



RethinkEd

Resilience in Crisis: Guiding Youth Substance Use Intervention

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Overview

- Recent Data and Research Trends
- Essential Knowledge and Practices
- Intervention in the MTSS Framework
- Community and District Examples

Recent Data

Youth Risk Behavior Survey

- CDC 2011-2021
- Health-related behaviors/experiences that contribute to leading causes of death and disability among youth and adults
- 29% of HS students reported use/misuse
 - Among those, 34% used two or more substances in 2021






The Percentage of High School Students Who:*	2011 Total	2013 Total	2015 Total	2017 Total	2019 Total	2021 Total	Trend
Currently drank alcohol	39	35	33	30	29	23	
Currently used marijuana	23	23	22	20	22	16	
Currently used an electronic vapor product†	–	–	24	13	33	18	
Ever used select illicit drugs	19	16	13	13	13	13	
Ever misused prescription opioids‡	–	–	–	14	14	12	
Currently misused prescription opioids§	–	–	–	–	7	6	

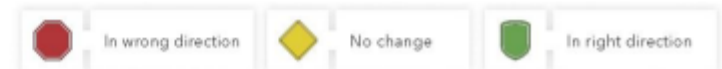
Baldwin, G (2023, May 10) *Preventing and addressing substance use among students transitioning into higher education.*



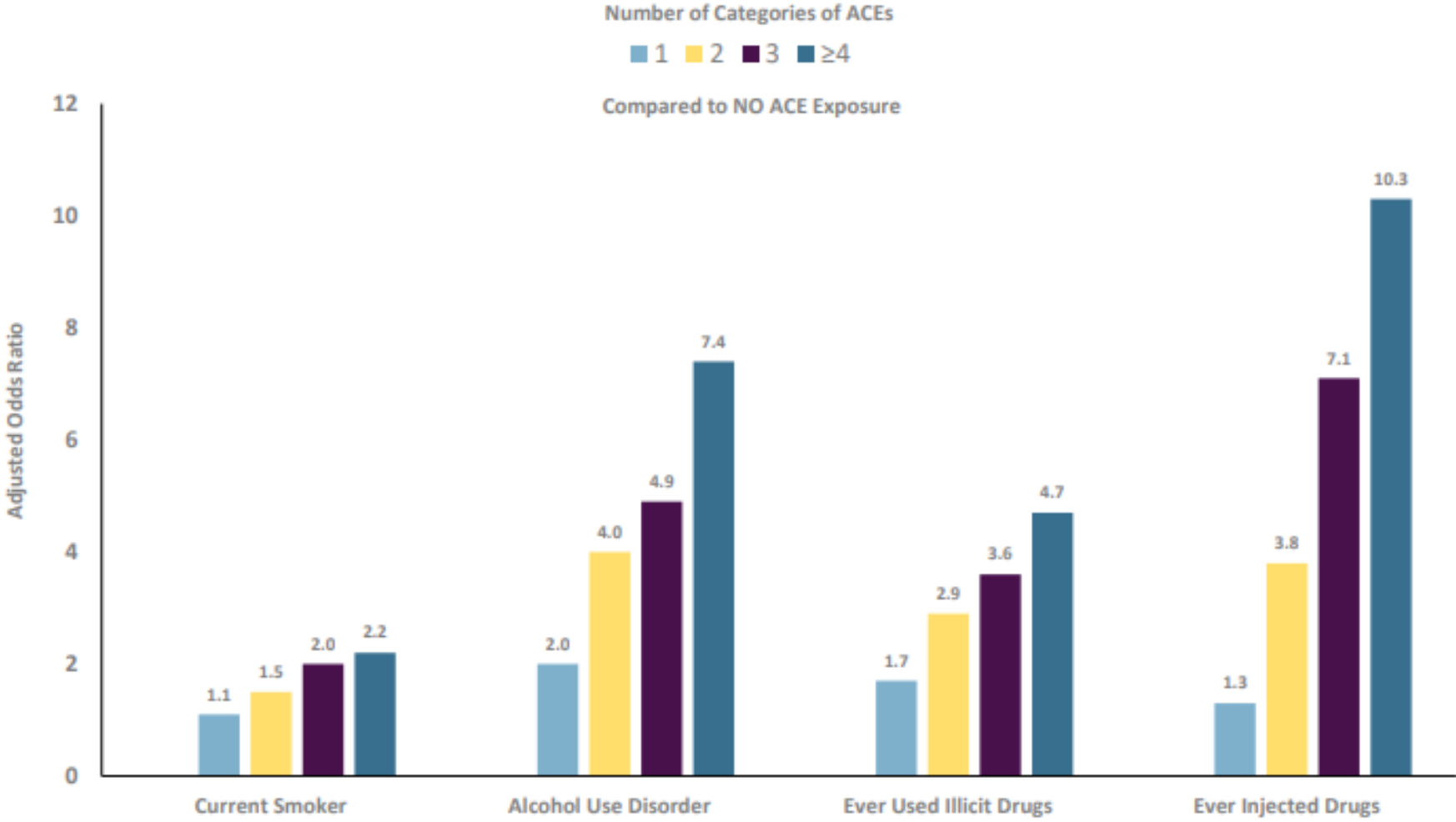
Trends Align: Mental Health

Substance use among 12-17 year olds is greater if you had a Major Depressive Episode

The Percentage of High School Students Who:*	2011 Total	2013 Total	2015 Total	2017 Total	2019 Total	2021 Total	Trend
Experienced persistent feelings of sadness or hopelessness	28	30	30	31	37	42	
Experienced poor mental health†	–	–	–	–	–	29	–
Seriously considered attempting suicide	16	17	18	17	19	22	
Made a suicide plan	13	14	15	14	16	18	
Attempted suicide	8	8	9	7	9	10	
Were injured in a suicide attempt that had to be treated by a doctor or nurse	2	3	3	2	3	3	

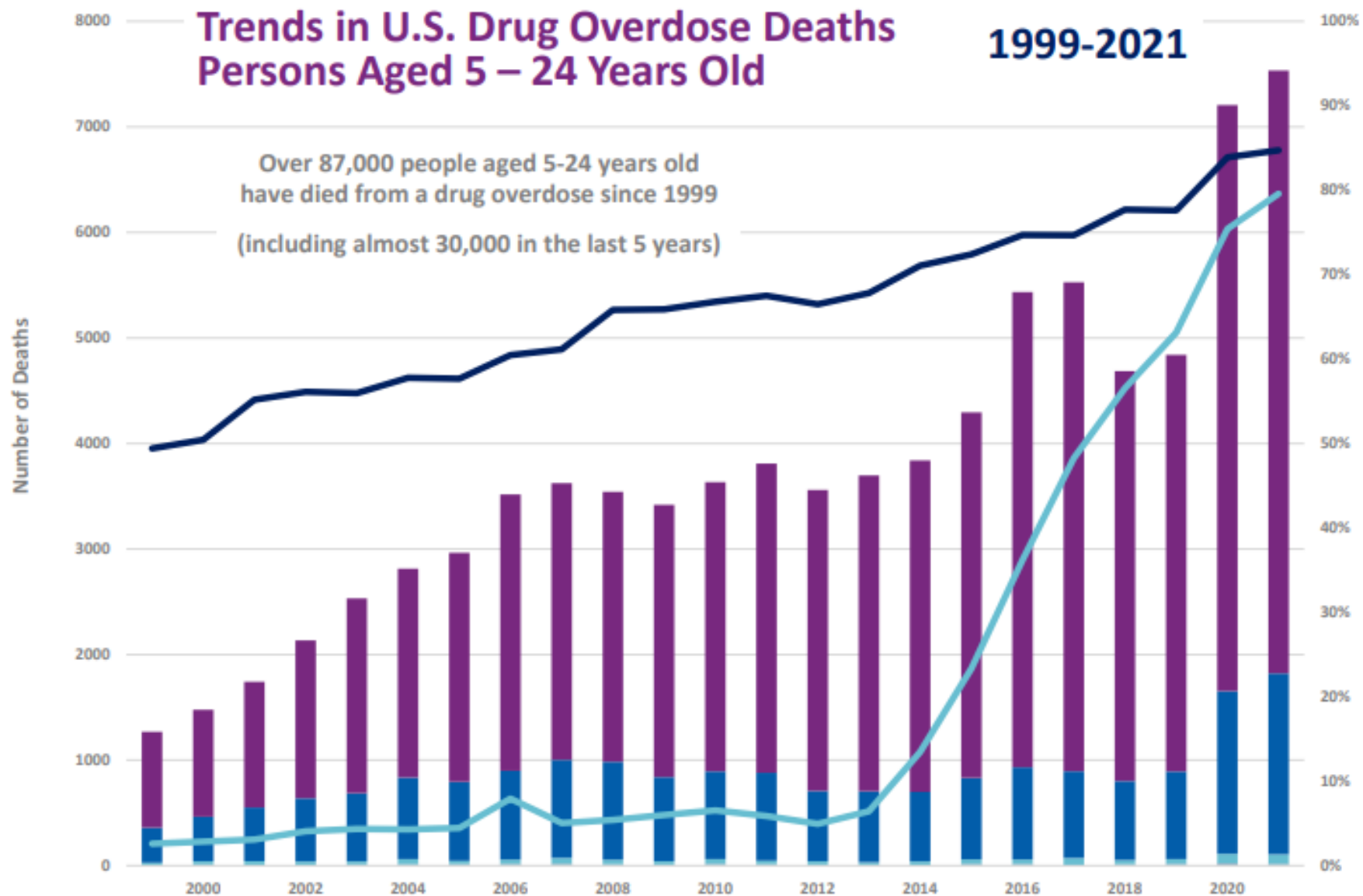


Trends Align: Adverse Experiences



Trends in U.S. Drug Overdose Deaths Persons Aged 5 – 24 Years Old

1999-2021



SINCE 1999

Drug overdose deaths increased almost 6-fold

Drug overdose deaths for people aged 15-19 over doubled from 2019 to 2021

Drug overdose deaths for people aged 20-24 increased 1.4-fold from 2019 to 2021

85 percent of the over 7500 drug overdose deaths in 2021 involved an opioid and 80 percent involved synthetic opioids excluding methadone

- Ages 5-9
- Ages 10-14
- Ages 15-19
- Ages 20-24

- Percent with ANY Opioid
- Percent with Synthetic Opioids Excluding Methadone

SOURCE: National Vital Statistics System Mortality File

Key Information from the DEA



DEA Message to the Public:

- Never take medicine that wasn't prescribed to you by your own doctor and dispensed by a licensed pharmacy
- Talk to friends and family about the danger of buying drugs online
- Spread the word that one pill can kill

- Fentanyl is used in **select, serious medical circumstances** with constant monitoring (e.g., major surgeries for patients with tolerance to opioids)
- Fentanyl is **man-made**, and there are variations of the drug that can be even more potent (powders, pills)
- Fentanyl is **50-100x stronger** than serious drugs like **heroin and morphine**
- **6 of 10** fake pills seized by the DEA **contained potentially lethal dose of fentanyl**, seizures occurred in **every state**
- 2021 – **20 million fake pills** were seized, enough to kill every American
- 2022 – **50 million fake pills**

Key Information from the DEA

Potential signs of overdose:

- Unconsciousness
- Vomiting
- Slow/shallow breathing
- Very small pupils
- Purple lips/fingernails

Most common fake pills:

- Oxycontin
- Adderall
- Xanax

Also found in Vapes and Marijuana; contact with Fentanyl powder can be lethal.



THIS IS NOT THE SAME DRUG SUPPLY AS EVEN TEN YEARS AGO

Because fentanyl and related synthetic opioids are respiratory suppressants that quickly enter the brain and body and stay for longer than overdose medications, even when treated, overdoses can be fatal. DEA specialists cannot tell the difference between real and fake without testing the substance

Continuum of Use



Youth at Risk:

- Availability & Social Media
- Rate of lacing pills/counterfeit pills
- Low tolerance
- Rates of ACEs/mental health
- Lack of awareness
 - 2/3 of HS students in some surveys
 - About half of students thought fentanyl was dangerous, even more dangerous than cigarettes.

Brain Development and Decision-Making:

- Pleasure/Reward centers that process effects of substances are fully developed
- Regions that support decision-making and ability to manage impulses and consider/recognize consequences underdeveloped

Working with Students

Static Risk Factors	Dynamic Risk Factors and Triggers
Age	Parental attitudes
Culture	Poor supervision/monitoring
Race	Peers using substances/ delinquency
Gender	Lack of school connectedness
Gender Identity	Low academic achievement
Family History	Mental health/Stressors
Medical	
History of Abuse/Neglect	
Mental Health History	
Substance Use History	

Case Examples

- 13 y.o. basketball, football, loved the water, camping, and time with his mother. Root canal lingering pain and on SnapChat was offered a Percocet.
- 15 y.o. protective and fearless, talented athlete. While at a friend's house, older brother offered a Percocet from a batch he had been using. He went to sleep and no one thought anything of it.
- 17 y.o. high achieving college-bound high school senior who struggled with anxiety was found with half a pill next to her, a fake Xanax
- 30 year old paraprofessional in a special education setting, offered a Percocet by her boyfriend after running out of pain medications related to knee procedure

Evidenced-Based Prevention & Intervention

- Best practices are not drug specific
- Universal primary prevention for coping and resilience
- Insights from SAMHSA's Lesson from the Field Series
 - Wholistic primary prevention
 - Train staff in awareness and overdose response
 - Parent contact campaigns
 - Student assemblies/town halls
 - Annual classroom instruction (e.g. on fentanyl)
 - Programs for select students
 - Peer to peer support
 - Involve students constantly

Promote Safe and Supportive Environments (CDC)

- Awareness and education (T1)
- Naloxone available and ready (T1)
- Access to effective evidence-based treatment for substance use and mental health (T1, T2, T3)
- Educating family and friends to recognize drug use warning signs (T1)
- Monitoring youth who exhibit risky behaviors (T1, T2, T3)
- Learning how to respond to overdose (T1, T3)
- [CDC.Gov/StopOverdose](https://www.cdc.gov/stopoverdose)

Tier 3: Individual Intervention

- Screening, assessment, and triage procedures
- Safety planning interventions
- Parent notification, involvement and consent procedures

- Return to school planning
- Protocols for responding to overdose events in the school community
- Wraparound services (Family/Community)

Tier 2: Targeted Programming and Supports

- Protocols for helping students at-risk
- Data tracking and risk monitoring
- Restitution

- Access to evidence-based services for areas of risk
- Check-in/check-out and mentoring
- Peer to Peer Support

Tier 1: Universal

- District Policy
- Professional Development
- Student & Parent Education
- Universal Data Tracking and Screening

- Resiliency, Mental Health, and Skill Building Programs
- School Climate and Connectedness
- Referral Procedures



Three Tiers Planning Example for Substance Use Intervention & Prevention

District Example

- Beaverton Oregon, 29k students, outside of Portland (bit.ly/3YoLpjn)
 - Promoting protective factors
 - School connectedness, Regulation, Decision-making, Involvement/Engagement
 - Skills directly taught in classes
 - Providing information and building skills
 - Public statement, Dedicated webpage for information, resources, Social Media Blitz, Hosted conversation open to public
 - Employee training and student lessons in advisory and individual health classes
 - Student support services
 - Substance use specialists
 - Designated social workers focused on coordinating services and resources at each school
 - State and district level policies
 - K-12 education policy, use of Narcan (a life preserver)
 - Community partnerships
 - Law enforcement, healthcare providers (pediatricians, nurses), willingness to share info

District Example

- LAUSD 400k students
 - Establish policy
 - Procure and distribute Naloxone
 - Establish internal working group
 - Developed training resources for all stakeholders (train the trainer)
 - Awareness, Why do students use?, How to Talk to Your Child, Resilience
 - Resources – social media, podcasts, webinars, training modules, websites
 - Joined with LAPD and DEA – Anonymous reporting app and investigating campus

Evidenced-Based Prevention & Intervention Resources

- NIDA's School-Based Prevention Programs
 - Prosper Program (Richard Spoth) & Botvin's LifeSkills training
- Drug Free Community Coalitions
- SAMHSA – Talk they Hear You
- DEA & Dept of Ed – Growing up Drug Free
- OperationPrevention.com
 - Lessons available for students and adults for free
- Song for Charlie – national family-run nonprofit and awareness campaign with resources
 - Classroom instruction, videos, posters, flyers, social media content
- Clear Alliance & SFC Counterfeit Pill Education Course
 - Science-based animated counterfeit pill and fentanyl education curriculum
- The Real Deal on Fentanyl – Youth Campaign
- Drop the F Bomb – Parent Campaign
- CDC Stop Overdose
- Oregon Health Authority and Dept. of Education: Fentanyl & Opioid Response Toolkit for Schools
- Beaverton School District – Fake and Fatal (student lessons, resources)

Role of School Nurse

- Primary and Secondary Interventions (Across Tiers)
 - Join with local agencies and distribute that information using resources available (NASN Best Practices Resources)
 - Help shape awareness and education campaigns
 - Timely assessment and intervention is essential
 - Empower students to speak up and save a friend
 - Potential Resources for Narcan/Naloxone (with funding!)
 - National Overdose Prevention Network – Free NARCAN Nasal Spray for Eligible Schools
 - Next Naloxone Program
 - CDC – Lifesaving Naloxone
 - NARCANDirect
 - Adapt Pharma – Free NARCAN Nasal Spray High School Program

Trauma-Informed Schools	Psychological First Aid	Processing Grief & Trauma
Safe	Enhance Safety and Emotional Comfort	Learn to Assess Safety Respond to Trauma Reminders Build Routines with Self-Care/Healthy Lifestyle
Regulate	Calm and Orient Identify Immediate Needs	Ground and Orient Identify, Express, and Regulate Changes in Physiology and Emotions Manage Intrusive Thoughts/Images Regulate to Access Clear Thinking
Connect	Establish Connection Be Clearly Available Connect to Resources Access Support Network	Access Support Network Learn to Navigate Mistrust, Doubt, and Worldview Experience New Caring Connections Contribute to the Well-Being of Others
Empower	Empower Active Coping Strengths-Based	Making Sense of Who You are as Someone with this Experience Being Heard and Seen Agency and Influence Experience Problem-Solving and Competency

Resources

- [Lessons from the Field Webinar - Preventing and Addressing Substance Use Among Students Transitioning into Higher Education | National Center on Safe Supportive Learning Environments \(NCSSLE\)](#)