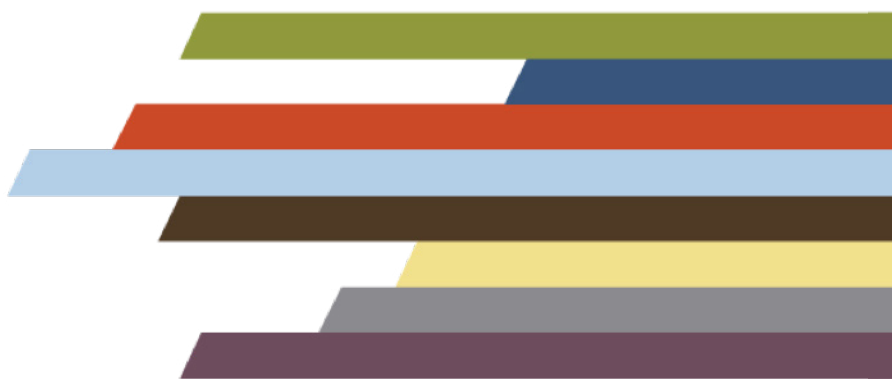


New England (HHS Region 1)

PTTC

Prevention Technology Transfer Center Network

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About New England PTTC

The New England Prevention Technology Transfer Center, administered through AdCare Educational Institute of Maine, INC., provides training and technical assistance services to the professional and volunteer prevention workforce within the New England States. The New England PTTC is developing a diverse program with multiple modes of training and information dissemination. This includes collaboration with states to hold live, in person trainings featuring the latest prevention science, but also multiple opportunities for distance learning to maximize the reach of technical assistance in the region. To learn more about the New England PTTC, please visit our website: pttcnetwork.org/NewEngland.

About Birch Lane Strategies

Birch Lane Strategies is a public health consulting company owned and operated by Liz Blackwell-Moore, MPH, PS-C. Liz works with communities to solve complex public health problems. She provides training, technical assistance, and message development to coalitions, community organizations, healthcare practices, and municipalities. Topics include preventing and reducing youth substance use, strategically address the opioid misuse problem, creating strategic plans to prevent, reduce, and heal trauma, and utilizing restorative, trauma-responsive approaches to public health problems.

Table of Contents:

Introduction

Section 1: Brain Development and the Origins of Substance Use Disorders

Brain Architecture

Origins of Substance Use Disorders

Section 2: Prevention Strategies for Parks and Recreation Departments

Positive Youth Development

Youth Program Improvements

Staff Training

Parent EngagementConnect to Local Resources

Section 3: Addressing Substance Misuse General Evidenced-based Strategies
for Addressing Substance Misuse

Substance Misuse Data

Strategies for Parks and Recreation Departments

Conclusion

Appendix A: Resources

Appendix B: Words Matter

Appendix C: Assessment Tool

Appendix D: References

Introduction

In New England, there are many communities with large and small rivers running through the town. Even in the big cities, rivers flow between buildings and under roadways, carving a path through the ground. One day, a group of community members walked to a waterfall on one of these beautiful rivers. They were stunned to see people falling over the waterfall. Quickly, a few ran back to town to grab nets and they strung up the nets across the waterfall to catch people before they went into the water below. While they were able to save some people with the nets, others fell through the holes or over the nets into the water below. So the community sent some people down below to pull people out of the water. They were able to help some people and bring them back to the town for support and healing, but others were too deep in the water and drowned. Eventually, the community decided to send a group of people upriver to see if they could figure out why people were falling in the river in the first place. Far upriver they found a park where families were playing at the edge of a cliff overlooking the river. First, they put up a sign alerting people to the cliff. Then they put up a fence and eventually they worked together to move the park away from the cliff's edge.

Most towns in New England are experiencing a similar problem with substance use disorders. Communities are struggling to find ways to help people who are in the waterfall of addiction. They are working to establish more behavioral health treatment options and to create “recovery-ready” communities—communities with recovery supports, reduced stigma, healthy living, and safe, quality recovery housing. They are also looking upstream to prevent substance use disorders from taking hold in the first place.

Substance use disorders are a community problem that require a community response. While it will take many sectors of the community to solve this problem, Parks and Recreation Departments (referred to as P&R Depts in this document) have a unique role to play in preventing substance use disorders and in addressing substance misuse in New England communities. Many P&R Depts offer before and afterschool childcare, summer, and sports programming for young people, and play a large role in building healthy communities through the oversight of parks and playgrounds and holding public events. This toolkit offers P&R Depts some guidance and resources for implementing research-based strategies to help prevent youth substance use and address substance misuse.

A Note About Language

Stigma has muddied the waters associated with addiction. Stigma has been identified as one of the biggest barriers to people seeking treatment and communities taking effective actions to prevent and address the problem.¹ The language of addiction can be one way in which stigma is reinforced each time a person talks about the problem. This toolkit will use “substance use disorder”, “addiction” and person-first language, such as “a person with a substance use disorder”, in an effort to reduce stigma. For more examples of language that reduces stigma, please see the “Words Matter” sheet in Appendix B.



SECTION 1: BRAIN DEVELOPMENT AND THE ORIGINS OF SUBSTANCE USE DISORDERS

To effectively address this problem, it helps to begin with a solid understanding of brain development and the way in which genetics, the environment in which people live, and the experiences they have impact their risk of developing a substance use disorder at some point in their life. This section outlines the basics of brain development and the most common origins of substance use disorders.

Brain Architecture

The brain develops over time, from the bottom up. Just like a house, the stronger the foundation, the stronger the brain development. While genes provide a basic blueprint for the formation of brain circuits, the architecture of the brain is constructed through an ongoing process that is impacted by relationships and the environment in which young people live. Children with lots of positive **relationships** and a positive **environment** are more likely to develop a strong brain architecture. Unreliable or inappropriate caregiving and unsupportive or dangerous environments can weaken the architecture of the developing brain and can lead to lifelong problems with learning, behavior, physical and mental health.ⁱⁱ

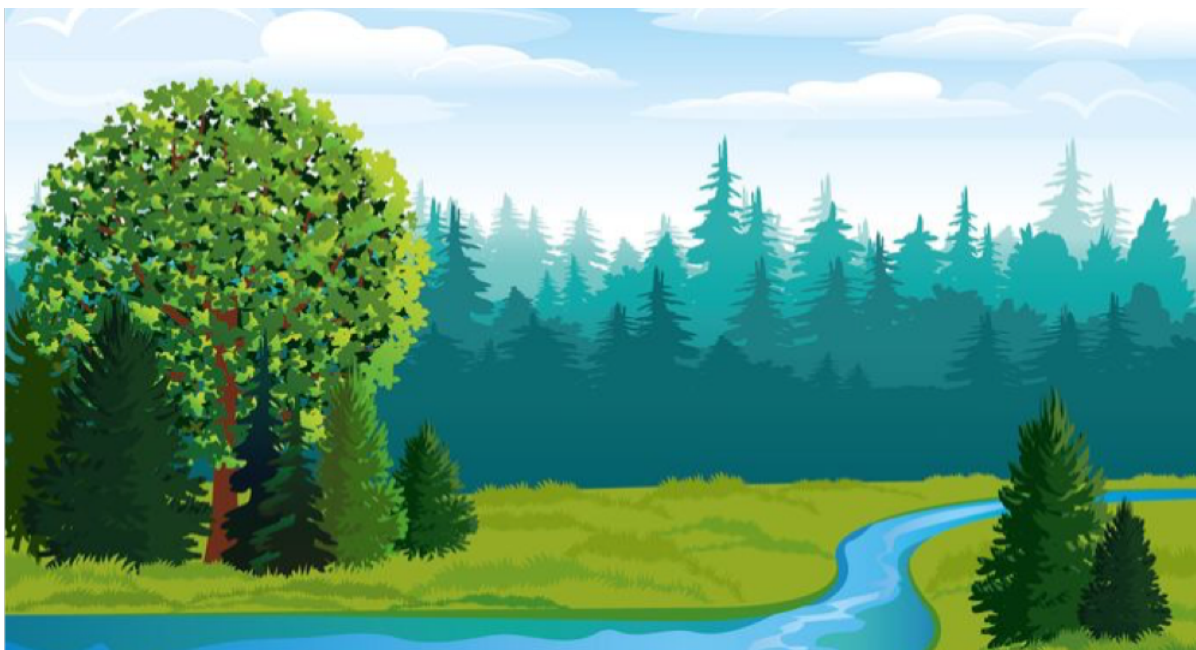
The Reward System and the Frontal Lobe

The brain develops from the bottom up. The bottom of the brain is responsible for basic functions like breathing and heart rate. Then movement and coordination. Around age 13 the reward system is fully developed. Last to develop is the frontal lobe, responsible for judgment, insight, and controlling emotions.

The reward system is a group of structures within the brain that are activated by doing activities generally related to survival such as eating, having sex, finding shelter, making friends, and so on. The system floods the brain with and other pleasurable chemicals when doing these activities. In this way, the reward system is essential for the survival of the species. At the beginning of adolescence, the reward center becomes highly stimulated by exciting and new experiences.ⁱⁱⁱ This is often characterized by excitement-seeking behavior among young people starting around age 12.

The adolescent brain is often likened to a car with a fully functioning gas pedal (the reward system) but weak brakes (the prefrontal cortex). Teenagers are highly motivated to pursue pleasurable rewards and avoid pain, but their judgment and decision-making skills are still limited. This affects their ability to weigh risks accurately and make sound decisions, including decisions about using drugs.

—NIDA, 2014



The frontal lobe, or pre-frontal cortex, is not fully developed until around age 25. While young people have the ability to make good judgements, have insight, and control emotions, this part of the brain is under construction for a long period of time and is not fully wired to the rest of the brain until early adulthood. This means that other parts of the brain, like the reward center, can override those judgements or emotional control more easily in early adolescence. It also means that young people need support and guidance, especially in times of high emotions.^{iv}

Executive Function and Self-Regulation

Executive function and self-regulation skills help people manage information, make decisions, and plan ahead. These skills are essential for learning and development. They also help people make healthy choices and regulate their emotions so they can have positive behaviors. All people are born with the potential to develop these skills, yet they are skills that must be learned and practiced throughout childhood and into early adulthood. Executive Function and self-regulation skills depend on three types of brain function: working memory, mental flexibility, and self-control.^v

Working memory: Keeping track of short-term information and paying attention.

Mental Flexibility: Shifting attention in response to different demands.

Self-control: Resisting impulsive actions.

See Appendix A for more resources on Brain Development.

Origins of Substance Use Disorders

New definitions of substance use disorders take into account the growing understanding of the complex interactions between genetics, the brain, the environment, and an individual's life experience.^{vi} While people can develop a substance use disorder at any time in their lives, scientists, doctors and public health professionals have found the roots of addiction often occur during childhood.^{vii}

Adolescence is a time of trying new things. While we all want young people to play and have new experiences, there is the potential for their risk taking to lead them over the metaphoric cliff and into the river of addiction discussed at the beginning of this section. When it comes to substance use, family genes can impact how close young people start from the cliff; a family history of addiction has been shown in the research to increase the risk of substance use disorder. A young person's experiences and environments can edge them closer or keep them further away from the cliff. Early use of substances and experiencing childhood trauma push young people nearer to the edge making it more likely that any substance use during adolescence could push them into the water below.^{viii}

Early use of substances

Although using substances at any age can lead to a substance use disorder, research shows that the earlier a person begins using substances, the more likely they are to develop problems related to their substance use. 50% of people who have their first drink at age 13 develop an alcohol use disorder later in life, compared to only 8% of people who have their first drink at age 21.^{ix} People who used any substance at a young age, including nicotine or alcohol, are at much greater risk of developing an opioid use disorder later in life.^x This has to do with the impact substance use has on the developing brain.

- Early use of nicotine use during adolescence impacts the reward system, making it less sensitive to the usual rewards, thus priming the brain for more substance use and addiction.^{xi}
- Early use of alcohol impacts the frontal lobe which is responsible for judgment and controlling emotions.^{xii}
- Early use of marijuana increases the risk of developing depression, anxiety, and other mental health problems.^{xiii}

See Appendix A for more resources on the impact of early substance use on the risk of addiction.

Addiction is a treatable, chronic medical disease involving complex interactions among brain circuits, genetics, the environment, and an individual's life experiences. People with addiction use substances or engage in behaviors that become compulsive and often continue despite harmful consequences. Prevention efforts and treatment approaches for addiction are generally as successful as those for other chronic diseases.

—American Society of
Addiction Medicine, 2019

Childhood Trauma

In the late 1990s, a group of doctors and public health researchers discovered a strong link between childhood trauma and chronic diseases. The study they conducted is called “The Adverse Childhood Experiences (ACE) Study”. The study asked 17,000 mostly white, middle class people with health insurance, questions about their early life experiences. They asked about 10 different ACEs. (see figure 1) Then they assessed their current health records. They found that the more ACEs a person had, the more likely the person was to have a wide array of have all kinds of chronic health problems, lower life potential, and more behaviors that cause health problems, such as smoking or drug use.^{xiv} People who have 5 or more ACEs were 14 times more likely to have injected drugs than people with no ACEs. ACEs are not uncommon. About ½ of all adults have at least 1 ACE. In New England, about 10% of children under the age 17 have 3 or more ACEs.^{xv}

Since the first study was completed, there have been numerous follow-up studies with different populations and with more types of trauma, including community-level trauma, like poverty, discrimination and community violence. The research has consistently shown that the more childhood trauma people experience from within their homes or communities, the more likely they are to have chronic diseases and worse life outcomes.^{xvi xvii} Figure 2 shows how Adverse Community Environments, such as poverty, violence, poor housing quality, and discrimination are like the soil a tree grows in, often influencing the households young people live in.

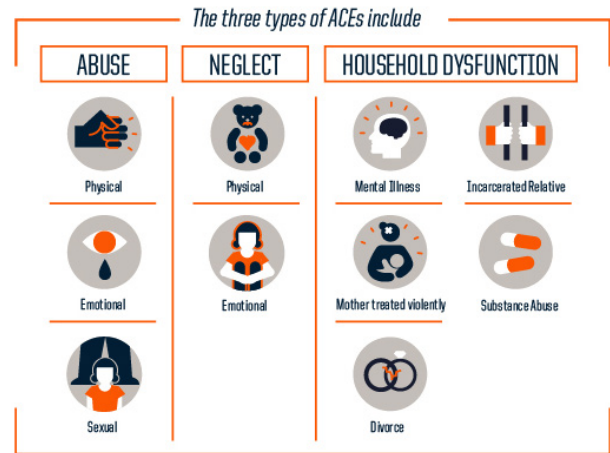


Figure 1: CDC and Robert Wood Johnson

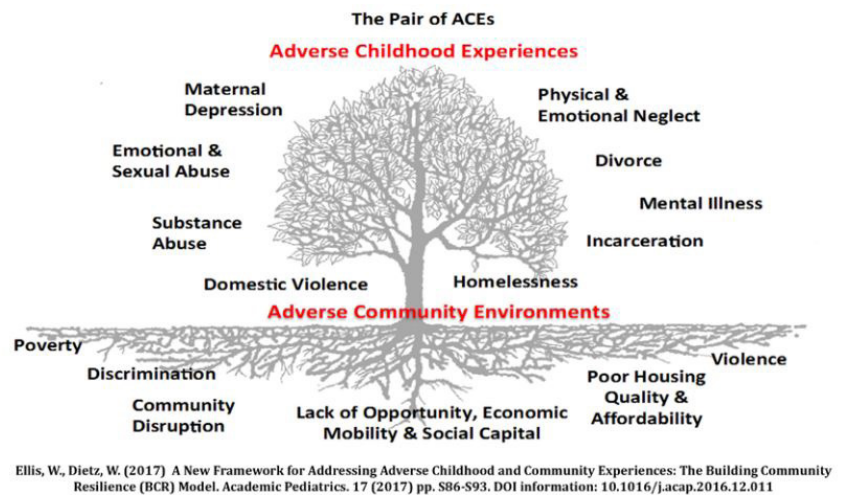


Figure 2

While young people are at greater risk for substance use if they experience childhood trauma, there is also a lot of research about the role resilience plays in lowering those risks. Resilience is the ability to overcome serious hardship. Factors that are shown to help children be resilient in the face of hardships are:^{xviii}

- Having a supportive adult relationship in their life.
- Having a sense of self-efficacy and perceived control.
- Having opportunities to strengthen everyday functional skills and self-regulation.
- Having sources of faith, hope, and cultural traditions.

See Appendix A for more resources on Adverse Childhood Experiences.

This is where the role of Parks and Recreation Departments come in to play.

SECTION 2: PREVENTION STRATEGIES FOR P&R DEPTS

Adults play a huge roll in keeping young people from falling in the river. They can prevent youth substance use by creating environments that do not encourage substance use and giving young people opportunities to have experiences that build their resilience, skills, and connection to positive influences.

Preventing early use of substances, preventing and helping young people heal from childhood trauma, helping young people build skills and resilience, and improving the behavioral health supports available to young people is the work of preventing substance use disorders. While P&R Depts alone cannot do the work of prevention, they can be a big part by using a *Positive Youth Development (PYD) Framework* in their work with young people. This section provides an overview of Positive Youth Development and then offers suggestions for how P&R Depts can use the framework to make program improvements, train staff, engage parents, and connect to local resources in an effort to reduce substance use and improve the behavioral health of young people.

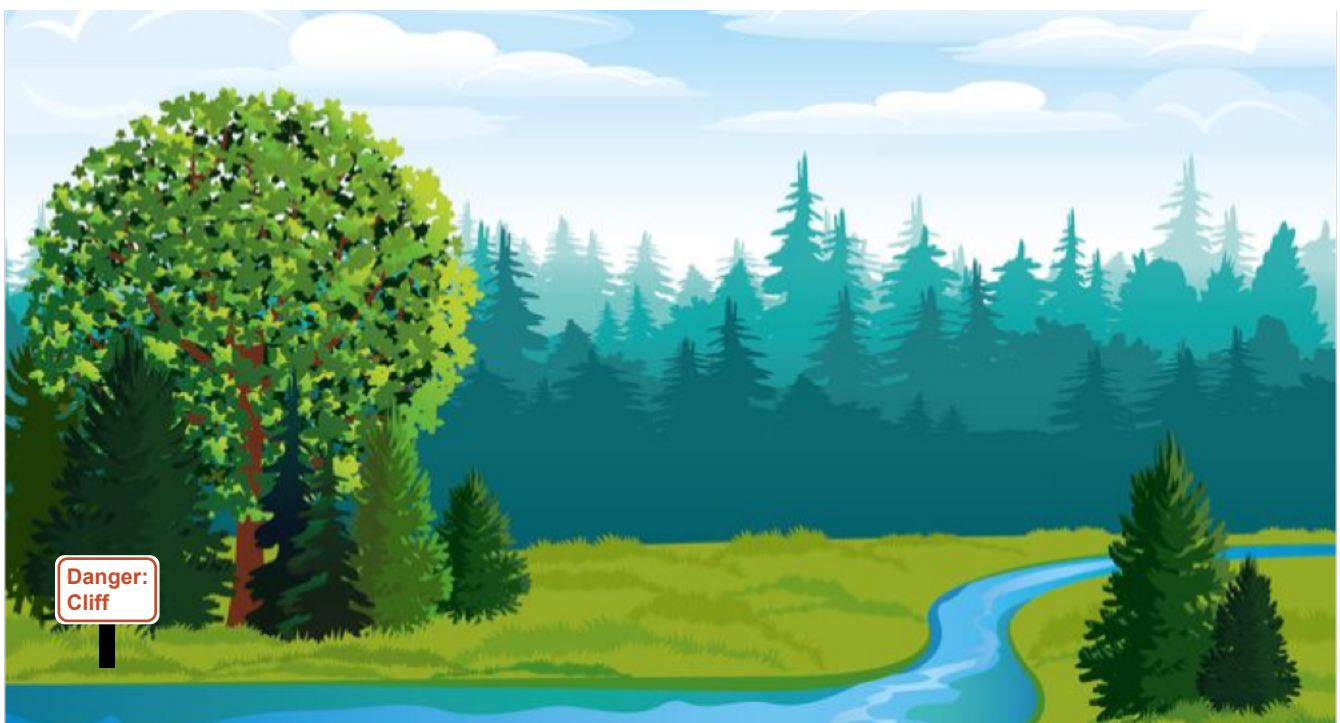
Positive Youth Development

Positive Youth Development has its origins in prevention. In the past, prevention efforts were focused on a single problem such as teen pregnancy, substance use or youth violence. Implementing the PYD framework is the most efficient and comprehensive way to prevent early use of substances and build resilience. Using a framework for the work the P&R Depts do with young people is also a way to assess current practices, plan staff training, talk about the importance of youth programming, and advocate for more resources for youth programming.

Positive Youth Development has informed the work of schools, juvenile justice programs, afterschool programs, foster care systems, youth leadership programs, summer camps, and other youth engagement organizations. 4-H has been using a positive youth development framework for the past several decades with amazing results. Young people

Positive Youth Development is “...an intentional prosocial approach that engages youth within their communities, schools, organizations, peer groups, and families in a manner that is productive and constructive; recognizes, utilizes, and enhances young people’s strengths; and promotes positive outcomes for young people by providing opportunities, fostering positive relationships, and furnishing the support needed to build on their leadership strengths.”

—Youth.gov



involved in 4-H are four times more likely to make contributions to their communities and two times more likely to make healthier choices than their peers who are not in 4-H.^{xix} The United States Agency for International Development (USAID), leads international development and humanitarian efforts to save lives, reduce poverty, strengthen democratic governance, and help people progress beyond assistance. They utilize and promote a PYD framework for all their work with young people across the globe.

USAID has outlined four key elements necessary for creating healthy, productive, and engaged youth. They are:

Assets: Youth have resources, skills, and competencies to achieve desired outcome.

Agency: Youth perceive and have the ability to set their own goals, use assets to influence their decision making and have those decisions achieve desired outcome.

Contribution: Youth are engaged as a source of change for their own and for their communities' positive development.

Enabling Environments: Youth are surrounded by an environment that develops and supports their assets, agency, opportunities to contribute and access to services. Enabling environments also help strengthen their ability to avoid risks, stay safe, be protected and live without fear of violence or retribution.

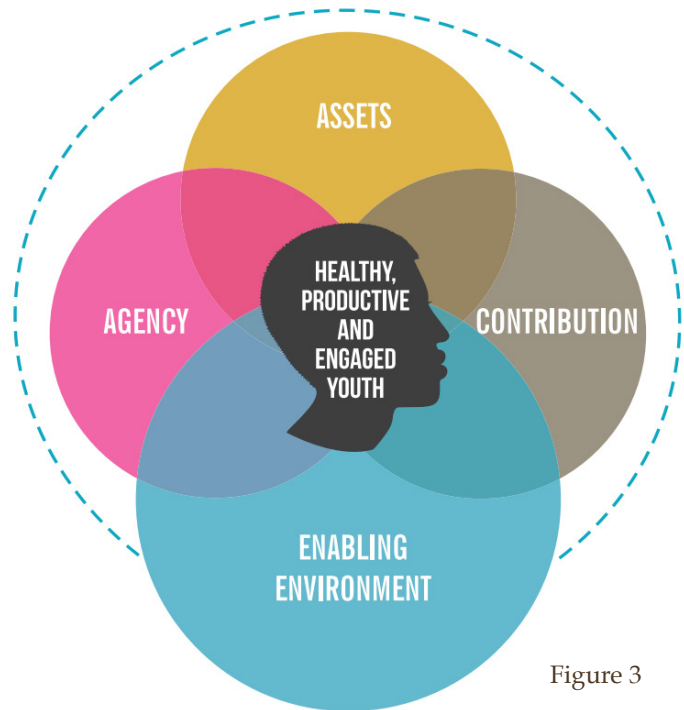


Figure 3

Youth Program Improvements

A Positive Youth Development Framework can help guide P&R Depts in their efforts to improve youth programming. By implementing any of these research-based strategies, P&R Depts will be strengthening their efforts to prevent youth substance use and promote behavioral health.

Assets and Agency

P&R Depts that provide before and afterschool programming, youth sports, teen centers, summer camps, or other youth programs have the opportunity to foster the development of resources, skills, and decision making among young people. Three key ways P&R Depts can do this are integrating social and emotional learning, developmental relationships, and restorative practices into everyday programming.

Social & Emotional Learning Social Emotional Learning (SEL) is the process through which children and adults understand and manage emotions, set and achieve positive goals, feel and show empathy for others, establish and maintain positive relationships, and make responsible decisions. These skills are foundational for becoming healthy and maintaining health well into adulthood. Research shows that Out-of-School-Time programs that intentionally strive to include SEL activities are effective at reducing substance use, improving peer relationships and conflict resolution, and building character.^{xx} Having the skills to resolve conflicts and regulate emotions creates positive and safe environments for all young people involved in programs. P&R Depts can provide opportunities for building SEL skills.



Figure 4
© CASEL 2017

An example of an afterschool program that intentionally includes SEL is “Girls on the Run”, an afterschool running program for girls overseen by adult mentors. An example of SEL for sports is “Calls for Coaches”, a toolkit for coaches created by the Aspen Institute, that provides guidance for coaches on how to coach and create a team environment that fosters SEL. More information about these examples can be found in Appendix A.

Developmental Relationships With intention, any adult/youth relationship can be beneficial for young people. Some adult/youth relationships can be transformative. It only takes one “developmental relationship” to help a young person build resilience. “Developmental relationships” are relationships created with intention and that support the healthy development of the young person. They are defined by the adult (or young adult) expressing care, providing support, challenging growth, sharing power, and helping to expand the possibilities for the young person. P&R Depts can provide young people with the opportunity to build “developmental relationships” with young adult and adult counselors, staff, or coaches. These relationships can be created within before and afterschool programming, summer camp, teen programs, and sports programs. This may require training and ongoing support for the young adult/adult mentor. More information on cultivating “developmental relationships” between adults and youth can be found in Appendix A.

Restorative Practices for Resolving Conflict As was discussed in Section 1, young people are more likely to have problematic behavior if they are currently experiencing trauma or have in the past. Suspensions, expulsions, and exclusion from protective activities like school, afterschool programming, and summer camp, have been shown in the research to increase the risk of substance use and increase the risk for all kinds of behavioral health problems.^{xxi xxii xxiii} Restorative practices are a set of tools for making decisions and resolving conflict with those most directly involved in them. For resolving conflict, restorative practices help hold young people accountable for negative actions while also supporting them to meet expectations in the future.

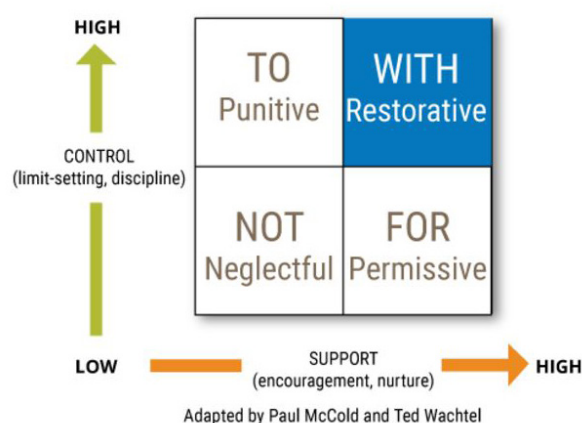


Figure 5

According to the International Institute of Restorative Practices, the principle of restorative practices is that human beings are happier, more cooperative and productive, and more likely to make positive changes in their behavior when those in positions of authority do things with them, rather than to them or for them.

The Social Discipline Window (figure 5) can help illustrate the different ways in which people work with children. The goal of restorative practice is to have high expectations and accountability (control) while also providing a high amount of support. P&R Depts can use this theory for holding young people accountable to the codes of conduct while also supporting young people to meet the expectations.

When young people are unable to meet the expectations of the code of conduct, P&R Depts can use restorative questions to help young people take accountability, repair harm, and have staff identify additional supports so the child can meet the expectation in the future. The restorative questions from the International Institute of Restorative Practices are:

- What happened?
- What were you thinking at the time?
- What have you thought about since?
- Who has been affected by what you have done and in what way?
- What do you think you need to do to make things right?

Each state in New England has local and statewide organizations supporting training and implementation of restorative responses to problematic behavior instead of using punishment. More information on restorative practices can be found in Appendix A.

Contribution

Young people have a strong desire to be connected to their community and to other people. While young people may not always show outward enthusiasm for community service, research has shown that contribution is a major task for healthy development of adolescents into adulthood.^{xxiv} Providing opportunities for young people to contribute can include:

Community Service Providing access to community service during summer programming, afterschool, or as a separate youth program during the year.

Leadership Development P&R Depts can work to develop leadership among young people. This could include 4th or 5th grade “helpers” in elementary afterschool programs, middle or high school volunteers at a local elementary afterschool program, a counselor-in-training summer program, high school volunteers paired with youth sports coaches.

Youth Input P&R Depts can provide opportunities for youth to give their input into programming or activities. This could involve surveying young people in 5-8th grade to find out what kind of programming would be of most interest in the summer. Other areas of input could involve different programming some days of the week to accommodate the different interests of children not inclined towards sports. Giving young people the perimeters for their input, asking them, and following through on their requests, is a great way to allow them to contribute and feel connected to the program.

Enabling Environments

As was outlined in Section 1, the brain develops through relationships, experiences, and the environment in which young people live. When youth are surrounded by environments that develop and support them, provide access to services and opportunities, strengthen their skills for avoiding risk, and provide safety and protection from violence, they are able to thrive. On the other hand, environments in which young people do not consistently feel safe and supported, where they are worried about discrimination or violence, or that does not provide opportunities for strengthening skills or accessing services may not be promoting health development and may in fact be causing harm to young people most at risk.

P&R Depts can be an amazing source of healthy development for young people. In order to create an enabling environment for healthy development, P&R Depts can continue to deepen their understanding and response to young people that have experienced a lot of trauma, ensure inclusion, have clear and consistent norms and expectations, offer role models and mentors, and connect to local behavioral health providers for support when needed.

Trauma-responsive Approach

Organizations do not have to treat trauma to have a “trauma-responsive” approach. Understanding trauma and how it impacts the behavior of young people can help P&R staff implement practices and create policies that provide safe and empowering environments for all the young people in their programs. A trauma-responsive approach can also provide guidance for their approach to difficult behavior. SAMHSA outlines six principles of a trauma-responsive approach:

1. creating safety
2. trustworthiness and transparency
3. collaboration and mutuality
4. empowerment
5. voice and choices
6. culture, historical, and gender issues

P&R Depts can use these principles as guides for assessing their current programs and introducing additional practices and policies to improve their approach.

A Trauma-Responsive Approach:

Realizes the widespread impact of trauma and understands potential paths for recovery.

Recognizes the signs and symptoms of trauma in clients, families, staff, and others involved with the system.

Responds by fully integrating knowledge about trauma into policies, procedures, practices, and settings.

Resists re-traumatization of clients as well as staff.

—SAMHSA

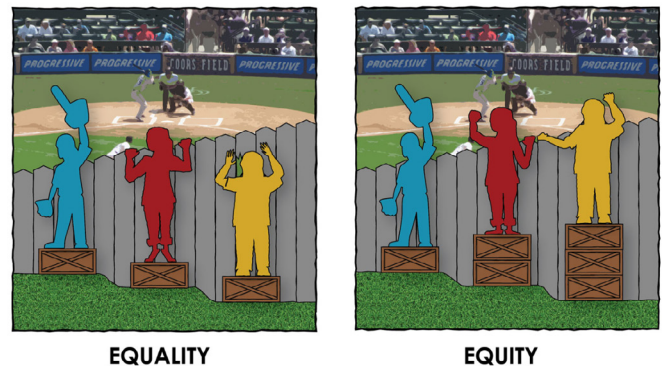
As was outlined in Section 1, young people who have experienced a lot of trauma may need additional opportunities for building self-regulation and decision-making skills or more access to role models in order to meet the expectations of a program. SEL principals and restorative practices are trauma-responsive approaches that can help young people meet the expectations. Having older program participants act as “mentors” or helpers is a way of creating more role models. Creating a trauma-responsive approach requires staff training and may also require ongoing intentional integration of the principles into programs.

Understanding trauma and its impact can also help Rec leadership develop trauma-responsive policies. Policies may include changes to codes of conduct that include the addition of specific SEL or restorative practices as a way of dealing with behavioral issues and less use of suspensions or exclusions. Many children who get excluded from P&R programming may be the children who are in most need of afterschool programming, sports, mentors, and additional opportunities for skill building.

More information on creating a trauma-responsive approach to working with youth can be found in Appendix A

Equity and Inclusion

Another key element of creating an enabling environment for healthy development is equity and inclusivity. Programs and staff that practice culturally humility and seek to expand programming to meet the needs of children of varying ethnicities, gender identities, sexual orientation, and disabilities, make it clear to young people and their families that all are welcome and cared for.^{xxv}



Source: Paul Guttner

Creating equal access to programs is not the same as creating equitable access. Some young people may need more support, resources, or specific programming for various reasons, such as historic or structural discrimination, experiencing childhood trauma, living in poverty, having a disability, etc. Assessing the accessibility of P&R programming and the way in which programs fit the needs of a wide variety of young people is a good way of ensuring greater equity and inclusion. Consider looking beyond programming at organizational practices and policies that can improve equity and inclusion within the whole department. More information on equity and inclusion can be found in Appendix A.

Clear and Consistent Norms and Expectations

As was highlighted in Section 1, brains develop through relationships, experiences, and the environment in which young people live. The environment includes the norms and expectations of families, schools, and communities. When children grow up in an environment in which substance use is the norm and the expectations are that they will use substances during their teenage years, the more likely that is to be true. As an example, in communities where adults think that teenage drinking is just a rite of passage and part of the journey to adulthood, there are higher rates of youth alcohol use and binge drinking.^{xxvi} Creating clear and consistent norms around substance use, but also around health, relationships, and forms of engagement within the program can be an important way in which P&R Depts support the healthy development of young people. A few ways to create clarity of norms and expectations are:

- Have and frequently communicate the vision of the P&R Dept for health and wellness of children.
- Have and frequently communicate clear guidelines for youth, parents, and staff on how each party is expected to interact with one another and how conflicts will be resolved.
- During staff meetings, frequently revisit and discuss with staff how the norms and expectations are communicated and reinforced.
- Staff or coaches can give specific positive feedback to children related to the behaviors that they want to reinforce. As an example, staff of an afterschool program can let a child know when they saw that child do something kind, helpful, or put in a lot of effort. Coaches can remind a player of the ways in which the child was a team player or worked hard. These small gestures can help young people build confidence and continue to meet the expectations of the program without the need for discipline.

Cultural Humility is a lifeline process of self-reflection and self-critique whereby the individual not only learns about another's culture, but starts with an examination of their own beliefs and cultural identities.

Staff and Coaches as Positive Role Models

As was stated in the “Development Relationships” section above, P&R staff and coaches can play an incredibly powerful role in a child’s life. Making that role and responsibility clear to staff and coaches as well as providing some level of training or professional development can improve the ability of staff and coaches to fulfill that promise.

Please see Appendix A for the “Calls for Coaches” resource and the Search Institutes resources on “Developmental Relationships”.

Staff Training

Using a Positive Youth Development Framework to youth programming can help guide professional development for P&R staff and coaches. Based on PYD, the key elements in staff training include:

- Basic brain development information
- Trauma and resilience and the impact of “developmental relationships” on young people
- Staff wellness and substance use (especially for young adult staff or teen summer camp staff)
- Scenarios on talking to young people about parent/peer substance use
- Practice on helping young people identify emotions and resolve conflict (SEL & Restorative Practices)

Training may be very limited due to time, resources, and funding. Connecting with the local school district may be one way to find the resources for a staff training. Connecting to local behavioral health resources noted above may be another way to find resources.

Parent Engagement

Communication

When parents feel connected to and engage in meaningful ways with the other adults in a child’s life and to their school, the children are more likely to be engaged, have higher levels of motivation, perceived competence and control, and self-regulation.^{xvii} Communicating with parents is an important part of connecting with and engaging parents. Some ideas for communicating with parents are:

- Include your vision, mission, and a simple version of the expectations of staff at the top of any written communication with parents.
- Provide parents with written communications and an in-person opportunities to learn about the expectations for staff and youth participants as well as the P&R Depts approach to resolving conflict.
- Find ways to communicate regularly with parents on the ways in which their child is positively participating in the program. This could be a quick statement at pick up and drop off such as, “hello, so-and-so seemed to really enjoy the activity we did today” or “so-and-so was very kind to the other kids today”. This technique can also be taught to coaches of sports teams. Encourage them to say a few positive things to the parents about each child throughout the season. This ensures that if a behavioral issue does come up, parents have had positive interactions with staff or coaches and are more likely to be helpful in addressing a behavioral issue.

Partnering

Many community organizations and schools work very hard to engage parents in parenting education, support services, or connection to resources. Community organizations may be interested in providing their services to parents during pick up from afterschool programming or during sports practices or rec programming. Providing those services would be no cost to the P&R Dept but would increase coordination of services to parents, many of whom may lack time or the ability to attend a separate event.

Outreach

Ensuring programs are marketed and accessible to the parents with the greatest barriers to participating is another way of ensuring equity of access to the children in your community. Outreach efforts will vary greatly, depending on the barriers to participation. Some suggestions are:

- Provide paper copies of registration materials through the school because some families may not have easy internet access.
- Translate information or provide a phone number that people can call in order to engage in phone interpreter services to answer questions or provide support with registration.

- Ask the school to provide P&R programming brochures to all families that enter the school mid-year. Young people who move frequently are less likely to get involved in afterschool activities and are also at greater risk for early substance use and behavioral health problems.
- Make the process for receiving free or reduced program costs simple to understand and not too difficult to request.

Connect to local resources

P&R Depts may not have enough resources to implement all of the above program improvements. Creating connections to schools, police, local behavioral health or community organizations is a good way to find free or low-cost program support or professional development.

Schools

Schools are working with the same children as P&R Depts. In some communities there are strong relationships and deep collaborations between schools and P&R Depts. In other communities there is little to no collaboration and connection. Building relationships and collaboration between the two departments can be a way of efficiently and effectively increasing the capacity of P&R Depts to use a Positive Youth Development Framework, make program improvements, increase staff training, and provide more behavioral health support to young people. Some ideas for collaboration include:

- Schools and P&R Depts could share professional development trainings in which a training is offered in the morning for P&R staff (during school) and in the afternoon for school staff (during Rec afterschool programs).
- P&R Depts could use the schools' common expectations for students during afterschool programming. As an example, schools may have Habits of Work and Learning (HOWLs) that include Respect, Responsibility, and Perseverance. P&R Depts could carry those expectations into their programming as a way of creating a consistent message and reinforcing what everyone expects of young people in the school building.
- P&R Depts could seek consultation from the behavioral health staff at the school district for support in dealing with a child that is having difficulties.

Police

Some police departments have implemented a "Handle with Care" model, mostly with schools.^{xxviii} See figure 6. P&R Depts could set up the model with their local police department.

Substance Use Prevention

Most states provide funding to local organizations to implement substance use prevention. Many communities also have Drug Free Community (DFC) Coalitions, a federal funded program to support community coalitions to implement substance use prevention strategies. P&R Depts can join their local DFC coalition and receive professional development through the coalition meetings and request training and technical assistance from coalition staff. To find information about prevention providers in your area, look up substance use prevention on your state's website.

Behavioral Health Resources

Some local organizations, like a mental health agencies or a youth substance use treatment organization, raise funds to provide behavioral health support to young people in community settings. They may also have funding to provide free professional development to people that work with youth. If they currently do not have funds to provide these services within a P&R program, these organizations may be willing to write grant applications in partnership with a P&R dept to meet the needs of young people within a specific community.

"Handle with Care" Model:

If a law enforcement officer encounters a child during a call, that child's name and three words, HANDLE WITH CARE, are forwarded to the school/child care agency before the school bell rings the next day.

The school implements individual, class and whole school trauma-responsive curricula so that traumatized children are "Handled With Care". If a child needs more intervention, on-site trauma-focused mental healthcare is available at the school.

—West Virginia Center for Children's Justice

Figure 6



Restorative Practices

There are a growing number of organizations within each state providing training, technical assistance, and facilitation in restorative practices. Vermont has the Community Justice Network of Vermont. Maine has several Restorative Justice organizations working across the state to support communities to implement Restorative Practices. Several Universities and non-profit organizations offer training in Massachusetts and New Hampshire. In Connecticut, The Regional Education Service Centers offer training in Restorative Practices and in Rhode Island the Youth Restoration Project offers training and conferencing. In some places, restorative practice organizations have worked with youth serving organizations to create policies and procedures for addressing conflict within before and afterschool programming as well as providing training and restorative conferencing support.

Community Organizations

Partnering with community organizations is a good way to create service projects for young people involved in P&R Programs, especially middle school summer programs. This could include food pantries, early childhood programs, environmental organizations working on greening projects, trail maintenance organizations and other programs that need volunteers.



SECTION 3: ADDRESSING SUBSTANCE MISUSE

Going back to the New England town with the problem of people falling over the waterfall, P&R Depts are often caring for the waterfall and the parks that surround the lake down below. Parks and public spaces are a common place for people to use substances and can also be a place where people are suffering from homelessness and overdoses. Rural P&R Depts may be more likely to find alcohol bottles and cans littering parks while urban P&R Depts may be struggling with needles and homeless encampments. This section provides information on substance misuse, an overview of evidenced-based strategies to address substance misuse and offers specific strategies for P&R Depts to consider adopting.

Substance Misuse Data

Alcohol According to The National Survey on Drug Use and Health, in 2018, 25% of people over the age of 12 regularly binge drink (meaning they drank more than 4 drinks for women and 5 drinks for men on the same occasion in the past month). About 5% of the population had an alcohol use disorder in the past year.^{xxix} An estimated 88,000 people die from alcohol-related causes annually in the United States.^{xxx}

Tobacco About 14% of people over the age of 18 are current smokers (most smoke every day). More than 480,000 people die from smoking related illness each year in the United States.^{xxxi} E-cigarette use, or vaping, has increased dramatically among young people over the past few years. In 2019, 25% of 12th graders regularly vaped nicotine compared with 12% in 2017.^{xxxii}

Marijuana Marijuana is the second most used psychotropic drug, after alcohol. About 12% of people over the age of 12 regularly use marijuana. About 1.6% of people over 12 had a marijuana use disorder in the past year, but 6% of 12th graders reported using marijuana everyday in 2019, which could indicate future high rates of marijuana use disorders among adults.^{xxxiii xxxiv}

Opioids About .7% of the population suffered from an opioid use disorder in 2018. Despite the small number of people with an opioid use disorder, over 67,000 people died of a drug overdose in the United States in 2019, most related to opioid use.^{xxxv}

Other drugs About .6% of the population had a stimulant use disorder in 2018. Methamphetamines and cocaine are considered stimulants. Most overdose deaths in New England were caused by opioids but in the past two years, stimulants have increasingly been a part of the cause of death.^{xxxvi}

General Evidenced-based Strategies for Addressing Substance Misuse

Substance misuse is generally characterized by substance use that causes harm to the person that is using or to others. Currently, alcohol and tobacco are the most misused substances.

Prevention

Creating healthy communities where people feel connected to each other and to their community is prevention work. P&R Depts are a part of prevention everyday by working to build connection and healthy communities. Section 2 offers detailed information on how to prevent youth substance use.

Harm Reduction

When people are falling over the waterfall, the goal is to keep them alive. According to the Harm Reduction Coalition, harm reduction is a set of practical strategies and ideas aimed at reducing negative consequences associated with drug use.^{xxxvii} Examples of harm reduction strategies include having AED machines in boxes in public spaces to aid people having a heart attack, offering people who use tobacco with nicotine replacements like nicotine gum, or limiting the hours in which people can buy alcohol at a store, bar, or event. Common harm reduction strategies associated with injection drug use are:

- naloxone distribution (the antidote medication to an opioid overdose)
- needle exchange programs
- community sharps programs (have needle collection boxes in public spaces where people often leave used needles)
- HIV and sexually transmitted infection testing

While the primary purpose of harm reduction associated with injection drugs use is to reduce overdose deaths, reduce injection site infections, and reduce diseases, the people who provide harm reduction services are also a connection to a non-judgemental, caring support. People who use harm reduction services for injection drug use may be people who experienced significant childhood trauma, had negative experiences with systems like healthcare, schools, and criminal justice, and who are alienated from family and friends. Providing non-judgemental supports means harm reduction providers are more likely to create trusting relationships with people who use drugs and be an important connection to healthcare and treatment as well as offer referrals to supports for basic needs like housing and food.

Treatment

Down river, there are many ways in which people recover from a substance use disorder. The more risk factors a person has and the longer the length of time they have had a substance use disorder, the more time, effort, and support may be needed for them to recover from a substance use disorder. Some people are able to recover from a substance use disorder without the use of many addiction services. Others use:

- Medically Assisted Treatments (methadone, suboxone, and naltrexone are the most common medications used for opioid use disorder)
- Counseling services
- In-Patient treatment
- Residential treatment
- Intensive out-patient treatment
- Detoxification
- Peer support groups
- Exercise and self care
- Social connections

Recovery

There are many paths to recovery. Like many other chronic diseases, a reoccurrence of the symptoms of a substance use disorder is often a part of the path to recovery. This means after not using substances for a period of time, they may have periods of problematic substance use. The environment in which people live and the supports available to them play a large role in people's recovery success. Key Elements within a community that support recovery are:

Healthy Communities places to exercise, access to healthy foods, social gathering places, meaningful engagement of community members, and accessible transportation.

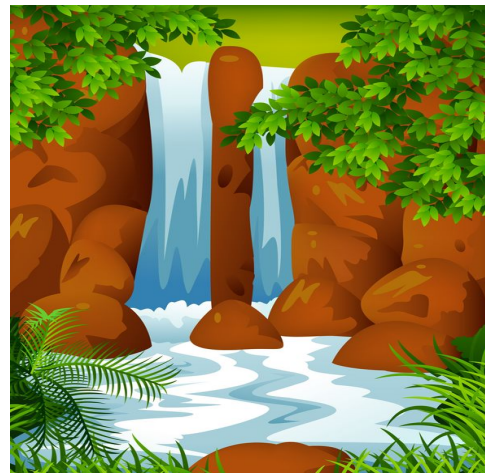
Recovery-Ready Communities reduced stigma of substance use disorders, accessible recovery organizations and supports, job opportunities for people in recovery, and community support for people engaging in treatment and people in recovery.

Recovery Housing access to affordable, safe, and certified recovery housing available locally.

Strategies for P& R Depts:

Creating Safe Public Spaces

P&R Depts oversee many parks and public spaces within a municipality. Creating safe public spaces is an important strategy for addressing substance misuse.



Signs to limit public substance use

While signs reminding the public of the laws regarding public substance use will not stop public substance use on their own, they are a good tool for setting the expectations of the municipality and encouraging the public to alert police when substance use is problematic. Police, EMS, or park rangers can then assess the level to which the public substance use is causing harm to the person or the community and act accordingly. Without signs, the public is unlikely to alert police unless the substance use is extremely harmful. Most local or state public health entities offer signs to municipalities at no cost.

Support park rangers in their work with people with SUD

In larger towns and cities, park rangers work hard to keep parks clean, plants healthy, and create public spaces that are inviting and safe for public use. Park rangers are also often on the front lines of working with people who have a substance use disorder. They may be picking up used needles from parks, talking to people who are sleeping in parks or are living in a homeless encampment. They often are doing this work without support or training. Connecting and encouraging regular meetings between park rangers and other municipal staff that work with people with substance use disorders is a good way to offer support to the park ranger for the hard work that they may not have been trained to do. Ensure they receive ongoing professional development on the signs and symptoms of new drugs in the community, ways to interact with people who use drugs that is non-stigmatizing, and updated lists of resources available to people who use drugs.



Community Sharps Program

Some communities find used needles in their parks and public spaces. Research has found that creating a community sharps program in which boxes are installed in parks or public spaces for proper needle disposal reduces the number of discarded needles.^{xxxviii} Creating a community sharps program in your parks and public spaces may entail working with public works and/or the police department to ensure needles are properly disposed. Connect with Needle Exchange, if there is one in your community, to discuss the program and how to improve proper needle disposal.

Reducing overdose deaths

Naloxone at P&R centers and public buildings can save the life of a person who is suffering from a drug overdose. In many P&R buildings there are AED boxes to revive people who have experienced a heart attack. Naloxone could be made available next to AED boxes. With the addition of Naloxone in the building, P&R staff can take a simple training on the signs and symptoms of an overdose and on how to administer Naloxone. Connect with your local needle exchange, public health department, or local organization tasked with distributing Naloxone and training.

Creating Recovery Ready Communities

P&R Depts play a big role in creating healthy communities. Since healthy communities is one of the key elements of a recovery ready community, P&R Depts are already a part of the effort. Additional strategies P&R Depts can implement are:

- Reducing stigma by using destigmatizing language to talk about substance use disorders. See the Words Matter sheet in Appendix B.
- Recruit and hire people in recovery
- Market P&R programming to people in recovery
- Provide substance free community building events in the community



Conclusion:

There are so many communities in New England that have found themselves working hard to catch people as they fall over the waterfall, pull people from out of the lake down below, send people back to the community for support and healing, and work upstream to prevent people from falling in to begin with. Substance use disorder is a community problem that requires a community response. While a significant amount of the recent funding increases for addressing this problem have gone down river, to treatment and recovery work, there is important work to be done upriver in prevention as well.^{xxxix} P&R Depts play an important role upriver and down; in prevention and supporting harm reduction, treatment, and recovery. P&R Depts are a vital part of supporting healthy development of children and creating nurturing environments for the whole community. This toolkit can be used as a guide for improving P&R Depts' efforts to prevent and address substance use disorders and it can also be used as a source for the research behind those efforts. The public health research offers a strong case for continued and additional resources for P&R Depts and can be used to write additional grants for the implementation of specific strategies, to advocate for funds at the municipal level, and to share with local, state, and national associations as possible training topics for future professional development. No one person, school, organization, or P&R Dept is going to solve the problem of substance use disorders alone. There must be collaboration. Finding others in your community who are working on addressing these issues will ensure the best outcomes for your Dept, your programs, and your community.

Appendix A offers additional online resources to help P&R Depts implement the strategies offered in this toolkit.

Appendix B outlines destigmatizing language for talking about substance use disorders. This can be shared widely with P&R staff and others in your municipality.

Appendix C provides a simple assessment tool based on the strategies outlined in the toolkit. This assessment can be used to document the strategies your P&R Dept is already doing and highlight additional strategies that can be implemented to improve your efforts.

Appendix D lists all the references and research for the strategies.

For more information and to connect to additional prevention efforts, please visit the New England PTTC website.
<https://pttcnetwork.org/centers/new-england-pttc/home>

Brain Development

Center on the Developing Child at Harvard University <https://developingchild.harvard.edu/>

The Center on the Developing Child at Harvard University is on the forefront of researching brain development and providing science-based ideas for improving the lives of children through policy and practice improvements.

Origins of Substance Use Disorders

The Science of Addiction. National Institute on Drug Abuse. *Drugs, Brains and Behavior*: <https://www.drugabuse.gov/publications/drugs-brains-behavior-science-addiction/preface>

Adverse Childhood Experiences. Center for Disease Control and Prevention. <https://www.cdc.gov/violenceprevention/childabuseandneglect/acestudy/index.html>

Positive Youth Development

[Act for Youth](#), Online Source for Positive Youth Development includes Positive Youth Development 101 online courses

University of Minnesota Extension Youth Work <https://extension.umn.edu/working-youth/what-youth-development>

The Forum for Youth Investment white paper on PYD <https://forumfyi.org/knowledge-center/promoting-positive-youth-development/>

Positive Youth Development in 4-H <http://4h.ucanr.edu/files/13700.pdf>

Social Emotional Learning

The Collaborative for Academic, Social, and Emotional Learning (CASEL) www.casel.org

Girls on the Run <https://www.girlsontherun.org/>

Call for Coaches <https://www.aspeninstitute.org/publications/calls-for-coaches/>

Developmental Relationships

Search Institute <https://www.search-institute.org/developmental-relationships/>

Restorative practices

International Institute of Restorative Practices www.iirp.edu

Trauma-responsive Approach

Youth.gov information on implementing a Trauma-Responsive Approach for Youth across Service Sectors https://youth.gov/docs/Trauma_Informed_Approach_508.pdf

Equity and Inclusion

Act For Youth Recommendations for [Inclusiveness: Building Stronger Connections](#)



Making the Case for Out-of School Time Programs

The Wallace Foundation Report on the [Value of Out-of-School Time Programs](#)

What we say and how we say it matters to people with a substance use disorder

“Words have immense power to wound or to heal. The right words catalyze personal transformation and offer invitations to citizenship and community service. The wrong words stigmatize and dis-empower.”

–William White

| Non-Stigmatizing Language | Stigmatizing Language |
|---|---|
| <ul style="list-style-type: none"> Person with a substance use disorder Person who uses drugs  | <ul style="list-style-type: none"> Substance abuser or drug abuser Alcoholic Addict User Abuser Drunk Junkie  |
| <ul style="list-style-type: none"> Substance use disorder or addiction Substance use, misuse Non-medical use | <ul style="list-style-type: none"> Drug habit Abuse Problem |
| <ul style="list-style-type: none"> Person in recovery Abstinent Not drinking or taking drugs | <ul style="list-style-type: none"> Clean |
| <ul style="list-style-type: none"> Treatment Medications for addiction treatment Medication for opioid use disorder | <ul style="list-style-type: none"> Substitution or replacement therapy |
| <ul style="list-style-type: none"> Babies born with an opioid dependency Prenatally exposed to substances | <ul style="list-style-type: none"> Addicted babies/born addicted |
| <ul style="list-style-type: none"> Recurrence of symptoms Negative toxicology screen Actively using | <ul style="list-style-type: none"> Dirty Relapse |

References used to develop “Words Matter”:

Addiction Technology Transfer Center Network. (2017). Language Matters. Retrieved from https://attcnetwork.org/sites/default/files/5-Language_Matters_9-18-17.pdf

Bouticelli, M. P. (January 9, 2017). Changing federal terminology regarding substance use and substance use disorders [Memorandum]. Washington, D.C.: Executive Office of the President Office of National Drug Control Policy. Retrieved from <https://www.whitehouse.gov/sites/whitehouse.gov/files/images/Memo%20-%20Changing%20Federal%20Terminology%20Regrading%20Substance%20Use%20and%20Substance%20Use%20Disorders.pdf>

The strategies outlined in this assessment are detailed in the Toolkit above. Use this assessment to document the strategies your P&R Dept is already doing and to highlight additional strategies that can be implemented to improve your efforts. For help thinking about which strategies to work on and how to implement them, answer the questions at the end of the document.

Positive Youth Development Framework

Program Improvements:

Assets and Agency:

- ☐ Social Emotional Learning (SEL) skill building
- ☐ Restorative practices for resolving conflict
- ☐ Developmental relationships

Contribution:

- ☐ Community service
- ☐ Leadership development
- ☐ Youth input for programming

Enabling Environment:

- ☐ Coaches and staff are positive role models
- ☐ Trauma-responsive approach
- ☐ Equity and Inclusion
- ☐ Clear and consistent norms and expectations
- ☐ Connections to local behavioral health providers for support

Staff training

- ☐ Basic brain development information
- ☐ Trauma/resilience and impact of “developmental relationships”
- ☐ Low vs. high risk substance use
- ☐ Scenarios on talking to young people about parent/peer substance use
- ☐ Practice on helping young people identify emotions and resolve conflict (SEL and Restorative Practices)

Parent & community engagement

- ☐ Communication: communicate to parents your program framework, expectations, and approach to resolving conflict.
- ☐ Partnering: Partner with organizations to provide parent learning sessions during youth programming.
- ☐ Outreach: Ensure programs are marketed and accessible to the parents with the greatest barriers to their children participating.

Connecting to local resources

- ☐ School: for staff trainings, social work support, specific support for a particular young person
- ☐ Police: to set up “Handle with Care”
- ☐ Community Organizations: to provide service projects for young people involved in your program
- ☐ Behavioral Health Organizations: for consultation on behavioral health issues

Strategies for Addressing Substance Misuse

Creating safe public spaces

- ☐ Signs to limit public substance use
- ☐ Support park rangers in their work with people with a substance use disorder
- ☐ Community Sharps Program

Harm Reduction strategies

- ☐ Naloxone availability in P&R Centers and Public Buildings
- ☐ Training public facing staff in Naloxone administration

Creating a Recovery Ready Community

- ☐ Reduce stigma by using destigmatizing language
- ☐ Recruit and hire people in recovery
- ☐ Market services to people in recovery
- ☐ Provide substance free community building events

Which strategies listed above is your P&R Dept already implementing?

How well is it being implemented? What improvements could be made?

Thinking about your current staff, in which area is there some level of readiness to implement or improve a strategy from the list above?

Who or what organization in the community might be a resource for support or funding to implement the strategy?
Who is the person that might know about community resources?

How can you use your position within a municipal government to advocate for some of the strategies listed above?
Who might be allies in this work?

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