

Impact!

A NEWSLETTER OF CHEMICAL HEALTH IN MINNESOTA

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Safety in Minnesota Schools

Every day across Minnesota parents send their children to school, where they will spend the day learning academic and social skills. They will worry about exams and long for vacation. They will interact with teachers, other school staff and peers. They will complain about the school lunches, and laugh with their friends. But will they be safe?

A safe place is a place free from danger, injury, harm or evil. A safe place offers protection. Given that, how do we determine how safe Minnesota schools are? And if we determine there is a problem, what can be done?

Assessment is an important first step that is sometimes overlooked in our good intentions to make sure that shootings and other acts of violence or delinquent behaviors do not ever happen. Data exists that can help us gauge the levels of violence, victimization, and overall school climate in Minnesota.

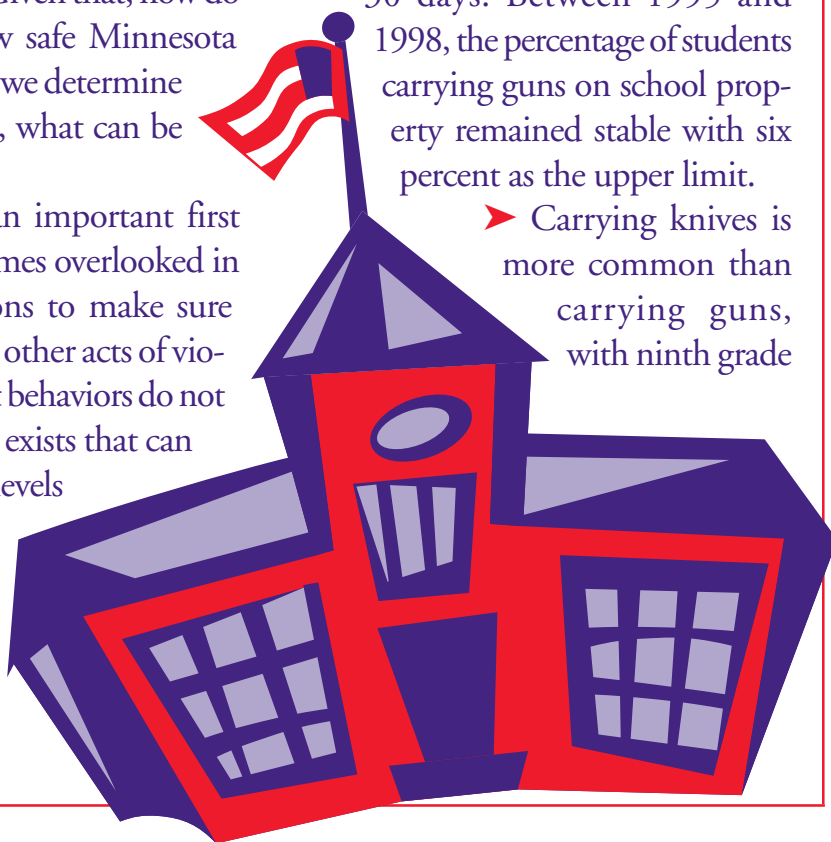
Minnesota Student Survey¹

Consider the following facts from the survey:

- In 1998 vandalism and physical fights decreased among students in grades six, nine and twelve from 1992 to 1998 after slight increases in some grades in the 1989 to 1992 comparison.

- In 1995, the Minnesota Student Survey (MSS) began asking students whether they carried guns or other weapons on school property in the past 30 days. Between 1995 and 1998, the percentage of students carrying guns on school property remained stable with six percent as the upper limit.

- Carrying knives is more common than carrying guns, with ninth grade



Impact!

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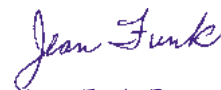
Prepared by the Minnesota
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Dear Colleagues,

Isn't it amazing that a topic as important as our children's safety at school and in the community already seems like it has been talked about too much? As we started to plan this issue of *Impact!*, we asked, "Aren't people tired of hearing about this?" The fact is, this topic has been discussed heavily. We hear about the breakdown of school safety through television and radio. It's on the Internet. It's in the newspapers. It would be easy to tire of hearing about this. Yet, as Cordelia Anderson said recently at a workshop on violence, "Our biggest challenge is keeping people outraged, but not overwhelmed."

We must stay outraged. We must stay committed to the safety of children and adolescents. We must be in this for the long haul. We cannot accept that our children must go to school feeling that they are not safe. Yet, we must not be overwhelmed; we must work to find solutions.

In this issue of *Impact!*, we consider some aspects of school safety in Minnesota. The answers are not always clear, but we hope that by continuing the discussion, we will move closer to creating and maintaining safe environments in which young people can learn and grow.



Jean Funk, Director of MPRC

males having the highest rate of incidence at 16 percent, a slight decrease from 1995.

➤ Most students in Minnesota feel safe at school. However, in 1998, about one out of eleven sixth and ninth graders and one out of twenty twelfth graders reported not feeling safe at school.

➤ In 1998, about two-thirds of ninth graders and male twelfth-grade students perceived student substance use to be a problem.

1998 Safe Schools Report²

➤ The 1998 survey results showed that more students believed that their schools were weapon-free than did students in the past three years. This result shows that schools and communities are making progress as it relates to reducing students' perception of a weapons problem at their school. Students who do not fear armed fellow students will be better able to concentrate on learning.

➤ Sixty-six percent of re-

spondents reported being verbally insulted during the past year, 39 percent had something stolen from them, 38 percent were pushed, shoved or grabbed, 27 percent were verbally threatened, and 19 percent were kicked, bitten or hit.

➤ Fifty-nine percent of respondents who were victims of a violent act did not report the incident. When citing a reason for not reporting, most respondents did not want to bother or did not think reporting would make a difference.

➤ Students most frequently identified stealing, name-calling and cursing, sexual harassment, racial conflicts and pushing, shoving and grabbing as "major problems" at their school.

➤ Respondents identified the most likely victims of violence at their schools as overweight students, gay or lesbian students, boys, physically weak students, and younger students.

➤ When witnessing violence, respondents indicated that the majority of students

either watch the violence (42 percent) or cheer on the violence (24 percent).

This data reveals that Minnesota students are not entirely safe at school, yet don't feel as threatened with weapons as we might have assumed. What is interesting is the fact that other forms of violence are cited as major problems in school. And quite disturbing are the viewers' reactions to witnessing violence. Why is it acceptable to cheer the violent act on or simply watch, rather than speaking out against the act or walking away?

What Can Be Done?

School and community members can respond to threats to safety in a restrictive, reactionary manner, or they can choose to implement programs that will create the most positive environment possible.

Increasingly technological solutions may not go far in resolving issues of human behavior. Metal detectors and drug-sniffing dogs would be

useless tools, indeed, in resolving such problems as pushing, shoving and grabbing. The more frequent victimization of certain groups, such as overweight students or gay and lesbian students is also a problem that might be better addressed through relationship building and engaging in intentional activities toward developing caring environments rather than with technology or increased security. Bolstering youths' social competencies will sustain and prepare them to thrive in any setting.

The following four suggestions will help foster discussion and encourage analysis of current policies, as well as offer ways to move toward a safer school environment.

Now is a perfect time to be thoughtful.

1. Share information

Making the right kind of Minnesota-specific information available to parents, students and staff can be an important first step in the discussion process.

County-specific MSS data is also available through the Minnesota Prevention Resource Center at no charge and can bring these types of facts into focus locally. Looking at and taking responsibility for MSS results makes the challenges and successes real and encourages everyone to get interested and involved in proposing possible solutions. Involving students and parents in a school safety committee helps them feel involved and vested in the success and safety of their school.

2. Review what you already have

Do school policy and environment fit into the broader pic-

ture of family and community? Are a school's expectations of student behavior in reasonable alignment with what family and the broader community deem appropriate? Is school staff ready and trained to model the desired communication and conflict resolution skills they desire in students? How is discipline handled in your school? How are students held accountable for their actions? Consider what is currently in place and ask yourself whether the student is better equipped after this form of discipline to function in a more positive, healthy manner in the future. Finally, do parents have the tools and support they need to raise their children well and work in coordination with schools?

3. Take advantage of available programs

Many positive practices are probably already in place in your school.

Review the article on Coordinated School Health (page 5) to see how many of the eight different aspects of health and education you are currently addressing. Use the related resources to learn more about Coordinated School Health and how your school can make the most of this approach.

Take advantage of media campaigns like Minnesota's *You're the One Who Can Make the Peace* campaign on page 11. This campaign provides a number of ways to reach youth with a peacemaking message.

4. Read the research

Much has been published and is published daily on the subject of school safety. The MPRC can provide research, Web sites, program evaluations

and other information about this topic.

Minnesota schools are not immune to violence and other factors that negatively affect safety. The good news is that the horrible nature of school violence is the very thing that has brought this phenomenon to the forefront of national and state attention and has motivated so many to address and resolve this problem quickly

and effectively. With thoughtful assessment, analysis, planning and evaluation, Minnesota schools can be safe harbors for children and adolescents to learn and grow to their fullest potential.

¹Minnesota Department of Children, Families and Learning, 1999.

²Office of the Minnesota Attorney General, 1999.

school safety resources

The following free or low-cost materials are available through the MPRC by calling 612-427-5310, 800-247-1303 in Minnesota, or by e-mailing mprc-order@miph.org to place your order. Additional resources are featured on pages 10 and 11.

Indicators of School Crime and Safety 1999, U.S. Departments of Education and Justice

This report provides detailed statistical information about the extent of crime and violence in schools, as well as some measure of the national response to this problem. This report is available online at nces.ed.gov. The MPRC can provide free copies of the executive summary.

Annual Report on School Safety, U.S. Departments of Education and Justice, 1998

This report provides an overview of the nature and scope of school crime and describes actions schools and communities can take to address this issue. The 1999 report is not yet available, but the 1998 report is online at www.ed.gov/pubsAnnSchoolRept98. To learn more about the 1999 report, please contact the MPRC.

In a Flash Video, National Emergency Medicine Association, 1996

In a Flash is a video-based program to teach students about handgun violence. The video portrays a young man who uses a handgun to settle a conflict. Viewers will see the physical effects of a gun shot wound; affects on the gun user including lost opportunities, contact with the criminal justice

system, guilt and remorse; impact on the families and friends of the gun user and victim; and rehabilitation of four young victims of handgun violence. Free to Minnesota residents with pre-paid shipping

Hate and Bias Crimes: A Citizen's Guide, State of Minnesota Office of Attorney General, 1999

This tri-fold brochure defines hate crime and examines how Minnesota deals with hate crime. Information is provided on reporting hate crimes and how to stop hate crimes. Related organizations are listed. Free to Minnesota residents

Hate and Bias Crimes: A Rapid Response Guide for Minnesota Schools, State of Minnesota Office of Attorney General, 1999

Practical information for schools to prevent and address hate crimes is provided in this 12-page booklet. Resources are listed, and sample letters are provided. Free to Minnesota residents

Safe Schools, Safe Students, Drug Strategies, 1998

This guide assesses 84 violence prevention programs for general classroom populations. The introduction includes a discussion of key elements of promising violence prevention programs and of violence prevention components that are of dubious value or are possibly harmful. Available for a three-week loan to Minnesota residents from the MPRC

Safe gun storage for **SAFE SCHOOLS**

Last June, as the school year ended, many teachers and principals sighed with relief that their school had survived another year without gun violence. Some did not. Minnesota schools have received their share of gun violence copycat attempts, a message the media has thankfully resisted the urge to share. It is not realistic to hope gun violence will not happen in Minnesota. The 1998 Minnesota Student Survey revealed that six percent of twelfth grade males carried a gun on school property during the month preceding the survey. We must be proactive, learn from others' experiences, and take reasonable actions to prevent a gun violence tragedy in our schools and communities. Perhaps the simplest single action any person can take toward this goal is to practice safe gun storage.

We should remember three things about the school shootings that have rocked the United States. The shootings have not occurred in inner

In 1998, 448 Minnesotans were hospitalized or treated in the emergency department for firearm-related injuries.
(Based on preliminary E-code data from the Minnesota Hospital and Healthcare Partnership.)

cities. They occurred in the small and mid-sized communities of Moses Lake, Washington; Pearl, Mississippi; West Paducah, Kentucky; Jonesboro, Arkansas; Springfield, Oregon; Littleton, Colorado; and Conyers, Georgia. All of these school shootings were committed by troubled white males.

The firearms used were not obtained through the "black market" or on the streets. With the exception of Littleton, Colorado (where the two gunmen obtained the firearms from an older friend), all the youth obtained the firearms from homes—either their own, their neighbor's, or their grandfather's—or as presents from a father.

These facts make it clear that safe gun storage should be a priority for all communities, no matter how remote the threat of gun violence might seem.

Dr. Michael McGongial, Chief of Emergency Medicine at Regions Hospital in St. Paul, suggests it takes four things for an episode of gun violence to occur: 1) an abnormal socialization process in young people; 2) a problem or conflict; 3) the availability of a firearm; and 4) an impaired appreciation of the consequences of a gun shot. Therefore, one component of a comprehensive prevention strategy is to eliminate unsupervised youth access to firearms.

While many recognize the importance of preventing unsupervised youth access to firearms, only 16 states, including Minnesota, have any sort of child access prevention law. Minnesota's law states, "It is unlawful to store or leave a loaded firearm where a child can obtain access" (MN Statute 609.66).

Having such a statute is

important, but it is not the only solution. We must take responsibility for the way we store our firearms and ammunition in our homes. Forty-eight percent of Minnesotans have a firearm in their homes (Minnesota Planning, December, 1996). How many are secured from curious children and troubled youth?

Safe storage does not mean placing a loaded handgun on the closet shelf or "out of reach." Nor is hunter's safety education a substitute for safe storage. Safe storage takes only five minutes and can be accomplished in three steps: 1) unload the firearm when not in use. This is consistent with the first rule of gun safety taught by the National Rifle Association; 2) store the firearm and ammunition separately; and 3) lock the firearm in some way. This could be using a trigger or cable lock, or placing the firearm in a gun safe or lock box.

Parents, relatives and neighbors should also consider removing firearms from their homes under certain circumstances. Is a youth in the home or neighborhood at risk for hurting himself? Is he involved with drugs? Is he depressed? Is he a latchkey youth that is unsupervised in the late afternoon?

By eliminating unsupervised youth access to firearms, we are protecting our schools, our communities, and our children from injuries, suicide and death.



Media Kits Available

The Minnesota Institute of Public Health has developed two media kits regarding the safe storage of handguns and long-arms (rifles and shotguns). These media kits contain camera-ready artwork for billboards, brochures, newsletters, paycheck inserts, public service announcements and more. The newsletter also comes in Spanish and two-color posters are available. For your free media kit, contact

the Stop Gun Injuries and Death Project by calling 612-427-5310 and asking for Holly.

For more information, or to download media kit materials, check out our Web site at www.miph.org/guns.

Eight great ways to Coordinated School Health

For young people today to succeed in school, and ultimately in life, they must learn to read, write and understand math. That's obvious. Perhaps less apparent is the fact that problems we often don't associate with students and their families, such as poor nutrition, domestic violence, alcoholism, substance abuse, depression and more, can adversely affect not only a child's health, but also his or her ability to learn.

A coordinated approach to school health improves children's health and their capacity to learn through the support of families, schools and communities working together. Coordinated School Health (CSH) is about keeping students healthy over time, reinforcing positive healthy behaviors throughout the school day, and making it clear that good health and learning go hand in hand. CSH offers students the information and skills they will need to make good choices in life. A coordinated approach to school health can make a significant contribution not only to individual students, but also to entire communities.

A coordinated approach to school health can address up to eight different aspects of health and education:

1 School Environment – To learn effectively, children must be in a school environment where they feel comfortable and supported. It is also important that parents and other adults working with young people have high expectations about learning and provide students with the support they need.

2 Health Education – School staff can work together to develop an ongoing approach to help students build health-related knowledge and skills from kindergarten through twelfth grade.

3 School Meals and Nutrition – Many students eat one or two meals a day at school. Thus, schools have a unique opportunity to offer more nutritious food, as well as develop coordinated educational activities to encourage students to make healthful eating and good nutrition a priority for life.

4 Physical Education – Schools can and should encourage students to lead a physically active lifestyle both in and out of school. One way to start is to emphasize the importance of regular exercise as a lifelong activity.

5 Health Services – Growing children require a regularly scheduled health “maintenance” program, including immunizations, dental checkups, physicals, eye exams, other types of screenings and, in certain instances, daily medication. With the help of health professionals, schools can encourage preventive services to enable students to take proactive measures to stay healthy and get more out of school.

6 Counseling, Psychological, Social Work, and Mental Health Services – Many students have the added stress of coping with emotional challenges stemming from problems such as parental divorce, alcoholism, abuse and drug addiction. By offering counseling and instruction to students, as well as referrals to mental health professionals, schools can help parents take a big step toward making an even greater difference in a student's total performance.

7 Staff Wellness – Students aren't the only ones who need to stay in good health. Educators and school staff are important role models for students. Successful schools have healthy, highly motivated staff with low rates of employee absenteeism.

8 Parent/Community Partnerships – One of the biggest benefits of CSH can be a closer working relationship between parents and schools. Working with parents, businesses, local health officials and other community groups, schools can form powerful coalitions to address the health needs of students.

A coordinated approach to school health may look very different in each school, district, community, town or city in which it has been implemented. And while developing the elements of CSH may seem difficult at first, the reality is that many schools and communities are utilizing some of the eight components already. When parents, teachers, students and dedicated members of the community work together and make a commitment to put these different elements in place, the results can be powerful.



(continued on page 11)

Sobering Facts

1 in 7 students has been in a physical fight on school property... Every 60 seconds a child is born to a teen mother... Obesity affects 1 in 5 children in the U.S... Each day, 3000 children start smoking—1 every 30 seconds... 1 in 3 high school students reports having consumed 5 or more drinks in a row... Every 4 hours a child in America commits suicide...

Association of State and Territorial Health Officials (ASTHO), March 1999

Tips for talking about INHALANTS

The MPRC gets many questions from parents and educators about inhalants. Discussing inhalants with children and adolescents presents a unique challenge, given the high accessibility of these products. With that in mind, we asked inhalants expert Mark Groves, Director of Eden Children's and Family Services, to discuss inhalants, their abuse, and how to talk to children and adolescents about inhalant use.

We have all smelled gasoline while filling our tanks, glue when repairing something, and paint when refinishing the interiors of our homes. Therefore, we are not ignorant of inhalants. The products children can inhale to become intoxicated are so numerous that parents and teachers have virtually no hope of keeping them out of their kids' hands. It is impossible to compile a complete list of the legitimate commercial products that children can purchase legally, usually without suspicion, and use to get "high." A list compiled today could be obsolete by next week.

Any product containing a solvent is a candidate for inhalant abuse. Most parents would look under their sinks at home and be unaware of cleaning materials as something kids would abuse as inhalants. The list of over-the-counter substances at risk for inhalant abuse includes felt-tip markers, nail polishes and removers, butane and all aerosols, automotive fluids, typing correction fluids, charcoal lighter fluids, electronic equipment cleaners, adhesives, cleaners, polishes and more!

Typically, inhalants are used by either sniffing the vapor through the nose or by inhaling the fumes through the open mouth (huffing) much like a smoker breathes in cigarette smoke. Although different in makeup, nearly all of the abused inhalants produce effects that act to slow the body's functions. The "high" is usually short compared with alcohol or other drugs. The effects usually last between a few minutes and an hour.

Young people, especially those between the ages of 7 and 17, are most likely to abuse inhalants. Surveys show that one in five eighth-grade students have tried inhalants. Inhalant use often begins when children learn from friends or an older sibling. If children learn very early that they like a certain smell—something as seemingly harmless as fruit-smelling markers—and even feel good when smelling it, they may continue to inhale that and other substances.

The most obvious way to combat inhalant abuse is for parents, guardians and teachers to become aware of potentially abused products and to discuss the dangers of inhalant abuse with their children. Another is for adults to become sensitive to the telltale signs of inhalant abuse. Some

of those signs are the same as those associated with abuse of alcohol or illegal drugs. In short, any deviation from normal behavior should trigger a healthy concern.

Here are some suggested practices for teachers and parents

➤ Educate yourself and then give your children concrete information; talk about dangerous behavior, such as inhalant use, and explain the consequences.

➤ Look for teachable moments. When children mention that gas or markers smell good, teach them that gas or other chemicals should never be inhaled.

➤ Keep in mind that inhalants are not drugs. They are poisons. They are really hydrocarbon, neurotoxic industrial solvents and chemicals and gases. They were never meant for human consumption. Any exposure brings the risk of tragedy.

➤ Don't bring in a display of potentially abusable products. You don't even need to list the products. Just ask the students, "Has anyone ever heard of inhalants? How about sniffing and huffing? What are some things that someone might intentionally sniff or huff?" The kids will name them for you. This will result in a teachable moment.

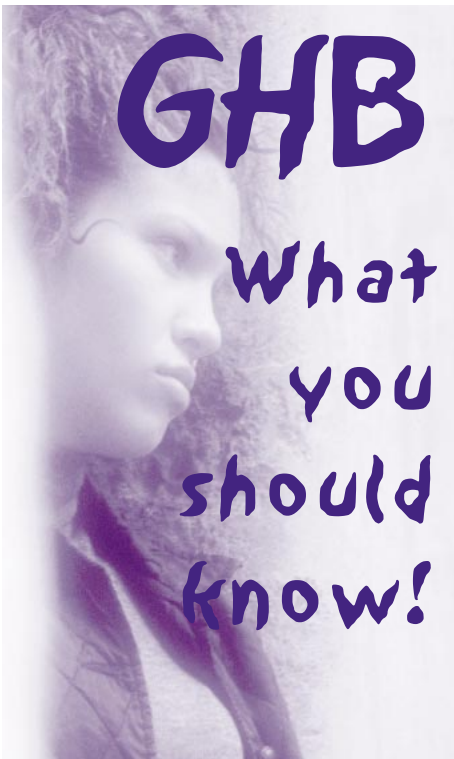
➤ Don't explain how to sniff or huff.

➤ Don't get into short-term effects (e.g., causes hallucinations, mood-swings, euphoria, a "high," etc.). This is trivial information that children do not need to know to avoid sniffing.

There are other don'ts and a lot of dos. It can all be very confusing. That is why in 1989 the Minnesota Department of Human Services used federal funds to establish the Eden Inhalant Abuse Training and Information Project. The project helps any parent, child or professional service provider with information and training on inhalant abuse prevention, intervention and treatment. The project also provides technical assistance to professionals throughout the state who have questions or are working on a case where inhalants are suspected.

Parents, teachers and other helping professionals who want information or help with inhalant abuse can contact Eden Statewide Services for Children at 612-874-9441.

**Look for
inhalant
resources on
page 11**



GHB, gamma hydroxybutyrate, is a central nervous system depressant that is a growing drug of abuse among young adults in the Twin Cities metro area, according to a June report by the Hazelden Foundation, *Drug Abuse Trends: Minneapolis/St. Paul - June 1999*.

"GHB has been around other parts of the country for a decade, but it just recently appeared on the Minnesota radar screen," said report author and Hazelden's senior research analyst, Carol Falkowski. "It's typically part of the nightclub or gay 'circuit party' scene. Typical GHB abusers are males

in their twenties, and GHB is often used in combination with other drugs."

GHB is also known as Grievous Bodily Harm, Cherry Meth, Easy Lay, Gamma, G, Liquid E, Liquid Ecstasy, Liquid X, or Salty Water. It is sold by the swig or capful for \$10 at nightclubs, and can also be manufactured at home. GBL, gamma butyrolactone, a related chemical cousin of GHB, is the main active ingredient in products sold as a liquid, nutritional supplement at retail stores and by mail via the Internet. Once ingested, GBL converts into GHB.

Late last year GHB first appeared in metro-area crime labs, and eight accidental GHB overdoses were treated at Hennepin County Medical Center. Some of the young adult patients had bottles of the over-the-counter, nutritional supplements in their possession at the time.

In January 1999, the FDA issued a nationwide recall of GBL-containing nutritional supplements. In spite of that recall, Hennepin County Medical Center emergency department continues to treat about four to five accidental GHB-involved overdoses per month, and Regions Medical Center in Ramsey County about one per month.

"The problem is not yet widespread, but it warrants our close attention due to the dangerous consequences of abuse,"

Since 1986 Carol Falkowski has monitored patterns and trends in drug abuse in the Twin Cities area, as one of 20 drug abuse researchers in the US who participates in a drug abuse surveillance network of the National Institute on Drug Abuse. Her reports, written every June and December, can be found at www.hazelden.org, or by contacting the Butler Center for Research and Learning at Hazelden at 800-257-7800.

cautioned Falkowski. "On the Internet in particular, GHB is often characterized as relatively harmless, and this is simply not the case."

A 32-year-old male died of GHB toxicity in a suburb of St. Paul earlier this year. And according to metro-area addiction treatment programs, a growing number of GHB abusing patients report developing a tolerance for the drug, or taking increasing amounts to achieve the same effect, and experiencing serious withdrawal symptoms upon discontinuation of use.

Among users, GHB is believed to be an aphrodisiac, a muscle-stimulating growth hormone, and a substance that eliminates alcohol hangovers and withdrawal from other drugs. GHB is sometimes implicated as a date rape drug. It can produce drowsiness, increased heart rate, depressed respiration, visual distortions, seizures, coma, unconsciousness and death.

GHB is not currently approved for medical use in the United States, but is under FDA investigation as a drug to treat sleep disorders. Efforts are underway to schedule it nationally, in order to curb its growing abuse. In Minnesota, as of August 1999, GHB and its salts, compounds, derivatives or preparations are Schedule III controlled substances.

FYI

Safe Schools/Healthy Students Grant awarded in Northwestern Minnesota

More than \$100 million dollars in grants was awarded to 54 communities under the *Safe Schools/Healthy Students Initiative*. The grants, awarded in late September, are to help make schools safer and to help protect youth from violent and aggressive behavior, as well as from drug and alcohol use.

In Minnesota, a grant was awarded to a multi-partner effort in northwestern Minnesota. The communities of Newfolden, Viking, Warren, Alvarado, Oslo, East Grand Forks, Fosston, Ada, Borup, Fertile-Beltrami and Crookston have joined with seven school districts, eleven allied organizations and local law enforcement agencies

to develop a comprehensive plan for their area. The partners were awarded a grant of \$930,000 for the first year of the three-year project.

For more information about the Minnesota grant, visit the Department of Education's Web site at www.ed.gov/PressReleases/09-1999/mn.html. A list of all Safe Schools/Healthy Students Initiative project sites is available at www.ed.gov/PressReleases/09-1999/sstoc.html.

School safety: It takes more than a school

When I was in junior high school, the rules focused on errant behavior like chewing gum in class. When my daughter finished ninth grade two years ago, her junior high had a weapons policy. How have we gotten from there to here?

And even more worrisome, what will the rules be when my five-year old hits seventh grade? Will we be accepting, or even demanding, metal detectors at all entrances and surveillance cameras in all halls? Will respect for privacy be simply a nostalgic notion? Are we so comfortable allowing fear to subordinate freedom?

These questions might seem wild except for the serious discussions throughout society these days about school security measures like mandatory transparent backpacks, drug-sniffing dogs in school, and increasing the number of metal detectors. My daughter's junior-high locker was woefully inadequate for storing even a winter coat, because school administrators decided to buy short lockers so kids could be viewed at all times over the locker tops. In too many instances, local decision makers are reacting to the unfathomable inhumanity witnessed at too many schools last year by creating an environment of suspicion that endangers the very cohesion our schools need for success. The idea of drug-sniffing dogs in school is not a preventive measure, it is a measure of our desperation.

Parents, students, teachers and administrators should not be willing to sacrifice peace of mind and quality of life at the altar of an exploited Second Amendment. We seem more willing to have our children endure an environment comparable to martial law than we are to coalesce as a culture of nurture and prevention. Rather than exhorting parental responsibility as the sole answer to the unmitigated promotion of gratuitous violence, it's time to change the current climate that isolates and marginalizes parenting. Children will be safer and more secure when parents are empowered to fulfill their crucial roles within a community that demonstrates its own commitment to healthy adolescent development.

Prevention professionals must garner the necessary private and public resources and work in communities to

cultivate a culture that nurtures and nourishes our young people. Such a culture would counter the current torrent of media messages promoting violence as inconsequential and routine, even trivial.

Censorship is, of course, not the answer. But the answer to free speech is more free speech. Prevention activists must counter the promotion of violence and disrespect with the empowerment of parents. A culture that nurtures its young instead of exploiting them must obviously begin with parental empowerment. Empowered parents will relieve the disproportionate responsibility delegated to schools to counter our violent culture and the excessive availability of firearms.

"Parent Power" will not happen without comprehensive political support. Elected leaders who give more than lip service to the importance of parenting might enact even half the provisions outlined by Sylvia Ann Hewlett and Cornel West in "The War Against Parents," published in 1998 by Houghton Mifflin Company and endorsed by presidential candidate Bill Bradley. In their Parents' Bill of Rights, mothers and fathers are entitled to the broad-based societal support necessary for them to fulfill their responsibilities to their children. Such support would include paid parenting leave, family-friendly workplaces, universally excellent schools and child care, a minimum wage that facilitates self-sufficiency instead of dependency, tax relief, help with housing, better health care coverage, responsible media and an organizational voice for parents.

We must have safe schools, but they will never happen in isolation from the rest of our culture. If we are not going to curtail the irresponsible freedom of the gun lobby and the toxic mass media marketing that exploits the developing adolescent mind, we should at least ensure equal parental power with which to counter it. By garnering resources to organize parents and others whose natural aims are the security of our next generation, prevention activists can help achieve that goal.

Written by Eileen Weber, a dedicated parent, and a prevention coordinator for Minnesota Join Together.

“
A culture that
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”

State incentive grant update

Welcome to our first SIG notes column. This space will be devoted to updates or announcements from staff with the Minnesota State Incentive Grant (SIG).

A State Incentive Grant (SIG) was awarded to Minnesota by the Center for Substance Abuse Prevention (CSAP) for \$9 million dollars over three years. Eighty-five percent of the funds will go directly to communities through a Request for Proposal (RFP) process. The SIG is actually a cooperative agreement between Minnesota and CSAP, which means that CSAP is an active partner in the development and implementation of the three-year SIG project. The SIG is designed to coordinate alcohol, tobacco and other drug prevention efforts in

Minnesota in order to reduce substance use and related problems among youth. The SIG will accomplish this through two avenues: 1) the development of a statewide alcohol, tobacco and other drug prevention strategy and 2) dissemination of grants to communities, with grant funds targeting scientifically defensible prevention strategies.

Development of a statewide strategy

Governor Ventura appointed Anne Ganey, Director of Prevention and Healthy Communities at Region 9 Development Commission,

to Chair the 34 member SIG Advisory Committee. The committee is responsible for the development of a statewide alcohol, tobacco and other drug prevention strategy. The Advisory Committee has formed five work groups to accomplish the goals of the SIG. In addition, four state agencies, including Health, Human Services, Public Safety and Children, Families and Learning are collaboratively guiding the operations of the SIG, with an evaluation of the project being conducted by the Center for Applied Research and Education Improvement, University of Minnesota.

Dissemination of grant funds

A two-stage grant application process was developed to build

in technical assistance around CSAP's science-based requirements. In April 1999 a Request for Concept Papers was initiated, with informational meetings held in June. Concept papers were received July 30 and reviewed and ranked by Citizen Review Panels. A limited number of applicants have been invited to participate in the full application process. Notification of applicants invited to submit a full Request for Proposal were mailed September 15th.

If you would like more information about the State Incentive Grant, please contact Kathy Gilmore, State Incentive Grant Coordinator at the following e-mail address: kathy.gilmore@state.mn.us.

starlights

New funding and annual meeting

As mentioned in the last edition of *Starlights*, Star of the North's five-year contract with the Center for Substance Abuse Prevention (CSAP) ends this year. Star's Central staff, along with the Steering Committee, Advisory Committee and Regional staff have pursued alternative funding sources and have been awarded a one-year grant from the Minnesota Department of Human Ser-

vices. Under this new contract, our direct link with Regional Prevention Specialists will not continue. What will continue is the network of prevention coalitions throughout the state. This grant will allow the Coalition to continue Web site maintenance, conduct an annual meeting, distribute fax alerts and bi-monthly mailings, hold coalition leadership meetings and find additional continuation

funding.

In keeping with these tasks, Star will hold its 1999 Annual Meeting at the Program Sharing Conference on November 4, 1999, from 4:30-5:30 p.m. The tentative agenda includes an overview of Star's accomplishments during 1998-1999, election of new steering committee members, and a small group discussion about strengthening the Coalition through currently available



STAR OF THE NORTH
MINNESOTA
 PREVENTION COALITION

1999 Annual Meeting
Minnesota Star of the North Prevention Coalition

November 4, 1999
4:30 - 5:30 p.m.
at Program Sharing

resources. This meeting is open to all members of the Coalition.

Publications available from the MPRC

The following free or low-cost materials are available through the MPRC by calling 612-427-5310, 800-247-1303 in Minnesota, or by e-mailing mprc-order@miph.org to place your order.

Minnesota Chemical Health Week (MCHW)

MCHW is November 15-21, 1999. This annual event will focus on the prevention of alcohol, tobacco and other drug abuse. The *1999 MCHW Idea Sampler* and the *1999-2000 Calendar of Events* are available through the MPRC Web site at www.miph.org/mprc (click on *1999 Minnesota Chemical Health Week*). Free

creased risk for HIV/AIDS and hepatitis B and C. Treatment options are addressed, and referral information is included for those who want to learn more. Free to Minnesota residents

Girl Power! Sports Poster Center for Substance Abuse Prevention

The Girl Power! campaign is sponsored by the Department of Health and Human Services to help encourage and empower 9- to 14-year-old girls to make the most of their lives. This sports poster features colorful photographs of girls swimming and playing tennis, soccer and basketball. Free to Minnesota residents



A Matter of Facts, 1999 Update

Minnesota Prevention Resource Center

This booklet presents the health and legal risks associated

Boyz II Men Smoke Free Poster (pictured right)

U.S. Department of Health and Human Services
This 24x36, color poster features the band Boyz II Men and the expression, "Smoke Free: It's the New Evolution." Free to Minnesota residents

with the use and abuse of individual drugs in an easy-to-read chart. Readers will learn about the Schedule of Controlled Substances. State and Federal penalties related to controlled substances are clearly outlined, along with selected Minnesota laws regulating the sale, purchase, possession and consumption of alcohol. \$.35/each, discounts available with quantities of 50 or more

FAS Idea Sampler

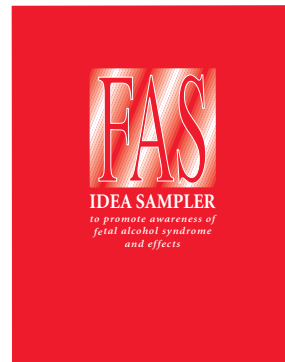
Minnesota Department of Health and the Minnesota Prevention Resource Center, 1999

This second edition of the *FAS Idea Sampler* provides information about Minnesota initiatives and efforts to prevent fetal alcohol syndrome (FAS) and other alcohol-related effects.

Cocaine Abuse and Addiction

From the NIDA Research Report Series, May 1999

This eight-page booklet defines cocaine and discusses its addictive nature. It also discusses the extent and impact of cocaine use, how it is used, and short- and long-term effects of use. Medical consequences of cocaine use are discussed, including an in-



A history and description of FAS are provided, along with information about the nature and extent of the problem in Minnesota.

Print materials, videos, curricula, slides, newsletters, educational resources and books related to FAS are cataloged in this sampler. Information is also provided about getting media support, developing print and other materials, and accessing treatment. Free to Minnesota residents, \$5.00 to non-Minnesota residents

Campaign Safe and Sober Program Planner 20

National Highway Traffic Safety Administration, 1999

This planner covers highway safety events for late fall and early winter, including the Operation ABC Mobilization for Thanksgiving weekend and National Drunk and Drugged Driving (3D) Prevention Month in December. The planner contains many items, such as state and local resources, a highway safety calendar 2000, an aggressive driving materials

preview, and a camera-ready art catalog. The 3D planning guide also includes a new campaign: You Drink & Drive. You Lose.

Substance Abuse Resource Guide: Tobacco

Center for Substance Abuse Prevention, 1999

This 24-page guide provides the latest information and referrals for tobacco use prevention. It highlights research, materials, programs and organizations for prevention professionals, educators, parents and the general public. Free to Minnesota residents

LSD Information

Indiana Prevention Resource Center (IPRC), 1999

The LSD Web site at the IPRC (www.drugs.indiana.edu/issues/lsd.html) offers links to information on LSD, including links to information about the "Blue Star Tattoo" urban legend. Each year the MPRC gets questions about this legend, which describes tattoos that have been laced with LSD. The links at this Web site provide extensive information debunking this legend.

Inhalant resources

Tips for Teens About Inhalants

Center for Substance Abuse Prevention

This brochure explains the physical and emotional problems that can result in using inhalants. Free to Minnesota residents

Inhalant Abuse: Its Dangers Are Nothing to Sniff At

National Institute on Drug Abuse, 1996

Suitable for an adult audience, this booklet provides basic information about inhalants, including the scope of the problem and dangers of inhalant abuse. It also describes types of inhalants, and includes a list of resources for more information on the topic. Free to Minnesota residents

Mind Over Matter: The Brain's Response to Inhalants

National Institute on Drug Abuse, 1997

Designed for a middle school audience, this publication is a combination poster and fact sheet about inhalants. Free to Minnesota residents

Coordinated School Health (continued from page 5)

For more information on Coordinated School Health:

A CSH Starter Kit is available to schools and communities across the state. It is available for those individuals who are committed to improving a school's approach to health. This kit examines:

- how to get started,
- how to identify changes that can be made, and
- how to organize support for those changes.

This kit will also explore barriers to change and how to overcome those hurdles. What's more, you'll find resource materials included in the kit to support your efforts to bring CSH to your community.

Information will also be available at the Coordinated School Health exhibit at the Education Minnesota Conference on Thursday, October 21, from 8 a.m. to 4 p.m. at the St. Paul River-Centre, booth 553. Just look for the bubbles.

Interested persons can sign up for the free CSH Starter Kits at the Education Minnesota conference, or kits can be ordered by contacting Holly Koehler at 612-427-5310, 800-247-1303 (MN) or by e-mailing hkoehler@miph.org (Minnesota residents only, supplies limited).

For more information on CSH programs contact:

➤ Mary Thissen-Milder, Director, Coordinated School Health, Minnesota Department of Children, Families and Learning: 651-582-8452, e-mail: mary.thissen-milder@state.mn.us

➤ Cara Acheson, Director, Coordinated School Health, Minnesota Department of Health: 651-281-9885, e-mail: cara.acheson@health.state.mn.us

Some of the information in this article came from the School Health Starter Kit published by the Association of State and Territorial Health Officials (ASTHO), March 1999.



YOU'RE THE ONE

WHO CAN MAKE THE PEACE

You're the One Who Can Make the Peace is a State of Minnesota five-year mass media campaign to promote peace among Minnesotans. The first two years of the campaign focused on delivering peace-making messages to the general public. Now in its third year, the campaign is concentrating on reaching youth with the concept of personal responsibility for peace.

With the key message, "Until they invent a way to make the peace, it's up to you," the campaign is reaching youth through television ads, posters, key fobs and educational materials. The campaign is using ideas and input from youth to ensure that the messages are well received by their target audience.

Also as part of the campaign,

Make the Peace is recognizing young people who have taken individual responsibility for making their homes, schools and communities more peaceful. Each month a Peacemaker of the Month will be selected, and will be featured on WB 23-TV. These features began running in September. Peacemaker of the Month nomination forms are available at all guest service desks at the Mall of America, and they can be requested by writing to the *Make the Peace* campaign at PO Box 3110, Minneapolis, MN 55403.

To learn more about the campaign and what you can do to make your community more peaceful, contact Cordelia Anderson at 612-824-6217 or visit the campaign Web site at www.mnpeace.state.mn.us.

It's not too late to register!

Program Sharing Conference

*Alcohol, tobacco, other drug use
and violence prevention in Minnesota*

Come ready to explore **exciting topics** and ideas. Join in the celebration of 25 years of **sharing ideas** and learning together. Exhibits, demonstrations and music will add to the festivity of this event, so **don't miss it**.

November 4-5, 1999 • St. Cloud, MN

To register or get more information, call **612-427-5310** or **1-800-247-1303** or go online at **www.miph.org/ps/1999** to register or view more specifics about the agenda, presenters and registration.

*Featuring
presentations by:*



Michael Resnick, PhD
Professor of Public Health
and Pediatrics Director,
National Teen Pregnancy
Prevention Research Center,
U of M



Dr. Beverly Coleman-Miller,
President, BCM Group, Inc.



Susan Vass, Author of a
best-selling humor book,
"Laughing Your Way to
Good Health."

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