

Drug, Alcohol and Tobacco Prevention, Health Education **

The public charter school will not tolerate the possession, selling or use of unlawful and harmful drugs (illicit drugs, nontherapeutic uses of prescribed drugs, misuse of solvents and other dangerous substances) alcohol or tobacco in the schools, on public charter school grounds or during public charter school-sponsored activities including athletic events, dances, field trips, etc.

Given the extensive use and the formal and informal promotion of drug, alcohol and tobacco use in society, the school has an obligation to provide education that emphasizes prevention, to describe intervention and referral procedures, and to outline consequences. The public charter school will provide planned staff development and public information programs. The public charter school will access the drug-free school moneys and other moneys available for drug-free school efforts.

After consulting with staff, parents and students, through such groups as community agencies and representatives from drug, alcohol or health service agencies, student councils, MADD, ministerial association, chamber of commerce, local school committee and the county youth services team, the Board will adopt a written plan for a drug, alcohol and tobacco prevention and intervention program.

Drug Prevention Program

Each classroom K-8 shall receive drug, alcohol and tobacco prevention instruction as part of the health education program.

A curriculum for students 9-12 will be integrated in the health education curriculum and will be consistent with the State Board of Education adopted Health Education Academic Content Standards. For students not enrolled in health education, the public charter school administrator will ensure a program of activities which reflects current research and meets the requirements of the public charter school's prevention and intervention program.

Each year the public charter school will review the curriculum in consultation with the public charter school's drug, alcohol and tobacco prevention committee and revise as necessary to reflect current research.

The public charter school is committed to an aggressive intervention and referral program to eliminate prohibited drug, alcohol and tobacco use.

The program shall include training for staff and a compilation of information on school and community resources and procedures for responding to drug-related medical emergencies. Parents, students and staff shall receive annually in handbooks information and detailed procedures regarding the public charter school's intervention/referral program.

Each year students and parents shall receive a code of conduct explaining expected behaviors and related consequences for violations of the conduct code which may include discipline up to and including expulsion. Students violating the code of conduct prohibiting substance abuse, possessing, selling and/or using unlawful drugs or alcohol may be subject to an assessment and, if appropriate, referred to law enforcement officials. When considering disciplinary action for a child with disabilities, the public charter school must follow the requirements of Board policy JGDA/JGEA – Discipline of Students with Disabilities including those involving functional behavioral assessment, change or placement, manifestation determination and an interim alternative educational setting.

Each year the public charter school will actively seek funds to support the activities identified in the public charter school’s drug, alcohol and tobacco prevention program.

The public charter school administrator shall provide staff development activities for all employees addressing the public charter school’s drug, alcohol and tobacco prevention and intervention program or plan, the employee’s responsibilities within the program or plan and current drug, alcohol and tobacco information.

The public charter school will develop a public information plan for students, staff and parents.

The public charter school’s Drug, Alcohol and Tobacco Prevention, Health Education policy, related policies, rules and procedures will be reviewed annually and updated, as needed.

END OF POLICY

Legal Reference(s):

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| ORS 163.575 | OAR 581-015-2060 | OAR 581-015-2225 |
| ORS 336.067 | OAR 581-015-2070 | OAR 581-015-2230 |
| ORS 336.222 | OAR 581-015-2075 | OAR 581-015-2235 |
| ORS 339.133-137 | OAR 581-015-2410 | OAR 581-015-2240 |
| ORS 339.873 | OAR 581-015-2415 | OAR 581-015-2325 |
| ORS Chapter 475 | OAR 581-015-2420 | OAR 581-015-2600 |
| ORS 809.260 | OAR 581-015-2425 | OAR 581-015-2605 |
| | OAR 581-015-2430 | OAR 581-021-0050 |
| OAR 581-011-0052 | OAR 581-015-2435 | OAR 581-021-0055 |
| OAR 581-015-2000 | OAR 581-015-2440 | OAR 581-022-0413 |
| OAR 581-015-2040 | OAR 581-015-2055 | OAR 581-022-1210 |
| OAR 581-015-2045 | OAR 581-015-2205 | |
| OAR 581-015-2050 | OAR 581-015-2220 | |

Drug-Free Workplace Act of 1988, 41 U.S.C. §§ 701-707 (2006); General Principles Relating to Suspension and Debarment Actions, 34 C.F.R. §§ 85.600 - 85.645 (2006).
Controlled Substances Act, 21 U.S.C. § 812; Schedules of Controlled Substances, 21 C.F.R. §§ 1308.11 - 1308.15 (2006).
Safe and Drug-Free Schools and Communities Act, 20 U.S.C. §§ 7101-7117 (2006).
34 C.F.R. §§ 300.108.