

**The Glen Ridge  
School District,  
Police Department,  
Municipal Alliance  
Committee (MAC) &  
Safe Homes presents**

**Underage Substance Abuse:  
Facts, Prevention,  
Consequences & Resources**

**Information for Students & Parents**



March 2008

## **ACKNOWLEDGMENTS**

We would like to thank the Somerset Hills School District for allowing us to use parts of their "Responsibility Guidelines" and to borrow from their ideas. This booklet is a compilation of facts and strategies that we hope will be effective in addressing the issues of underage substance use, abuse and its consequences.

### **Glen Ridge Municipal Alliance Committee (MAC)**

In 1989, New Jersey adopted legislation creating the Governor's Council on Alcoholism and Drug Abuse and the Alliance to Prevent Alcoholism and Drug Abuse. Funding for the program comes from fines related to the Drug Enforcement Demand Reduction program, with a 25% cash match raised by each municipality's Alliance. The creation of the alliance was based on the understanding that the cooperation and active participation of all communities in the State is necessary to achieve the goal of reducing alcohol, tobacco and other drug (ATOD) abuse. The Alliance's goal is to develop alcoholism and drug abuse prevention and public awareness programs and networks in every municipality in the state.

Each alliance is responsible for organizing efforts involving schools, law enforcement, business groups and other community organizations for the purpose of reducing alcohol and drug abuse. The Alliance offers programs that engage youth in healthy, positive and drug free activity during non-school hours, as an effective prevention strategy against less constructive activities, such as substance abuse. **For more information on MAC and our programs visit our website at:**

**[www.glenridge.org/ourtowns/MAC](http://www.glenridge.org/ourtowns/MAC)**

*Please be advised that this brochure does not provide all of the federal and state laws, nor does it describe the ordinances of all governmental authorities that may have jurisdiction over parents and students. Furthermore, the governmental bodies responsible for enacting these laws can, and frequently do, change them usually to make the laws and penalties more severe. For a more complete understanding of the impact of these laws and their*

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*application, readers are urged to contact their local prosecutor, the Glen Ridge Police Department, or legal counsel.*

Dear Parents,

Young people are especially vulnerable to becoming users of alcohol, tobacco and other drugs and encountering associated problems. Parents and schools play a critical and essential role in a comprehensive, community-based prevention effort. Parents, in partnership with schools, can work together to eliminate tolerance of young people using alcohol, tobacco or other drugs.

We believe it is all of our responsibility, as educators and parents, to follow, outline and enforce the law and help our children do the same. We, as adults, have the responsibility to provide a safe and drug free environment for the children in this community.

This booklet provides you with information on signs and symptoms of drug and alcohol abuse, school policies and local laws. We urge you to review this booklet with your children. Specifically, talk with them and make sure that they know the facts about alcohol use and its consequences; suggest they look at some of the websites designed for kids listed in the resource section of this book. We cannot stress enough the importance of open family communication concerning these issues.

Please consider using this handbook as a catalyst for communication among other parents as well. Feel free to contact MAC with any suggestions you may have for programs we can provide to support your efforts ([mac@glenridgenj.org](mailto:mac@glenridgenj.org)).

Sincerely,

**Daniel Fishbein Ed.D**  
Superintendent

**John Magnier**  
Chief of Police

**Kenneth Rota**  
Principal, GRHS

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### **THE FACTS - DID YOU KNOW...?**

Alcohol is the drug of choice among youth. Many young people are experiencing the consequences of drinking too much, at too early an age. As a result, underage drinking is a leading public health problem in this country. Underage drinking can be dangerous and lead to other high risk behaviors, including drug use.

- Research shows that alcohol drinking is widespread among adolescents. For example, 2002 data from Monitoring the Future (MTF), an annual survey of U.S. youth, show that more than three-fourths of 12th graders, two-thirds of 10th graders, and nearly half of 8th graders have drunk alcohol at some point in their lives. And when youth drink, they tend to drink heavily. Underage drinkers between the ages of 12 and 17 consume on average 4 to 5 drinks per occasion, about 5 times a month. By comparison, adult drinkers aged 26 and older consume on average 2 to 3 drinks per occasion, about 9 times a month.
- When youth drink they tend to drink intensively, often consuming four to five drinks at one time. MonitoringTF data show that 11 percent of 8th graders, 22 percent of 10th graders, and 29 percent of 12th graders had engaged in heavy episodic, or binge, drinking within the past two weeks. For more information, refer to:  
[http://monitoringthefuture.org/pubs/monographs/vol1\\_2005.pdf](http://monitoringthefuture.org/pubs/monographs/vol1_2005.pdf).
- Underage drinking can result in a range of adverse short-and long-term consequences, including academic and/or social problems; physical problems such as hangovers or illnesses; unwanted, unintended, and unprotected sexual activity; physical and sexual assault; memory problems; increased risk of suicide and homicide; alcohol-related car crashes and other unintentional injuries such as burns, falls, and drownings; and death from alcohol poisoning.  
**National Institute on Alcohol Abuse and Alcoholism National Institutes of Health  
U.S. Department of Health and Human Services <http://www.niaaa.nih.gov/>  
NIH-04-5465 September 2004**
- Each year, approximately 5,000 young people under the age of 21 die as a result of underage drinking; this includes about 1,900 deaths from motor vehicle crashes, 1,600 as a result of homicides, 300 from suicide, as well as hundreds from other injuries such as falls, burns, and drownings (**For references, see NIAAA's publication Alcohol Alert No. 67, Underage Drinking**).

### **THE FACTS - DID YOU KNOW...?**

- Data from NIAAA's 2001-2002 National Epidemiologic Survey on Alcohol and Related Conditions (NESARC), a survey of 43,000 U.S. adults, showed that early alcohol use, independent of other risk factors, may contribute to the risk of developing future alcohol problems. Those who began drinking in their early teens were at greater risk of developing alcohol dependence at some point in their lives, and they were also at greater risk of developing dependence more quickly and at younger ages. **The findings were reported in the journal Archives of Pediatrics & Adolescent Medicine, Volume 160, pages 739-746.**

**On January 24, 2008, the Montclair Times sited the following statistics by the National Council on Alcoholism and Drug Dependence:**

- 23.6% of 8<sup>th</sup> grade students in NJ have used alcohol in the past 30 days.
- 12% of the States 7<sup>th</sup> graders have used alcohol in the past 30 days.
- 11.5% of 7<sup>th</sup> graders and 14.5 % of 8<sup>th</sup> graders had their first drink of alcohol (more than a few sips) before the age of 11 and 20.1% of high school students drank before they were 13.
- 27.9% of New Jersey's 7<sup>th</sup> and 8<sup>th</sup> graders who used alcohol in the past 30 days got F's.

### **WHY KIDS USE**

There are a variety of social, emotional, physical and environmental factors that contribute to this question. A recent article in the Montclair Times cited four main reasons teens interviewed gave for drinking, social appeal, the loss of inhibitions, feeling more mature and less commonly, getting drunk.

People in general use substances for a variety of reasons, such as self-medication, social anxiety/relaxation, peer use, dependence, or boredom.

### **WHY KIDS USE - continued**

- **Self Esteem issues leading to Self-medication:** More than 11 million children suffer from depression at any given point in time. Kids under stress, who experience loss, or who have attention disorders, are at higher risk for depression. Depression also tends to run in families. Depressed teens may be more likely to use alcohol, tobacco, or other drugs as a way to feel better.
- **Social anxiety/ Peer Use:** Teens want others to like them. Sometimes the group they want to join is using, or the teen thinks the group is using. Sometime kids turn to alcohol and other drugs to feel like they fit in, to overcome anxiety, change their personality, or give themselves courage to talk to other people. For some teens, wanting to fit in and belong is the most important part of growing up.
- **Boredom/Curiosity:** For teens, there is a curiosity that is associated with alcohol and other substances. Even with all of the educational information provided outlining the risks, a number of them remain innately curious. Kids seem to also find out a lot about substances from unreliable sources. Kids are smart and they are very quick to pick up mixed messages in the media, at school or at the dinner table.

### **WHY KIDS SHOULDN'T USE**

*Most information taken from [www.ncadi.samhsa.gov/govpubs/rpo992](http://www.ncadi.samhsa.gov/govpubs/rpo992)*

There are obvious and some not so obvious reasons why kids should not use alcohol and other substances. Some parents take the position that kids are going to drink no matter what parents do and they would rather have them learn how to drink now than at college. Some parents believe that they can teach “responsible drinking” when they provide alcohol to their own children and perhaps their friends, but take away their car keys. This mixed message not only breaks the law, but misleads kids into thinking any drinking without driving is safe. Here are some of the other dangers of underage drinking:

- **Drinking can damage Self-Respect** - Teens need to pay attention to ways in which alcohol might cause them to do something embarrassing that might damage their self-respect and important relationships.
- **Drinking impacts the ability to learn** - A lower dosage of alcohol will damage a young brain compared to a fully matured brain, and young brains are damaged more quickly. Alcohol exposure during adolescence is linked with a reduced ability to learn compared with those not exposed until adulthood.

### **WHY KIDS SHOULDN'T USE - continued**

- High School students who use alcohol or other substances are five times more likely than other students to drop out of school or to believe that earning good grades is not important.
  
- **Underage Drinking is illegal** - Alcohol use under the age of 21 is illegal; getting caught may mean trouble with authorities, for both parents and underage children. Even if getting caught doesn't lead to police action, the parents of your child's friends may no longer permit them to associate with your child. If drinking occurs on school grounds, your child will be suspended. *See the Consequences section for more details.*
  
- **Drinking can be dangerous** - In 1997, 21% of the young drivers 15-20 years old who were killed in crashes were intoxicated.
- In a high percentage of serious crimes, alcohol is found in the offender, the victim, or both, and alcohol-related problems are disproportionately found in both juvenile and adult offenders.
- Approximately 240,000-360,000 of the Nation's 12 million current undergraduates will ultimately die from alcohol related causes.
  
- **Drinking Is Unhealthy**
- A 2005 study by the National Institutes of Health revealed that the frontal lobes (of the brain), which allow people to evaluate the risks and consequences of their actions, are not fully developed until the age of 25. The study showed that up to age 25 there is still actual division of cells...The effect alcohol can have on those cells while they're in a formative stage is very significant. (*Montclair Times 1/28/08*).
- People who begin drinking before the age of 15 are four times more likely to develop alcohol dependence than those who wait until 21.
- Adolescents who drink heavily assume the same long-term health risks as adults who drink heavily (liver cirrhosis, stroke, cancer).
- Adolescents who use alcohol are more likely to become sexually active at an earlier age and to engage in unprotected sex.
- One study showed that students diagnosed with alcohol abuse were four times more likely to experience major depression than those without an alcohol problem.
- Studies show that addiction is hereditary and, the earlier and more you consume increase your chances of developing such a disease. If one or more of your immediate family or extended family members has suffered from alcoholism, your child may be somewhat more vulnerable to developing a drinking problem. Your child needs to know that for him or her, drinking may carry special risks.

## PREVENTION AT HOME

The information below is summarized from [www.theantidrug.com](http://www.theantidrug.com), under Advice and then Monitoring. Refer to the website for much more helpful information on each item listed.

### Here's What Parents Can Do.....

Ask Questions	Know who, what, when and where
Be More Involved	Establish time together Have Family Meetings Ask where your kids are going, who they will be with and what they will be doing. Try to be there after school Eat Meals together as often as possible
Be Prepared	Teens who learn anti-drug messages at home are 42% less likely to use drugs.
Make your position clear	Make your position clear when it comes to dangerous substances like alcohol, tobacco, and other drugs. Don't assume that your children know where you stand.
Make Clear Rules	Set rules & consequences in advance The rules must be consistently enforced Punishments should involve mild, not severe, negative consequences. Set a curfew Have kids check in at regular times when they are away from home or school Call parents whose home will be used for a party Make it easy to leave a party where drugs are being used Listen to your instincts
Address Peer Pressure	Role play different scenarios with your children.
Limit Media Access	Use Media messages as teachable moments
Praise Positive Behavior	Accentuate the positive
Be Honest	The most effective deterrent to drug use is you, the parent. Regardless of your own history with drugs or underage alcohol use, it's your responsibility to set limits for your teen.
Show Love	Spend time with your kids, talk to them, get to know their friends. Research shows that knowing your kids, who they hang out with - and their parents - dramatically reduces the likelihood that they will get into trouble with tobacco, alcohol, and drugs.
Be A Good Role Model	Be a living, day-to-day example of your value system.

## PREVENTION AT HOME

- **Alcohol is a drug that needs to be respected.** While your child may believe that he or she wouldn't engage in hazardous activities after drinking, point out that because alcohol impairs judgment, a drinker is very likely to think such activities *won't* be dangerous.
- **Understand that no adolescent is immune to exposure to alcohol or other drugs.** Be open to hear what others are observing and trust your instincts. If you think something is not right, it probably isn't. Seek out the appropriate help.
- **Don't support teen drinking.** Your attitudes and behavior toward teen drinking also influence your child. Avoid making jokes about underage drinking or drunkenness or otherwise showing acceptance of teen alcohol use. In addition, never serve alcohol to your child's underage friends. Research shows that kids whose parents or friends' parents provide alcohol for teen get-togethers are more likely to engage in heavier drinking, to drink more often and to get into traffic accidents. **Remember:** it is illegal to provide alcohol to minors who are not family members.
- **Monitor alcohol use in your home.** Keep track of the supply. Don't allow un-chaperoned parties. Encourage them to invite friends over when you are home. This keeps you in-touch with their friends and activities.
- **Provide help.** Call parents of any child at an event that you notice is under the influence. It takes a lot of courage to deliver unpleasant news. Be willing to provide a ride or even call the police if necessary.
- **Connect with other parents.** Friendly relations can make it easier for you to call the parent of a teen who is having a party to be sure a responsible adult will be present and that alcohol will not be available.
- **Ask for help.** Give permission to other parents to call you if they see your son or daughter participating in activities of which they know you would disapprove. Encourage your children to ask for help if one of their friends is having problems.

**PREVENTION AT HOME - Know the Glen Ridge specific “traditions”**

- **The Glen Ridge Stroll** - Typically, in 7<sup>th</sup> or 8<sup>th</sup> grade, Glen Ridge kids begin to socialize by meeting up and walking around town as a group on weekends. They might start at one house and visit a number of houses, possibly acquiring more members as they go along. They might start out at a town event, such as the Arts Festival or a football game, or initially meet for lunch at Just Sandwiches. Eventually, the Glen Ridge Stroll may expand to include the Nevada Diner or Magic Fountain, and develop from a daytime activity to an evening one. This is a fairly typical way that Glen Ridge teens socialize in the summer and during vacations.
- **A companion activity of the Stroll is the Stash**, where kids deposit six-packs of beer and bottles of vodka in backyard bushes or wooded areas nearby someone’s house for later use. Parents have reported finding empty cans and bottles along hedges after spontaneous visits from children’s friends. Parents need to be prepared to discuss this phenomenon with their own children and, appropriately, with other parents in their network.
- Although **school dances** are well chaperoned by school staff and the town police, parents need to pay attention to the time periods before and after dances. Unsupervised activities taking place before and after dances provide opportunities for kids, who might not want to drink on other less exciting occasions, to do so at these times. Pre and Post Prom alcohol parties often occur. Any student who attends a school dance under the influence will be subject to the consequences of the Board of Education policies (see the Consequences section for details).
- **Non School Parties & Dances** – The same issues apply to dances unrelated to the school. There are “tradition” parties that arise like move up parties at the end of Junior year and at the end of eight grade.
- **Senior Week at the Beach** – Another Non School sanctioned event is the “tradition” of graduating seniors to rent shore houses for a week following graduation.

## **PREVENTION AT HOME - Know the Glen Ridge specific “traditions”**

### **Parents Response**

How parents respond to these activities can lay groundwork for expectations and consequences for later occasions when there is more likelihood that alcohol and drugs may be available.

- Do you want your child to call you to tell you when he or she is changing locations?
- Do you want them to use a land line (not a cell phone) so you can verify where they are?
- Do you want to contact parents to make sure that kids aren't congregating in an unsupervised house?
- How long do you want your child to be on his or her own without contacting you?
- Are you comfortable with your child's open-ended plans?
- Parents need to let their children know that they support their kids' emerging independence while still staying on top of things.

**Refer to the Prevention at Home, What Parents Can Do, section for additional information and advice,**

## **SIGNS & SYMPTOMS OF SUBSTANCE**

Information taken from [http://www.theantidrug.com/ei/signs\\_symptoms.asp](http://www.theantidrug.com/ei/signs_symptoms.asp)

How can you tell if your child is using drugs or alcohol? It is difficult because changes in mood or attitudes, unusual temper outbursts, changes in sleeping habits and changes in hobbies or other interests are common in teens. You can also look for signs of depression, withdrawal, carelessness with grooming or hostility. Also ask yourself, is your child doing well in school, getting along with friends, taking part in sports or other activities?

### **What should you look for? A Watch List for Parents**

- Changes in friends
- Negative changes in schoolwork, missing school, or declining grades
- Increased secrecy about possessions or activities
- Use of incense, room deodorant, or perfume to hide smoke or chemical odors
- Subtle changes in conversations with friends, e.g. more secretive, using “coded” language
- Change in clothing choices: new fascination with clothes that highlight drug use
- Increase in borrowing money
- Evidence of drug paraphernalia such as pipes, rolling papers, etc.
- Evidence of use of inhalant products (such as hairspray, nail polish, correction fluid, common household products); Rags and paper bags are sometimes used as accessories
- Bottles of eye drops, which may be used to mask bloodshot eyes or dilated pupils
- New use of mouthwash or breath mints to cover up the smell of alcohol
- Missing prescription drugs—especially narcotics and mood stabilizers

These changes often signal that something harmful is going on—and often that involves alcohol or drugs. You may want to take your child to the doctor and ask him or her about screening your child for drugs and alcohol. This may involve the health professional asking your child a simple question, or it may involve a urine or blood drug screen. However, some of these signs also indicate there may be a deeper problem with depression, gang involvement, or suicide. Be on the watch for these signs so that you can spot trouble before it goes too far.

### **WHAT CAN I DO IF I SUSPECT MY SON OR DAUGHTER IS USING?**

- **Confront the problem.** Both parents should agree on a plan of action before talking with your child. Honesty regarding your feelings is important. However, keep in mind that anger and fear can at times get in the way to effective communication.
- **Be aware of denial.** This is a strategy that many people use as a way to cope with painful situations and allows you to avoid dealing with the problem. Feelings of shame and inadequacy are often associated with substance abuse. Many feel that they can handle it at home, but it's important to confront the problem.

### **If your child is under the influence of alcohol or another substance**

- Remain calm
- Find out what he or she has taken and under what circumstances
- Take your child to the emergency room if they are incoherent and/or seriously ill
- Tell your child that you will talk about it the next day
- Do not shout or use physical force

### **The next day**

- Talk to your child as soon as possible
- Have your child assume responsibility for his or her actions, including clean up
- Find out the circumstances related to their use including the people they were with
- Don't name call, belittle, blame or threaten.
- Refrain from discussing anything with your child if you are too angry or unable to talk without losing your temper
- Address what happened and the facts surrounding the incident.
- Seek help from appropriate community resources. Check with your insurance carrier for treatment options.
- Reinforce consequences.

## **PREVENTION AT SCHOOL - STUDENT ASSISTANCE PROGRAM**

The fundamental purpose of our educational process is to foster the intellectual, emotional, social and physical growth of each child. In fulfilling this purpose, the Glen Ridge Board of Education accepts the responsibility to provide support beyond the classroom experience. The Glen Ridge Student Assistance Program provides services that address the physical and emotional needs of our students. In particular, the program addresses the obstacles that interfere with the student's academic, social and personal success and growth.

The Student Assistance Counselor and School Nurse provide a unique partnership offering direct confidential services to students and their families, who are experiencing difficulties that interfere with a student's social, academic or physical well being. These services include crisis intervention, initial mental health and substance abuse assessments, referrals, and brief individual & group supportive counseling.

### **Student Assistance Personnel**

Heather Kobylinski, M.A. Student Assistance Counselor (973) 743-6945  
Donna Doria, RN. School Nurse (973) 429-8303 (973) 429-8300 x2252

### **Intervention and Referral Services (I&RS)**

The Glen Ridge High School's I&RS team's mission is (1) to provide support and services and (2) to establish partnerships with the entire school community (students, teachers, and parents) in order to promote a successful academic career, and lifelong, healthy social, physical and emotional habits. The I&RS team is a school-based team which designs and monitors the implementation of strategies for assisting non-classified students who are experiencing academic difficulties. The I&RS team also provides confidential assessment, intervention and referral services for students experiencing emotional, social and/or substance abuse related concerns. The I&RS team is led by Student Assistance Counselor, Heather Kobylinski and includes,

Ken Rota, Principal	Tim Liddy Student, Athletics Director
Mary Lynn DePiero, Vice Principal MS	Jon Heitmann, Vice Principal HS
Bill Indek Guidance	Sue Nadel Guidance
Lindsey Deptula Guidance	Vivian Petrosino Guidance
Donna Doria Nurse	Cluny Tierney Teacher
Genine D'Andrea Teacher	Jenelle Hamer Teacher
Rachael Miscia Teacher	Erin Clark Teacher

### **Peer Leadership Program**

Peer Leadership is committed to providing leadership for the Glen Ridge High School community via student directed activities and programs which foster a healthy learning and social environment. Peer Leaders, GRHS seniors selected by committee, are responsible for leading weekly small group discussions with 8<sup>th</sup> graders. As positive role models, they will help students understand the variety of roles and responsibilities they encounter in various life situations. They help students think through problems and explore alternatives. By doing so, they improve problem solving communication skills and increase self-confidence. Peer leaders are aware of and willing to examine their influence as a role model with underclassmen as well as their peers. As Seniors accepting selection into the program, they choose a drug and alcohol free lifestyle and uphold all school rules.

### **Drug and Alcohol Education Curriculum**

The delivery of drug and alcohol education is integrated into the Glen Ridge School's health education. In grades K-12, our health instructors teach the students a variety of topics which are detailed in the curriculum and are both progressive and sequential in nature. In grades 7-12, students receive 10 clock hours of drug and alcohol education.

The development of a K-12 drug education curriculum for the Glen Ridge Public Schools is based on the following beliefs:

- An effective curriculum is one part of a total substance abuse program, which includes the three components of prevention, intervention and treatment.
- A drug education curriculum is most effective when it is integrated within a more comprehensive health education program that establishes a foundation for understanding the relationships between personal behaviors and health.
- An effective drug education curriculum should include both cognitive and affective components.
- An effective drug education curriculum should address;
  1. Substance use and abuse
  2. Self-awareness
  3. Interpersonal skills
  4. Decision making
- A drug education curriculum should reflect the needs, conditions, attitudes and values of a community.

### **Drug and Alcohol Education Curriculum**

- A drug education curriculum should focus on preventing young people from initiating drug use through a developmentally appropriate program which introduces facts, concepts, and skills at the appropriate grade and maturity levels and reviews and develops these same concepts and skills on increasingly sophisticated levels in subsequent grades.
- Concepts taught in a drug education curriculum should develop a belief that, avoiding substance abuse is the healthy preferred choice if one is to lead a full rewarding life.
- An effective drug education program must be a cooperative effort involving parents and the community and thus, ongoing input and feedback is a welcomed component as the school and the home work jointly to provide our young people with the information and skills to make healthy lifestyle choices for their lives.
- Provisions will be made to modify the drug education program as changes occur in prevalent drugs of abuse, available medications, and findings based on program evaluations.

The Glen Ridge School District provides an alcohol and drug education curriculum that is awareness oriented and prevention motivated. The awareness and prevention components are included and developed in appropriate objectives in the curriculum that focus on the areas of substance abuse, self-awareness, interpersonal skills and decision making.

### **GLEN RIDGE BOARD OF EDUCATION POLICIES**

Please note that these policies are available on the school's website [www.glenridge.org](http://www.glenridge.org) on the home page, right side, under information.

#### **5530 Substance Abuse**

The Board of Education recognizes that a pupil's abuse of harmful substances seriously impedes that pupil's education and threatens the welfare of the entire school community. The Board is committed to the prevention of substance abuse and the rehabilitation of substance abusers by educational means, but will take the necessary and appropriate steps to protect the school community from harm and from exposure to harmful substances. Accordingly, the Board will establish and maintain a comprehensive substance abuse intervention, prevention, and treatment referral program in the schools of this district.

The Board believes the best discipline is self-imposed, and it is the responsibility of school district staff to use disciplinary situations as opportunities to help pupils learn to assume and accept responsibility for their behavior and the consequences of their behavior. Staff members who interact with pupils shall apply the best practices designed to prevent discipline problems and encourage pupils' abilities to grow in self-discipline. Definitions N.J.S.A. 18A:40A-9 N.J.A.C. 6A:16-1.3; 6A:16-4.1

**FOR THE PURPOSES OF THIS POLICY:**

**"Substance"** means alcoholic beverages, controlled dangerous substances, including anabolic steroids, as defined at N.J.S.A. 24:21-2 and N.J.S.A. 2C:35-2, any chemical or chemical compound which releases vapors or fumes causing a condition of intoxication, inebriation, excitement, stupefaction, or dulling of the brain or nervous system, including, but not limited to, glue containing a solvent having the property of releasing toxic vapors or fumes as defined at N.J.S.A. 2C:35-10.4 and over-the-counter and prescription medications which are improperly used to cause intoxication, inebriation, excitement, stupefaction, or dulling of the brain or nervous system.

**"Substance abuse"** means the consumption or use of any substance for purposes other than for the treatment of sickness or injury as prescribed or administered by a person duly authorized by law to treat sick and injured human beings.

**"Evaluation"** means those procedures used by a certified or licensed professional to make a positive determination of a pupil's need for programs and services which extends beyond the general school program by virtue of learning, behavior, or health difficulties of the pupil or the pupil's family.

**"Intervention"** means those programs, services, and actions taken to identify and offer help to a pupil at risk for learning, behavior, or health difficulties.

**"Referral for treatment"** means those programs and services offered to a pupil or his or her family to help implement the recommendations of an evaluation or in response to the family's request for assistance with a learning, behavior, or health difficulty.

**“School grounds”** means and includes land, portions of land, structures, buildings, and vehicles, when used for the provision of academic or extracurricular programs sponsored by the school district or community provider and structures that support these buildings, such as school district waste water treatment facilities, generating facilities, and other central services facilities including, but not limited to, kitchens and maintenance shops. School grounds also includes other facilities as defined in N.J.A.C. 6A:26-1.2, playgrounds, and recreational places owned by local municipalities, private entities or other individuals during those times when the school district has exclusive use of a portion of such land.

**DISCIPLINE** N.J.S.A. 18A:40A-10; 18A:40A-11 N.J.A.C. 6A:16-4.1(c)2.; 6A:16-6.3(a) . The Board prohibits the use, possession, and/or distribution of alcohol or other drugs on school grounds, including on school buses or at school-sponsored functions according to N.J.S.A. 18A:40A-9, 10 and 11. A pupil who uses, possesses, or distributes a substance, on or off school premises at a school sponsored/sanctioned activity, will be subject to discipline. Discipline will be graded to the severity of the offenses, the nature of the problems and the pupil's needs. Discipline may include suspension or expulsion. The Board may establish consequences for a pupil not following through on the recommendations of an evaluation for alcohol or other drug abuse and related behaviors. The Superintendent and/or designee will notify the appropriate law enforcement agency pursuant to N.J.A.C. 6A:16-6.3(a).

**INSTRUCTION** N.J.S.A. 18A:40A-1 et seq. N.J.A.C. 6A:16-3.1 - The Board shall provide a comprehensive program of prevention, intervention, referral for evaluation, referral for treatment, and continuity of care for pupil alcohol, tobacco, and other drug abuse.

**IDENTIFICATION, EVALUATION, AND INTERVENTION** N.J.S.A. 18A:40A-11 through 18A:40A-17, N.J.A.C. 6A:16-3.1, 6A:16-4.1; 6A:16-4.2; 6A:16-4.3 - Any educational staff member or other professional to whom it appears that a pupil may be under the influence of alcohol or other drugs on school grounds, including on a school bus or at a school-sponsored function shall report the matter in accordance with N.J.A.C. 6A:16-4.3(a)1.

An immediate medical examination shall be conducted and a written report of the medical evaluation shall be furnished to the parent(s) or legal guardian(s) of the pupil, the Building Principal, and the Superintendent in accordance with N.J.A.C. 6A:16-4.3(a)2 - 4.3(a)8.

If the written report of the medical examination is not provided within twenty-four hours of the referral of the pupil, the pupil shall be allowed to return to school until such time as a positive determination of alcohol or other drug use is received from the physician.

If the written report of the medical evaluation verifies that alcohol or other drugs do not interfere with the pupil's physical or mental ability to perform in school, the pupil shall be immediately returned to school. If there is a positive determination from the medical examination indicating the pupil's alcohol or other drug use interferes with his or her physical or mental ability to perform in school, the pupil shall be returned to the care of the parent(s) or legal guardian(s) as soon as possible and attendance at school shall not resume until a written report verifies the pupil's alcohol or other drugs use no longer interferes with his or her physical and mental ability to perform in school.

**REMOVAL OF A PUPIL WITH A DISABILITY** shall be in accordance with N.J.A.C. 6A:14. While a pupil is at home because of the medical evaluation or after the pupil returns to school, an appropriately certified school staff member(s) will conduct an alcohol and other drug assessment of the pupil and a reasonable investigation of the situation and may initiate referral alcohol or other drug abuse treatment in accordance with N.J.A.C. 6A:16-4.3(a)12, 4.3(a)13, and 4.3(a)14.

The Board may provide additional intervention and referral services for the pupil according to the requirements of N.J.S.A. 18A:40A-10 and N.J.A.C. 6A:16-8

Whenever any teaching staff member, certified or non-certified nurse or other educational personnel shall have reason to believe a pupil has used or may be using **anabolic steroids**, that person must report the matter in accordance with N.J.A.C. 6A:16-4.3(b)1.

The Building Principal or designee upon receiving such report shall immediately notify the parent(s) or legal guardian(s) and Superintendent and shall arrange for an examination of the pupil as soon as possible to

determine whether the pupil has been using anabolic steroids in accordance with N.J.A.C. 6A:16-4.3(b)2.

The Superintendent will disclose to law enforcement authorities the identify of the pupil pursuant to the requirements of N.J.A.C. 6A:16-4.3(b)3.

A written report of the examination shall be provided by the examining physician to the parent(s) or legal guardian(s), Building Principal, and Superintendent.

If it is determined the pupil has used anabolic steroids, an appropriately certified school staff member(s) shall interview the pupil and others to determine the extent of the pupil's involvement with and use of anabolic steroids and the possible need for referral for treatment in accordance with N.J.A.C. 6A:16-4.3(b)5.

If the results of a referral for evaluation have positively determined the pupil's involvement with and use of anabolic steroids represents a danger to the pupil's health and well-being, an appropriately certified school staff member(s) shall initiate a referral for treatment to agencies and/or private practitioners as outlined in N.J.A.C. 6A:16-4.3(b)6.

**IN-SERVICE TRAINING** N.J.S.A. 18A:40A-15(b) - The Board directs the Superintendent to develop a program of in-service training for all teaching staff members involved in the instruction of pupils. The Board will provide time for the conduct of the program during the usual school schedule.

In-service training shall prepare teachers to instruct pupils on substance abuse and inform teachers about the nature of substances, the symptomatic behavior associated with substance abuse, the availability of rehabilitation and treatment programs, the legal aspects of substance abuse, and Board policy and regulations on substance abuse.

**OUTREACH TO PARENTS** N.J.S.A. 18A:40A-16; 18A:40A-17 N.J.A.C. 6A:16-4.1(c)7. The Board will provide an outreach program to parent(s) or legal guardian(s) of pupils that includes information on the district's substance abuse curriculum, the identification of substance abusers, and rehabilitation organizations and agencies. The Superintendent is directed to develop the program in consultation with local agencies recommended by the Commissioner and to offer the program at times

and in places convenient to parent(s) or legal guardian(s) on school premises or in other suitable facilities.

**RECORDS** §408 of the Drug Abuse Prevention, Treatment, and Rehabilitation Act, 42 U.S.C., and Implementing Regulations, 42 CFR Part 2 N.J.S.A. 18A:40A-7.1 - Notations concerning a pupil's involvement with substances may be entered on his/her records, subject to Policy No. 8330 regarding confidentiality and limited access. All such notations shall be expunged when they are no longer required for the counseling or discipline of the pupil or when the pupil leaves school. Information regarding a pupil's involvement in a school intervention or treatment program shall be kept strictly confidential in accordance with §408 of the Drug Abuse Prevention, Treatment, and Rehabilitation Act, 42 U.S.C. 290 ee-3, and implementing regulations, 42 CFR Part 2.

If an elementary or secondary pupil involved in a school-based drug or alcohol counseling program provides information during the course of a counseling session in that program which indicates that the pupil's parent(s) or legal guardian(s) or other person residing in the pupil's household is dependent upon or illegally using a substance as that term is defined in N.J.S.A. 18A:40A-9, that information shall be kept confidential and may be disclosed only with the pupil's written consent, to another person or entity whom the pupil specifies in writing in the case of a secondary pupil, or to a member of the pupil's immediate family or the appropriate school personnel in the case of an elementary pupil; pursuant to a court order; to a person engaged in a bona fide research purpose; except that no names or other information identifying the pupil or the person with respect to whose substance abuse the information was provided, shall be made available to the researcher; or to the Division of Youth and Family Services or to a law enforcement agency, if the information would cause a person to reasonably suspect that the elementary or secondary pupil or another child may be an abused or neglected child.

**NONPUBLIC SCHOOL PUPILS** N.J.S.A. 18A:40A-5; 18A:40A-17c – The Board will lend to pupils attending nonpublic schools located in this district and to the parent(s) or legal guardian(s) of such pupils educational materials on substance abuse prepared and supplied by the Commissioner. The loan of such materials shall be at no cost to the district.

**CIVIL IMMUNITY** N.J.S.A. 18A:40A-13, 18A:40A-14; N.J.A.C. 6A:16-4.3(c) No civil action of any kind shall lie against any employee, officer or agent of the Board because of actions taken under the education statutes on substance abuse, N.J.S.A. 18A:40A-1 et seq., provided the skill and care given is that ordinarily required and exercised by other such employees, officers and agents of the Board.

Any educational or non-educational school staff member who in good faith reports a pupil to the Building Principal or designee in compliance with N.J.A.C. 6A:16-4.3 shall not be liable in civil damages as a result of making such a report, as specified in N.J.S.A. 18A:40A-13 and 14.

**REPORTING PUPILS TO LAW ENFORCEMENT AUTHORITIES**

N.J.A.C. 6A:16-6.3(a) The Superintendent, or designee, shall report pupils to law enforcement authorities if the staff member has reason to believe a pupil is unlawfully possessing or in any way is involved in the distribution of controlled dangerous substances, anabolic steroids, or drug paraphernalia pursuant to N.J.A.C. 6A:16-6.3(a). The Superintendent will not report pupils who have voluntarily sought treatment or counseling for a substance abuse problem provided the pupil is not involved or implicated in a current drug distribution activity.

The Superintendent or designee may, but need not disclose to law enforcement authorities the identify of a pupil suspected to be under the influence of alcohol and/or controlled dangerous substances, pursuant to N.J.A.C. 6A:16-4.3(a), or a pupil suspected to have used or who may be using anabolic steroids, pursuant to N.J.A.C. 6A:16-4.3(b), and who is referred for a medical evaluation, pursuant to N.J.A.C. 6A:16-4.3(a) or (b), as appropriate, for the purposes of providing appropriate health care for the pupil and for determining whether the pupil is under the influence of alcohol or other drugs or has been using anabolic steroids, provided the pupil is not reasonably believed to be in possession of a controlled dangerous substance or drug paraphernalia, and is not reasonably believed to be involved or implicated in drug distribution activities.

**POLICY REVIEW AND ACCESSIBILITY** N.J.S.A. 18A:40A-10;

18A:40A-11 N.J.A.C. 6A:16-4.2(a) & (b) The Board will annually review the effectiveness of Policy and Regulation 5530 on pupil alcohol and drug abuse. The Board shall solicit parents(s) or legal guardian(s), pupil and community input, as well as consult in the review process with local alcohol or other drug abuse prevention, intervention and treatment agencies licensed by the New Jersey Department of Human Services.

This policy and regulation shall be made available annually, at the beginning of the school year, to all school employees, pupils, and parent(s) or legal guardian(s). Each newly hired employee and transferred pupil will be offered this policy and implementing regulations on his/her arrival in the district. N.J.S.A. 18A:40A-1 et seq.; 18A:40A-7.1 et seq.; N.J.A.C. 6A:16-4.1 et seq.; Adopted: 25 November 2002; Revised: 28 August 2006  
Revised: 5 November 2007

## **R 5530 SUBSTANCE ABUSE**

The following procedures are established in implementation of Policy No. 5530, Substance Abuse.

### **A. DEFINITIONS**

1. **“Evaluation”** means those procedures used by a certified or licensed professional to make a positive determination of a student’s need for programs and services which extend beyond the general school program by virtue of learning, behavior or health difficulties of the student or the student’s family.
2. **“Intervention”** means those programs, services and actions taken to identify and offer help to a student at risk for learning, behavior or health difficulties.
3. **“Referral for evaluation”** means those programs and services offered to a student or his or her family in order to make a positive determination regarding a student’s need for services which extend beyond the general school program.
4. **“Parent”** means the natural parent(s) or adoptive parent(s), legal guardian(s), foster parent(s) or parent surrogate(s) of a student. Where parents are separated or divorced, “parent” means the person or agency who has legal custody of the student, as well as the natural or adoptive parent(s) of the student, provided such parental rights have not been terminated by a court of appropriate jurisdiction.
5. **“Substance”** means alcoholic beverages, controlled dangerous substances, including anabolic steroids as defined at N.J.S.A. 24:21-2 and N.J.S.A. 2C:35-2, any chemical or chemical compound which releases vapors or fumes causing a condition of intoxication, inebriation, excitement, stupefaction, or dulling of the brain or nervous system, including, but not limited to, glue containing a solvent having the property of releasing toxic vapors or fumes as defined at N.J.S.A. 2C:35-10.4 and over-the-counter and prescription medications which are improperly used to cause intoxication, inebriation, excitement, stupefaction, or dulling of the brain or nervous system.

6. **“Substance abuse”** means the consumption or use of any substance for purposes other than for the treatment of sickness or injury as prescribed or administered by a person duly authorized by law to treat sick and injured human beings.
7. **“Under the influence”** of substances means that the pupil is observed in the use of a substance or exhibits physical and/or behavioral characteristics that indicate the immediate use of a substance.

#### **B. DISCIPLINE**

1. Any violation of Board rules prohibiting the use, possession and/or distribution of a substance is a serious offense, and the pupil who violates a substance abuse rule will be disciplined accordingly. Repeated violations are more severe offenses and warrant stricter disciplinary measures. Pupils who violate the substance abuse rules will be disciplined as follows:
  - a. **First Offense:**
    - Automatic five-day suspension from school.
    - Students will lose the privilege to attend after-school activities for six months from the date of the infraction. (For example: dances, prom, school theatrical productions, athletic competitions (as a spectator), and field trips outside the school day or not directly tied to the curriculum).
    - Students will be removed from and/or not be eligible for any honor group, elected office, position of leadership or selected activity for one year. (For example: Peer Leadership, honor societies, etc.) Note: the selection process for most of these activities starts in the junior year, thus students will not be eligible as candidates if they violate this rule.
    - Tuition students will be removed from school.
    - Seniors will lose all senior privileges for the remainder of the school year.
    - Students will not be eligible or will be removed from positions of leadership on any of our competitive teams or activities while a student at Glen Ridge High School.
    - Formal legal charges (complaint) will be filed against the student.
    - Students will lose the privilege of co-curricular participation (per the training rules: first week – no contact with team or group; second week – practice only). The two-week rule will apply for fourteen days consecutive or aggregate days (depending on how often the activity meets).

**b. Second Offense**

1. Automatic five-day suspension from school.
2. Students will lose the privilege to attend after-school activities for one year from the date of the infraction. (For example: dances, prom, school theatrical productions, athletic competitions (as a spectator), and field trips outside the school day or not directly tied to the curriculum).
3. Students will be removed from and/or not be eligible for any honor group, elected office, position of leadership or selected activity for a year. (For example: Peer Leadership, honor societies, etc.) Note: the selection process for most of these activities start in the junior year, thus students will not be eligible if they violate this rule.
4. Seniors will lose all senior privileges for the remainder of the school year.
5. Students will not be eligible or will be removed from positions of leadership on any of our competitive teams or activities.
6. Formal legal charges (complain) will be filed against the student.
7. Students will lose the privilege of co-curricular participation (per the training rules: first week – no tact with team; second week – practice only). The two-week rule will apply for fourteen days consecutive or aggregate days (depending on how often the activity meets).
8. Infractions of this disciplinary procedure will be in effect for a student's entire High School experience. These infractions will not be cleared annually. While we make every attempt to enforce our rules and procedures evenly, we are well aware that all infractions are not always officially brought to our attention. We can only act on information we can verify. Thank you for your understanding in this area.

**C. Identification and Remediation of Pupils Involved with Substances.**

1. Teaching staff members shall be alert to the signs of a pupil's involvement with substances, in accordance with the training offered in in-service training sessions.
2. A teaching staff member who suspects that a pupil is involved with substances, but not under the influence of them, should refer the pupil to the School Nurse, the Substance Awareness Coordinator, a Guidance Counselor, the Child Study Team, or another professional staff member or trained resource person, as appropriate. The staff member shall notify the Principal of the referral; if appropriate, the Principal should notify the pupil's parent(s) or legal guardian(s) of the

referral and discuss with the parent(s) or legal guardian(s) the possibility of medical or therapeutic treatment.

3. When a pupil involved with substances has discussed his/her involvement with a teaching staff member with an expectation of confidentiality, the staff member may respect that confidence. The teaching staff member should encourage the pupil to seek aid from a professional trained in counseling and to confide in his/her parent(s) or legal guardian(s). When the staff member believes that the pupil requires professional counseling or intervention that the pupil will not seek on his/her own, the staff member may report the pupil to the Principal, who shall determine whether to notify the pupil's parent(s) or legal guardian(s) and may report the pupil to an appropriate district professional or trained resource person or to an appropriate agency for evaluation and possible treatment.

#### **D. Reporting and Examination of Pupils Under the Influence of Anabolic Steroids**

1. Whenever any teaching staff member, certified or non-certified nurse or other educational personnel have reason to believe that a pupil has used or may be using anabolic steroids that person must report the matter as soon as possible to the Principal (or, in the Principal's absence, to a person designated by the Principal) and either the certified or non-certified school nurse or the school physician or to the Student Assistance Coordinator.
2. The Principal or his/her designee, in response to every report, shall immediately notify the pupil's parent(s) or legal guardian(s) and the Superintendent.
3. The Principal shall arrange for the immediate examination of the pupil by a physician licensed to practice medicine or osteopathy selected by the parent(s) or legal guardian(s). If the physician selected by the parent is not available to perform the examination, the examination will be conducted by the school physician or another physician identified by the Principal. An examination conducted, at parental request, by a physician other than the school physician or another physician identified by the Principal shall not be at the district's expense.
4. The pupil shall be examined as soon as possible for the purpose of determining whether the pupil has been using anabolic steroids.
5. The Superintendent or designee may, but need not, disclose to law enforcement authorities the identity of a pupil suspected or have used or who may be using anabolic steroids. The Superintendent shall disclose to law enforcement authorities the identity of a pupil reasonably believed to be in possession of anabolic steroids or

- related paraphernalia or a pupil reasonably believed to be involved or implicated in distribution activities involving anabolic steroids.
6. A written report of the examination of the pupil shall be furnished by the examining physician to the pupil's parent(s) or legal guardian(s), the Principal, and to the Superintendent.
  7. If it is determined that the pupil has used anabolic steroids, an individual who holds the Educational Services Certificate with the substance awareness coordinator endorsement issued by the New Jersey State Board of Examiners or an individual who holds either the school nurse, school nurse/non-instructional, school psychologist, school counselor, school social worker or student personnel services endorsement on the Educational Services Certificate and is trained to assess alcohol and other drug abuse shall interview the pupil and others, as necessary, for the purpose of determining the extent of the pupil's involvement with and use of anabolic steroids and the possible need for referral for treatment. To make this determination, the school staff member(s) identified above may conduct a reasonable investigation, which may include interviews with the pupil's teachers and parents and consultation with experts in pupil alcohol or other drug abuse as may be appropriate and necessary.
  8. If the results of a referral for evaluation have positively determined that the pupil's use of anabolic steroids represents a danger to the pupil's health and well-being, the school staff member(s) identified in 7. above shall initiate a referral for treatment to appropriate community agencies as defined in N.J.A.C. 6A:16-4.1(b), to out-of-State agencies licensed by the appropriate State regulatory agency for alcohol and other drug services, or to private practitioners certified by appropriate drug and alcohol licensing board.

**E. Evaluation and Treatment of Pupils Under the Influence of a Substance Other Than Anabolic Steroids**

1. Any educational staff member or other professional to whom it appears that a pupil may be currently under the influence of alcohol or other drugs on school grounds, including on a school bus or at a school-sponsored function, shall report the matter as soon as possible to the Principal and either the certified school nurse, non-certified school nurse, the school physician, or the substance awareness coordinator pursuant to N.J.S.A. 18A:40A-12. In the absence of the Principal, his or her designee shall be notified. In instances where the Principal and either the certified school nurse, non-certified school nurse, school physician or the substance awareness coordinator are not in attendance, the staff member

responsible for the school function shall be immediately notified. The referring staff member shall complete the Violence, Vandalism and Substance Abuse Incident Report, according to N.J.S.A. 18A:17-46 and N.J.A.C. 6A:16-5.3.

2. The Principal or designee, in response to every report, shall immediately notify the pupil's parent(s) or legal guardian(s) and the Superintendent and/or designee.
3. The Superintendent or designee may, but need not, disclose to law enforcement authorities the identity of a pupil suspected to be under the influence of alcohol or other drugs. The Superintendent shall disclose to law enforcement authorities the identity of a pupil reasonably believed to be in possession of a controlled dangerous substance or related paraphernalia or a pupil reasonably believed to be involved or implicated in distribution activities regarding controlled dangerous substances.
4. The Principal or designee, in response to every report, must arrange for an immediate medical examination of the pupil for the purposes of providing appropriate health care for the pupil and for determining whether the pupil is under the influence of alcohol, or other drugs, other than anabolic steroids. The medical examination shall be performed by a physician licensed to practice medicine or osteopathy that is selected by the parent(s) or legal guardian(s). If the parent's or legal guardian's physician licensed to practice medicine or osteopathy is not immediately available, the medical examination shall be conducted by the school physician. If neither the parent's or legal guardian's physician nor the school physician is immediately available, the pupil shall be taken to the emergency room of the nearest hospital for examination. The pupil shall be accompanied by the pupil's parent(s) or legal guardian(s) if available and by a member of the school staff appointed by the Principal. Parental or legal guardian permission is not required for the school's physician or emergency room examination. The parent(s) or legal guardian(s) may, but is not required to, accompany the pupil to the school physician and/or emergency room. The Principal and/or designee will supervise the pupil while the student is waiting for the parent(s) or legal guardian(s) to take the pupil to the physician selected by the parent, or waiting for and receiving the examination by the school physician or in the emergency room. An examination conducted by a physician selected by the parent(s) or legal guardian(s) shall be at the expense of the parent and shall not be at the expense of the school district. An examination conducted by the school physician or by a physician at the emergency room of the nearest hospital shall be at the expense of the school district.

5. The school district, in cooperation with the medical professional licensed to practice medicine or osteopathy will establish the minimum requirements to be used for these medical examinations conducted in accordance with N.J.A.C. 6A:16-4.3 et seq. The minimum requirements for the examination will be periodically reviewed and updated as needed. Any substance screening conducted by the school nurse and/or other staff is not a substitute for the required medical examination required in N.J.S.A. 18A:40A-12.
6. A written report of the examination of the pupil shall be furnished by the examining physician to the pupil's parent(s) or legal guardian(s), the Principal, and to the Superintendent within twenty-four hours of the referral of the pupil for suspected drug or alcohol use. The findings of the report shall verify whether the pupil's alcohol or other drug use interferes with his or her physical and mental ability to perform in school.
7. When the medical examination is performed by a physician other than the school physician or at the emergency room of the nearest hospital, the parent is required to verify within twenty-four hours of the notification that the pupil is suspected of alcohol or other drug use that the medical examination in accordance with this Policy was performed. The verification shall include, at a minimum, the printed name, address and phone number, date and time of the medical examination, signature of the examining physician and the date by which the written report of the examination will be provided.
8. If the written report of the examination is not submitted to the parent, Principal or Superintendent within twenty-four hours of the referral of the pupil, the pupil will be allowed to return to school until such time as a positive determination of alcohol or other drug use is received from the physician as per N.J.A.C. 6A:16-4.3(a)8.
9. If the written report of the medical examination verifies that alcohol or other drugs do not interfere with the pupil's physical and mental ability to perform in school, the pupil will be immediately returned to school.
10. If there is a positive determination from the medical examination, indicating the pupil's alcohol or other drug use interferes with his or her physical or mental ability to perform in school the pupil will be returned to the parent's care as soon as possible. Attendance at school will not resume until a written report has been submitted to the parent(s) or legal guardian(s), Principal and Superintendent from the physician who has examined the pupil to determine whether alcohol or other drug use interferes with his or her physical or mental ability to perform in school. The report must verify the pupil's

- alcohol or other drug use no longer interferes with the pupil's physical and mental ability to perform in school. Removal of a pupil with a disability shall be made in accordance with N.J.A.C. 6A:14.
11. Refusal or failure by a parent/legal guardian to comply with the provisions of N.J.S.A. 18A:40A-12 and N.J.A.C. 6A:16-4.3 shall be treated as a policy violation of the Compulsory Education Act pursuant to N.J.S.A. 18A:38-25 and 18A:38-31, and child neglect laws pursuant to N.J.S.A. 9:6-1 et seq., and N.J.A.C. 6A:16-11. Refusal or failure of a pupil to comply with N.J.S.A. 18A:40A-12 and N.J.A.C. 6A:16-4.3 shall be treated by the school district as a policy violation and handled in accordance with N.J.A.C. 6A:16-4.1(c)2.
  12. While the pupil is home because of the medical examination or after the pupil returns to school, an individual who holds the Educational Services Certificate with the substance awareness coordinator endorsement issued by the New Jersey State Board of Examiners or an individual who holds either the school nurse, school nurse/non-instructional, school psychologist, school counselor, school social worker or student personnel services endorsement on the Educational Services Certificate and is trained to assess alcohol and other drug abuse shall:
    - A. Conduct an alcohol and other drug assessment of the pupil and a reasonable investigation of the situation, which may include interviews with the pupil's teachers and parents and consultation with experts in pupil alcohol or other drug abuse as may be appropriate and necessary, for the purpose of making a preliminary determination of the pupil's need for educational programs, supportive services or treatment which extend beyond the general school program by virtue of the use of alcohol or other drugs by the pupil. The findings of the assessment alone shall not prevent a pupil from attending school. If treatment is recommended then the pupil must comply with treatment recommendation in order to remain in school; and
    - B. Cooperate with community agencies as defined in N.J.A.C. 6A:16-4.1(b) and juvenile justice officials in providing evaluation, referral and continuity of care for substance abuse treatment.
  13. While the pupil is at home because of the medical examination or after the pupil returns to school, the Principal or Superintendent may recommend or require alcohol and other drug assessment of the pupil or evaluation by appropriately certified or licensed professionals to make a positive determination of a pupil's need for programs and services which extend beyond the general school

- program, as necessary. The findings of these additional evaluations alone shall not be used to prevent a pupil from attending school.
14. If at any time it is determined a pupil's use of substances presents a danger to the pupil's health and well-being, an individual who holds the Educational Services Certificate with the substance awareness coordinator endorsement issued by the New Jersey State Board of Examiners or an individual who holds either the school nurse, school nurse/non-instructional, school psychologist, school counselor, school social worker or student personnel services endorsement on the Educational Services Certificate and is trained in alcohol and other drug abuse treatment referral shall initiate a referral for substance abuse treatment.
  15. Any educational or non-educational school staff member who in good faith reports a pupil to the Principal or Principal's designee in compliance with N.J.A.C. 6A:16-4.3 and this Policy shall not be liable in civil damages as a result of making such a report, as specified in N.J.S.A 18A:40A-13 and 14.
  16. The district may provide additional intervention and referral services for the pupil according to the requirements of N.J.S.A. 18A:401-10 and N.J.A.C. 6A:16-7.1 through 7.3.

#### **F. Presence of Substances on School Premises**

1. A pupil's person, effects, or school storage places may be searched for substances in accordance with Policy No. 5770.
2. The Principal or other school officer conducting the search shall confiscate as evidence any substance found in the pupil's possession.
  - a. Any controlled dangerous substance as defined in N.J.S.A. 24:21-1 or at N.J.S.A. 2C:35-2, including controlled dangerous analogs and drug paraphernalia, shall be handled in accordance with Policy No. 9322 and implementing regulations.
  - b. Any substance or evidence of the use of a substance other than a controlled dangerous substance shall be sealed in an appropriate container and labeled with the date, name of the pupil, and name of the school official who conducted the search and found the drug. The evidence shall be locked in a secure place until it is no longer required for a determination of the pupil's involvement with a substance other than a controlled dangerous substance.

## **G. Outreach to Parents**

1. An outreach program will be provided for the parent(s) or legal guardian(s) of pupils enrolled in the district. The program will be conducted at times, including evenings and weekends, convenient to parent(s) or legal guardian(s) and on school premises or at suitable facilities closer to pupil's residences or parents' workplaces.
2. The parents' outreach program will include:
  - a. A thorough and comprehensive review of the substance abuse instruction curriculum to be taught to the children of the parents during the school year;
  - b. Recommendations as to the ways in which parent(s) or legal guardian(s) may enhance, reinforce, and supplement substance abuse instruction;
  - c. Information on the pharmacology, physiology, psychosocial, and legal aspects of substance abuse;
  - d. Instruction on the identification of the symptoms and behavioral patterns that might indicate a substance abuser;
  - e. Information on the State and local organizations available to assist in the prevention of substance abuse and the early intervention, treatment, and rehabilitation of substance abusers; and
  - f. Review of Board policy and administrative regulations on substance abuse with attention to the role of parents.

## **H. Records**

1. Notations concerning a pupil's involvement with substances may be entered on his/her records, subject to Policy No. 8330 regarding confidentiality and limited access. All such notations shall be expunged when they are no longer required for the counseling or discipline of the pupil or when the pupil leaves school.
2. Information regarding a pupil's involvement in a school intervention or treatment program shall be kept strictly confidential in accordance with §408 of the Drug Abuse Prevention, Treatment, and Rehabilitation Act, 42 U.S.C. 290 ee-3, and implementing regulations, 42 CFR Part 2.

3. If an elementary or secondary pupil involved in a school-based drug and alcohol counseling program provides information during the course of a counseling session in that program which indicates that the pupil's parent(s) or legal guardian(s) or other person residing in the pupil's household is dependent upon or illegally using a substance as that term is defined in N.J.S.A. 18A:40A-9, that information shall be kept confidential and may be disclosed only under the circumstances expressly authorized as follows:
  - a. Subject to the pupil's written consent, to another person or entity whom the pupil specifies in writing in the case of a secondary pupil, or to a member of the pupil's immediate family or the appropriate school personnel in the case of an elementary pupil;
  - b. Pursuant to a court order;
  - c. To a person engaged in a bona fide research purpose; except that no names or other information identifying the pupil or the person with respect to whose substance abuse the information was provided, shall be made available to the researcher; or
  - d. To the Division of Youth and Family Services or to a law enforcement agency, if the information would cause a person to reasonably suspect that the elementary or secondary pupil or another child may be an abused or neglected child.

Any disclosure made pursuant to a. and b. above shall be limited to that information which is necessary to carry out the purpose of the disclosure, and the person or entity to whom the information is disclosed shall be prohibited from making any further disclosure of that information without the pupil's written consent. The disclosure must be accompanied by a written statement from the counselor advising the recipient that the information is being disclosed from the records the confidentiality of which is protected by P.L. 1997,362 (N.J.S.A. 18A:40A-7.1 et seq.) and that this law prohibits any further disclosure of this information without the written consent of the person from whom the information originated.

Nothing in this policy prevents the Division of Youth and Family Services or a law enforcement agency from using or disclosing the information in the course of conducting an investigation or

prosecution. Nothing in this policy shall be construed as authorizing a violation of any federal law.

The prohibition on the disclosure of information provided by a pupil shall apply whether the person to whom the information was provided believes that the person seeking the information already has it, has other means of obtaining it, is a law enforcement or other public official, has obtained a subpoena, or asserts any other justification for the disclosure of this information.

A person who discloses or willfully permits the disclosure of information provided by a pupil in violation of this policy is subject to fines in accordance with N.J.S.A. 18A:40A-7.2.

4. Each incident of substance abuse shall be reported to the Commissioner on the Violence, Vandalism and Substance Abuse Incident Report form. **Issued: 25 November 2002; Revised: 28 August 2006; Revised: 5 November 2007**

### **5533 SMOKING**

The Board of Education recognizes that the use of tobacco presents a health hazard that can have serious implications both for the smoker and the nonsmoker and that smoking habits developed by the young may have lifelong deleterious consequences.

For purposes of this policy, "smoking" means the burning of a lighted cigar, cigarette, pipe or any other matter or substance that contains tobacco and the use of smokeless tobacco and snuff.

For the purposes of this policy, "school grounds" means and includes land, portions of land, structures, buildings, and vehicles when used for the provision of academic or extracurricular programs by the district or community provider and structures that support these buildings, including, but not limited to administrative buildings, kitchens, maintenance shops, and garages. "School grounds" also includes other facilities as defined in N.J.A.C. 6A:26-1.2, playgrounds, and other recreational places owned by the local municipalities, private entities, or other individuals during those times when the school district has exclusive use of a portion of such land.

The Board prohibits smoking by pupils at any time on any school grounds as defined above, at events sponsored by the Board away from school, and on any transportation vehicle supplied by the Board.

Notice that smoking is prohibited on school grounds as defined above will be posted at each public entrance in accordance with law. The Principal of each school building is authorized to report violations, in accordance with law, to the Board of Health. Failure to report violations may subject the Principal to fines in accordance with N.J.S.A. 26:3D-20. The Building Principal will not be liable for a fine if he/she has taken reasonable steps to enforce the prohibition on smoking in school buildings or on school grounds. Pupils who violate the provisions of this policy shall be subject to appropriate disciplinary measures.

The Board directs that the health curriculum include instruction in the potential hazards of the use of tobacco. Staff members shall, by example and persuasion, make every reasonable effort to discourage pupils from developing the habit of smoking. N.J.S.A. 18A:40A -1; N.J.S.A. 26:3D-15 through 26:3D-20; N.J.A.C. 6A:16-1.3; **Adopted: 25 November 2002; Revised: 1 Nov 2004**

### **STATE OF NEW JERSEY DRUNK DRIVING LAWS & PENALTIES**

The following information was obtained from the NJ Office of the Attorney General Division of Highway Traffic Safety (visit [www.njsaferoads.com](http://www.njsaferoads.com) for more information)

#### ***Consequences of underage drinking and driving.***

In New Jersey, you must be at least 21 years of age to purchase, possess or consume alcoholic beverages. Underage drinking is illegal and can have severe consequences for young people who drink and for adults who provide alcoholic beverages to those under 21.

If you are under 21 and you buy or drink alcohol in a place licensed to sell alcohol beverage, you may be fined \$500 and lose your license for 6 months. If you do not have a driver's license, the suspension starts when you are first eligible to receive a license. You may also be required to participate in an alcohol education or treatment program.

If you are under 21 and drive with any detectable amount of alcohol in your system (.01 BAC or above), you will be subjected to the following penalties (1) Loss or postponement of driving privileges for 30 to 90 days, (2) 15 to 30 days of community service, and (3) Successful completion of the program requirements of an Intoxicated Driver Resource Center or an alcohol education and highway safety program.

## **The Law**

Definition of Impairment In New Jersey, a person is guilty of drunk driving if he/she operates a motor vehicle with a Blood Alcohol Concentration (BAC) of 0.08 percent or greater. BAC refers to the amount of alcohol in your blood. Although the law refers to a 0.08 percent BAC, you can be convicted of driving while under the influence of intoxicating liquor even when your BAC is below 0.08 percent. Consuming even small amounts of alcohol dulls the senses, decreases reaction time, and hampers judgment, vision and alertness. If you consume any amount of alcohol and your driving is affected, you can be convicted of drunk driving. It is also a violation for a person to operate a motor vehicle under the influence of a narcoatic, hallucinogenic, or habit producing drug. You can also be convicted for allowing another person to operate a motor vehicle when that person does so in violation of the driving under the influence (DUI) law. What follows is a summary of the penalties that result when a person is convicted of violating New Jersey's DUI Law.

## **The Penalties**

P.L. 2003, CHAPTER 314, created two categories were created for first time offenders based on BAC levels. Parameters for the two categories and corresponding penalties are as follows:

**1st Offense** - If the person's BAC is 0.08 percent or higher, but less than 0.10 percent, or if the person operated a motor vehicle while under the influence of intoxicating liquor, or if the person permits another person who is under the influence of intoxicating liquor or has a BAC over 0.08 percent but less than 0.10 percent to operate a motor vehicle, the person will:

- Pay a fine of \$250-\$400\*
- Possibly be imprisoned for up to 30 days\*
- Receive a 3 months license suspension\*
- Spend a minimum of six hours a day for two consecutive days in an Intoxicated Driver Resource Center
- Pay an automobile insurance surcharge of \$1,000 a year for 3 years

If the person's BAC is 0.10 percent or higher, or the person operates a motor vehicle while under the influence of a narcotic, hallucinogenic or habit-producing drug or permits another person who is under the influence of a narcotic, hallucinogenic or habit-producing drug or has a BAC of 0.10 percent or higher to operate a motor vehicle, the person will

- Pay a fine of \$300-\$500\*
- Possibly be imprisoned for up to 30 days\*
- Receive a license suspension of 7 months to 1 year\*
- Spend a minimum of six hours a day for two consecutive days in an Intoxicated Driver Resource Center
- Pay an automobile insurance surcharge of \$1,000 a year for 3 years

### **2nd Offense**

- Pay a fine of \$500-\$1000\*
- Be imprisoned for at least 48 consecutive hours and up to 90 days\*
- Receive a two year license suspension\*
- Pay an automobile insurance surcharge of \$1,000 a year for 3 years
- Complete 30 days of Community Service

### **3rd Offense**

- Pay a fine of \$1,000\*
- Be Imprisoned for 180 days\*
- Receive a 10 - year license suspension\*
- Detainment in an in-patient alcoholism treatment program
- Pay an automobile insurance surcharge of \$1500 a year for 3 years

**\*If occurring within a school zone or school crossing, this penalty is increased under Public Law 99, Chapter 185**

### **Any Offense Also Carries**

- \$100 surcharge to be deposited in a drunk driving enforcement fund
- A Motor Vehicle Commission restoration fee of \$100 and an Intoxicated Driving Program fee of \$100
- A Violent Crimes Compensation Fund fee of \$50
- A Safe and Secure Community Program fee of \$75
- \$100 surcharge (\$50 to the state and \$50 to the municipality in which the conviction is obtained)
- Compliance with screening, evaluation, referral, program and fee requirements of the Intoxicated Driving Program

### **Registration Revocation/Ignition Interlock**

In addition to the penalties listed, judges may order the installation of an ignition interlock device or the revocation of vehicle registration (Public Law 2000, Chapter 83). The ignition interlock device, which measures the driver's blood alcohol level, may be required for up to three years following license restoration after a DUI conviction.

### **Driving with A Minor**

A parent or guardian who is convicted under the DUI law and has a passenger in the motor vehicle 17 years of age or younger, is also guilty of a disorderly persons offense. In addition to the penalties prescribed by law, this person forfeits the right to operate a motor vehicle for a period of not more than six months and must perform community service for a period of not more than five days.

## **BOROUGH OF GLEN RIDGE TOWN ORDINANCES**

The following policies are available on the Borough's website, [www.glenridgenj.org](http://www.glenridgenj.org), on the right side, Municipal Codes, under Title 9 Public Peace.

**9.20.010 POSSESSION OF ALCOHOL BY MINORS** - It is unlawful for any person within the limits of the borough, being under the age of twenty-one, to have, possess, carry, distribute, transport or consume any alcoholic beverage on any street, highway or place of public accommodation. A "place of public accommodation" shall include any tavern; any retail shop or store; any restaurant, eating house, or any place maintained for the sale of ice cream, ice and fruit preparations or their derivatives, soda water or confections, or where any beverages of any kind are retailed for consumption on the premises; any garage, any public conveyance, and stations and terminals thereof; any auditorium, meeting place or public hall, or other public place of amusement, skating rink, swimming pool, fair, gymnasium and comfort station including but not limited to paddle and tennis courts, parks, playgrounds, parking lots, video game centers and automobiles; any dispensary, clinic or hospital; and any public library, any kindergarten, primary and secondary schools, high school, or any education institution under the supervision of the State Board of Education or the Commissioner of Education of the state of New Jersey. (Ord. 1230 § 1, 1993: Ord. 1068 § 1, 1982: Ord. 856 § 1(33), 1966)

**9.20.020 PROVIDING ALCOHOL TO MINORS**- It is unlawful for any person within the limits of the borough to purchase, deliver, transmit or sell, with or without consideration, any alcoholic beverage directly or indirectly on behalf of or for delivery to any person under the age of twenty-one years. (Ord. 1230 § 2 (part), 1993: Ord. 1068 § 2, 1982: Ord. 856 § 1(34), 1966)

**9.20.030 SERVING ALCOHOL TO MINORS: ALLOWING CONSUMPTION** - It is unlawful for any person within the limits of the borough to serve any alcoholic beverage to any minor, other than by a person who is related to such minor by blood, marriage or adoption who has no more remote relationship to such minor than first cousin, in any public or private place within the territorial jurisdiction of the borough, or to knowingly permit, suffer or allow the consumption thereof by any minor not so related to such person in or upon any premises, public or private, within said borough. (Ord. 1068 § 3, 1982: Ord. 856 § 1(35), 1966)

**9.20.040 POSSESSION OR CONSUMPTION OF ALCOHOLIC BEVERAGES ON PRIVATE PROPERTY BY UNDERAGE PERSONS.**

1. It is unlawful for any person within the limits of the borough of Glen Ridge to knowingly possess without legal authority or knowingly consume any alcoholic beverage on any private property within the borough of Glen Ridge, by persons under the legal age to purchase alcoholic beverages within the state of New Jersey.
2. This section shall not apply to an underage person who consumes or possesses an alcoholic beverage in connection with a religious observance, ceremony or rite, which is authorized by parent or guardian, or to an underage person who consumes or possesses an alcoholic beverage in the presence of and with the permission of a guardian or first cousin or closer relative by blood, marriage or adoption who has attained the legal age to purchase and consume alcoholic beverages in the state.
3. Any person violating this chapter or these rules and regulations, upon conviction thereof, shall be punished by a fine of two hundred fifty dollars for a first offense and three hundred fifty dollars for any subsequent offense and, in addition to the foregoing, may in the discretion of the court, suffer the suspension of such person's driving privileges for a period not exceeding six months. The provisions of this subsection C, and not the provisions of Section 9.28.050 of the Glen Ridge Code, shall govern violations of this Section 9.20.040. (Ord. 1340 § 2, 2000)

**WHAT HAPPENS AFTER A COMPLAINT IS SIGNED?**

All juvenile complaints are forwarded to the Family Court, Newark, NJ. Depending upon the incident, it can be handled in the following ways:

- Borough Ordinances, minor infractions (i.e. alcohol offense, vandalism, 1<sup>st</sup> or 2<sup>nd</sup> Borough Ordinance offense) are usually sent to be heard by the J.C.C.\*
- Juvenile Referee; 4<sup>th</sup> degree crimes, disorderly persons offenses, unsuccessful J.C.C cases, and repeat minor offenses are sent to family court in Newark.
- More serious offenses require a call to the Essex County Juvenile Intake, who decide whether the youth(s) are to be brought to youth house in Newark. The decision on where the cases are to be heard is made in the Family Courts juvenile section.

**\*JUVENILE CONFERENCE COMMITTEE**

The JCC's are six to nine member panels of trained volunteers who hear the cases of minor juvenile offenders. Recommendations, if approved by the judge, become a court order which is monitored by the Juvenile Conference committee. The JCC's are authorized under N.J.S.A: 2A:4A-75 AND R.5:25.

### WEBSITE RESOURCES FOR PARENTS & KIDS

<a href="http://www.theantidrug.com">www.theantidrug.com</a>	Sponsored by the Nat'l Youth Anti-drug media campaign
<a href="http://www.drugfree.org">www.drugfree.org</a> <a href="http://www.drugfreenj.org">www.drugfreenj.org</a>	Sponsored by the Partnership for a drug free America
<a href="http://www.Timetotalk.org">www.Timetotalk.org</a>	Parent information sharing
<a href="http://www.stopalcoholabuse.gov">www.stopalcoholabuse.gov</a>	Federal resource site
<a href="http://www.family.samhsa.gov/stop/">www.family.samhsa.gov/stop/</a>	SAMHSA – US dept of Health & Human Services, Substance Abuse & Mental Health Services Admin. <b>See Family Guide</b>
<a href="http://www.starttalkingnow.org/">www.starttalkingnow.org/</a>	Washington State Coalition to Reduce Underage Drinking
<a href="http://www.niaaa.nih.gov">www.niaaa.nih.gov</a>	Nat'l Inst on Alcohol Abuse and Alcoholism, National Institute of Health
<a href="http://www.nida.nih.gov/">www.nida.nih.gov/</a>	Nat'l Inst on drug abuse
<a href="http://www.kidshealth.org">www.kidshealth.org</a>	Nemours foundation sponsor
<a href="http://www.couragetospeak.org">www.couragetospeak.org</a>	Parents Story
<a href="http://www.collegedrinkingprevention.gov">www.collegedrinkingprevention.gov</a>	College Drinking
<a href="http://www.duke.edu/~am">www.duke.edu/~am</a>	College Drinking
<a href="http://www.aboutcollege.com/drink.htm">www.aboutcollege.com/drink.htm</a>	College Drinking
<a href="http://www.drivehomesafe.com">www.drivehomesafe.com</a>	Safe Driving
<a href="http://www.allstate.com">www.allstate.com</a>	Safe Driving Contract
<a href="http://www.thecoolspot.gov">www.thecoolspot.gov</a>	Website for Kids
<a href="http://www.abovetheinfluence.com">www.abovetheinfluence.com</a>	Website for Kids
<a href="http://www.kidshealth.org">www.kidshealth.org</a>	Website for Kids
<a href="http://www.drugfree.org">www.drugfree.org</a>	Website for Kids – Teen
<a href="http://www.findtreatment.samhsa.gov">www.findtreatment.samhsa.gov</a>	Find Treatment Resources
<a href="http://www.FamiliesAnonymous.org">www.FamiliesAnonymous.org</a>	Families Anonymous 973-338-6952
<a href="http://www.aa.org">www.aa.org</a>	Alcoholics Anonymous
<a href="http://www.al-anon.alateen.org">www.al-anon.alateen.org</a>	Al-Anon/Alateen
<a href="http://www.nimh.nih.gov/publicat/depression">www.nimh.nih.gov/publicat/depression</a>	Depression
<a href="http://www.nimh.nih.gov/suicideprevention">www.nimh.nih.gov/suicideprevention</a>	Suicide Prevention

## DRUG CLASSIFICATION SYSTEMS

**Narcotics:** Natural, semi-synthetic; synthetic narcotic analgesics

**Examples:** opium, morphine, codeine, heroin, percocet, percodan, methadone

- Medical uses: analgesic, anti-diarrheal, anti-tussive
- Intoxication: flushing pinpointed pupils, sleepiness, anxiety, slow comprehension euphoria, floating feeling, nausea
- Overdose: circulatory collapse, low blood pressure, pinpointed pupils, slow, shallow respiration, insensibility to pain, inability to coordinate voluntary muscular movements, coma, slow comprehension, delirium, possible death
- Withdrawal: abdominal cramps, chills, cold-like symptoms, diarrhea, hypertension, tearing, goose-bumps, dilated pupils, runny nose, sweating, rapid heart beat, vomiting, yawning, muscle aches, muscle spasm, nausea, sensation of prickling or crawling on the skin, sleep disturbance, anxiety, irritability, restlessness

**Depressants:** barbiturates, minor tranquilizers and other sedative hypnotic drugs, **including alcohol.**

**Examples:** Valium, xanax, Librium, halcion

- Medical Uses: anti-convulsant, sedative, anti-anxiety,
- Intoxication: low blood pressure, pinpointed pupils, rapid involuntary movement of the eyeballs, yawning, muscle aches, circulatory collapse, convulsions, double vision, impaired ability to estimate distance, sleepiness, speech slurred, violent behavior, anorexia, anxiety, slow comprehension, delirium, depressed mood, dizziness, euphoria, fatigue, floating feeling, irritability, poor memory, psychosis, drunken behavior without odor of alcohol
- Overdose: low blood pressure, involuntary movement of eyeballs, slow, shallow respiration, insensitivity to pain, circulatory collapse, cold & clammy skin, coma, slow comprehension, delirium, irritability, possible death
- Withdrawal: abdominal cramps, circulatory collapse, flushing, low blood pressure, hyperactive reflexes, rapid heartbeat, headaches, grand mal seizures, nausea, sleep disturbance, tremors, anxiety, delirium, hallucinations, irritability, psychosis, possible death

**Stimulants:** amphetamines, cocaine, amphetamine-like drugs and caffeine

**Examples:** crack, Ritalin

- Medical Uses: narcolepsy, weight control, hyperactivity
- Intoxication: irregular heartbeat, high blood pressure, high fever, dry mouth, dilated pupils, hyperactive reflexes, rapid heartbeat, nausea, tingling or crawling on skin, sleep disturbance, tremors, unstable emotions, anorexia, anxiety, delirium, dizziness, euphoria, hallucinations, irritability, restlessness, suspiciousness, talkativeness
- Overdose: angina, irregular heartbeat, chest pain, diarrhea, flushing, high blood pressure, high fever, dry mouth, dilated pupils, hyperactive reflexes, sweating, rapid heartbeat, vomiting, insensitivity to pain, convulsions, facial grimacing, grand mal seizures, nausea, tingling or crawling on skin, sleep disturbance, tremors, anorexia, anxiety, body image change, delirium, fatigue, hallucinations, irritability, psychosis, suspiciousness, talkativeness, possible death
- Withdrawal: cold like symptoms, low blood pressure, runny nose, convulsions, sleep disturbance, sleepiness, slow comprehension, delirium, depressed mood, fatigue, increased appetite

**Hallucinogens:** LSD, psilocybin, mescaline and stimulant-related substances

**Examples:** acid, peyote, mescaline, ecstasy (MDMA), angel dust, psilocybin

- No known medical use
- Intoxication: flushing, high blood pressure, high fever, dilated pupils, hyperactive reflexes, rapid heartbeat, nausea, tingling or crawling on skin, sleep disturbance, tremors, unstable emotions, anorexia, anxiety, body image changes, dizziness, euphoria, floating feeling, hallucinations, restlessness, suspiciousness, poor perception of time and distance
- Overdose: abdominal cramps, circulatory collapse, flushing, high blood pressure, high fever, dry mouth, dilated pupils, hyperactive reflexes, rapid heartbeat, vomiting, grand mal seizures, nausea, tremors, anorexia, anxiety, body image changes, delirium, dizziness, hallucinations, irritability, psychosis, suspiciousness, possible death
- Withdrawal: symptoms not reported

**Phencyclidine:** PCP, categorized by itself because it possesses analgesic, depressant and hallucinogenic properties,

- used as a veterinary anesthetic

- Intoxication: high blood pressure, involuntary movement of the eyeballs, hyperactive reflexes, rapid heartbeat, vomiting, insensitivity to pain, circulatory collapse, determination of distance impaired, facial grimacing, muscle spasms, nausea, slurred speech, blank stare, violent behavior, unstable emotions, anorexia, body image changes, slow comprehension, delirium, depressed mood, dizziness, euphoria, floating feeling, hallucinations, irritability, poor memory, psychosis, restlessness, suspiciousness,
- Overdose: grand mal seizures, muscle spasms, nausea, blank stare, violent behavior, unstable emotions, anxiety, body image changes, slow comprehension, delirium, hallucinations, psychosis, suspiciousness

**Cannabinoids**: marijuana, derivatives categorized separately because of their combined depressant and hallucinogenic properties.

**Examples**: sensemilia, Thai sticks, THC, Hashish

- Medical Uses: Under investigation, control nausea and vomiting for cancer chemotherapy
- Intoxication: dilated pupils, sleepiness, hallucinations, talkativeness, relaxed inhibitions, increased appetite, disoriented behavior
- Overdose: fatigue, paranoia, possible psychosis

**Inhalants**: a diverse group of volatile chemicals whose effects are largely related to anoxia or hypoxia.

**Examples**: liquid paper, glue, markers, aerosol cans- spray paint, hairspray, whip-its-whipped cream cans, paint thinner

- No known medical uses
- Intoxication: headaches, sleepiness, slurred speech, dizziness,
- Overdose: slow, shallow respiration, delirium



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