

## ***Safeguarding Students and Staff After COVID-19***



# 1

## Stress, Self-Medication, and What History Teaches Us

### *Looking backward to move forward.*

History truly is the best teacher for those wise enough to mine it for the knowledge it yields. Today, we have that opportunity to learn from two 21st Century events that impacted each of our lives and the research into how they shaped our behavior in the immediate aftermath and beyond. This wealth of learnings should inform our actions when COVID-19 is finally on the wane.

*"Consensus is emerging among disaster researchers that psychological disorders and substance abuse increases in the aftermath of both man-made and natural disasters." - Centers for Disease Control*

### *Human suffering and substance abuse go hand-in-hand.*

On September 11, 2001 the shocking realities of a national nightmare penetrated the comfortable cocoon of everyday American life. Each televised image of a cityscape forever changed and a gripping awareness that thousands of American souls had been lost to unknown assailants profoundly affected us. In the ensuing days, the magnitude of the event took shape and for many, shock gave way to a soul-crushing dread that life would never be the same. For some, self-medication was the only way to soften that very real pain.

On August 29, 2005 a Category 5 hurricane literally consumed swaths of New Orleans as catastrophic flooding overwhelmed a woefully inadequate levee system. With the city and its surrounding parishes underwater, roads impassable and rescuers overtaxed, more than 1200 perished. Once again, and for many months to come, self-medicating was how many coped.

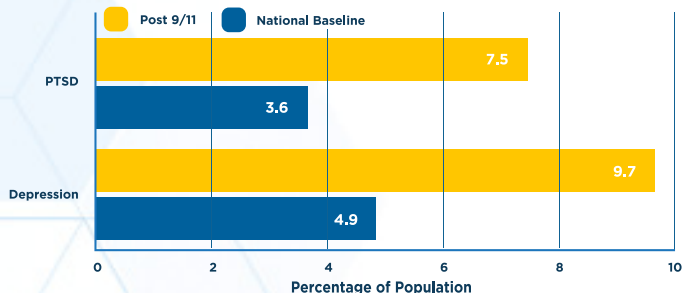
Post-Traumatic Stress Disorder (PTSD) is most commonly associated with wartime military personnel who find it impossible to find a "normal" again, putting them at extreme risk for self-medication, substance abuse, or worse.

Researchers have found that PTSD and depression similarly occur in the larger population during times of extreme stress. And with those two comes the same tendency to self-medicate with alcohol or other substances accompanied by an increased threat of dependency or addiction.

*The lessons of 9/11 and Hurricane Katrina tell us today's conditions are ripe for self-medication for both young and old*

## Historical data is often a reliable predictor.

In 2002, the National Institute on Drug Abuse interpreted and shared a survey of New York City residents polled two months after the terrorist attacks on the World Trade Center. Conducted by the New York Academy of Medicine, its results provided the first scientifically-validated glimpse into how a population could be affected by a period of trauma.



- Nearly 10% suffered depression and 7.5% showed diagnosed symptoms of PTSD
- 20% of non-drinkers began consuming alcohol; 2.5% used marijuana for the first time
- For previous smokers and drinkers, **41% increased** their consumption

Similarly, a 2016 study by the Centers for Disease Control based on data provided by the Louisiana Department of Health and Hospitals found 35% more substance abuse hospitalizations after Hurricane Katrina than previous to the event. Taken together, the two studies paint a picture of how a population responds at times of high anxiety or stress, and certainly today's climate is a contributor to both.

## The 24-hour news cycle is a powerful trigger.

The near-constant recent barrage of negative news and divisiveness have taken a toll. A 2017 poll by the American Psychological Association found that nearly 60% of respondents across each generation felt this was the lowest point in American history they can remember; and that includes WWII, the Korean Conflict, War in Vietnam, 60's social unrest and bombing of the World Trade Center. Add to that a COVID-19 crisis, and you have a powerful witches' brew of anxiety-causing factors weighing on an increasingly weary public. In many cases, people are quarantined at home, isolated from family and friends and out of their routines. Worse yet, they are likely bombarded with negative news at a rate not seen since the last disaster.



### *As students and staff return, what should we expect?*

Truthfully, the very near-term future looks a lot like now. But at some point sooner than later, campuses reopen. Anxieties of playing catch up and adapting to new guidelines will bring stresses all their own. And we live in a culture where self-medication respects no particular age boundaries. Let that sink in. Experience tells us that, for some, anxieties over the current crisis and stresses to come will likely be tempered with liquor while others opt for drugs. If those lessons of 9/11 and Katrina hold true we might have a whole new set of problems with which to deal.

Maybe all will be well, and no one returns with exacerbated chemical dependencies manifested in these unprecedented times. Maybe it is nothing on which any of us should dwell. But for the sake of the argument here is one closing thought. An additional study conducted six to nine months after the initial New York City 9/11 report by NIDA uncovered a sobering trend.

While rates of depression and PTSD were drastically reduced, **substance abuse rates had not declined substantially**. The results of both studies suggest that an increase in substance abuse after a disaster may be a cause for public health concern in the long term. Students and staff are not immune.

The threat to our schools likely falls closer to what NIDA found than to what we wish it would be. Sadly, the chances are good that at least some of our campus population will return with a new or heightened dependence on chemical relief. And being ready for that reality will be our collective post COVID-19 challenge.



Sources:

NIDA 2002 Report on 9/11 PTSD

CDC 2016 Report on post-Katrina substance abuse



# 2

## A Shifting Threat and Why COVID-19 Is The Culprit

### *A Quick Recap.*

In part one of our series “Safeguarding Students and Staff After COVID-19”, we explored how 9/11 and Hurricane Katrina taught us that in times of trauma, substance non-users often become users and previous users consume more. These two events struck at the heart of America and profoundly affected those closest to their centers. They gave researchers sponsored by National Institutes of Health the perfect real-life laboratories to learn how people of multiple generations, ethnicities, professions and social stations respond to overwhelming trauma, the ensuing despair, and constant streams of negative news that come with such events.

### *What did those researchers learn?*

- › Mass Post-Traumatic Stress Disorder is a real consequence.
- › Substance abuse is significantly increased.
- › Hospitalizations for substance use increases.
- › And most troubling, although PTSD largely subsided in a short period of time, substance abuse remained elevated.

In a very real sense, that same pattern of traumatic event, prolonged period of uncertainty and overwhelming sense of dread is in play today. The difference is scale; this directly affects everyone. We should expect the same behaviors broadly that we saw in New York City and New Orleans in 2001 and 2005. Ensuring a drug-free campus may be a challenge.

We know that in the not-too-distant future students and staff will return. And we will assume that if you are reading this series, you want yours to be free of drugs and that you recognize the risks that are amplified by the lengthy absence of normal routines.

*“... other types of disasters — have led people to **increase their substance use.**”*

#### *Sources:*

*National Safety Council*

*Historical Testing Data, Psychomedics Corporation*

*“2019 National Drug Threat Assessment” DEA*

## Look at the Math.

Why are these numbers you want to remember? They play into some of that math we should all ponder. The Surgeon General, FDA, CDC, and National Institutes of Health give us Substance Use Disorder (SUD) data to think about.

- › **21M:** Americans over age 12 suffer SUD (Surgeon General)
- › **90%:** of alcohol consumed by teens is through bingeing (NIH)
- › **5.3M:** teens use vaping devices. 1M daily. (FDA and CDC)
- › **2X:** teen vaping of marijuana has doubled in the past two years (NIH)
- › **30%:** increase in percentage of teens who vape to relieve tension (NIDA)

If we look at these numbers, what do we find? *Risk.*

The National Institute on Drug Abuse, CDC, and American Psychological Association list stress as a key contributor to teen substance abuse. Certainly, the past two months have introduced anxieties over and above those normal for young people. This is a time to pay attention to the numbers.

## Threats were changing even before COVID-19.

In 2017 the opioid epidemic was declared a national emergency by the U.S. Department of Health and Human Services. But while opioids were stealing headlines, Psychomedics data shows usage of psychostimulants steadily rising in the general population, surpassing opioids' positive rates in mid-2018---and still on the rise.

While they may not currently be a campus threat, vaping's popularity has attracted the attention of drug cartels that see it as a target for oils laced with just these types of highly addictive drugs for those who are the most vulnerable to addiction.

*"Vaping e-liquids that contain drugs could make already dangerous drugs even more dangerous"*

Dr. Michelle Peace | Forensic Toxicologist & Vaping Researcher

The landscape is changing in response to new opportunities, and the emerging trends warrant the attention of any educator.

Sources:  
National Safety Council  
Historical Testing Data,  
Psychomedics Corporation  
"2019 National Drug Threat  
Assessment " DEA



## ***Disruption amplifies a threat already on the rise.***

While the most crippling impacts of 9/11 and Hurricane Katrina were localized, with COVID-19 they are literally global. The illicit drug supply chain, like those in the manufacturing mainstream, has been disrupted.

According to the Terrorism, Transnational Crime and Corruption Center at George Mason University, huge amounts of the chemicals used to manufacture illicit drugs are sourced from a single firm---in Wuhan. That supply has dried up or gotten very expensive.

## ***But illicit manufacturers are adapting.***

The Center for Advanced Defense Studies reports price increases of 25%-400% for the China-sourced chemicals used in the manufacture of methamphetamines have driven cartels to staff their own scientists, transforming into end-to-end manufacturers for highly dangerous drugs. And new warnings from the DEA point to possible adulteration of popular vaping oils with dangerous drugs.

*"Once they start putting Fentanyl in the vape oils, we're going to start seeing a lot of kids die."*

**Brian Besser | DEA District Agent in Charge**

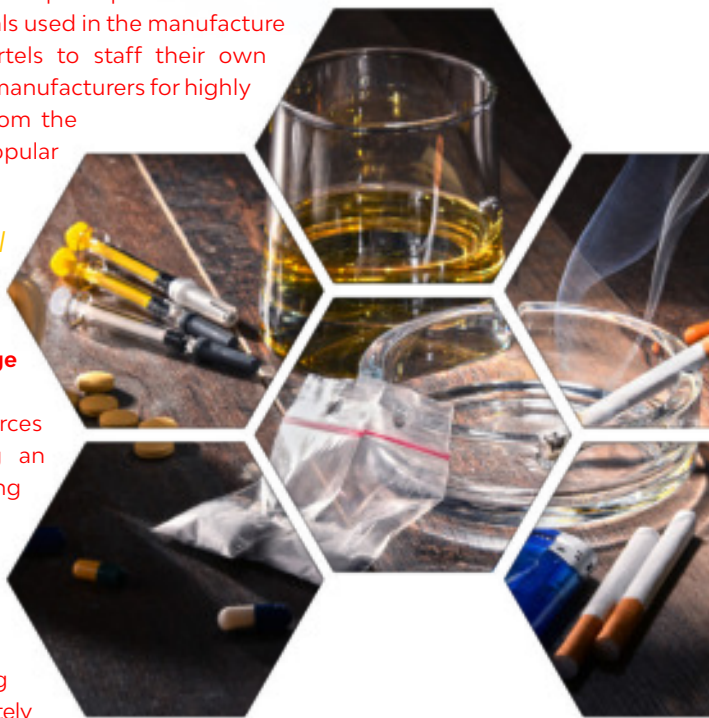
Whether cartels seeking new sources of revenue or small U.S. labs seizing an opportunity, the landscape is transforming in ways that should be on the radar screen of any educator or administrator.

## ***On balance what does all this mean?***

We learned from two nearly-overwhelming tragedies that their impacts are felt immediately and sustained for much longer. For some, the only way to cope is to join the 21 million other Americans with substance use disorders and cope chemically. Sadly, after weeks or months of uncertainty and stress we can assume that some students or staff will return with new or heightened substance dependencies. Think of it this way. Those 21 million chemically dependent people may be joined by more.

And consider this, Psychomedics data (graph) shows they may return to the campus using those drugs that are nearly impossible to detect without a Psychomedics hair test.

That, above all else, is why these three things are things you should be thinking about. Now.



# 3

## Playing Defense - Things To Know About Detection & Deterrence

### *Offense is proactive. Defense is reactive.*

Founding Father George Washington, early 1900's heavyweight boxing champion Jack Dempsey and legendary Green Bay Packers football coach Vince Lombardi are all credited with using variations on this theme to frame their philosophies. Washington used it to describe his philosophy of battle, Dempsey to characterize his aggressive ring style, and Lombardi to underscore the impacts of his innovative Packers Power Sweep offense of the late 1950's. All three chose **action** over **reaction**. They could be giving us a lesson for today.

*"The best defense is a good offense."*

Faced with the prospects of restarting campus life and sustaining a drug free environment, action vs. reaction will be a critical factor in safeguarding students and staff. The stress of time sequestered from familiar routines may have some returning with new or exacerbated habits.

### *Recapping parts 1 and 2.*

In "Stress, Self-Medication, and What History Teaches Us" and "A Shifting Threat and Why COVID-19 Is The Culprit" we looked at the impacts of trauma and prolonged periods of stress on the populations after the soul-crushing events of 9/11 and Hurricane Katrina. What insights did we take away?

- › 21M people over the age of 12 suffer from Substance Abuse Disorder (SUD). And as an educator, you know your students are some of the most vulnerable in times of stress.
- › The lessons of 9/11 and Hurricane Katrina show us that in this crisis substance use has likely increased---significantly.
- › If New York or New Orleans history repeats itself we could see 5-10% more substance abusers in our workplaces and on our campuses than before the COVID Crisis.
- › 10th and 12th graders who vape more than doubled between 2017-2019. And between 2018-2019, the percentage of teens vaping marijuana doubled---the 2nd largest increase in the 40-year history of a NIH survey. Both are trending up. And a precursor of things to come; in 2018-2019, there was a 30% increase in teens vaping to relieve stress.

On balance, what we learned is that some who return may well bring with them issues for which we should be vigilant.



## Deterrence Theory has a place in a drug program.

**Deterrence Theory**, the foundation for systems of laws, policies or rules, focuses on the cause-and-effect relationship between an action taken or avoided based on perceived gain or consequence.

"The objective of the most well designed drug testing programs is not to catch drug users but to **deter drug usage**."

It relies on certainty of a penalty being assessed for an unacceptable action to deter one from taking that action. Without that certainty, the perceived gain outweighs the consequence and deterrence is sacrificed.

Perhaps more than most, teens respond to a well-crafted Deterrence program. Two critical elements contribute to the overall objective of preventing or stopping drug use. When evasion is not possible and students know that parents will know, they tend to make better decisions.

- A test that assures **Certainty of Detection**
- **Parent notification** of a positive test result.

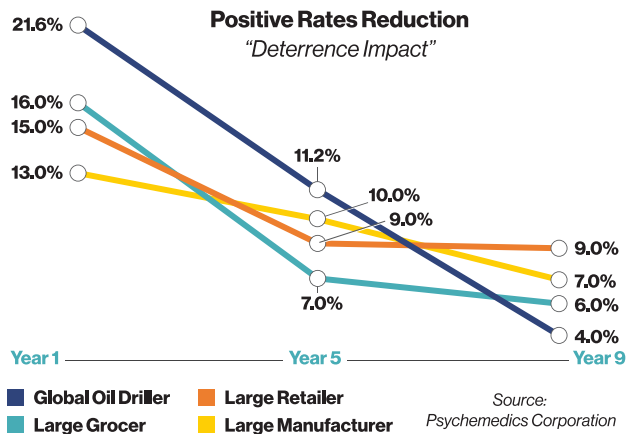
## Three best practices should be foundations for your program.

1. Clearly articulating consequences for usage.
2. Employing a test method that cannot be evaded.
3. Proactively educating students and parents why the test method is certain to detect drug usage.

Why does this work? **Certainty of Detection**. Students perceive that consequences outweigh gains and abstain from use. It is a formula that is proven to work. It is Deterrence Theory practiced at its best.

As with so many things, the best measure of Deterrence is numbers. And those numbers---drug test positive rates---get lower and lower over time for companies that make "Deterrence" the key theme in their programs.

The chart illustrates the Deterrence impact of a well-designed workplace drug testing program when employees know detection and consequences are certainties. We see the same impacts on campuses.



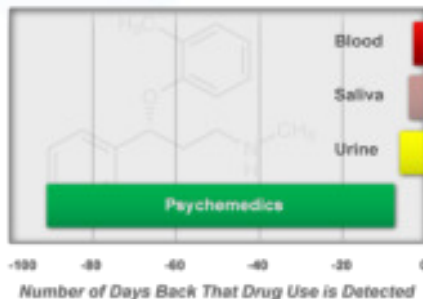
## ***The importance of test method on deterrence.***

As we learned from those two nearly overwhelming tragedies in New York City and New Orleans, the 21M people in the U.S. with a Substance Abuse Disorder will likely be joined by others who have coped chemically with the stress of this latest crisis. We should be more rather than less diligent in re-creating a drug-free campus. The formula starts with delivering disincentives for people who might use. Certainty of Detection coupled with fear of Consequences is a powerful combination. Combined, they form the “Offense” in ensuring a *drug-free campus*.

Establishing your disincentive---the Deterrent---relies on three critical components.

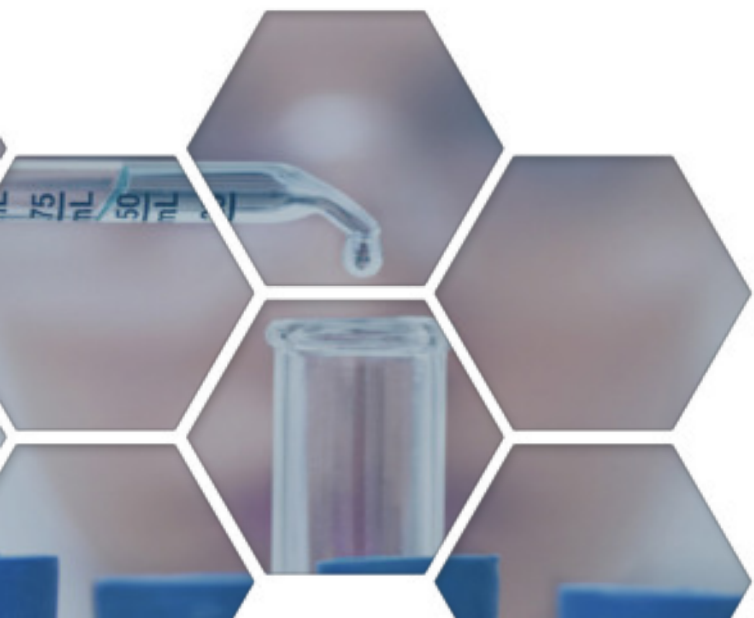
### ***1. A wide window of detection***

As evidenced in Part 1 of our series, post-9/11 substance abuse did not lessen when the initial round of PTSD subsided. Where a urine or oral fluids test detects usage a few days back, a hair test looks back **90-days**. Short term abstinence fails as an evasion tactic, reinforcing the threat of detection as one lynch pin for long term deterrence.



### ***2. A test method that cannot be evaded?***

A quick Google search yields thousands of discussions, hundreds of solutions and myriad products that claim to thwart drug tests. Nearly all deal with urine testing. For identifying those students or staff at risk after COVID-19, it is not adequate. Many of the drugs to be concerned about today slip by it and abstaining for just a few days generally ensures a passing grade



### **3. Testing with hair...and making it common knowledge**

When students (and staff) return to campus, they should know that users are certain to be identified. A Psychedics hair test delivers that certainty of detection. Simply communicating that it will spot usage 90-days back and can't be evaded with techniques that work for urine tips the scales in favor of Deterrence.

#### ***Is the best defense truly a great offense***

While deterrence is the objective, the COVID-19 crisis taught us that preparation, execution and measurement are critical in dealing with a pandemic. Substance abuse is, at the least, an epidemic. As we shift to more normal routines, we can apply those lessons to safeguard students and staff returning from a period that has been anything but normal.

**Playing offense just makes sense.**

#### ***Read These Case Studies***

See how The Lovett School and its parents shield students from drugs in this information-packed case study "[Health and Wellness Are This Program's Pillars.](#)" And for a look at how certainty of detection helped a college fraternity combat substance abuse, see "[Creating a Drug-Free Chapter House](#)". They are two case studies that drive home how Deterrence through Certainty of Detection can make substance abuse a manageable problem for educators at all levels.

Be sure to visit our page "[Rebuilding A Workplace After COVID-19](#)".





Psychemedics Corporation is the world's leading hair drug testing company. Psychemedics' patented hair analysis technology is trusted by Fortune 500 companies, police forces, courts, schools, and parents all over the world.

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