



5410.1: SUBSTANCE ABUSE

I. PREVENTION.

A. The purpose of the District's alcohol, tobacco and other drugs (ATOD) prevention program is to promote wellness and healthy life styles. To accomplish this, the program will be designed and implemented to develop a respect for a healthy mind and body. Students will learn how the body functions, how personal habits contribute to good health, and how drugs affect the body and the nervous system.

B. The prevention program will focus on classroom instruction, and guidance and counseling. Involvement of students, parents and other community members is essential for the success of District ATOD prevention activities.

C. The ATOD prevention program shall be an age appropriate and developmentally based program for all students in all grade levels from early childhood through grade twelve (12).

1. Instruction Program.

a. All schools will have instructional programs which promote student wellness and which assist students in making responsible decisions about the use of ATOD. Current and accurate information about drugs and their effects upon the body and nervous system is only one (1) component of an instructional prevention program. Other components include instruction and skill development related to self- awareness, decision making, and interpersonal relationships.

b. In the elementary schools, major responsibility for providing instruction about the prevention of ATOD use/abuse will be provided by health education programs, following specific objectives to be covered. The health curriculum will be consistently reviewed, evaluated, and updated. Other areas of the elementary curriculum will reinforce the prevention concepts taught in the health program.

c. In the secondary schools, components of the instructional prevention program will be integrated into a variety of required and elective courses throughout the curriculum.

d. All staff will be provided training in prevention strategies and in any new curriculum. Instructional materials will be available for each school to implement the program.

e. Each school will formulate a prevention plan based on that school's needs that complements and supplements the District instructional program. These plans will be an integral part of the District's comprehensive prevention plan and will be reviewed and updated annually by staff and parents and by students, as appropriate.

2. Guidance and Counseling.

a. Guidance and counseling personnel will assist teachers and administrators with the implementation of classroom curriculum and school ATOD prevention plans.

b. Counselors will work with students, individually and in appropriate groups, to supplement ATOD prevention instruction and skill development. Counselors will also work with staff and parents to maximize the prevention efforts of the school.

c. All students shall receive a statement that the use of illicit drugs and the unlawful possession and use of tobacco and alcohol is wrong and harmful.

3. School Environment. Prevention efforts will emphasize maintaining a safe, positive and healthy school environment that encourages the student's positive self-concept; the student's enthusiasm for learning; outlets for student self-development and creativity which acknowledge individual skills, needs, and interests; responsible student decision- making and problem-solving; and recognition of the special needs of high-risk students or families experiencing undue stress.

4. Family and Community. The successful prevention of drug involvement must include a plan to ensure that parents and the community are aware and knowledgeable of programs and services available to them and their children. Parents and community members will be actively involved in the community/school partnership.

II. INTERVENTION.

A. All schools will establish and maintain an ATOD intervention program. The goal of the ATOD program shall be to eliminate ATOD use by students.

B. Ongoing inservice training will be provided for all staff. Training will include dimensions of the family illness and dynamics of the addiction process; enabling behaviors; intervention techniques; children in chemically dependent families; student experimentation, abuse and dependency; parental involvement and community resources; prevention issues and strategies; treatment and aftercare support; and implementation of the program into the classroom/building.

1. ATOD Intervention Program - Personnel Responsibilities.

a. Administration has the primary responsibility for implementation of the ATOD intervention program in each school.

b. Student Services staff will perform leadership roles in the implementation of ATOD intervention programs.

c. The principal in each school will identify staff responsible for the planning, implementation, and evaluation of the ATOD intervention program in their school.

d. School staff, including all classified and certificated staff, shall be trained to recognize early symptoms of drug and alcohol use.

2. ATOD Intervention Program – Processes.

a. The principal in each school will be responsible for implementing an ATOD intervention program that contains the following elements:

i. A referral system;

ii. A confidential system of record keeping of ATOD referrals and interventions; and

iii. Procedures for involving staff in the identification of students at high- risk ATOD use.

III. DISCIPLINE

A. General. The unlawful possession, use or distribution of alcoholic beverages, mood or behavior affecting substances, tobacco, e-cigarette type products, drug paraphernalia, and look-a-like drugs on District property or premises or at any of the activities of any school in the District is prohibited.

B. Definitions.

1. “Alcoholic beverages” shall mean any substance subject to the jurisdiction of the Nebraska Liquor Control Commission.

2. “Mood or behavior affecting substances” shall mean alcoholic beverages; controlled substances as defined by Neb. Rev. Stat. §28-401, including but not limited to "uppers," "downers," barbiturates, amphetamines, LSD, heroin, hashish, hallucinogenics or cocaine; substances such as glue, to the extent any such substance is used for the purpose of mood or behavior alteration by a student; and any other substance which alters the mood or behavior and which is not taken for medical purposes (e.g. steroids).

3. “Tobacco” shall mean tobacco products used for smoking, chewing, and as snuff.

4. “Distribution” shall mean any sale, transfer, handling, transmitting, administering, or giving of the item in question, with or without an exchange of value.

5. “Drug paraphernalia” shall mean all equipment, products, and materials of any kind which are used, intended for use, or designed for use, in manufacturing, injecting, ingesting, inhaling, or otherwise introducing into the human body any controlled substance.

6. “Look-a-like” (also known as imitation controlled substances) shall mean any substance which is not a

controlled substance, but which by its appearance (including, but not limited to, color, shape, size, markings, or packaging) or by representations made, induced or are intended to induce, persons to believe that the substance is a controlled substance. "Look-a-like" shall include any beverage containing alcohol or a beverage that is represented to contain alcohol.

7. "Possession of a substance" shall mean situations where a student has on his person, within his personal property, within school property assigned to him or under his control, a substance prohibited under this Rule, while on school property or at a school sponsored or school-related activity.

8. "Use of a substance" shall mean situations where there is reasonable suspicion to believe a student has assimilated a prohibited substance or is under the influence of the same while on school property or in attendance at a school-sponsored or school-related activity. Factors which may be taken into consideration are: the odor of a prohibited substance on the student's breath or clothes, glassy eyes, slurred speech, and/or physical mobility.

C. Staffing and Other Procedures.

1. Definitive assignments shall be given to staff personnel within each school related to ATOD detection and disciplinary procedures.

a. The principal will be responsible for carrying out this Rule and its supporting procedures within the school.

b. The principal will serve as the coordinator for records, reports and inquiries relating to the school ATOD prevention and disciplinary program.

c. Staff members will advise the school's administrative staff of any information pertaining to a violation or possible violation of this Rule. Administrative staff members are the principal, assistant principal, and administrative assistant.

d. Any administrative staff member who obtains or generates information concerning a disciplinary matter subject to these provisions shall immediately inform the office of the Director of Student Services. The Director of Student Services shall have the authority to intervene in any case involving the use, abuse or distribution of mood or behavior affecting substances, and may impose conditions or terms for re admittance of the student involved, and shall also have the authority to readmit the student prior to the conclusion of the term, of the suspension or exclusion.

2. The name of any student involved in such a matter will not be released to the general public except as provided by law.

3. The parents or guardian of an involved student shall be contacted and informed.

D. Notification. All students and their parents and guardian shall be given a copy, or a handbook containing a description, of the standards of conduct as described in this Rule or prohibited acts and the description of the disciplinary sanctions which will be imposed for violation of the prohibited acts. The notice to the student, their parents or guardians shall include notice that compliance under the standards of conduct is mandatory.

E. Voluntarily Seeking Help. Information may be received from students and/or parents who voluntarily seek help from school authorities concerning the student's use of mood or behavior affecting substances before being found to be using or possessing such substances by school or law enforcement officials. This information will be maintained in confidence and will not serve as a basis for disciplinary actions unless the student is currently under investigation for suspected substance use. However, this does not provide immunity from disciplinary actions should these students continue to use, possess, or distribute such substances as provided herein.

F. Community Liaison.

1. The schools will cooperate with the police department by making every effort to identify and report any sources of supply of mood or behavior affecting substances and by developing an inservice instruction program for staff members.

2. The schools will cooperate with the city or county health department and individual health care providers in appropriate health education and health care.

3. The District shall provide to students and their parents and guardians information about any available drug and alcohol counseling, rehabilitation, and re-entry programs.

IV. TREATMENT

Counselors will be responsible for ongoing communication and cooperation with community drug treatment personnel and for facilitating the educational programming of students in treatment.

V. AFTERCARE

A. It is important that students returning to school from a community inpatient or outpatient treatment program be given aftercare support. Primary aftercare responsibility for students returning from a treatment program rests with those students, their parents, and community treatment program personnel.

B. School counselors will coordinate with the student, parents, and community treatment personnel to facilitate the aftercare plan at school.

Date of Adoption

July 16, 1990

Date of Revision

July 6, 1998

September 25, 2000

April 21, 2014

Reaffirmed

April 19, 2010

Related Policies and Rules

[5400.1: Student Discipline](#)

[5410: Substance Use](#)

Legal Reference

Neb. Rev. Stat. § 28-401

Neb. Rev. Stat. § 79-254 et seq.

Neb. Rev. Stat. § 79-267 (6)