



Substance Use Prevention/Screening, Brief, Intervention, and Referral to Treatment (SIBIRT)

Overview for GLTHS Faculty
and Staff



Health & Risk Behaviors of Massachusetts Youth: The Broad Overview

- ❑ Health and Risk Behaviors of Massachusetts Youth, 2021 is the product of a collaborative effort between the Massachusetts Department of Elementary and Secondary Education (ESE) and Department of Public Health (DPH) to conduct two youth surveys in Massachusetts public secondary schools.
- ❑ The Massachusetts Youth Risk Behavior Survey (MYRBS) and Massachusetts Youth Health Survey (MYHS) are conducted every two years to monitor health indicators, behaviors, and risk factors contributing to the leading causes of morbidity, mortality, and social and academic problems among adolescents.
- ❑ GLTHS participates in this survey at the state and district specific levels.



Key Findings:2021 GLTHS Specific Report

- Approximately 15% of GLTHS students report using marijuana 1-2 times a month and approximately 10% report using it 40 or more times. 8% report purchasing it from a store and approximately 23% report receiving it from friends. 25% report using a vape to use marijuana.
- Approximately 3% of GLTHS students report taking prescription drugs that were not their own. 50% of these drugs are reported as narcotics and 50% are reported as Ritalin.
- Approximately 91% of GLTHS students report they do not smoke cigarettes and 63% report they have never tried a vape product.
- Of the GLTHS students who report using a vape product 20% stated they first tried a vape at 13 or 14 years old. Approximately 10% of GLTHS vape users use a vape product 3-9 days a month and 11% use a vape product 10-29 days a month.
- Approximately 30% of GLTHS students report living with someone who currently uses tobacco (including vape products, cigarettes, cigars and smokeless tobacco).
- Approximately 66% of GLTHS students report they have never had a drink of alcohol other than a few sips.

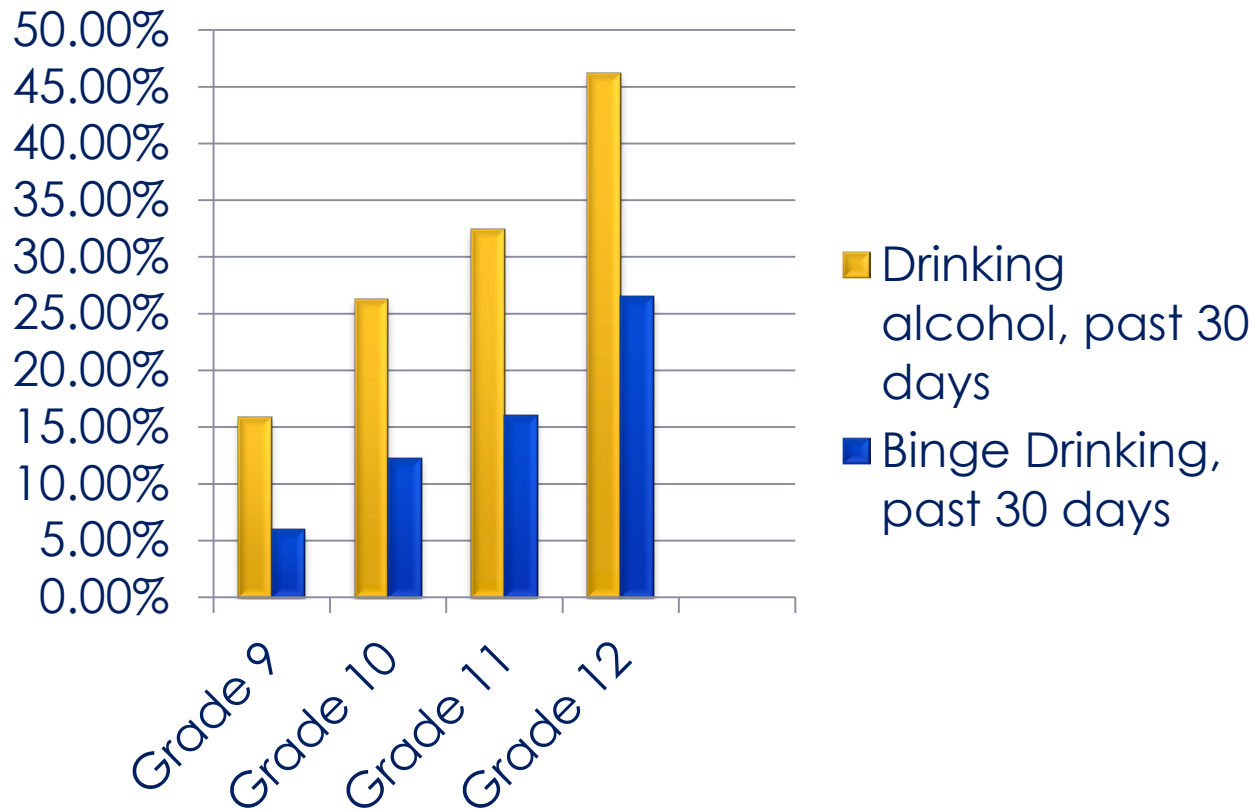


A Key Protective Factor in Combatting At-Risk Behaviors

- In the 2019 state MYRBS it was reported that high school students, 74% reported having a **teacher** in school they could talk to about a problem and 81% reported having a parent or adult family member they could talk to about things important to them.
- For more detailed information:
[Massachusetts Youth Health Survey \(MYHS\)](#)

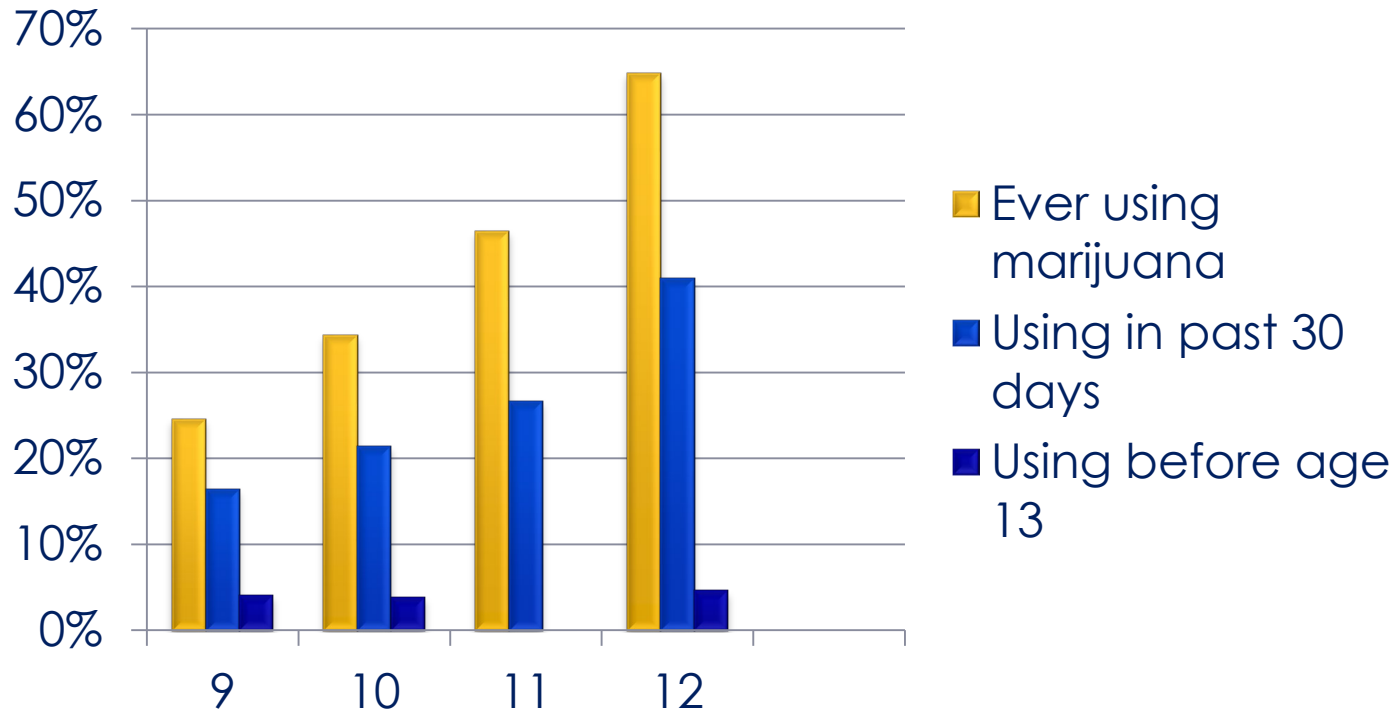


Alcohol Consumption Trends in Teens by Grade in MA (2019 Report)





Marijuana Use Trends by Grade in MA (2019 Report)



- ❑ Marijuana currently available is 10X more potent than in the 1990's.
- ❑ Increased potency has increased side effects, long term effects, and addiction potential.



Prescription Drug Misuse and Misuse Attitudes

According to the National Institute on Drug Abuse (June 2020 report)

- ❑ Misuse of prescription drugs is highest among young adults ages 18 to 25, with 14.4 percent reporting nonmedical use in the past year. Among youth ages 12 to 17, 4.9 percent reported past-year nonmedical use of prescription medications
- ❑ After alcohol, marijuana, and tobacco, prescription drugs (taken non-medically) are among the most commonly used drugs by 12 graders.
- ❑ About 6 percent of high school seniors reported past-year nonmedical use of the prescription stimulant Adderall in 2017, and 2 percent reported misusing the opioid pain reliever Vicodin
- ❑ Youth who misuse prescription medications are also more likely to report use of other drugs. Multiple studies have revealed associations between prescription drug misuse and higher rates of cigarette smoking; heavy episodic drinking; and marijuana, cocaine, and other illicit drug use among U.S. adolescents, young adults, and college students
- ❑ Read the full report from National Institute on Drug Abuse: [Here](#)



Risk Factors and Reasons

Why do teens use substances?

- ❑ Struggles with self esteem
- ❑ Escape and self medication
- ❑ Instant gratification
- ❑ Boredom
- ❑ Media
- ❑ Misinformation
- ❑ Rebellion
- ❑ Other people (friends/peers, parents)

Risk of Adolescent Substance Use

- ❑ Learning/Memory problems
- ❑ Neurocognitive effects
- ❑ Substance abuse disorder
- ❑ Unplanned pregnancy
- ❑ Fetal alcohol spectrum disorder
- ❑ Injury
- ❑ Exacerbation of chronic diseases
- ❑ Sexually transmitted infections
- ❑ Overdose
- ❑ Depression



Signs and Symptoms of Drug/Alcohol Use

Psychomotor changes:

- Stimulants speed up motor activity
- Sedatives/Narcotics slow down motor functions
- Hallucinogens may produce bizarre motor movements
- Marijuana delays reaction times, impairs hand-eye coordination, and creates unsteadiness

Social Interaction Changes:

- Might appear as hostile, withdrawn from peer group, clubs, athletics
- Changes in social interaction
- Be alert to changes in the students usual pattern of interacting with others

Speech patterns:

- Stimulants create rapid, pressured speech patterns (may appear manic)
- Narcotics produce slow, thick, slurred speech
- Hallucinogens may produce nonsense, fantasy speech

Personality Changes:

- Most difficult to specify
- Be alert to changes in usual personality traits or expression
- Changes due to drug use often are sudden and dramatic



Basic Physical Symptoms

- ❑ Personal grooming/hygiene changes
- ❑ Disoriented, confused/agitated
- ❑ Constricted pupils/bloodshot, watery eyes
- ❑ Body tremors
- ❑ Drowsiness/droopy eyelids
- ❑ Slow, sluggish reactions/Exaggerated reflexes
- ❑ Thick, slurred speech/Difficulty with speech/incomplete verbal responses
- ❑ Mood changes/Panic reactions/paranoia



- ❑ GLTHS Substance Abuse and Education Intervention Referral Process
- ❑ Screening, Brief Intervention and Referral to Treatment (SBIRT)

GLTHS's Response to Intervention

Education, Services, and Support.

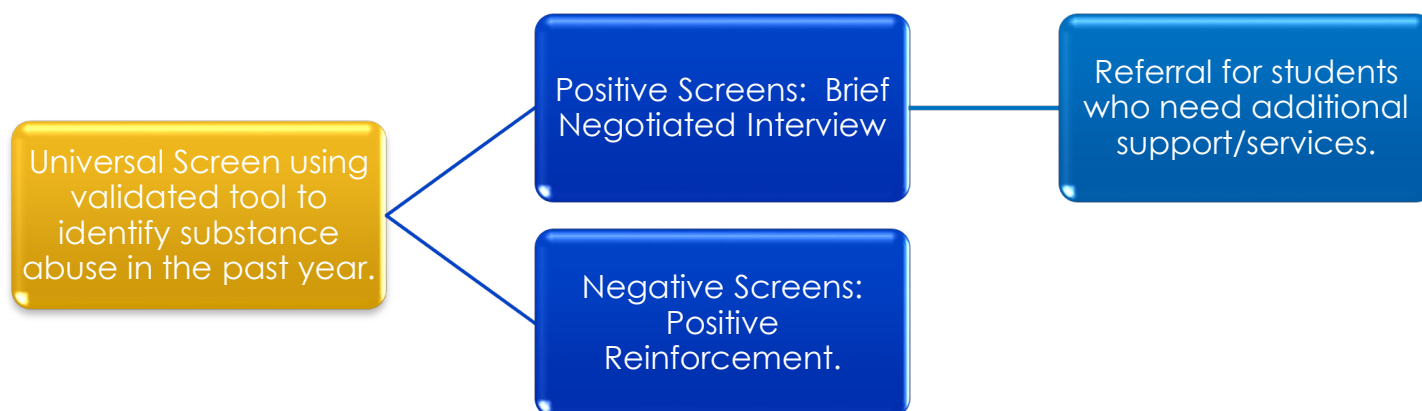


GLTHS & Screening, Brief Intervention, and Referral to Treatment (SBIRT)

- ❑ Massachusetts State Law provides that by the 2017-2018 school year K-12 public schools shall utilize a verbal screening tool to screen students annually at two different grades levels, for substance use disorders. (MA General Laws Chapter 71, section 97). Vocational/Technical Schools are required to screen one grade level.
- ❑ Greater Lowell began conducting this screening in 2017-2018 in grade 10. Screenings will be conducted through the Guidance Department in collaboration with School Nurses, Adjustment Counselors and School Psychologists.
- ❑ Like with any health screening done at GLTHS, parents will be informed in advance and given the time and ability to opt their child out of the screening.



What is the SBIRT Process?





SBIRT is:

- ❑ A Universal Health screening
- ❑ Evidence-based
- ❑ Proactive – not reactive
- ❑ Primary Prevention
- ❑ a way to connect students in need with appropriate reasons

SBIRT is not:

- ❑ Not a targeted screening
- ❑ Not drug “testing”
- ❑ Not a treatment program
- ❑ Not a “train the trainer” program (only DPH approved training)
- ❑ Not to get any students in trouble



What happens when student is identified as someone engaging in risky behavior?

- ❑ The student will receive a brief intervention and follow up from a school nurse, school counselor, adjustment counselor or school psychologist.
- ❑ The student may be referred for further services outside the school.
- ❑ Generally speaking, parents will only be contacted if there is an immediate concern that the students well being is immediate danger.
- ❑ When a student self identifies as someone who is using drugs or alcohol, the school official also asks about underlying causes such as depression, anxiety or other mental health issues that may be addressed during the conversation.
- ❑ It is not mandatory. In addition to parent opt-out, a student can decline to participate at the start of or at any time during the screening.

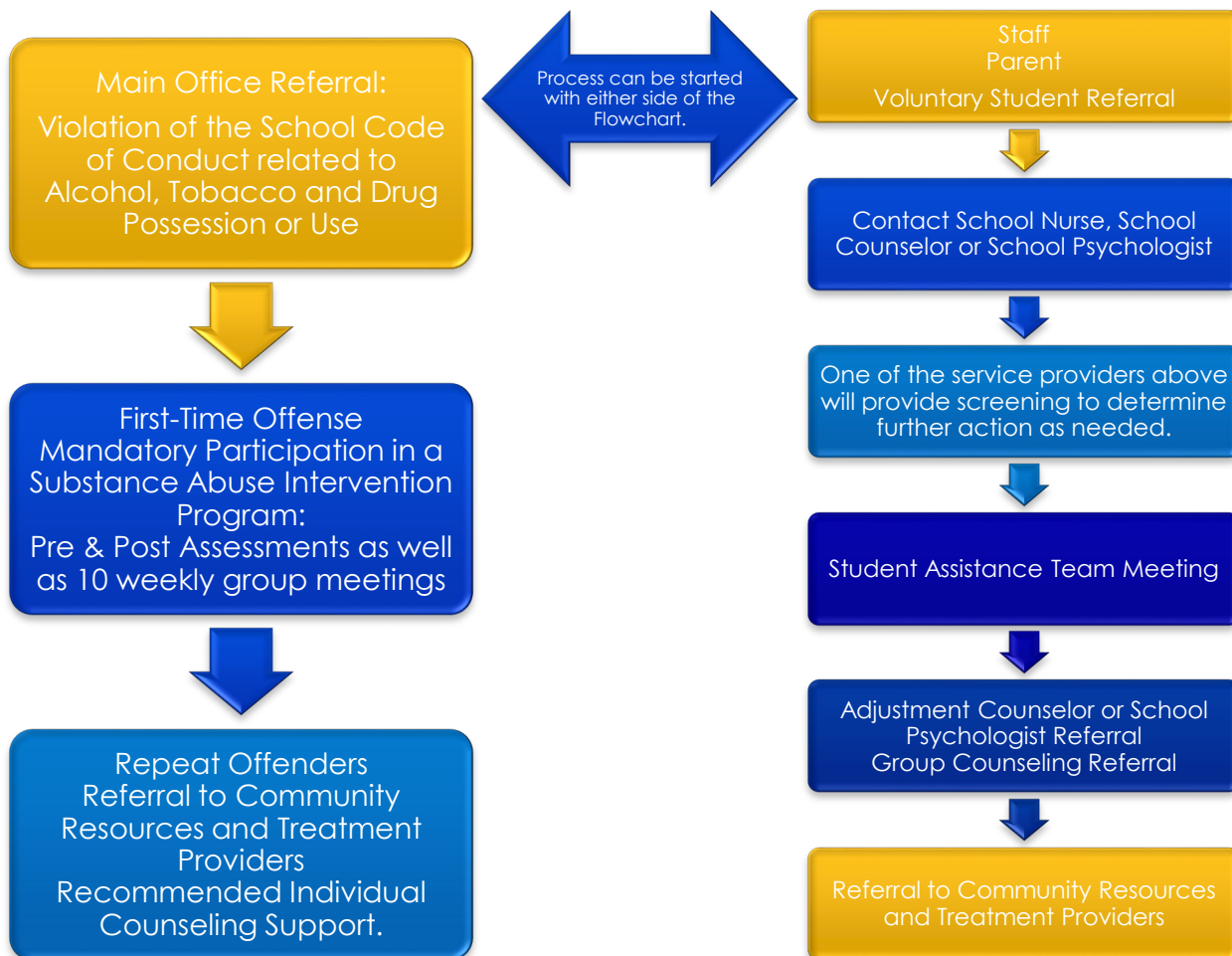


Why is this important?

- ❑ Unhealthy and unsafe alcohol and drug use are major preventable public health problems resulting in more than 100,000 deaths each year
- ❑ The costs to society are more than \$600 billion annually
- ❑ Effects of unhealthy and unsafe alcohol and drug use have far-reaching implications for the individual, family, workplace, community, and the health care system



GLTHS Substance Abuse Prevention and Education Referral Process





Helpful Contact Numbers for the GLTHS Referral Process

- Administrative Office
Assistant Superintendent/Principal 978-441-4807
- Main Office
Senior Assistant Principal 978-441-4416
Assistant Principal 978-441-4412
Dean 978-441-4414
- School Counseling Department
Director of School Counseling 978-441-4955
- School Nurses
978-441-4433
978-441-4449
978-441-4422
978-441-4455



Resources

- ❑ Substance Abuse Mental Health Services Association (SAMHSA)
www.samhsa.gov, 800-662-HELP
- ❑ Massachusetts Bureau of Substance Abuse Hotline
www.helpline-online.com, 800-327-8321
- ❑ Lahey Health Behavioral Services Treatment Center
www.nebhealth.org
- ❑ Megan's House, Lowell
www.themeganhouse.org
- ❑ Lowell Community Health Center Substance Abuse Treatment Office,
978-937-9700
- ❑ Lowell House, 978-459-8656
- ❑ Learn to Cope
www.Learn2Cope.org,
Lowell Chapter: 508-245-1050
Tewksbury Chapter: 508-245-1050
- ❑ Coping Today –Coping with the Loss following a Substance Passing,
Lowell 978-257-5971
- ❑ Narcotics Anonymous (NA), 866-624-3578
- ❑ Alcoholics Anonymous (AA), 978-957-4690
- ❑ Al-Anon/Alateen; www.ma-al-anon-alateen.org, 508-366-0556
- ❑ Al-Anon, www.al-anon.org, 888-425-2666
- ❑ The Addict's Mom, www.addictsmom.com
- ❑ Drug Free, www.drugfree.org
- ❑ Wicked Sober, www.wickedsober.com



Recommended Reading

- ❑ Addict in the Family, By Beverly Conyers
- ❑ Heroin's Puppet: The Rehab Journals of Amelia F.W. Caruso (1989-2009), By Melissa M. Weiksnar
- ❑ It's Not Gunna Be An Addiction: The Adolescent Journals of Amelia F.W. Caruso (1989-2009), by Amelia F.W. Caruso and Melissa M. Weiksnar
- ❑ It's Not Okay to be a Cannibal: How to Keep Addiction from Eating Your Family Alive, By Andrew T. Wainwright
- ❑ Now What? An Insider's Guide to Addiction and Recovery, By William Cope Moyers
- ❑ Sunny's Story: How to Save a Young Life From Drugs, By Ginger Katz and Marci Alborghetti