# **Yielding to Temptation:**



# Who Try Alcohol or Drugs?

he teen and young adult years can be challenging for both students and teachers. Even students who come from the best Christian homes will struggle to understand and integrate their personal, social, and sexual identities. Powerful internal struggles occur as young people move toward independence in their thinking, their relationships, and their choice of future occupations. The desire to fit in and to belong can be overwhelming, sometimes leading young people to try whatever their friends are doing. During this transitional time

when they are no longer children but not yet adults, experimentation with adult behaviors is fairly common. Such experimentation may include trying alcohol, cigarettes, or marijuana at a party or in the back seat of a car. Some students will get drunk or high; others will become sexually active (sometimes while drunk or high). For a relative few, such behaviors will lead to catastrophic consequences, including serious injury and death.1

Mixed messages from adults can add to the confusion of teens and young adults, particularly those attending Seventh-day Adventist schools. Teachers often set firm boundaries on

teen behaviors, while at the same time encouraging them to think and act independently. Youth hear messages such as "grow up, but don't challenge the rules," which can, if not handled wisely, lead to resentment and open rebellion. Given the strong Adventist prohibitions against drug and alcohol use, it is likely that even casual experimentation with these substances is perceived by school officials and other church members as even more rebellious and risky for Adventist youth than for young people in secular settings.

How (and when) should teachers discuss issues relating to alcohol and

BY CURTIS J. VANDERWAAL, MARGARET D. HOWELL, DESIREE DAVIS, and ANDREA R. OPEL

drugs with their students? How can they tell the difference between casual experimentation and more serious problems with drugs or alcohol? What should they do once they discover that a student is using these substances? The main purposes of this article are to properly identify whether a student is using addictive substances and then determine how best to deal with that use.<sup>2</sup> This begins with an understanding of who is using what substances.

#### Alcohol and Marijuana Use Among High School and College Students

This article will focus mainly on two substances—alcohol and marijuana, which account for most of the experimentation and subsequent problems experienced by Adventist students and are the most likely to be a problem in denominational school settings.<sup>3</sup> We will first describe current use and abuse rates for these substances among American young people and then shift to known rates among Adventist adults in the North American Division and students at Adventist colleges, the only groups for whom published data currently exist on Adventist substance use.

The U.S. Government-sponsored Monitoring the Future study found that, in 2011, the rates of 8th, 10th, and 12th graders across the U.S. who reported drinking alcohol in the past year was 27 percent, 50 percent, and 64 percent, respectively, while rates in the past 30 days were 11 percent, 28 percent, and 42 percent. Rates of marijuana use in the past year by students at these grade levels were 13 percent, 29 percent, and 36 percent, while rates in the past 30 days before the survey were 7 percent, 17 percent and 23 percent.

Compared to these figures for high school students, use of these substances is even more prevalent among students attending secular colleges in the United States. In 2011, 77 percent of full-time college students reported drinking alcohol in the past year, 61 percent said they were current drinkers (within the past 30 days), 39 percent admitted to binge drinking (usually drinking to get

drunk), and 14 percent classified themselves as heavy drinkers (drinking 10 or more drinks daily or almost daily). About a third of all college students (33 percent) said they had used marijuana in the past year; 19 percent admitted to using in the past 30 days.<sup>5</sup>

#### Alcohol and Marijuana Use Among Adults and Youth in the Church

While Adventist Church leaders would sometimes prefer to deny that alcohol and drugs are a problem in local churches and schools, the facts say otherwise. In 1988, the North American Division (NAD) and the American Health and Temperance Society commissioned the first and only study regarding the incidence of alcohol use and dependence among adult members in the NAD.6 The study found that 14.1 percent of these adults agreed with this statement: "In my congregation, using alcohol is socially acceptable." More than 12 percent of those surveyed said that they had used alcohol (mostly wine) in the past year. Of those Adventists who said they had drunk wine, 64 percent said they used it one to three times a month, with an additional 15.2 percent using it weekly; 7.6 percent indicated near-daily use.

In the same NAD survey, more than 66 percent of the respondents expressed concern that youth in their church were drinking alcohol. This concern has some basis in reality: A 1996 survey conducted by the Institute for Prevention of Addictions, a General Conference-sponsored research and education organization, found that almost 40 percent of students in a cross-section of eight Adventist colleges and universities in the United States had used alcohol within the past year; almost 10 percent had used marijuana during that same time period.<sup>7</sup>

However, a more recent study<sup>8</sup> comparing trends in the use of alcohol and other drug-use trends between an Adventist university and national college data sets revealed two pieces of good news: First, researchers found that although attending an Adventist university does not completely prevent substance use and abuse, the last-year rates

of alcohol use were about half of those reported at secular colleges and universities (43 percent vs. 81 percent). Better yet, binge drinking was about fourfifths less at the Adventist university compared to secular universities (7.5 percent vs. 41.1 percent). The same ongoing Adventist university study found that less than half of Adventist students had tried a drink even once. Almost one-fifth had smoked cigarettes once or twice in their lifetime and decided never to smoke again, and fewer than one percent said they smoked tobacco daily. Fewer than 10 percent said they drank alcohol occasionally at parties. Only three percent reported that they drank three or more times weekly.9

Second, the rates of tobacco, illegal drug, and alcohol use at the same university have remained roughly steady over 25 years, leading researchers to conclude that college students there have probably not increased their use of these substances through the years. Analyses have shown that religious beliefs and behaviors, combined with the prohibition of alcohol on campus, contribute greatly to the lower rates of substance abuse in Adventist schools and colleges.

While we can feel gratified that alcohol and drug use rates at one Adventist college with a very diverse and international population are half or less than half of those of their peers in non-Adventist settings, many of our students *are* using alcohol or marijuana on a regular basis, and some are experiencing severe consequences because of this use.

### Why Adolescents Begin and Continue to Use Drugs

Teens and young adults try alcohol and marijuana, and continue to use them, for a number of different reasons. This section discusses the most common reasons.

#### To Fit in

One of the life tasks for adolescents is to become comfortable with their personal, social, and sexual identities as they prepare to become adults. Fitting in with peers, while at the same time



becoming independent, are critical concerns at this point in a teen's life. Unfortunately, society is flooded with messages that encourage young people to use alcohol, tobacco, and other dangerous substances to enhance their personal, sexual, and social lives. A strong desire to fit in and belong can sometimes lead teens to try alcohol or drugs when their friends are also exploring new experiences.

#### To Feel Grown Up

Children imitate adults, in part because they want to be independent. To a young person, being grown up means freedom to make his or her own decisions and being able to eat, drink, and do pretty much anything he or she wants. Children and teens learn how to make decisions by modeling the behaviors of the adults in their lives. They internalize attitudes about drugs and alcohol by watching whether/how the adults in their lives use these substances. If adults use alcohol or drugs, they may be giving youth these messages:

- The best way to cope with problems is to hide from them by drinking or using drugs;
- Drugs and alcohol are not really that bad for your health;
  - It's OK to break the law if it stands

in the way of your own desires;

- It's acceptable to go against the teachings of the church;
- Getting drunk or high makes you feel happy and relaxed;
- It's easier to use drugs or alcohol to help you avoid or forget your problems than to solve them;
  - Drinking is the way to fit in socially.

#### To Feel Good

Adults and children sometimes choose unhealthy ways of dealing with stress. Adolescents need to learn how to deal with stress effectively and positively, make healthy decisions, and relax in ways that do not have negative effects on their bodies and minds. Activities that promote these goals include regular exercise, creating a stress journal to write out feelings and possible solutions, expressing feelings to a trusted mentor or friend instead of bottling them up, and listening to relaxing music.

#### To Satisfy Curiosity

Many young people are very curious about drugs and alcohol. They quickly recognize the contradictions in the messages that they receive about these substances in the media, at school, and

at the dinner table. Even when adults have done an outstanding job of educating and nurturing the children in their care, some teens will express curiosity about alcohol and drugs. It's likely that they will acquire information about drugs from unreliable and inaccurate sources, so parents and teachers need to bring up the subject before young people hear about it from their peers and the media.

#### To Test Limits and Take Risks

Another major life task for adolescents is to achieve independence in their thinking, their relationships, and their choice of future occupation. Teens need to learn how to take appropriate risks as they attempt to balance the need to be cared for with the desire for independence. As children approach puberty, nearly every aspect of their lives is new and unexplored. Most young people will continue to look for opportunities to expand their horizons and to grow.

Some youth, however, take more risks than others. They want to try everything, and don't always know how to make smart and healthy decisions about potential risks. Furthermore, gifted students who feel bored or unchallenged intellectually may turn to alcohol or drugs as a way to test their mental capacity. Other teens see experimenting with drugs and alcohol as a chance to prove that they "can handle it."

Risk-taking is often revealed in clothing and music choices, body piercing, tattoos, hair styles, and general resistance to authority. It can also include behavior with the potential for dangerous consequences such as running away from home, becoming pregnant or getting someone pregnant, driving recklessly, or riding with a drunk driver. The strong desire to acquire the privileges of adulthood, combined with pervasive media images of attractive people drinking, smoking, and taking drugs, can be a powerful temptation to some teens. As mentioned earlier, given the strong Adventist prohibitions against drug and alcohol use, it is likely that experimentation with these substances is seen as even more rebellious and risky for Adventist teens than for secular young people.

#### Signs and Symptoms of Alcohol and Drug Use, Abuse, and Dependence

Despite all our best efforts to educate students and develop anti-drug and alcohol policies, some young people will still experiment with these substances, others will become regular users, and a few will become addicted. While teachers may suspect that a student is using alcohol or drugs, they may be unaware of some of the signs and symptoms that signal a need for help. Table 1 focuses on the differences between intoxication, abuse, and dependence for both alcohol and marijuana, as well as the physical and behavioral signs of each. The table was developed using a variety of resources that can be found in the references.

Signs of alcohol or marijuana intoxication are mostly physical in nature and indicate that the drug is still present in the body. Alcohol or marijuana abuse indicates heavier use (beyond experimentation), which generally affects daily activities such as school or job performance, and includes indirect consequences from drinking (e.g., dropping grade-point average) as well as more direct problems resulting from intoxication (e.g., impaired or drunk driving).

Alcohol or marijuana dependence (also known as addiction) is the most serious level, involving actual changes in brain chemistry. At this stage, the individual experiences overwhelming cravings and an inability to resist using the substance. Addiction usually results in increased tolerance for the drug, meaning that it requires progressively larger doses to achieve the same effect on the person. Addiction also involves withdrawal, a series of temporary physical or psychological symptoms that occur when the addict abruptly quits using the substance. Another defining feature of addiction is impaired judgment, rendering the addict unable of accurately predicting whether any use of the alcohol or drug will lead to unhealthy or unsafe behaviors. A final major feature of addiction is the negative consequences that often occur from misuse of the drug. These might include physical injury,

Table 1. Symptoms of Alcohol and Marijuana Intoxication, Abuse, and Dependence<sup>10</sup>

	ALCOHOL	MARIJUANA
INTOXICATION	Odor of alcohol on breath	Unusual sweet smell on breath, body, or clothing
	Unsteady gait	Dilated pupils and bloodshot eyes
	Impaired reaction time, inattention, and lack of concentration while driving a car/motorcycle, riding a bicycle, or operating machinery	Driving "stoned"
	Slurred speech	Relaxed and happy
	Poor eye-hand coordination and slowed reaction time	Tremors, slurred speech, slowed reaction time, or impaired coordination
	Missing school or work	Dry throat and intense thirst
	Uncontrollable eye movements	Coughing and dizziness
	Drowsiness or unconsciousness	Nausea and vomiting
		Unusual sensitivity to stimuli and awareness of sensory perceptions
ABUSE	Strong craving for alcohol	Sleep problems
	Loss of control regarding or neglect of work, home, or school activities	Physical pain
	Reduced anxiety	Impaired short-term memory, concentration, and knowledge retention
	Engaging in activities that could result in injury such as driving a car/motorcycle, riding a bike, or operating machinery while under the influence	Changes in appetite or sleep pat- terns. Sudden weight loss or gain

legal trouble, financial difficulties, academic failure, family conflict, or other severe problems associated with the use of the substance.<sup>11</sup>

Teachers should also watch for other changes in normal behavior that may indicate that students are having a problem with alcohol or other drugs.

These could include:

#### **Health Indicators**

- Frequent accidents
- Frequent "flu" episodes, chronic cough, chest pains
  - Unexplained mood changes, espe-

	ALCOHOL	MARIJUANA
	Loss of appetite	Deterioration of physical appearance, personal grooming habits
	Mood and attitude changes	Depression
	Depression	Sleep problems
	Fatigue	Fragmented thoughts
	Heightened secrecy about actions or possessions	Disoriented behavior
DEPENDENCE	Increased tolerance—requires more and more alcohol to get intoxicated	Talking loudly
	Withdrawal symptoms such as nausea, sweating, shakiness, anxiety, and even convulsions and death when the person stops drinking after a period of heavy use	Chronic respiratory irritation
	Inability to predict how much alco- hol he or she will ingest	Increased tolerance—requires more marijuana to get high
	Continued use despite negative consequences	Mild to moderate withdrawal symptoms, including anxiety, irri- tability, insomnia, restlessness, and depression
	Strong cravings and loss of control over alcohol intake	Difficulty in adjusting to life's challenges
	Blackouts (although conscious, retains no memory of events)	Continued use despite negative consequences
		Strong cravings and loss of control over marijuana use

cially involving irritability and hostility

- Changes in health or grooming Family Relationships
- Decreased interest in school or family social activities, sports, and hobbies
- Secrecy, lying, or reluctance to provide specific answers to questions about activities
- Strange phone calls or hang-ups School Activities
  - Deteriorating school performance
  - Irregular school attendance
  - Unexplained drop in grades

- Loss of interest in normal activities
- Confusion or inability to concentrate

#### **Relationship With Peers**

- Dropping old friends
- Acquiring new friends
- Attending parties where adults are not present to monitor behavior

#### Personal Issues

- Change in personal priorities
- Collecting beer cans or drug paraphernalia

#### Possession of drug materials

• Wearing clothing or jewelry that is symbolic of drug or gang culture, including promotional items from cigarette and beer companies

It is important to note that the presence of these changes or symptoms does not necessarily mean that a person is using drugs or alcohol, but these warning signs are often associated with such behaviors.

#### **Ways Teachers Can Help**

Although teachers are not trained to be substance-abuse counselors, they can take a number of actions to reduce the chances that a student will begin using alcohol or marijuana. There are also ways to lower the odds that students who have begun to experiment with drugs will continue to regularly use these substances. Finally, if a student is showing signs of substance addiction, teachers need to know how to make a referral for appropriate addiction assessment and treatment. Ways teachers can help include the following:

## 1. Help children and teens learn to express their thoughts and feelings, and listen to what they say.

Being able to express thoughts and feelings is the essence of being human. When we try to limit the thoughts and feelings of children and teens, we thereby make it more difficult for them to verbalize their joys and frustrations and to work through their problems. Young people who are taught to express themselves are likely to have an easier time dealing with peer pressure and resisting other temptations. If students are encouraged to participate in discussions about the dangers of drugs both formally in the classroom and informally in your presence, they are more likely to be able to say "no" to drugs in peer-pressure situations.

Ignoring students' need to discuss their concerns, or being dismissive of their thoughts and feelings, could damage their connection to you and other people in their lives. This may make them more likely to rebel, hide out, or get even. We've all heard stories about young people who are ignored, abandoned, or bullied. Some will express their pain through violence or other

unhealthy forms of acting out. Others will repress their feelings, which often results in depression or seeking to ease the psychic pain through promiscuity, dysfunctional friendships, or consuming alcohol or other dangerous substances. Students can be encouraged to express their feelings by referring to real people or characters on TV, or in songs, movies, or books. Ask the student if he or she feels the way that person in the arts does and what that feels like.

### 2. Talk calmly and knowledgeably with students about drugs and alcohol.

Teachers can serve as role models for healthful living and also discuss experi-

about sex and sexuality). It is particularly important that the teacher respond empathetically to questions and concerns rather than being judgmental and heavy-handed.

Conversations might include the following:

- discussing the dangers of alcohol, marijuana, and other drugs, with realistic descriptions of consequences rather than resorting to scare tactics
- pointing out the manipulation and lies of advertisers in promoting alcohol and other drugs, using examples from various media
- discussing how to make good decisions



mentation with dangerous substances with students before they are tempted to try alcohol, tobacco, or other drugs. Many youth begin to experiment with cigarettes, alcohol, and marijuana by age 11 or 12, so it's never too early to start talking about the risks of dangerous substances. It is important to frequently create openings to discuss with students the physical, psychological, and social consequences of drug and alcohol use. If children and teens feel comfortable talking about drugs and alcohol, they are less likely to see these subjects as taboo and therefore tantalizing, and more likely to ask questions or express their curiosities and concerns (the same argument holds true for open discussions

• talking about ways to deal with peer pressure to use alcohol or drugs, including role-playing how to resist negative peer pressure. (This will require lots of regular practice over time!)

Adolescence and young adulthood are developmental stages that involve a lot of questioning and dialogue. Adults should encourage young people to talk about risk taking and to explore the potential trade-offs and consequences. Risk taking is a natural, necessary part of growing up, and offers both healthy and harmful risks. For example, young people will hear that many people can regularly drink low amounts of alcohol without becoming alcoholics. They may also read that some studies have shown an

association between moderate alcohol consumption and certain health benefits. However, it's important for teachers and other authority figures to explain the complexities and shortcomings of such research because a teen can search the Internet for popularized (and oversimplified) reports on these studies, and a teacher's ability to respond in a calm, knowledgeable, and interactive manner will go a long way toward reassuring the student of the teacher's command of the facts. (The article by Drs. Landless and Williams on page 25 of this issue will help you prepare yourself for this discussion.) Such discussions help the teen or young adult to learn to make good decisions about which risks to take and which to avoid.

## 3. Learn about the popular culture of children and teens, and talk with them about it.

Today's youth are bombarded by many forms of media (such as lyrics of popular songs, fashion magazines, movies) that feature alcohol and drug use and promote the notion that it's normal, fun, and even healthy to drink alcohol and take drugs. While not all of these voices promote use, the majority of these messages contribute to many teens' inaccurate perception that everyone is getting drunk or high. Such perceptions are dangerous because youth who think that their peers' alcohol or drug-use rates are high are more likely to conclude that "everybody is doing it" and engage in the same behavior.12 Ask students to recite the lyrics of their favorite songs and tell you what these lyrics mean to them. Ask them why some teens dress in a certain way. As you gain their confidence, you can bring moral principles into the discussion if you positively engage students without lecturing them.

### 4. Help young people build positive, solid relationships.

Young people today are often raised by and interact with a variety of different caregivers, such as grandparents, foster parents, babysitters, coaches, and mentors, in a variety of settings. Because of the shallowness and disintegration of many adult relationships that they obrug- and alcohol-abuse prevention programs can help educate students about dangerous substances and provide an environment for important conversations about risk taking and dealing with peer pressure.

serve, young people may find it difficult to believe that interpersonal relationships can be counted on to meet their needs. But that doesn't mean that they don't want to believe. They crave the security of believing that their relationships are solid and will last, and that they can count on the people in their lives. Your positive relationships with students can provide this assurance. Value the young people with whom you interact, seek their input, and make your expectations clear as they grow and mature. They will test your commitment over and over again until they are very sure that you mean it.

Teachers, parents, and mentors can encourage young people to apply their craving for risk taking to positive social, emotional, and intellectual situations instead of experimenting with dangerous substances and activities. Caring adults can play a strong role in helping adolescents fight the pressure to use alcohol and drugs. Not wanting to hurt the adults in their lives is a common reason that young people give for not using alcohol and drugs. Adult role models need to clearly convey to students how important it is for them to avoid these substances. However, this message will register in a young person's mind only if the adult first models good behavior and then demonstrates a strong and consistent concern for that teen or young adult. That level of caring, along with clearly communicating that the teacher

or mentor does not want the child to use alcohol or drugs, provides a strong motivation for young people to refuse these substances.

## 5. Encourage children and youth to participate in prevention programs and after-school activities.

Drug- and alcohol-abuse prevention programs can help educate students about dangerous substances and provide an environment for important conversations about risk taking and dealing with peer pressure. The most effective programs include more than just facts about drugs. They show young people how to resist peer pressure to use dangerous substances and teach them how to make good decisions. Many of these programs train older youth to speak to younger children, as well as teach young people how to counsel their peers about avoiding or quitting substance use. These educational resources can be adapted to fit into Adventist school settings.

Teachers and parents must not underestimate the value of keeping teens busy. Most children and teens get into trouble between the hours of three and six p.m., after school closes and before working parents arrive home. Children and adolescents need to be provided with structured, supervised activities that teach good values, promote social skills, and consume their time and en-

ergy. Activities like sports, music, and regular employment can help to channel an adolescent's energy in positive directions.

#### 6. Make referrals when needed.

Finally, some teens are going to become involved with alcohol or drugs despite the best intentions of parents and other involved adults. In many, and perhaps most cases, teens who experiment with cigarettes, alcohol, or other drugs will not become addicted or develop other serious problems as a result of their experimentation. However, some adolescents do develop long-term drug and alcohol problems. These cases require more than just prayers, lectures, or an automatic dismissal from school without attempting to address the underlying issues and challenges associated with the substance use. Most communities have programs and professionals available to help with drug and alcohol problems. Investigate referral options and build connections with local agencies and professionals who can help adolescents and young adults experiencing addiction problems.<sup>13</sup> This will help teachers, mentors, and parents make appropriate decisions when the need for further help does arise. Feeling reassured that you are not alone and asking for qualified help helps provide a solid foundation for putting adolescents on the path toward recovery.

#### 7. Ask for divine help.

Students who are struggling to resist or stop using drugs or alcohol will be empowered to overcome through their own prayers and those of people who care about them. Prayer can help students resist peer pressure—encourage them to pray for courage and the right words to say when friends urge them to drink at a party or to try tobacco or marijuana. Be sure to pray often for and with your students. Most students are strengthened and encouraged when teachers and mentors offer to pray with them about their struggles and temptations. Teachers can also pray for guidance to say the right words to young people who are challenged by drugs or alcohol or who are testing boundaries and exploring new ways of thinking and acting.

#### **Conclusion**

The teen and young adult years are full of changes and challenges. While most Adventist adolescents are relatively well-adjusted and do not regularly use dangerous substances, alcohol and marijuana experimentation is still quite common during the teen years, with some adolescents becoming more heavily involved than others. It is important for teachers, parents, and mentors to become informed about the signs and symptoms of a substance-use problem. Forming supportive relationships and strong communication patterns with teens lowers the risk of both experimentation and long-term substance use. In addition, teachers need to know what to say and do once an adolescent is identified as having a problem. Finally, while prayer provides valuable encouragement and strength to deal with this problem, it is important to allow God to work through human sources as well. For this reason, teachers should not hesitate to find professional help in dealing with this complex and difficult problem. This will ensure that addicted students and their families can receive both the spiritual and human help they need to overcome their involvement with alcohol or drugs.



Curtis J. Vander-Waal, Ph.D., M.S.W., is Chair and Professor of Social Work at Andrews University in Berrien Springs, Michigan. He is

also the Director of the Center for Community Impact Research at the Institute for Prevention of Addictions, also located at the university.



Margaret D. Howell, M.S.W., L.I.C.S.W., is Assistant Professor of Social Work at Andrews University, where she coordinates the dual de-

gree program in theology and social work. Her professional interests include

the "Give an Hour for Veterans" program, brain injuries, ADHD, and assessment and treatment of children and adolescents.



Desiree Davis, M.S.W., L.C.S.W., is Associate Professor of Social Work and Director of the Bachelor of Social Work Program at Andrews Univer-

sity, and is in the final stages of completing her Ph.D. in Educational Psychology.



Andrea R. Opel, M.S.W., M.Div., recently earned a Master of Social Work degree from Andrews University and a Master of Divinity degree from

the Anabaptist Mennonite Biblical Seminary. She is currently employed as a social worker on the Child & Adolescent Outpatient Team at Oaklawn Psychiatric Center in Elkhart, Indiana.

#### NOTES AND REFERENCES

- 1. Robert W. Blum and Farah Qureshi, "Morbidity and Mortality Among Adolescents and Young Adults in the United States," Johns Hopkins University, Bloomberg School of Public Health Fact Sheet (2011): http://www.jhsph.edu/research/centers-and-institutes/center-for-adolescent-health/az/\_images/US%20Fact% 20Sheet\_FINAL.pdf. Accessed March 28, 2013.
- 2. This article is a companion piece to "Balancing Justice and Mercy: Redemptive Ways of Dealing With Student Substance Use," on page 40 of this issue, which addresses policies that academies can adopt to more effectively deal with students who are found to be using alcohol or drugs.
- 3. Although Adventist academy and college students also sometimes experiment with cigarettes and other illegal drugs such as cocaine or methamphetamine, this article will focus on alcohol and marijuana since they are most commonly used and are likely to cause the most problems in school settings.
- 4. Lloyd D. Johnston, Patrick M. O'Malley, Jerry G. Bachman, and John E. Schulenberg,

- "Monitoring the Future: National Results on Adolescent Drug Use: Overview of Key Findings, 2011" (Ann Arbor: Institute for Social Research, the University of Michigan, 2012): http://www. monitoringthefuture.org/pubs/monographs/mtf overview2011.pdf. Accessed March 15, 2013.
- 5. \_\_\_\_\_\_, "Monitoring the Future: National Survey Results on Drug Use, 1975-2011: Volume II, College Students and Adults Ages 19-50" (Ann Arbor: Institute for Social Research, The University of Michigan, 2012): http://monitoringthefuture.org/pubs/monographs/mtf vol2\_2011.pdf. Accessed March 15, 2013.
- 6. Duane C. McBride, Patricia B. Mutch, Roger L. Dudley, April G. Julian, and Winton H. Beaven, "Adventists, Drugs, and a Changing Church," *Adventist Review*: NAD Edition 166:22 (June 1, 1989):12-14.
- 7. William Hernandez and Patricia B. Mutch, Alcohol and Drug Use in North American Division Colleges and Universities (Berrien Springs, Mich.: Institute for Prevention of Addictions, Andrews University, 1996).
- 8. Herbert W. Helm, Jr., Lisa M. Lien, Duane C. McBride, and Brandon Bell, "Comparison of Alcohol and Other Drug Use Trends Between a Prohibitionist University and National Data Sets," *Journal of Research on Christian Education* 18 (2009):190-205.
- 9. Alina Baltazar, Duane C. McBride, Curtis J. VanderWaal, Gary Hopkins, and Olivia Titus (2013). Unpublished data.
- 10. R. Andrew Sewell, et al., "The Effect of Cannabis Compared With Alcohol on Driving," American Journal of Addictions 18:3 (May/June 2009):185-189; Sherri Fisher, et al., "Teenagers Are Right—Parents Do Not Know Much: An Analysis of Adolescent-Parent Agreement on Reports of Adolescent Substance Use, Abuse, and Dependence," Alcoholism Clinical and Experimental Research 30:10 (2006):1699-1710; Joan Bottorff, et al., "Relief-Oriented Use of Marijuana by Teens," Substance Abuse Treatment, Prevention, and Policy 4:7 (April 23, 2009):1-10; Lydia Shrier, et al., "Individual and Contextual Predictors of Severity of Marijuana Use Events Among Young Frequent Users," Addictive Behaviors 38:3 (January 2013):1448-1456; Lawrence Robinson and Melinda Smith, "Drug Abuse and Addiction": http://www.helpguide.org. Retrieved April 5, 2013; Melinda Smith, Lawrence Robinson, and Jeanne Segal, "Alcoholism and Alcohol Abuse". http://www.helpguide.org. Retrieved April 4,
- 11. American Psychiatric Association, *Diagnostic and Statistical Manual of Mental Disorders: DSM-IV-TR.* 4 (Washington, D.C.: American Psychiatric Association, 2000), p. 215.
- 12. Johnston, et al., "Monitoring the Future," op. cit.
- 13. See the article in this issue titled "Balancing Justice and Mercy: Redemptive Ways of Dealing With Student Substance Use" on page 40, which addresses ways to assess and refer students to drug-treatment programs when needed.