

Free alcohol and substance abuse among children: the effect of school-based health...

[Health & Medicine](#), [Alcoholism](#)



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Overview of the Health Issue

There are four lifetime stages of alcohol use (Swendsen et al., 2012). These include use, regular use, abuse without dependence, and abuse with dependence. Similarly, there are four lifetime stages of illicit drug use. These include opportunity to use, first drug use, drug abuse without dependence, and drug abuse with dependence (Swendsen et al., 2012). Data from the National Comorbidity Survey-Adolescent Supplement (NCS-A) showed that 59. 8% of the sample had alcohol use at some point in their lifetime. The prevalence was 78. 2% among adolescents aged 17 to 18 years and 42. 5% among those aged 13 to 14 years old (Swendsen et al., 2012).

Data from the 2010 and 2011 National Survey on Drug Use and Health show

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that 28. 2% of American adolescents ages 12 through 17 years old used alcohol in the previous year while 19. 2% and 8. 1% reported using illicit drugs and cigarettes during the same period, respectively. More boys than girls (8. 4% versus 7. 7%) reported cigarette smoking (Perou et al., 2013). It was reported that an estimated 4. 7% of the American adolescents aged 12 through 17 years had reported having had a disorder related to illicit drug in the previous 12 months. The prevalence did not significantly change along gender lines, but differences between ethnicities were observed. The drugs used most were marijuana, psychotherapeutic drugs for nonmedical use, hallucinogens, cocaine, and inhalants (Perou et al., 2013). In addition to illicit drug disorder, findings show that in the year 2010-2011, 4. 2% of the children reported having had abused or dependent on alcohol in the previous six months. The rates were higher among girls (4. 7%) compared to boys (3. 7%). In the same year, 2. 8% of the adolescents reported having had experienced cigarette dependence in the previous month. It was observed that boys were more likely to have had cigarette dependence (3. 0%) than girls (2. 5%).

Who Does the Health Issue Impact?

Alcohol and substance abuse, just like other mental disorders, significantly affects children, their families, and communities. Mentally healthy children have better quality of life and interact and function well while at school, home, and the community. Mental disorders among children are characterized by early onset, high prevalence, and significant impact on the child, their family, and the community as a whole, which makes them an

important public health issue. The use of drugs, alcohol, and cigarettes puts children's mental health at risk. The use of alcohol and illicit among children is associated with serious health, financial, and social consequences. School children who use alcohol and illicit drugs might perform poorly in school; have mental disorders, experience accidents and injuries, addiction, overdose, and unwanted pregnancies.

There appears to be certain demographic groups of children that are prone to alcohol and substance abuse (Perou et al., 2013; Swendsen et al., 2012). When children attain the age of 14 years, they seem to start alcohol abuse with or without dependence (Swendsen et al., 2012). In addition, gender, ethnicity, social demographic status seem to be associated with prevalence of alcohol and substance abuse.

Non-Hispanic with multiple races, Hispanics, and white non-Hispanics appear to be particularly at risk of illicit drug disorder, and alcohol abuse or dependence. Non-Hispanic with multiple races and Hispanic adolescents reported highest rates (6.4% and 5.7%, respectively) compared to white non-Hispanics (4.6%), black non-Hispanics (4.1%), and non-Hispanic "other" (2.8%) adolescents. Alcohol abuse or alcohol dependence is also high among non-Hispanics with multiple races, white non-Hispanics, and Hispanics, non-Hispanics of multiple races (5.6%), white non-Hispanics (4.6%), and Hispanics (4.5%) recorded higher rates compared with black non-Hispanics (2.4%), and non-Hispanic "other" groups (2.7%). In relation to cigarette dependence, non-Hispanics and white non-Hispanics are at a higher risk than the other ethnicities. Considering the adolescents aged 12-

17 years old, non-Hispanics multiple races (4. 1%) and white non Hispanic adolescents (3. 6%) had the highest rates compared to Hispanics (1. 8%), black non-Hispanics (1. 6%), and non-Hispanic “ other” group (1. 2%).

Children from low socioeconomic status are at an elevated risk of alcohol abuse and dependence, illicit drug disorder, and cigarette dependence.

Children from families with a family income of more than 200% of the federal poverty line were less likely to have experienced an illicit drug use disorder (4. 2%), compared to their counterparts from families with a family income of > 100% to ≤200% (4. 9%) and ≤100% (5. 7%) of the federal poverty level.

In addition, children from families with an income of more than 200% of the federal poverty level seemed to have a lower cigarette dependence (2. 1%) compared to those from families with an income of > 100% to ≤200% (3. 4%) or ≤100% (3. 9%) of the federal poverty level (Perou et al., 2013).

Children who do not have health insurance are at increased risk of alcohol and substance abuse problems. It was also found that children with medical insurance were less likely to have had had an alcohol abuse or dependence issue (4. 0%) compared to their counterparts who did not have health insurance (5. 9%) (Perou et al., 2013). As it was the case with alcohol, adolescents who did not have health insurance tended to have a higher likelihood of cigarette dependence (3. 7%) compared to their counterparts with health insurance (2. 7%). The findings in relation to the lack of insurance and low socioeconomic status underline the importance of school health centers, especially those “ located in areas where children are underserved, lack health insurance, and face significant barriers to care”

(Senate 2015, n. p.).

Excessive alcohol consumption has serious effects on the economy.

Bouchery and colleagues estimated that the economic cost of excessive drinking in 2006 was \$223. 5 billion. The economic impact of excessive consumption on per capita basis, especially binge drinking, is estimated to be \$746 per person (Bouchery et al., 2011). This economic loss was incurred through lost productivity (72. 2%), increased healthcare costs (11. 0%), criminal justice costs (7. 5%), and the rest was incurred through “ other” costs. Bouchery and colleagues found that the government bore 42. 1% (\$94. 2 billion) of the total economic cost. This cost was met by government at levels including federal, state, and local government agencies. In addition, excessive drinkers and their families bore 41. 5% (\$92. 9 billion) of the total cost (Bouchery et al., 2011).

Severity of the Health Problem

There appears to be a consensus in alcohol and illicit drug abuse among the youth on the severity of these health-threatening behaviors. If no intervention program is implemented, the Californian society might expect increased rates of suicides, mental disorders, homicide, violent behaviors, premature births, low birth babies, and intrauterine growth retardation (Bouchery et al., 2011; Swartz et al., 2014).

Alcohol and substance abuse might lead to suicide. Suicide is ranked as the third leading cause of death among children and young adults aged 15 to 24 years (Wong & Brower, 2012). The interaction between mental disorders and other factors often leads to suicides, which was the second cause of death

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among children aged 12 through 17 years in the year 2010. Perou and colleagues further reported 15.8% of the students had seriously considered attempting suicide, with the rate being higher in girls (19.3%) than in boys (12.5%). In addition, the rate was higher among Hispanic and white students at 16.7% and 15.5% compared to African American students (10.8%). In addition to having seriously considered suicide, 7.8% of the students attempted suicide in the previous 12 months, with the prevalence being higher among girls (9.8%) compared to boys (5.8%). From an ethnic perspective, suicide attempts were higher among blacks (8.3%) than it was among Hispanics and whites, were rates 10.2% and 6.2% respectively. Mental disorders are also associated with high costs which are incurred through health care, juvenile justice, special education, and impaired productivity (Perou et al., 2013).

Further, co-occurrence of disorders associated with substance use and other mental disorders is increasing becoming popular (Brady & Sinha, 2014). Among children with severe mental disorders, alcohol and substance abuse combined with lack of adherence to medication places the child at an increased risk of violent behavior (Swartz et al., 2014). Violent behavior might include assault, threat with a weapon, or injuring another person. Children of the African American ethnicity, previous victims of crime and males were most likely to be violent (Swartz et al., 2014). Lack of prevention interventions would possibly expose children to mental disorders (Brady & Sinha, 2014).

Drinking while pregnant is associated with fetal consequences. There are

cases of fetal alcohol spectrum disorder, spontaneous abortion, and adverse birth outcomes. Under fetal alcohol spectrum disorder, exposure to alcohol leads to the damage of fetus nervous system and organs, which later lead to adverse health consequences (Popova, Lange, Burd, & Rehm, 2012). Adverse birth outcomes might be premature births, low birth weight babies, and intrauterine growth retardation. Alcohol abuse and illicit drug use is further associated with increased crime rates. These include property damage, homicides, and alcohol-attributable motor vehicle traffic crashes (Bouchery et al., 2011).

Overview of the Legislation

In light of the seriousness of alcohol and substance abuse, the Californian State intends to enact into law School-Based Health and Education Partnership Program bill. The bill is currently on the Senate Committee of Appropriation. The bill is sponsored by Senator Carol Liu, who represents the 25th Senate District. This proposed legislation provides for the establishment of School-Based Health and Education Partnership Program. The program shall collaborate with State Department of Education to perform four functions. The functions include provision of technical assistance to school health centers in relation to sound enrolment strategies, liaise relevant organizations such as prevention services, primary care, and family care, and provision of technical assistance in relation to the establishment and growth of school health centers. In carrying out these responsibilities, the program will be required to consult with all interested parties and appropriate stakeholders. These might include the California School-Based

Health Alliance and youth and parent representatives (California Legislative Information, 2015).

Further, the department will be required to found a grant program placed within the program. The fund will be responsible for expansion, renovation, and development of school health centers. The funding will be expected to adhere to certain requirements, including provision of comprehensive set of services, provision of primary and other health care services. The health services should either be provided by or supervised by a licensed professional. The services include physical examinations, diagnosis and treatment of minor injuries and acute medical conditions, management of chronic conditions, basic laboratory tests, referrals and follow-up, reproductive health services, nutrition services, oral health services, and mental health services. Important to note is that school health centers are will now be expected to provide alcohol and substance abuse services, which include assessments, crisis intervention, counseling, treatment, and referral . Other services include evidence-based treatment services, community support programs, outpatient programs, and inpatient care. Moreover, the program will be expected issue grants to school health centers, in which planning grants will be \$25, 000-\$50, 000 for a 6- to 12- month period. Startup shall be \$20, 000-\$250, 000 per year, which might receive an additional \$100, 000 (California Legislative Information, 2015).

The provisions of the proposed law are based on the recognition of the critical role school health centers play to children. It is also acknowledged that they seem to be located in areas where they are needed most because

of children in those areas have no insurance, are underserved and face other challenges. School health centers will help promote the health of students, which is paramount to good performance. Further, school health centers strength community-school partnerships, accountability for local education agencies, and increase school related outcomes such as achievement, attendance, and effective use of educational resources (California Legislative Information, 2015).

Economic Impact of the Proposed Law

The bill, if passed into law, will have significant impact on economy. This proposed law requires expansion, renovations, and establishing of new school health centers, which will require money. The tax payer will have to pay the money. The fund required to be established will most certainly use tax-payers money. However, this money, compared with the economic costs associated with the issues that the heath will address such as alcohol and substance abuse, is justified. Given that school health centers will be involved in preventive services, it is expected that there will be savings in health care spending, reduced visits to the emergency department, utilization of drugs, and expenditures related to inpatient treatment services (California Legislative Information, 2015).

Support and Opposition to the Bill

The bill is sponsored by Senator Carol Bill. Other senators who support the Bill include Isadore Hall, Ed Hernandez, Holly Mitchell, Bill Monning, Janet Nguyen, Jim Nielsen, Dr. Richard Pan, and Lois Wolk. There have been, so far,

no votes recorded on the senators who might be against the proposed law. The impact of the proposed law will be felt on schools, communities, and students. In addition, school districts and state Department of Education of Education will significantly feel the impact of the law. Moreover, there is organization with interest in the legislation that has not only expressed support but has also sponsored the bill. California School-Based Health Alliance reports on its website that it is sponsoring this bill. The organization does not say how the bill will benefit its mission, but it notes that other than changing the language of the 2008 law, the proposed law “ updates the grant categories to better reflect the current needs of SBHCs” (California School-Based Health Alliance, 2015, n. p.). Given that the organization partners with the national School Based Health Alliance in building skills and practices needed for school health centers, the updated grants provide a sufficient reason for supporting and sponsoring the bill. As is the case with senators, there is no group or individual who has so far expressed interest to oppose the bill (California Legislative Information, 2015).

The promoters of the bill believe that that it will enhance the effectiveness of school health centers. Some changes will be observed if the bill passes. If the bill is passed, school health centers will be expanded, innovated, and new ones will be built. In addition, the passage of the bill will change amount given as sustainability grants. School health centers will be able to apply for \$50, 000 to \$100, 000. The uses of the funds, which will be given on a one-time basis, will be carefully examined. Further, the passage of the bill will authorize population health grants ranging from \$50, 000 to \$125, 000 for

funding periods not exceeding three years. The updated grants are expected to provide funds for the construction of new centers, and renovation and expansion of the existing one. Furthermore, the passage of the bill will authorize school health centers to assess, screen, and provide appropriate services alcohol and substance abuse among students (California Legislative Information, 2015).

California School-Based Health Alliance hopes that this will enhance access to health services by students who are otherwise underserved, lack health insurance, and are probably living in low socio-economic backgrounds. Those supporting the bill further believe that expanded school health centers will provide the entire school community with prevention and health integration services for the school community. They hope that the bill will improve access to care and reduce health disparities among various demographics groups by enabling underserved groups access health care services. Students with Latino ethnicity will find this school health centers useful, especially that majority of them seem to be vulnerable to alcohol abuse and substance abuse (California Legislative Information, 2015).

Unintended Consequences

There is a possibility of some unintended consequences following the passage of the bill. The requirement to have the school health centers provide alcohol and health assessment and screening among students might have some unanticipated results. Some students might consider this as some kind of invasion to their privacy by an entity. This is especially the likely case with students who hold negative attitudes towards school.

Recommendation

Combining the provisions of this law and the issue of alcohol and substance abuse, it is recommended that the Senate passes the bill. The reason is that the bill will have important implications for the health of students, especially in the context of alcohol and substance abuse. It will improve access to health care services, especially for students who are not insured and those who are of Latino ethnicity. The expansion, renovation, and building of new school health centers as well provision of services such as alcohol and substance abuse assessment, screening, treatment, and counseling will ensure that issues of alcohol and substance abuse are addressed. This will eventually lead to reduction in undesirable outcomes such as alcohol- and substance-related disorders or dependence. This in turn will reduce rates of suicide, homicide, adverse birth effects, and unwanted pregnancies among students.

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