

Excellence in Prevention – descriptions of the prevention programs and strategies with the greatest evidence of success

Name of Program/Strategy: Drug Impairment Training for Educational Professionals (DITEP)

Report Contents

1. Overview and description
 2. Implementation considerations (if available)
 3. Descriptive information
 4. Outcomes
 5. Cost effectiveness report (Washington State Institute of Public Policy – if available)
 6. Washington State results (from Performance Based Prevention System (PBPS) – if available)
 7. Who is using this program/strategy
 8. Study populations
 9. Quality of studies
 10. Readiness for Dissemination
 11. Costs (if available)
 12. Contacts for more information
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1. Overview and description

Program History

The 2003 National Survey on Drug Use and Health (NSDUH), conducted by the Substance Abuse and Mental Health Services Administration (SAMHSA), indicated that an estimated 19.5 million Americans (8.2% of the population aged 12 or older) had used an illicit drug during the previous month. Drug abuse, whether it involves controlled substances or the misuse of prescription drugs, has permeated almost every level of society to some degree. In 2003, an estimated 11 million people reported driving under the influence of an illicit drug during the past year. As many as 18% of 21 year-olds report drugged driving at least once during the past year.

To help combat this growing problem of drugs in the educational environment, at least three states, Arizona, Kansas and New York, each independently developed training to address this issue. In

1

Excellence in Prevention is a project of Oregon Addiction and Mental Health Services and Washington Division of Behavioral Health and Recovery. Information is drawn from many sources, including the National Registry for Effective Prevention Programs (NREPP), sponsored by the Center for Substance Abuse Prevention.

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cooperation with the International Association of Chiefs of Police (IACP) and the National Highway Traffic Safety Association (NHTSA), the strengths from the three programs were combined to form the Drug Impairment Training for Educational Professionals (DITEP). This training is intended to provide school administrators and nurses with a systematic approach to recognizing and evaluating individuals in the academic environment who are abusing and impaired by drugs, both legal and illegal, in order to provide early recognition and intervention.

DITEP is derived from the national Drug Evaluation and Classification (DEC) Program, a successful law enforcement procedure used to detect drug and alcohol impaired drivers. The methods employed in this training are based on medical and scientific facts. The information is supported by research conducted in both laboratory and field studies. The DEC Program was validated in laboratory by studies conducted at the Johns Hopkins University, and in the field by the Southern California Research Institute.

The training will enable school nurses to determine first of all, whether or not the student is impaired. If it is determined that there is impairment, whether the impairment is due to a medical problem or is drug related. And finally, if the impairment is drug related, through proven diagnostic procedures, what category or categories of drugs that are likely causing the observed impairment.

By providing training to school officials and health care professionals, DITEP enables schools to employ an aggressive evaluation and detection program that will cause drug usage in schools to decline. Consequently, not only will the disruption caused by those abusing drugs be decreased, but also the incidence of those individuals driving to and from schools while impaired by either alcohol or drugs will also be greatly reduced, making our communities and schools a safer place for all.

2. Implementation considerations (if available)

3. Descriptive information

Areas of Interest	Substance abuse prevention
Outcomes	
Outcome Categories	Alcohol
Ages	
Gender	Male Female
Races/Ethnicities	American Indian or Alaska Native Asian

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	Black or African American Hispanic or Latino White Race/ethnicity unspecified
Settings	
Geographic Locations	Urban Suburban Rural and/or frontier Tribal
Implementation History	
NIH Funding/CER Studies	
Adaptations	
Adverse Effects	
IOM Prevention Categories	Universal

4. **Outcomes**
5. **Cost effectiveness report (Washington State Institute of Public Policy – if available)**
6. **Washington State results (from Performance Based Prevention System (PBPS) – if available)**
7. **Who is using this program/strategy**

Washington Counties	Oregon Counties

8. **Study populations**
9. **Quality of studies**
10. **Readiness for Dissemination**

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11. Costs (if available)

12. Contacts

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