

**COMMENTS ON PROPOSED AMENDMENTS TO
RULES AND REGULATIONS FOR SCHOOL HEALTH PROGRAMS
May 14, 2012**

The ten organizations listed below submit this joint testimony to raise concerns about one particular aspect of these proposed regulations. We are deeply concerned that the adoption of certain amendments being proposed would lead to a major step backward in the way your agency, and schools, address the troubling issue of “zero tolerance.”

Our focus is on proposed changes to the regulations governing a student’s possession of over the counter medication. As we read these amendments, and particularly §§1.46, 7.2.2, and 18.16, the regulations would reinstate a “zero tolerance” policy towards OTC medications by requiring formal written parental authorization for a student to be in possession of any such medication, whether it’s a Tums, a Tylenol or a skin cream.

It is extraordinarily paternalistic (not to mention potentially embarrassing) to tell a 17-year-old high school student that she must, for example, obtain and submit written permission from a parent to bring Midol to school. But that is exactly what these amendments would appear to dictate. This type of “zero tolerance” approach to OTC medication was rejected many years ago by the Department, and there is no compelling reason to be reinvigorating it at this juncture.

It is not just that such a policy is bound to end up being ignored by many students (and some parents). Worse, it is bound to end up causing them to shrug off appropriate limitations on medication use. Schools are an important place to teach students lessons about the potential dangers of drug abuse. But when they impose bans on aspirin for 16 and 17 year olds without written parental approval, some students understandably turn off all messages about drugs.

How school districts choose to discipline students when enforcing a provision like this may be beyond the Department's scope, but negative and counter-productive consequences are inevitable. Any student violating this "advance written approval" requirement will clearly be in violation of school rules and subject to disciplinary sanction. This will benefit no one.

We recognize the Department's interest in seeking to protect the health of students, but this change is unnecessary and extremely problematic. We therefore urge you to reject any amendments to these regulations that would make policies governing student possession of OTC medication stricter than they already are.

If the suggestions we have made are not adopted, we request that, pursuant to R.I.G.L. §42-35-3(a)(2), you provide us with a statement of the principal reasons for and against adoption of these rules, incorporating therein your reasons for overruling the suggestions urged by us. Thank you for considering our views.

Steven Brown, Executive Director
Rhode Island Affiliate, American Civil Liberties Union
128 Dorrance Street, Suite 220 – Providence, RI 02903

Elizabeth V. Earls, President/CEO
Rhode Island Council of Community Mental Health Organizations
40 Sharpe Drive, Suite 3 – Cranston, RI 02920

Vivian G. Weisman, Executive Director
Mental Health Association of RI
185 Dexter Street, Box # 16 – Pawtucket, RI 02860

Neil Corkery, Executive Director
Drug and Alcohol Treatment Association of Rhode Island
200 Metro Center Blvd, Unit 10 Warwick, RI 02886

Brother Michael Reis, FSC, CEO
Tides Family Services
215 Washington St. - West Warwick, RI 02893

Dennis Langley, Executive Director
Urban League of Rhode Island
246 Prairie Ave. - Providence, RI 02905

Aimee G. Mitchell, MSW, LICSW, Co-Chairperson
Children's Policy Coalition
c/o Children's Friend - 99 Berkshire Street - Providence, RI 02908

Anne Mulready, Supervising Attorney
Rhode Island Disability Law Center
275 Westminster Street, Suite 401 – Providence, RI 02903

Fred Ordoñez, Executive Director
Direct Action for Rights and Equality
340 Lockwood Street – Providence, RI 02907

Chanravy Proeung, Executive Director
Providence Youth Student Movement
699 Elmwood Ave. - Providence, RI 02907