

National Center Brief

Substance Abuse, Violence, Mental Health, and Academic Success

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The mission of the American school has expanded considerably over the last thirty years. We expect our schools to teach the traditional “three ‘Rs” as well as the subjects and skills needed to prosper in the contemporary world – such as foreign languages and computer technology. At the same time, schools are encouraged to engage in health promotion and risk prevention and to teach children social and emotional skills and how to promote their own wellbeing in a complex and sometimes threatening world. Educators sometimes voice frustration at having to take on these new tasks when shrinking resources make just teaching the traditional subjects more challenging than ever. Support for prevention programs, from educators and taxpayers alike, might be more forthcoming if they realized that prevention programs also contribute to academic achievement.

To quote Howard Adelman and Linda Taylor (2003) of the UCLA Center for Mental Health in Schools:

Our approach to framing a policy rationale for mental health in schools begins with the conclusion arrived at by the Carnegie Council Task Force on Education of Young Adults. In their report, they stress: School systems are not responsible for meeting every need of their students. But when the need directly affects learning, the school must meet the challenge. It is evident that a variety of psychological and physical health problems affect learning in profound ways. Moreover the problems are exacerbated as youngsters internalize the frustrations of confronting barriers (external and internal) to learning, experiencing the debilitating effects of performing poorly at school, and are punished for the misbehavior that often accompanies school failure.

Substance abuse, violence, and emotional disorders interfere with the ability of children to learn and the ability of a school to educate. Students who are under the influence of alcohol or other drugs or battling emotional problems are not going to be able to learn as well as students who devote their full attention to their education. Time, energy, and resources devoted to maintaining order in schools with serious violence and discipline problems are time, energy, and resources not being used for education. Chaotic and insecure school environments also interfere with the academic success of students who otherwise are ready, and willing, to learn.

Substance abuse, violence, and behavioral disorders can form a cluster of risk behaviors. These clusters can often be found afflicting particular individuals – or communities – whose life and social circumstances place them at risk. And these problems can have a profound impact on the ability of

students to learn. A review of the literature by the Massachusetts Department of Education concluded that “Drug use, alcohol use, and tobacco use, pregnancy, poor nutrition and physical inactivity, and violence are all related to diminished school performance” (McManis and Sorenson, 2000). A major study in Washington State concluded that “Groups of middle and high school students with even moderate involvement with substance use and violence/delinquency have dramatically lower academic achievement than groups of students with little or no involvement in these behaviors” (Washington Kids Count, 2002).

Children and adolescents who are under the influence of drugs and alcohol, fighting or acting out, and/or tormented by emotional distress and fear are not going to succeed in school. In addition to the cognitive impact of drugs, alcohol, and emotional distress, these behaviors result in increased absenteeism (or time spent in detention), which also have an impact on a student’s academic success. And a school in which teachers spend much of their time enforcing discipline rather than teaching is not an environment in which most children will learn.

The purpose of this prevention brief is to clarify some of the relationships among substance abuse, violence, and mental health for children and adolescents and to point the reader to resources (found under References, below) that demonstrate how overarching school-wide interventions can help reduce all three of these problems while enhancing a school’s ability to promote academic success for all students.

The Abuse of Alcohol and Other Drugs and Violence

Research indicates that alcohol use (especially heavy alcohol use) and violence among youth are connected (Reiss and Roth, 1993). Alcohol can promote influence young people to behave in ways – or to let themselves behave in ways – that they would not if they were sober. A young person under the influence of alcohol, and especially one who is intoxicated, may not feel restrained by his or her better judgment, nor by the standards of their peers or society, and engage in violence or to behave in ways that provoke confrontations. Alcohol and drug use impairs judgment and decision-making skills, leading youth into potentially violent situations which they might have otherwise avoided and depriving them of the clarity of mind that would help resolve these situations without violence.

The relationship of drugs other than alcohol to violence is more complicated. Like alcohol, drugs can impair judgment and incite violence. And there is a demonstrated relationship at the community level between drugs and crime – including violent crime. Young people on drugs may steal to enforce their habits. The buying and selling of drugs also leads to violence among drug dealers and consumers, drug wholesalers and retailers, and competing drug-selling gangs. (For more information on the relationship of alcohol and other drugs and violence, see Miczek, DeBold, Haney, Tidey, Vivian, and Weerts, 1994)

The contribution that violence can make to the abuse of alcohol or other drugs is less well documented. It has been suggested that some children and adolescents people turn to alcohol or drugs in an effort to cope with the violence in their lives, whether that is domestic or sexual violence at home, bullying at school, or a persistent level of violence in their community.

The Abuse of Alcohol and Other Drugs and Emotional Disorders

The relationship of the abuse of alcohol and other drugs to emotional and behavioral disorders and mental illness, is complicated by the fact that drug and alcohol dependence are themselves diagnostic categories. The question of whether a young person with a dual-diagnosis (that is, who has been diagnosed with both an emotional disorder or mental illness and a drug or alcohol dependence) would have avoided emotional problems if he or she had avoided drugs or alcohol is difficult to answer. Both may be indicative of other personal, family, or environmental risk factors. Researchers also suggest that some young people (such as runaway and homeless adolescents and those with emotional disorders but without access to treatment) “self-medicate” – that is, they abuse alcohol or drugs to cope with their emotional pain.

A report by the Substance Abuse and Mental Health Service Administration (SAMSHA, 1999) reported that:

- Adolescents with serious emotional problems were four times as likely to have used marijuana as adolescents with low levels of emotional problems.
- Adolescents with serious behavioral problems were nine times as likely to be dependent on drugs as adolescents with low levels of behavioral problems.
- Adolescents with serious emotional problems nearly twice as likely to use alcohol as adolescents with low levels of emotional problems. They were also twice as likely to smoke tobacco as adolescents with low levels of emotional problems.
- Adolescents with serious behavioral problems were nearly three times as likely to use alcohol in the past month as adolescents with low levels of behavioral problems. They were also three times more likely to smoke than were adolescents with low levels of behavioral problems.
- Adolescents with serious emotional problems were nearly four times more likely to be dependent on alcohol or illicit drugs than adolescents with low levels of emotional problems. There is also some evidence that the emotional problems are likely to precede the drug dependence.

However, the difficulty in sorting out the precise relationships among risk behaviors does not mean we cannot take effective steps to reduce these behaviors. The Substance Abuse and Mental Health Services Administration’s Report to Congress on The Prevention and Treatment of Co-Occurring Substance Abuse Disorders and Mental Disorders suggests that

Though scan research has been conducted on the prevention of co-occurring substance abuse disorders and mental disorders, the limited data available suggest that since some of the risk factors for mental and substance abuse disorders may be identical (e.g. low socioeconomic status, family conflict, exposure to violence), programs designed to prevent one disorder may prevent or forestall development of the other (SAMSHA, nd).

Emotional Disorders and Violence

Most youth violence is not committed by people with a diagnosable mental illness. It may be that certain types of emotional disorders contribute to violence by affecting judgment and decision-making abilities, or making young people with these disorders more susceptible to peer or social pressure impelling them toward violence. Emotional disorders play a role in suicide and other behaviors involving violence towards oneself (such as self-mutilation).

Being a victim of, or a witness to, violence can take an emotional toll upon children – especially young children. There is evidence to suggest that witnessing violence when young is a risk factor for engaging in violence, or other anti-social behavior, when older. Witnessing violence can also lead to heightened levels of fear, hopelessness, and a loss of control. Research indicates that violence witnessed by young children can result in changes to the brain that can lead to a heightened state of fear or anticipation even in the absence of external stimuli (Child Witness To Violence Project, nd).

Implications for Prevention and Intervention

Evaluation results show that many prevention programs – including many of those reviewed by the National Registry of Effective Programs and Practices (and designated by SAMSHA as Model Programs) – are effective at both preventing problem behaviors and improving academic performance (Northrop Grumman Information Technology, 2002). The ability of prevention programs to reduce risk behaviors and promote academic success provides a strong argument that these programs are not “add-on’s” but intrinsic to the success of the basic mission of a school: providing an effective education to all children.

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