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

Overview for GLTHS Faculty and Staff

A Key Protective Factor in Combatting At-Risk Behaviors

Building strong connections is essential for student well-being.

These trusted relationships serve as critical protective factors against risky behaviors.

Staff and Faculty Resource

For more detailed information regarding these protective factors and overall student health metrics, staff and faculty are encouraged to review the complete Massachusetts Youth Health Survey (MYHS).

70.8%

Teacher Connection

In the 2023 state Massachusetts Youth Risk Behavior Survey (MYRBS), it was reported that among high school students, 70.8% reported having a teacher in school they could talk to about a problem.

78.9%

Family Connection

Furthermore, the survey indicated that 78.9% of high school students reported having a parent or an adult family member they could talk to about things that are important to them.

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2025 Data Points: Statewide

In 2025, students across Massachusetts reported specific substance use behaviors while at school within the past 30 days.

Alcohol Use at School

In 2025, reported alcohol use at school among Massachusetts students dropped to 1.2% (down from 1.7% in 2023). While the 2025 Massachusetts Youth Health Survey shows a 30% decrease in general past-30-day alcohol use among high schoolers, 58% of students still report that alcohol is easy to obtain.

Marijuana Use at School

Past 30-day marijuana use on school grounds declined to 4.5% (down from 6.4% in 2023). While usage increases with grade level, all grades reported lower rates than the previous year: Grade 9 (3.1%), Grade 10 (3.9%), Grade 11 (4.8%), and Grade 12 (6.2%).

Tobacco Product Use on School Grounds

Statewide, tobacco and electronic vapor product use on school property dropped to 4.1% from 6.1% in 2023. Usage trends by grade level are as follows:

- Grade 9: 3.4%
- Grade 10: 3.1%
- Grade 11: 4.4%
- Grade 12: 5.5%

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2025 National Data

on Drug Use by Secondary Students

Positive Outlook

Positively, Positively, abstaining from marijuana, alcohol, and nicotine in the past 30 days remained stable at record highs of **82.0%** for 10th graders and **66.0%** for 12th graders.

All data was assessed as "within the last 12 months" accounting for the 2025 calendar year.

According to the National Institute on Drug Abuse, substance use stabilized near historic lows. Alcohol use remained stable, with **24.0%** of 10th graders and **41.0%** of 12th graders reporting use. Nicotine vaping remained flat, reported by **14.0%** of 10th graders and **20.0%** of 12th graders. Cannabis use also leveled off, reported by **16.0%** of 10th graders and **26.0%** of 12th graders.

Delta-8-THC use was reported by **2.0%** of 8th graders, **6.0%** of 10th graders, and **9.0%** of 12th graders. Any illicit drug use other than marijuana remained consistently low across secondary grades. Use of narcotics other than heroin among 12th graders remains at or near record low lines tracking long-term shifts

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Risk Factors and Reasons for Adolescent Substance Use

Understanding why teens use substances is the first step in prevention.

Reasons for Substance Use

Common reasons include:

- Struggles with self-esteem
- The desire for escape and self-medication
- Seeking instant gratification
- General boredom

External influences also play a major role:

- Media portrayals, widespread misinformation, and adolescent rebellion
- The influence of other people, such as friends, peers, and parents

Risks & Severe Consequences

Risks associated with adolescent substance use are severe and far-reaching:

- Significant learning and memory problems
- Long-term neurocognitive effects
- The development of a substance abuse disorder

Additional severe consequences involve:

- Unplanned pregnancies and sexually transmitted infections
- Fetal alcohol spectrum disorder and physical injury
- The exacerbation of existing chronic diseases
- Fatal or non-fatal overdose and severe depression

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Signs and Symptoms
of Drug/Alcohol Use

Psychomotor changes

Stimulants speed up motor activity. Sedatives and 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

Students might appear as hostile or withdrawn from their usual peer groups, clubs, or athletics. Staff should be alert to any significant changes in social interaction and the student's usual pattern of interacting with others.

Speech patterns

Stimulants create rapid, pressured speech patterns that may appear manic. Narcotics produce slow, thick, and slurred speech. Hallucinogens may produce nonsense or fantasy speech.

Personality Changes

These are often the most difficult to specify. Staff must be alert to changes in usual personality traits or expression. Changes due to drug use often present as sudden and dramatic shifts in behavior.

Basic Physical Symptoms of Drug & Alcohol Use

Staff should be vigilant in observing basic physical symptoms that may indicate a student is under the influence of drugs or alcohol.

Key indicators include noticeable changes in personal grooming and hygiene habits.

Physical & Cognitive Signs

Students may appear disoriented, confused, or highly agitated.

Eye abnormalities are common, such as constricted pupils, bloodshot eyes, or watery eyes.

You may also observe physical manifestations like body tremors, extreme drowsiness, or droopy eyelids.

Motor, Speech & Mood

Motor skill impairments often present as slow, sluggish reactions or, conversely, exaggerated reflexes.

Communication may be hindered by thick, slurred speech, general difficulty with speech, or providing incomplete verbal responses.

Finally, be aware of sudden mood changes, panic reactions, or expressions of paranoia.

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GLTHS Response to Intervention (RtI)

1. GLTHS Substance Abuse Education Intervention Referral Process

2. Screening, Brief Intervention and Referral to Treatment (SBIRT)

GLTHS & SBIRT

Screening, Brief Intervention, and Referral to Treatment

Massachusetts State Law dictates that by the 2017-2018 school year, K-12 public schools shall utilize a verbal screening tool to screen students annually at two different grade levels for substance use disorders (MA General Laws Chapter 71, section 97).

Vocational and Technical Schools are specifically required to screen one grade level.

Implementation & Focus

Greater Lowell began conducting this mandated screening during the 2017-2018 academic year, focusing on **grade 10 students**. These screenings are conducted comprehensively through the School Counseling Department in close collaboration with School Nurses, Adjustment Counselors, and School Psychologists.

Parental Notification & Opt-Out

As is standard practice with any health screening conducted at GLTHS, parents will be informed well in advance. They are given ample time and the ability to officially opt their child out of the screening process if they choose to do so.

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What is the SBIRT Process?

Universal Screen

STEP 01 — ASSESSMENT

The SBIRT process begins with a **Universal Screen**.

This stage utilizes a validated tool designed to identify substance abuse that has occurred within the past year.

Pathway 1: Positive Screens

PATHWAY A — INTERVENTION

If a student screens positive, they proceed to a **Brief Negotiated Interview**. Depending on the outcome, this may lead to a formal **Referral** for students requiring additional support and specialized services.

Pathway 2: Negative Screens

PATHWAY B — PREVENTION

If a student screens negative, the process concludes with **Positive Reinforcement**, encouraging them to continue making healthy, substance-free choices.

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Understanding SBIRT

Universal Proactive Prevention

It is important to understand the exact nature and purpose of the SBIRT program.

SBIRT IS:

- A Universal Health screening
- An Evidence-based approach
- Proactive, rather than reactive
- A form of Primary Prevention
- A structured way to connect students in need with appropriate resources and reasons for support

SBIRT IS NOT:

- Not a targeted screening aimed at specific groups
- Not a form of drug "testing"
- Not a treatment program in itself
- Not a "train the trainer" program (it requires DPH approved training only)
- Not designed to get any students in trouble or face disciplinary action

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Addressing Risky Behavior

Intervention & Parent Notification Policy

Participation Policy

Importantly, participation is not mandatory.

In addition to the parent opt-out option, a student can independently decline to participate at the start of, or at any time during, the screening process.

Student Intervention & Care

When a student is identified as engaging in risky behavior, they will receive a brief intervention and follow-up care from a school nurse, school counselor, adjustment counselor, or school psychologist. If necessary, the student may be referred for further specialized services outside the school environment.

Parent Contact Policy

Generally speaking, parents will only be contacted if there is an immediate concern that the student's well-being is in immediate danger.

Screening for Underlying Causes

During the intervention, when a student self-identifies as someone who is using drugs or alcohol, the school official will also inquire about underlying causes. This includes screening for depression, anxiety, or other mental health issues that may need to be addressed during the conversation.

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Why is this important?

The Social and Financial Costs of Substance Use

Addressing adolescent substance use is a critical mission.

100,000+

Deaths Each Year

Unhealthy and unsafe alcohol and drug use are major, preventable public health problems.

$600 Billion+

Annual Social Cost

Beyond the tragic loss of life, the staggering financial burden of substance use impacts everyone.

The cascading effects have far-reaching implications, negatively impacting:

- Individual User
- Family Structure
- The Workplace
- Broader Community
- Health Care System

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Substance Abuse Prevention & Education Referral Process

Disciplinary Pathway

Main Office Referral:
Violation of the School Code of Conduct related to Alcohol, Tobacco and Drug Possession or Use

First-Time Offense
Mandatory Participation in a Substance Abuse Intervention Program:
Pre & Post Assessments as well as 10 weekly group meetings

Repeat Offenders
Referral to Community Resources and Treatment Providers
Recommended Individual Counseling Support.

Process can be started with either side of the Flowchart.

Voluntary Pathway

Staff
Parent
Voluntary Student Referral

Contact School Nurse, School Counselor or School Psychologist

One of the service providers above will provide screening to determine further action as needed.

Student Assistance Team Meeting

Adjustment Counselor or School Psychologist Referral
Group Counseling Referral

Referral to Community Resources and Treatment Providers

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Helpful Contact Numbers for the GLTHS Referral Process

For staff needing to initiate a referral or seek guidance, the following GLTHS contacts are available:

Administrative Office

Assistant Superintendent/Principal
978-441-4807

School Counseling Department

Director of School Counseling
978-441-4955

Main Office

Senior Assistant Principal
978-441-4416

Assistant Principal
978-441-4412

Assistant Principal
978-441-4415

Dean of Students
978-441-4414

School Nurses

Direct Lines

978-441-4433

978-441-4449

978-441-4422

978-441-4455

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Resources: Support Services, Helplines & Treatment Centers

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 Office
Substance Abuse Treatment Office: **978-937-9700**

Lowell House
Main Helpline: **978-459-8656**

Learn to Cope
www.Learn2Cope.org
Lowell: 508-245-1050 | Tewksbury: 508-245-1050

Coping Today
Coping with the Loss following a Substance Passing, Lowell
Support Line: **978-257-5971**

Narcotics Anonymous (NA)
Helpline: **866-624-3578**

Alcoholics Anonymous (AA)
Helpline: **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

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Recommended Reading for Staff & Families

For those looking to deepen their understanding of addiction and recovery, the following reading materials are highly recommended:

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

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