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Substance Use Awareness:

A unique look at social policy for children and families

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Merrimack College

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CAPSTONE PAPER SIGNATURE PAGE

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OF THE REQUIREMENTS FOR THE DEGREE

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IN

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AUTHOR: Malik J. Hamm

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Abstract

This work is a collection of substance use and addiction research gathered in order to assess substance abuse treatment and services in regard to equity and inclusion. The history of the U.S. government's approach to substance use policy has led to stigma, criminality, and marginalization between groups in our community. Youth and families of all demographics are looking for ethical, informed mental health and substance use services to provide the best outcomes.

Stigmatizing language, overly marketed tobacco and alcohol products, restrictive policy, and rigid law-enforcement tactics promoting the criminality of both adults and juveniles for possession, trafficking, and operating under the influence, have shaped society's perception of substance abuse and addiction as negative and problematic. The advancement of science and technology, along with shifting social norms, have slightly shifted the government's tolerance for select substances and added the options of treatment to supplement detention.

It is the mission of hundreds of non-profit organizations, professional associations, and research institutions to provide data and resources to build addiction and substance abuse awareness in communities. Evidence-based treatments providing a risk and resilience approach have been received as best practices by many researchers.

Like many of the United States' social movements, substance use and addiction advocates work to destigmatize language and attitudes towards the issue as well as bring diversity, equity, and inclusion into its resolution. Youth and families deserve the

right to receive appropriate treatment services no matter their social status or demographic. Data that supports inequity and disparity between communities should be evaluated in order to create new socially and culturally informed recommendations. Connections between populations disproportionately affected across social systems can be made and ultimately deserve a social policy that addresses and resolves all traces of structural inequality.

Problem Statement

Throughout US history, the government's power, tolerance, and attitude towards addiction, combined with increased scientific study defining addiction/treatment, has directly affected families in our nation. From policies defining age limits on buying/using laboriously marketed tobacco and alcohol products to stiff trafficking/possession penalties, disproportionately affecting communities of color, restricting substance use instead of education/treatment has been the primary approach to this issue. The wrong approaches to addiction and substance use policy promoted criminality, exclusion, and stigma between communities.

General terms commonly associated with addiction and substance use may miseducate or misinform communities (i.e., addicts, junkies, ghettos). However, recent research and study define addiction as a mental disorder and not a choice made by a compulsive or dangerous criminal. Unfortunately, this wavering attitude toward addiction has hindered legislators from creating equitable policies addressing substance use and promoting education and treatment.

Collaboratively, substance use policy and education policy could use a more effective framework to support our youth and families, promoting better outcomes in the future for all communities. Understanding the young history of substance use policy and its impact on society and cultural circumstances is essential. Without the scientific research and study of addiction and treatment, power and influence have restricted access to equitable service for all members of society. Policies and initiatives should reflect inclusiveness no matter race, age, economic status, gender, religion, and beliefs. Jenson et al. (2021) does an excellent job presenting research and raising questions

around policies across sectors and taking a risk and resilience perspective to promote change.

Since 2013, my focus has been developing and implementing programming designed for youth to develop skills enhancing academics, social-emotional learning, mental health, and wellness. There are three very impactful areas in our youth's lives and development in which they have very little control and seemingly inadequate tools for success. First, identifying issues together is critical. Second, distinguishing between the youth's reality and the parent's is most important when identifying issues. Third, taking this more holistic approach to youth development is an eye-opening educational and therapeutic experience for parents as well as youth. This process is also known as a risk and protective factors approach.

Connecting the two generations in this way brings a better understanding of issues (mental, emotional, or behavioral), factors involved (ecological and social conditions), and available or appropriate treatment options (Hawkins et al., 1992). The primary issue, in this case, is the cultural construction created around substance use hindering the space for treatment and rehabilitation. This step of the process is where most systematic issues may arise. "Although recent decades have shown a substantial increase in the availability of evidence-based prevention and treatment options, families today continue to face the same barriers to high-quality mental health care and social conditions that increase the risk for disorders" (Hall et al., 2021). Yes, there are many more options today for the parent/guardian's child presently than they experienced in their youth but is this enough to support the increasingly large amount of youth struggling today across the US?

Literature Review

Substance abuse is a social issue the nonprofit sector has recognized and combated for a short time in U.S. history. When strategizing on how to help make a difference in a variety of communities affected by substance use and misuse, a deep dive into the United States' history of scientific addiction study, political influence, and policy is needed to gain understanding. In the early 1900s, the United States government cultivated policies and decisions to classify and regulate mental health diagnoses and drugs related to approved medical practice. General questions on effects and behaviors arose as many markets developed. Science and study received attention and funding to help make significant policy decisions. Unfortunately, many question the ethical nature of dominant political beliefs and influence during this time regarding inclusion and equity. Researchers believe this influence led to swayed scientific explanation and its specific and intentional verbiage. Insight can be found by looking at some of these terms, their definitions, and social indicators.

Key Terms

Today, Merriam-Webster dictionary (M&W) defines *addiction* as “a compulsive, chronic, physiological or psychological need for a habit-forming substance, behavior, or activity having harmful physical, psychological, or social effects and typically causing well-defined symptoms (such as anxiety, irritability, tremors, or nausea) upon withdrawal or abstinence” (Merriam-Webster, n.d.). This term dates back to its first uses in the 1530s. Earlier definitions by M&W (n.d.) phrase *addiction* as a “strong inclination to do, use, or indulge in something repeatedly.” Many modern non-profit organizations are noticing a growing sense of scientific and psychological implications in the meaning in today's definitive context.

Early substance use policy in the 1900s was influenced by the social and political views which determined appropriate and illicit use. Also, much like the term addict which developed negative social indicators, simply adding the noun form or person (or animals in scientific studies) owning the “condition” ensured no one in society really would like to be associated with these struggling community members.

Today, Merriam-Webster (n.d.) defines a *substance* as “matter of particular or definite chemical constitution” and more closely related to “something (such as drugs or alcoholic beverages) deemed harmful and usually subject to legal restriction.” Phrases such as “deemed harmful” and “legal restriction” indicate the social determinations made throughout the term’s traditional cultivation. *Substance abuse* as defined by Merriam-Webster (n.d.) today is the “excessive use of a drug (such as alcohol, narcotics, or cocaine): use of a drug without medical justification.” Medical justification also adds a specific connotation suggesting that usage, without professional approval, indicates wrongdoing.

The term *drug* dates back to the early 1600s. It was defined as “a substance used in dyeing or chemical operations (Merriam-Webster, n.d.).” In an updated definition, it is explained as “a substance used as a medication or in the preparation of medication. Something and often an illegal substance that causes addiction, habituation, or a marked change in consciousness” (Merriam-Webster, n.d.). Research highlighting the rapid cultural changes, social influences, and policies formed around substance use is reflected in these changing terms. A substance, by definition, is also “anything, including food, added to the body with the intent to affect its structure or function” (Merriam-Webster, n.d.). Generally, food or water is not understood by communities as a literal substance, certainly neither a drug nor illicit.

The early steps in the journey of addiction and substance use policy classified substances and specifically set regulations around actions/people that landed outside of dominant social norms at the time. For example, in 1914 the government passed the Harrison Narcotics Act outlawing the making, selling, or possession of “narcotics” (Hall et al., 2021). Medical and pharmacology standards developed as economic and political factors align. In 1904, the Pure Food and Drug Act was passed and industries were required to label the ingredients of their products. Next, came penalties and policies after committing crimes outside of set laws. As correctional facilities were established and began filling up with drug-related offenders, the inequities of social conditions and community impact became clear. The effects of these restrictive policies created an image in society conveying what an addict should, and should not, look like, and where an addict could, and could not be, found. These policies, and evolving social expectations, force us to question inclusion as addiction and substance use policy shifts through its history.

Nonprofit organizations like the Substance Abuse and Mental Health Services Administration are operational today because of the scientific study and development of substance abuse and its recognition as a social issue. SAMHSA leads federal research to produce substance abuse treatment for communities nationwide (2014). SAMHSA (2014) formally defined substance abuse as a “disorder”, in contrast to one hundred years prior, when common thoughts were closely related to criminology and ethics.

Shatterproof is a non-profit organization committed to researching advancements in substance abuse treatment as well as the de-stigmatization of language and perspectives around addiction. In Shatterproof’s research regarding language they identify four main categories of stigma in their National Movement To End Stigma:

- 1. Public stigma is society's negative attitudes towards a group of people, creating an environment where those addicted are discredited, feared, and isolated. These attitudes are informed by prejudices, discrimination, and stereotypes, which contribute to public stigma overall. In a recent survey, fewer than 20% of Americans said they were willing to associate closely with someone who is addicted to prescription opioids as a friend, colleague, or neighbor.*
- 2. Structural stigma refers to systems-level discrimination, such as cultural norms, institutional practices as well as health care policies that constrain resources, opportunities, and wellbeing. It generates structures that explicitly or implicitly exclude a stigmatized population from participating in society.*
- 3. Self-stigma occurs when individuals internalize and accept negative stereotypes. It turns a "whole" person into someone who feels "broken" with little or no self-esteem.*
- 4. Stigma against medications for opioid use disorder: despite their proven effectiveness, FDA-approved medications are thought by many to be "trading one addiction for another." As a result, these medications are under-prescribed, underutilized, overly restricted, often not covered by insurance, and even actively discouraged in some treatment or recovery settings" (Shatterproof, 2021).*

Shatterproof's identification of these four major areas of stigma succinctly highlights the challenges faced in designing social policy and programs to improve outcomes for substance abuse. Similar organizations join this effort to create awareness around the stigmas created by language and subconscious bias.

Non-profit organizations leading research supporting quality care for individuals with substance use disorders have honed in on key changes necessary in creating initiatives

that destigmatize communities.

The Social Issue

“Adolescent substance abuse has been the subject of frequent discussion in local, state, and federal policy circles since the 1960s” (Anthony et al., 2021, p. 261). In 2018, overdoses became the leading cause of injury-related deaths with more than 67,000 casualties (CDC, 2020). Over this span of time, even large sums of money have proved not to be the answer to society's substance use issues. In the fiscal year 2021, the Trump presidential administration budgeted 35.7 billion dollars toward domestic law enforcement and prevention (National Drug Control Strategy, 2020). (See Figure 1). The National Survey of Substance Abuse Treatment Services (N-SSATS) provides a breakdown of all U.S. substance abuse treatment services outside of prison facilities (2020). (See Figure 2). The two major sectors contributing to these services are the Private Non-Profit Sector, operating 50% of facilities (serving 46% of all clients), and the Private For-Profit Sector, operating 41% of all facilities (serving 45% of all clients) (SAMHSA, 2020). Analysis of the effectiveness of substance abuse treatment using data points of money and treatment services can further support adjustments in our solutions to combat this social issue.

Most scientists and medical researchers now consider dependence on alcohol or drugs a “long-term illness, like asthma, hypertension (high blood pressure), or diabetes” (Substance Abuse and Mental Health Services Administration, 2014). In some cultures, people with “these disorders once were thought to have a character defect or moral weakness; some people mistakenly still believe this. Most people who drink alcohol drink very little, and many people can stop taking drugs without a struggle. On the other hand, some people develop a substance use disorder—use of alcohol or

drugs that is compulsive or dangerous (or both)” (SAMHSA, 2014).

This noticeable difference in belief and approach historically suggests that there may be many misconceptions and conflicts that present when creating consistent policy, regulating, addressing the issue, and planning inclusive services and programming. Today, the presence of underserved communities has been a driving reason for nonprofit sectors/organizations to make it their mission to help equip families with tools and resources to cope with and overcome substance abuse. Many of these non-profit organizations recognize that a community-based approach can be used to raise awareness about the realities of addiction.

History of Policy

The cultivation of policies around substances in the U.S. began with public identification.

“In 1914, the United States began outlawing psychoactive drugs or adding them to a list of controlled substances that could be dispensed only by prescription from a specially licensed physician. This list of controlled substances has grown substantially over time. The only opposing trend was the repeal of the prohibition of alcohol in 1933. Today alcohol, tobacco, and caffeine are the only substances widely recognized as psychoactive that remain available without a doctor's prescription” (Robins, 1995).

Today, legal tobacco consumption leads our nation's causes of preventable disease, disability, and death (CDC, 2022). About 1,600 youth try their first cigarette every day (CDC, 2022). The U.S. government and dominant public opinion influence what is appropriate and inappropriate for medical and recreational purposes. The National Minimum Drinking Age Act of 1984, set the U.S. Minimum Legal Drinking Age

(MLDA) to 21 after each state historically set its own age (Center for Disease Control and Prevention, n.d.). “Underage drinking is a significant public health problem in the U.S. Excessive drinking is responsible for more than 3,900 deaths and 225,000 years of potential life lost among people under age 21 each year” (CDC, 2022). In 2014, nearly 58% of New York City alcohol retailers were found by the NY State Liquor Authority selling to underage decoys (The New York City Department of Health and Mental Hygiene, 2014).

It is key to understand the power dynamics in society and the economic impact of prominent organizations/administrations like Big Pharma, law enforcement, and the prison industry when considering the historical approach to substance abuse. Over time, we begin to see communities being disproportionately affected by restrictive and punitive approaches to substance abuse. How are drugs deemed legal or illegal? Safe or illicit? The Food and Drug Administration classified and provided a list of approved drugs or substances along with their ingredients labeled in the Pure Food and Drug Act of 1906 (Anthony et al., 2021). The 1906 law outlawed foods and drugs deemed an “imitation” or “served under any other distinct name” that was not the “traditional” (Food and Drug Administration, n.d.). Ethics laws and regulations are intended to “promote and strengthen the public's confidence in the integrity of the federal government” (Food and Drug Administration, n.d.).

How do science and study play a part in this social issue? “Scientific communities contribute to the confluence of scientific research, clinical practice, and social policy through which addiction has been addressed” (Campbell, 2007). Substance use researchers have grappled with what “addiction” means in the human and animal laboratories through which they have brought their science to life.

Campbell's (2007) research explores the technical and ethical dilemmas over time faced by addiction research. Her work shares some of the first clinical research programs on addiction (Addiction Research Center) derived from early "illegitimate", or "unregulated" research enterprises which stemmed from shady federal prison experiments in Lexington, Kentucky, and the "monkey colony" at Ann Arbor.

Research like hers questions the ethics and credibility upon which early substance and substance use studies and policies were made, particularly in light of those targeted to participate. Campbell (2007) asserts that the progression of the terms/definitions around this social issue has had a negative connotation for society; for example, *addict*, *drug abuse(r)*, *drug dependency*, *chemical dependency*, *chronic relapse*, *disorder*, and *substance abuse(r)*. "Each generation reconfigures the lexicon. Semantic shifts signal conceptual and technological changes in how science is done, as well as the changing social contexts, material conditions, and institutions within which scientific knowledge is made" (Campbell, 2007). This scientific knowledge indeed plays a part in the perception of how society, lawmakers, and law enforcement perceive this issue.

Professional organizations today, like the Physicians and Lawyers for National Drug Policy (PLNDP), have formed to influence and educate medical and law policy on a more evidence-based approach to criminal and civic cases. PLNDP advocates that an informed approach on cases noticeably exhibiting substance abuse may result in more successful outcomes in judicial review and sentencing. Sentencing reflecting a better understanding of addiction and treatment is the goal of PLNDP (PLNDP, 2004). This intersection of science, medicine, and law employs a sense of equity.

The federal government, through the FDA, chooses what drugs are legal or

illicit, causing classifications for science and research, in which policymakers or practitioners make decisions. As a result, professionals describe a scale of “no use, non-problematic use, abuse, and dependence” (Jenson & Fraser, 2011).

Interpretation of individuals linked to substances or addiction is problematic. Members of communities with negative labels face stigma in society that often results in stiff penalties and exclusion from appropriate treatment. The Recovery Research Institute has a fully online “Addictionary” in which they highlight key terms around addiction and its research. For example:

Abuser (Stigma Alert) A person who exhibits impaired control over engaging in substance use (or other reward-seeking behavior, such as gambling) despite suffering severe harms caused by such activity.

In experimental research, the word “abuser” was found to increase stigma, which can affect quality of care and act as a barrier to treatment-seeking in individuals suffering from addiction. Instead, many have recommended the use of terms that reflect a disorder (e.g., “substance use disorder”) and the use of “person first” language. Consequently, instead of describing someone as a “drug abuser,” it may be less stigmatizing and more medically accurate to describe them as “a person with, or suffering from, addiction or substance use disorder.” (Recovery Research Institute, 2022).

The Center for Disease Control’s Division of Adolescent and Social Health discusses how “substance misuse can occur at any age, the adolescent years are particularly critical at-risk periods” (CDC, 2018). Research shows that most adults who meet the criteria for having a substance use disorder started using substances during their youth”, (CDC, 2018). Massachusetts, currently experiencing an opioid

epidemic, reports that individuals engaging in treatment in FY 2017 were 109,002; 1.3% being less than 18 years old, 14.7% aged 18-25, 21.7% aged 26-30, 30.9% aged 31-40, and 17.6% aged 51-50, (BSAS, 2018). The early onset of substance abuse in America is why engaging youth in our communities may be impactful and a suitable place to focus solutions in the future in terms of social policy.

Criminal actions regarding drugs stem from our understanding of what they are, their effects, and their legality. As society's expectations and norms shift over the years, tolerance differs. Up until the 1960s, society experienced its most punitive stances on the issue. For example, in 1937, the Marijuana Tax act outlawed non-medical cannabis federally in the United States (Anthony et al., 2021). Prison sentences could be given to those in possession, growing, or selling marijuana. Since then, we have slowly moved towards treatment and decriminalizing select recreational substances (See Figure 3). Many researchers focus on the changes in policy as new scientific standpoints are created, social norms and data stand, and political influences change. For example, in 1970, the government created the Controlled Substances Act based on the studied level of addictive dependency on many illicit drugs or prescription medications (Jenson & Fraser, 2011). These actions offer us the opportunity to look back on and make key connections regarding the effects of addiction/substance use policy on society.

In the U.S. we have also witnessed the disproportionate racial makeup of this issue throughout history. In 2015, the Bureau of Justice Statistics reported that there were 94,678 federally sentenced drug offenders. Roughly 78% were represented by people of color, totaling 40% of which belong to the African American community. African Americans make up only about 12% of the total U.S. population (See Figure 4). Through community-based research, we understand the risk factors of different

demographics in society that closely correlate to enhanced drug abuse. Through this process, we can create educated solutions but these solutions are ineffective if they do not address the disproportionately impacted African American community.

By reviewing the historical treatment of substance abuse, we can connect how politics influences and affects policy and social norms. The Pure Food and Drug Act required the labeling of ingredients on products. Following, in 1914, the Harrison Narcotic Act outlawed the making, possessing, or sale of narcotics, marking a turning point. The illicit sale of drugs was now a concern. Possessing or selling illicit substances came with incarceration time, adding to the public's stigmatized views of blame and negative association.

Nancy Campbell challenged the ethics of prison research in such cases as Lexington, Kentucky. Unethical treatment of inmates, specifically of color, reflected judgment that some individuals were of lesser value in society. This research ultimately led to prison reforms in the 1970s (Campbell, 2007). Reforms addressed experimentation research and the ethical compass required, especially toward minorities. Power and influence, such as that wielded by the political parties of the U.S. have resulted in punitive policies around substance use, creating systems that have criminalized minorities at a disproportionate rate.

Multi-Systems of Social Policy

More recently, we have moved to a treatment-centered approach to substance abuse in terms of prevention. One major concern that communities are experiencing is insufficient substance abuse services to educate and support youth and families, especially to supplement or replace detention. Professional associations such as PLNDP link the importance of evidence-based approaches to

medical and law policy (PLNDP, 2004). Teachers, coaches, physicians, and other professionals across all communities can benefit from mental health or substance use training to help equip communities with tools for prevention. This lack of focus on evidence-based policy in education may be the result of the historical misconceptions and stigmas that have been constructed around substance abuse.

“Significant gains have been made in understanding the individual, family, community, and broader social factors - such as racism and other forms of oppression—that influence child and adolescent developmental outcomes, including high school graduation, and in the long run, labor market participation” (Hall et al., 2021, p. 1). To be considered as deserving constituents in our multisystem society, minority families are mobilizing to reach equal outcomes. These communities deserve and demand appropriate assessments of these issues around reform. Socially, culturally, and economically, our world looks much different than what it did at the beginning of this process in terms of addiction/substance use and education. The public education system should look to raise the number of successful outcomes for all in terms of health, life skills, and economic stability. Researchers have proven to reveal gaps in equal education across communities, similar to incarceration rates.

“Historically, marginalized groups have faced severe challenges and discrimination in their attempts to take advantage of educational opportunities” (Hall et al., 2021, p. 99). From 1896’s Plessy v. Ferguson’s “separate but equal” ruling separating blacks from whites in schooling “constitutionally” to today’s school deserts and resegregation, education disparities continue to exist. It is well known that dominant social and political influences dictate social policy, at times, excluding communities.

Theories Involved

The stigma of substance use and addiction has led to the misconception of the issue and has hindered families from receiving the best care in terms of education, treatment, and prevention. The social construction created by restrictive substance use policy has created gaps in the outcomes of minorities, specifically, which continue to grow at an alarming rate. It can be concluded that today's social policies around substances are not ensuring the best outcomes for all communities equitably. These negative outcomes may be caused by the dominant social norms and privilege linked to theories of intersectionality. "Intersectionality refers to the overlapping and interdependent systems of advantage and disadvantage that positions people in society on the basis of race, class, gender, and other characteristics" (M. Nemon, personal communication, 2021). Social Privilege is defined as "a theory of special advantage or entitlement, used to one's own benefit or to the detriment of others (Black & Stone, 2005).

In 2021, the National Association of Social Work felt the need to recommend a social work practice model as a result of its research and data analysis around structural racism in schools (Crutchfield et al., 2021). Professionals have been researching ways in which multi-systems can work together to give our youth and families better outcomes in their developmental stages of growth. The Center for Education Policy Analysis reports that "In the last two decades, racial achievement gaps have been narrowing in most states, but have widened in a small number of states" (2019). Tracking data such as tests, dropout/failure rates, and truancy across socioeconomic groups most certainly gives us a picture of local and state systems

that need attention engaging/supporting all students and brings important light to this concerning issue (i.e., discrimination, zoning, etc.). Large gaps in academic achievement data are similar to disparities seen in many other sectors such as mental health and public health access.

Although being a student of color is not the only reason a student may receive inequitable outcomes due to inequitable policy across multiple systems, a mix of factors such as poverty, poor community organization, violence, and low supervision all contribute to academic and public health failures which lead to the development of maladaptive behaviors and negative outcomes. Should data displaying such disparities in public school outcomes bring the concern to similar disparities in behavioral health and public health outcomes? Have our current and traditional conservative approaches to social policies proven to be adequate for today's youth, no matter the color of one's skin or socioeconomic status?

If the goal of public education is to strengthen the economy and culture then why are communities of lower socioeconomic status not being addressed (Hall et al., 2021)? The prevalent "conservative approach" to education, in which it is an individual's responsibility to take a place among the elite and maintain "discipline and order" in keeping with high standards may be a root cause (Hall et al., 2021). This approach has not leveled the playing field for those not considered elite in the eyes of the legislature.

Kelly (1966) explains a principle called "Community as the Client" for community mental health programming that is consistent with an ecological thesis also relevant to services across multiple sectors. Kelly's writing supports the idea that public health status is dependent on multiple community services; for example, education, and mental health. This principle is to assure that "assessment methods are focused on the

entire population” not just the ones receiving a service (Kelly, 1966). With this idea in mind, understanding ecology and adaptive behaviors will vary and services should “be designed to be multiple and varied” (Kelly, p. 535).

Based on the documented experience of minorities in our current social system, theories of privilege exist, highlighted by the disparities in the United States’ social movements. “Before recommendations for change can be considered, knowledge of the current ineffective social structure is essential” (Kelly, p. 535). Policy centered on diversity, equity and inclusion will help rectify our youth and families’ academic, mental health, and substance use issues/disparities while untangling intersectionality.

Recommendations

The current opioid overdose epidemic in Massachusetts has stimulated more legislative funding for mental health and substance use services. The National Council for Mental Wellbeing’s report on the FY2022 Labor, Health and Human Services Budget Bill, approved by the House of Representatives this year, has made increases in funding for all mental health and substance use-related areas. Money rarely solves the long-term issues in U.S. history so, in addition to adopting a risk and protective approach to addressing policies around youth and families, we also need to create therapeutic and liberating learning environments for all communities conducive to working together in an equitable and inclusive society.

When researching my topic and connecting why such resources for our youth and families of America seem so inequitable and hard to reach, I see the recent advancements and research paint a clear picture of conflicts over multiple systems that frankly cause for an update. When the idea of education and its policies began, in the words of Sir Ken Robinson, “many people didn’t see how universally educating all people could be possible mainly due to their social statuses” (Changing Education

Paradigms, 2013). When reviewing available research focusing on risk and protective factors, professionals notice a gap in programs that deliver education and awareness. Does our public education system build awareness of the prescription drug industry, illegal substance use, or sexual risks/education? While difficult topics to introduce to children, the benefits of education are essential to young learners' outcomes in society.

According to the CDC's National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, Division of Adolescent and School Health (NCHHSTP) 2018 reports that 19% of students who are currently sexually active drank or used alcohol before their last sexual encounter of intercourse, 29% are currently sexually active, and 40% of high school students have had intercourse. This data shows that substance use may be culturally linked to sexual acts. Drugs and alcohol are mind or body-altering substances and have developmental effects on youth. "Risk factors for substance use and sexual risk behaviors include poverty, overcrowding, family history of problem behavior, family conflict, and family management problems, lack of positive parent engagement, association with substance-using peers, alienation and rebelliousness, lack of school connectedness" (NCHHSTP, 2018). The US Department of Health and Human Services and the Center for Disease Control and Prevention's report in its August 21, 2019 edition of its Morbidity and Mortality Weekly Report examines and analyzes data from its Youth Risk Behavior Survey, presenting estimated "prevalence of current marijuana use, prescription opioid use, alcohol use, binge drinking and lifetime prevalence of marijuana, synthetic marijuana, cocaine, methamphetamine, and heroin among U.S. high school students"(Jones et al., 2019). In 2019, "29.2% reported current alcohol use, 21.7% current marijuana use, 13.7% current binge drinking, and 7.2% current prescription opioid misuse. Substance use varied by sex, race/ethnicity, grade, and sexual minority status, (for example lesbian, gay or

bisexual)” (Jones et al., 2019). They also conclude that adolescent “substance use and associated adverse outcomes contribute to substantial morbidity, mortality, and economic cost to society each year in the United States” (CDC, 2019). In terms of public health for youth and families, today's policy recommendations are not improving. If policy behind multiple sectors of community services isn't aligned when studies prove they are so closely connected, are communities of all backgrounds benefitting?

Culturally we have developed norms around mental health and substance misuse that has been detrimental to communities. Addiction is a mental health disorder that stems from untreated trauma suppressed by self-medication. One in every five youth in the U.S. suffers from a mental health disorder (Burns et al., 1995). Approximately 20% of youth actually receive appropriate services with the largest portion of unmet needs among the most vulnerable and low-income families (Hall et al., 2021). As youth enter their teen years with more freedom, independence, and curiosity, supervision from parents/guardians is often reduced due to more immediate concerns. These conditions increase the chances of making unhealthy choices. When looking to treat these issues, we must connect how families must face these issues while under their existing social conditions.

Inequitable health services in communities also serve as a barrier to solutions. Public health policies like the Affordable Care Act in 2010, have made strides to help support a portion of the families in the U.S., but research and studies show that all citizens don't share the same experiences due to an unbalanced order of systems that have historically excluded groups of people and has allowed many to “capitalize” off disparity. Social determinants of health play a huge factor in receiving quality mental

health support in the U.S. today: language barriers, housing, immigrants who may be afraid of exploitation, poverty-stricken families, racially oppressed, disabled, etc.

Policies that support these determinants should be eliminated as they eliminate and exclude members of society. For example, employer-based insurance and unaffordable insurance policies exclude communities from receiving much-needed services.

In addition to the barrier of health determinants, the stigma that dominant culture has created has contributed to the theories of criminology associated with substance abuse over the past decades. In the 1980's "get-tough" approaches began to replace policies favoring community-based treatment and incarceration rates for drug-related offenses, particularly among poor Black and Brown youth, which increased following tougher policy provisions being passed at this time (Mcbride et al., 2001; Snyder, 1990). For example,

"Juvenile Drug Trafficking Act of 1986 establishes increased criminal penalties for employing persons under 18 years of age in drug operations.

Establishes increased criminal penalties for the manufacture or distribution of a controlled substance in or near an elementary school, vocational school, secondary school, or college. (Current law establishes such enhanced penalties only for the distribution of a controlled substance in or near an elementary or secondary school" (H.R.5484 - 99th Congress (1985–1986): Anti-Drug Abuse Act of 1986, n.d.).

School-to-prison pipeline practices, once impacting only minorities historically, are now impacting Caucasian communities. These concepts and policies also must be transformed in hopes of bringing quality mental health and substance use services to

all communities.

As our youth learn, grow, and get acclimated to our constantly changing society, our policies and programs should adjust to fit new approaches. The challenges of adjusting to adulthood are many; our youth have more access to resources today and often seek instant gratification. Technology gives youth this access and has been proven to amplify behaviors and impact mental health disorders like ADHD and depression when overused. When alcohol and substance use enter the equation, a youth's brain may have trouble developing and maintaining healthy habits (Hawkins et al., 1992). Helping youth develop positive coping skills to deal with anxiety and stress without the presence of a substance is vital to youth development. Creating a socially realistic learning environment conducive to healthy growth and development in today's fast-paced society is a top priority when discussing ways to help families reach better and equitable outcomes.

The best way to ensure healthier outcomes will be to continue to provide healthy and preventative options. We can accomplish this by continuing to support balanced and affordable food for students, Play60 initiatives, and prioritizing therapeutic extracurricular activities (music, art, sports), in combination with mental health and addiction curriculum. Promoting positivity and healthy coping skills has been a proven way to deter high-risk behaviors in our youth as well as our communities. Studies show that approximately 35% of adolescents (high schoolers) in the US have consumed alcohol and approximately 24% have smoked marijuana, in the past 30 days (Demirezena et al., p. 376).

Today, Senator Diana DiZoglio, writer of Bill S.322: An Act Relative to Substance Use Education in public schools, seems to support a similar focus. This bill was introduced to help combat opiate-related issues among communities in

Massachusetts. Amending Chapter 71 of general law, she intends to add the following:

“Section 95. The department of elementary and secondary education in coordination with the department of public health and the substance use advisory committee established in this section shall develop a model curriculum designed for the purpose of substance use and addiction prevention which shall align with the health curriculum framework and address the following topics: tobacco, alcohol, opiate and prescription drug diversion and use and other substance use and use prevention, conflict resolution, healthy coping behavior, student and community mental health resources and peer leadership. The curriculum shall take into account the best practices and policies in other states. The adolescent substance use and addiction prevention curriculum shall be incorporated into the health curriculum in grades 4 to 12 for all students in the public schools” (DiZoglio, 2021).

In 2019, the Journal of Child and Adolescent Substance Abuse identifies this period as a critical stage. “The transition period from childhood to adulthood between the ages of 10–19 years includes rapid physical, social, emotional and cognitive changes and developments” (Demirezena et al., p. 376). It is imperative that in today’s society, we provide thoughtful guidance and education around addiction and mental health to our students. In this critical stage of life, we are seeing our youth self-medicate and susceptible to higher health risks as they grow, in combination. Senator Diana DiZoglio’s bill supports creating an advisory board of 11 experts, scholars, professionals, legislators, and opiate task force members to investigate and recommend important themes of implementation for public schools in Massachusetts.

Data Memo

Figure 1

National Drug Control Strategy 2020

Domestic Law Enforcement

2021 National Drug Control Strategy

- **SUPPLY-REDUCTION**
Initiatives to eliminate drug trafficking i.e. Border Patrol & U.S. Customs
- **PREVENTION/TREATMENT**
Initiatives to treat, increase prevention research & attention to prevention policy i.e. Office of Juvenile Justice and Delinquency Prevention

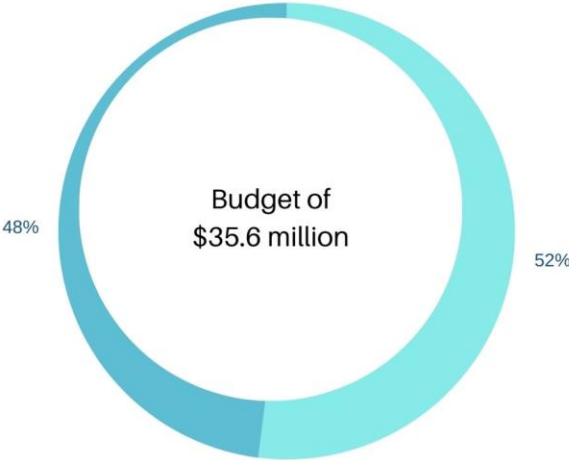


Figure 2

SAMSHA N-SSATS 2020

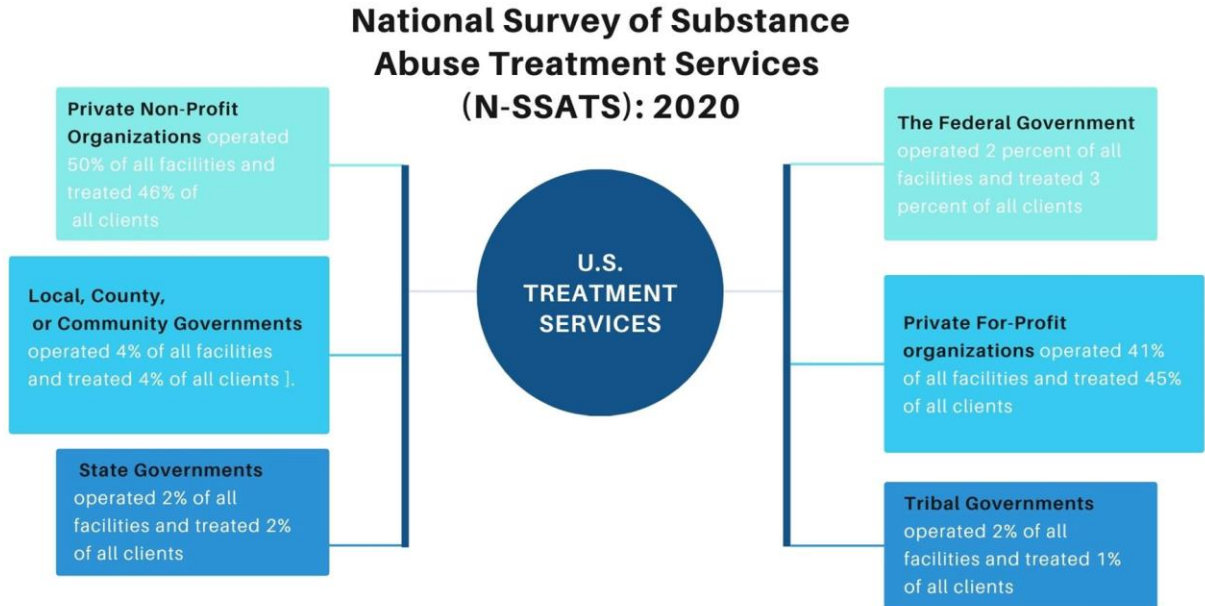


Figure 3

Social policy for children and families: A risk and resilience perspective. 2011

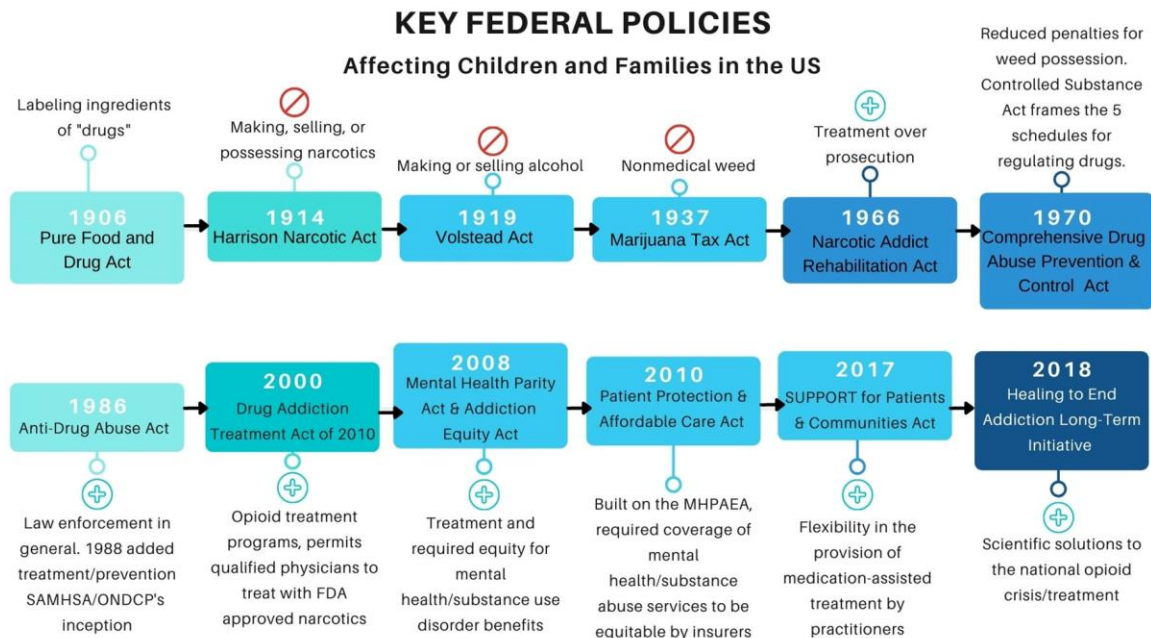
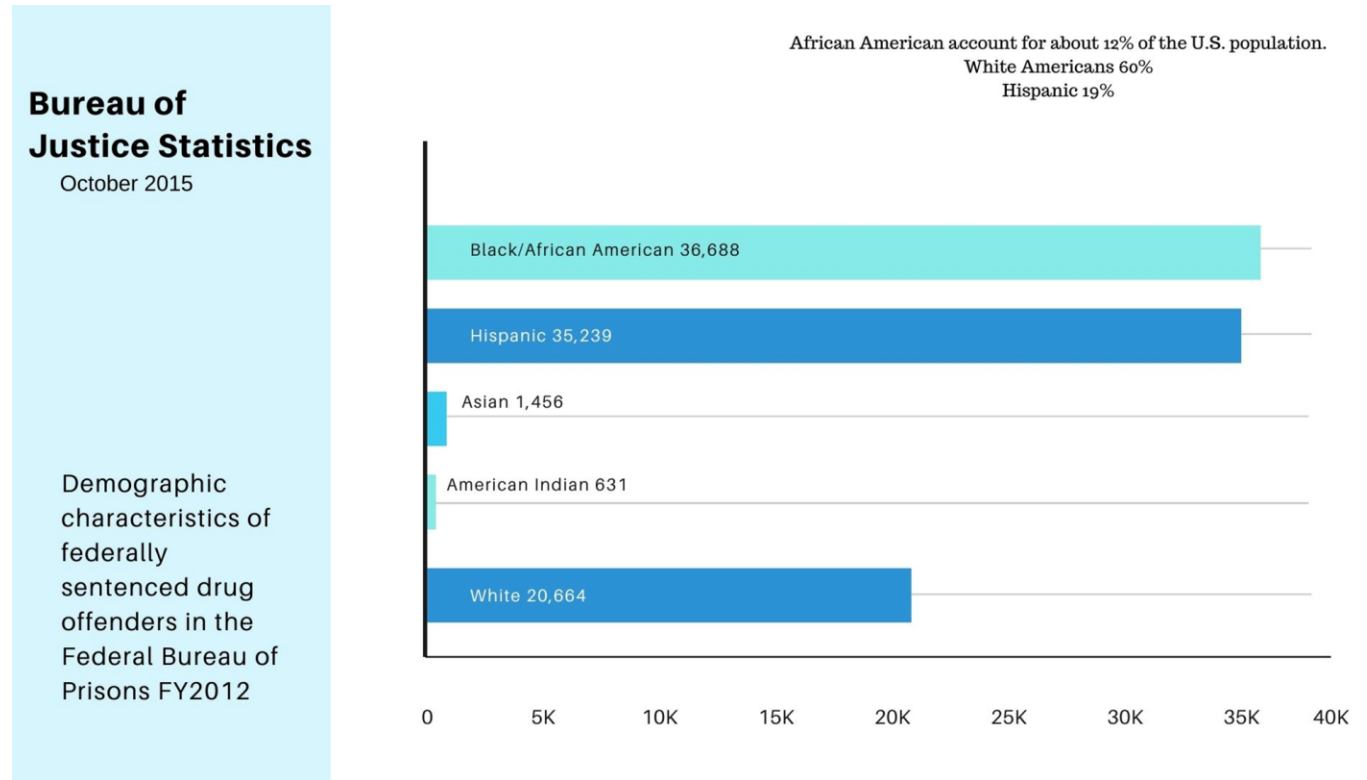


Figure 4

Bureau of Justice Statistics 2015



(The New York City Department of Health and Mental Hygiene, n.d.)

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