



**Massachusetts Department of Elementary and Secondary Education  
Summary of Substance Use Prevention Initiatives and Efforts**

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## **Background**

From 1992-2002, the Department had approximately 37 staff members who worked with school districts on creating, implementing and sustaining K-12 comprehensive health education programs that included substance-use prevention initiatives. As a result, schools had a designated liaison to provide program oversight and technical assistance to their assigned schools and school districts. Those liaisons were supervised by Health Protection Fund (HPF) and Safe and Drug Free Schools (SDFS) coordinators, who were trained to be trainers in several evidence-based curricula for comprehensive health education and substance use prevention, respectively. This organizational structure enabled the Department to provide trainings to school districts in their chosen curricula at no charge.

Local school districts had a designated health/safe and drug-free coordinator and many larger school districts had both a health and safe and drug-free coordinator. Department liaisons provided site visits to districts for both their health and safe and drug-free schools programs. The Department also funded annual conferences for faculty and staff providing information and resources on a wide variety of substance related topics including best practices and evidence based programs to delay and prevent substance use. Upon elimination of HPF dollars, liaisons worked with the Department's Program Quality Assurance review teams to continue the work with schools/districts on their Safe and Drug-Free School programming. As HPF and SDFS funding decreased, so did dedicated staffing. When Title IV under the No Child Left Behind Act was eliminated, there were only two staff members remaining on these initiatives.

### **Health Protection Fund (HPF)**

The Health Protection Fund was created by a 1992 state legislative referendum that directed tax revenue on tobacco products to the Department of Elementary and Secondary Education. The funds were used for tobacco prevention education and cessation in the context of comprehensive school health education. Comprehensive health education meets the complex and extensive needs of today's youth through a broad-based approach that includes school, family, and community, and consists of many related health components in order to create effective programs, services, and education. An average of 24 million dollars a year of Health Protection Fund monies was distributed to school districts until the 2002-2003 school year.

### **Safe and Drug-Free Schools and Communities Act (SDFSCA)**

Safe and Drug-Free Schools funding provided federal grants to school districts to support programs that prevent violence in and around schools, prevent illegal use of alcohol, tobacco and other drugs and involve parents and communities in school-based initiatives. This entitlement grant program provided funds to school districts from 1990 until 2012. All school districts and charter schools were eligible to apply for funding. Allocations were based on a per-pupil expenditure formula. Schools were required to design programs based on their local objective analysis of data. Districts collected data on drug use by students in elementary, middle and high schools, prevalence of risk and protective factors, alcohol and drug related discipline problems and access and availability of substances in schools and communities.

### **Youth Risk Behavior Survey**

The Department of Elementary and Secondary Education - in collaboration with the Centers for Disease Control and Prevention (CDC) and the Massachusetts Department of Public Health conducts the Youth Risk Behavior Survey (YRBS) in randomly selected public high schools in every odd-numbered year. The YRBS focuses on the major risk behaviors that threaten the

health and safety of young people. This anonymous survey includes questions about tobacco use, alcohol and other drug use. Substance use data has been collected since 1993 and is available on our web site at: <http://www.doe.mass.edu/cnp/hprograms/yrbs/>.

The following performance measures were submitted to USED for the Safe and Drug-Free Schools component of the 2012 Consolidated Report:

Indicator	Instrument/ Data Source	Frequency of collection	Targets	Actual Performance
<b>Early initiation of alcohol use will be reduced by 5% by June 2007</b>	Youth Risk Behavior Survey	Every other year  Year of most recent collection: <b>2011</b>	2003-2004_ <b>26.7</b> 2004-2005 <b>25.4</b> 2005-2006_ <b>24.2</b> 2006-2007_ <b>22.9</b> 2007-2008_ <b>21.7</b> 2008-2009_ <b>na</b> 2009-2010 <b>na</b> 2010-2011 <b>na</b>	2003-2004 <b>25.2</b> 2004-2005: <b>22.0</b> 2005-2006: <b>22.0</b> 2006-2007: <b>19.6</b> 2007-2008: <b>19.6</b> 2008-2009: <b>17.2</b> 2009-2010: <b>17.2</b> 2010-2011: <b>14.6</b>  Baseline: <b>27.9</b> Year established: <b>2001</b>
<b>Lifetime alcohol use will be reduced by 5% by June 2007</b>	Youth Risk Behavior Survey	Every other year  Year of most recent collection: <b>2011</b>	2003-2004: <b>80.0</b> 2004-2005: <b>78.7</b> 2005-2006: <b>77.4</b> 2006-2007: <b>76.2</b> 2007-2008: <b>75.0</b> 2008-2009: <b>na</b> 2009-2010: <b>na</b> 2010-2011: <b>na</b>	2003-2004: <b>75.2</b> 2004-2005: <b>76.4</b> 2005-2006: <b>76.4</b> 2006-2007: <b>72.5</b> 2007-2008: <b>72.5</b> 2008-2009: <b>71.3</b> <b>2009-2010: 71.3</b> <b>2010-2011: 67.5</b>  Baseline: <b>81.2</b> Year established: <b>2001</b>

Indicator	Instrument/ Data Source	Frequency of collection	Targets	Actual Performance
<b>Binge drinking will be reduced by 3% by June 2007</b>	Youth Risk Behavior Survey	Every other year  Year of most recent collection: <b>2011</b>		2003-2004: <b>32.0</b> 2004-2005: <b>31.2</b> 2005-2006: <b>30.4</b> 2006-2007: <b>29.7</b> 2007-2008: <b>29.0</b> 2008-2009: <b>na</b> 2009-2010: <b>na</b> 2010-2011: <b>na</b>  Baseline: <b>32.7</b> Year established: <b>2001</b>
<b>Lifetime marijuana use will decrease by 4% by 2007</b>	Youth Risk Behavior Survey	Every other year  Year of most recent collection: <b>2011</b>		2003-2004: <b>49.4</b> 2004-2005: <b>48.4</b> 2005-2006: <b>47.4</b> 2006-2007: <b>46.4</b> 2007-2008: <b>45.4</b> 2008-2009: <b>na</b> 2009-2010: <b>na</b> 2010-2011: <b>na</b>  Baseline: <b>50.4</b> Year established: <b>2001</b>

**Current Activities**

**Collaboration with other state agencies include:**

- Commissioner’s Designee to Interagency Council on Substance Abuse Prevention
- Work with Essex County and Northwest District Attorney Offices on School Safety and Prevention Conferences including Opioid
- Department of Public Health’s Recovery High Schools - Recovery High School Guidance and/or Regulations are in process.

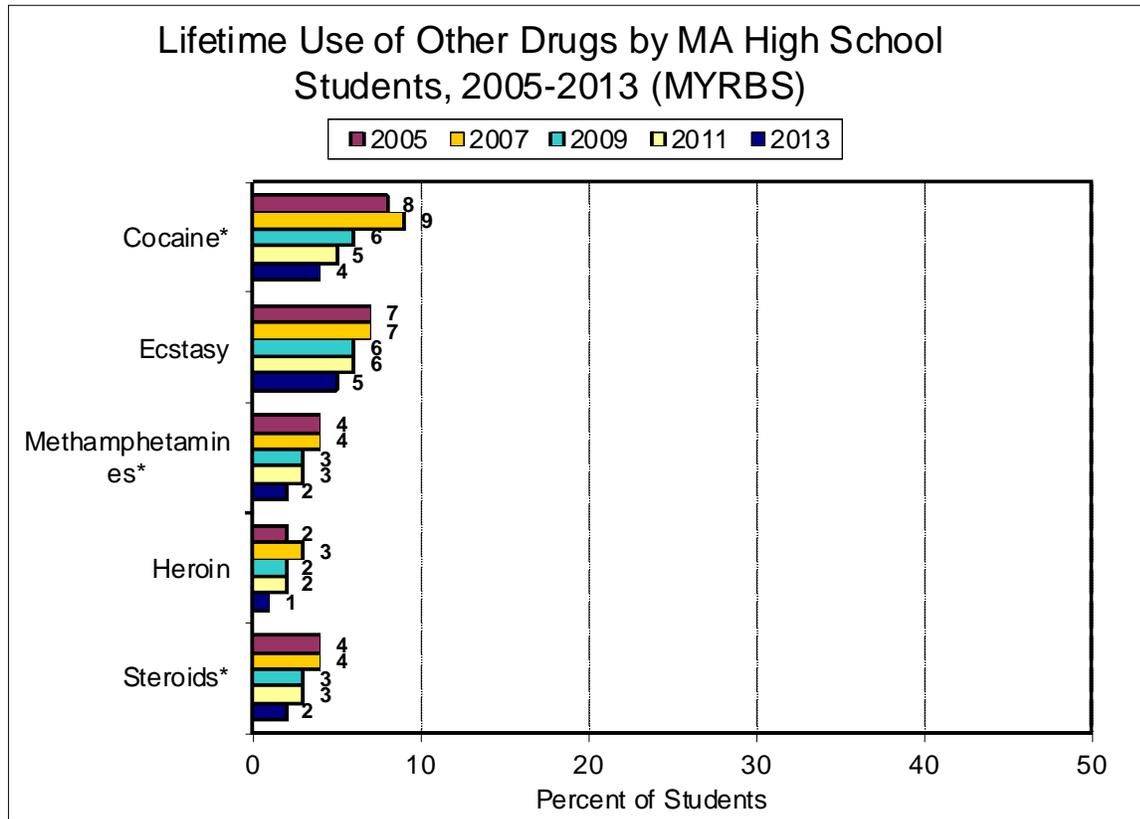
The Drug-Free Communities (DFC) community-based coalitions in Massachusetts:

<b>Coalition City</b>	<b>Grantee Name</b>	<b>Coalition Name</b>
Reading	Town of Reading	Reading Coalition Against Substance Abuse (RCASA)
Arlington	Town of Arlington Massachusetts	Arlington Youth Health & Safety Coalition
Wayland	Wayland Public Schools	Wayland Cares
Springfield	Gandara Mental Health Center, Inc.	Stop Access Drug Free Communities Coalition
Wilbraham	Hampden-Wilbraham Regional School District	Hampden Wilbraham Safe and Healthy Students Coalition
Avon	Avon Public Schools	Avon Coalition for Every Student
Peabody	City of Peabody	Healthy Peabody Collaborative
Nantucket	Family & Children’s SRVCS/Nantucket County	Alliance for Substance Abuse Prevention, Inc.
Brockton	Commonwealth of Massachusetts	Brockton Area Opioid Coalition
Turners Fall	Gill Montague Regional School District	Gill Montague Community-School Partnership (GMCSPP)

The Drug-Free Communities Support Program (DFC) is a Federal grant program that provides funding to community-based coalitions that organize to prevent youth substance use. Since the passage of the DFC Act in 1997, the DFC Program has funded more than 2,000 coalitions and currently mobilizes nearly 9,000 community volunteers across the country. The DFC Program is guided by the philosophy that local drug problems require local solutions. With a small Federal investment, the DFC Program doubles the amount of funding through the DFC Program’s match requirement, to address youth substance use. Recent evaluation data indicate that where DFC dollars are invested, youth substance use is lower. Over the life of the DFC Program, youth living in DFC communities have experienced reductions in alcohol, tobacco, and marijuana use.

## Most Recent Data

### Youth Risk Behavior Survey



### School Safety Discipline Report

<b>Reporting Year</b>	<b>Number of Reported Drug Related Incidents on School Grounds</b>
2004	1717
2005	2152
2006	1721
2007	1703
2008	1878
2009	1796
2010	2244
2011	2330
2012	2572
2013	2523
2014	2321

Note: Drug related offenses included: Marijuana possession; Marijuana use; Possession of other illegal substances; Illegal use of other substances; Sale of illegal drugs; Possession of illegal drugs with intent to sell

**Current Challenges:**

Many districts have reported that marijuana use has become a challenge since the decriminalization of marijuana in 2009 and the subsequent legalization of medical marijuana. Opioid use is another topic for which districts need technical assistance, as there are currently no prevention curricula that address delaying initiation or prevent experimental use of opioids among adolescents or young adults.

Loss of the Mental Health and Substance Abuse Grant due to 9C cuts. The multi-year competitive grant program was intended to support efforts by districts to establish or expand comprehensive, integrated school/district based initiatives to promote mental health and reduce substance abuse.

Successful Applicants would have demonstrated the following:

- need for a mental health and substance abuse counselor in schools and how the counselor would interact with and impact students in the school district
- plan to establish or expand counseling programs in schools grades K-12 designed to improve outcomes in student academic performance, school climate, family and community engagement, behavior health and safe and supportive learning environments.