SBIRT IN SCHOOLS RESOURCE TOOLKIT

Verbal Substance Use Screening Program in Massachusetts Schools

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Introduction

This toolkit is designed to assist Screening, Brief Intervention and Referral to Treatment (SBIRT) teams in planning their annual verbal substance use screening programs. It provides information about the law, the SBIRT process, planning resources, reporting requirements, education resources, and links to helpful websites. The appendices contain tools and samples school SBIRT teams can use when conducting SBIRT.

Be aware that SBIRT resources are continually being updated, so prior to conducting annual verbal substance use screenings, SBIRT teams should check the SHIELD and MASBIRT TTA websites for any tools and resources updates.

Note: Throughout this toolkit, reference is made to the SHIELD and MASBIRT TTA websites. These are located at:

        SHIELD https://www.bucme.org/node/1045 and

        MASBIRT TTA https://www.masbirt.org/schools

The Law

Since the passage of the Act Relative to Substance Use, Treatment, Education and Prevention ("STEP Act") in 2016, annual verbal substance use screening of adolescents in two grades has been required by law in all public schools.

State and local leaders have made substance use prevention and education a priority. Beginning in the 2017-2018 school year, each city, town, regional school district, charter school and vocational school district in Massachusetts were required to implement verbal substance use screenings as set forth in Mass. General Laws Chapter 71, Section 97.

Key requirements of the law include:

- Annually screen two grades (one middle school and one high school grade).

- Use the approved screening tool selected by the Massachusetts Department of Public Health (DPH) and Department of Elementary and Secondary Education (DESE). Currently, the CRAFFT-II screening tool is the only one approved by DPH and DESE. The law does allow districts to select another screening tool, but they must provide the department with a detailed written description of the alternative program including reasons why the required verbal screening tool is not appropriate for their district.

- Parents/guardians must be notified about the screening prior to the start of the year and must be given the option to opt out in writing.

- What a student discloses during the verbal screening will be kept as confidential as possible. Exceptions to confidentiality include if the student's parent or guardian requests the information, in cases of immediate medical emergency, or when disclosure is otherwise required by state law. A student, parent, or guardian may provide written consent to share information collected during the verbal screening with other persons.

- When consent to release information is needed, it must be documented on a DPH approved form.

- There can be no record (written, electronic, or otherwise) of verbal screening results that identifies an individual student.

- All de-identified data is reported to MDPH within 90 days of screening completion.

The full text of the MGL Ch 71, Sec 97 and its amendments is provided in Appendix A.

Overview of Screening, Brief Intervention and Referral to Treatment (SBIRT)

DPH and DESE have selected SBIRT utilizing the CRAFFT-II screening questionnaire as the approved approach to conduct verbal substance use screenings in schools. Originally developed for use in primary care settings, the evidence based practice of SBIRT is now used across the fields of health and human services as a population health approach to identifying and addressing unhealthy substance use and supporting healthier choices.

SBIRT with adolescents focuses on prevention, early detection, risk assessment, brief counseling and, when needed, referral for further assessment or treatment. The SBIRT process begins by using a validated screening tool (CRAFFT-II) to identify the student's current substance use behaviors and related risks, and moves into a one-on-one conversation using motivational interviewing techniques to support and reinforce any healthy behaviors and to explore knowledge of and motivation for changing unhealthy behaviors. In some cases, SBIRT may identify a student with more frequent or dangerous substance use who requires referral for further assessment or treatment.

As trusted healthcare providers in the school, school nurses and counseling staff are uniquely positioned to discuss substance use among young people. The brevity, ease of use and the predictive strength of SBIRT will assist trained staff to promote healthy behaviors, identify substance use and to provide brief counseling and referral for support as necessary to prevent harm at the earliest stages among students.

The goal of doing SBIRT in schools is to empower students to make decisions that promote their health and safety and provide an opportunity for early identification of risks related to alcohol and other drug use. Achieving this goal requires the collaboration of parents/guardians, local health care providers, students, school health professionals (i.e., nurses, counselors, psychologists), and other members of the school staff and administration.

The SBIRT in Schools Process:

The steps used in the Screening, Brief Intervention and Referral to Treatment (SBIRT) process used in schools are described below.

Screening

SBIRT in Schools utilizes the CRAFFT-II behavioral health questionnaire. This verbal substance-use screening tool is empirically based and developed through primary research and is validated for use with children ages twelve and older (Knight 2002; Levy, et al, 2004). Use of a validated screening tool will enable school health professionals (i.e., nurses and counselors) to detect risk for alcohol and other drug use and related harms, and to address them at an early stage in adolescence. In the course of the SBIRT process, other behavioral health concerns may be identified and appropriate school staff may be alerted.

Screening consists of two parts: first, the screening is introduced to the student using a DPH approved script, and then students are asked the questions listed on the CRAFFT-II questionnaire:

> *Read an Introduction:*
> Before beginning the actual screen, each student must be read an introduction. This introduction to the screening questionnaire follows a scripted approach to ensure efficiency, accuracy and consistency throughout the state. Screening team members should have a copy of this script readily available when they introduce the screening to students. A copy of this script is provided in Appendix B.

> *Utilize the CRAFFT-II:*
> Students are asked the questions exactly as written on the CRAFFT-II screening questionnaire. A sample of the CRAFFT-II screening questionnaire is available in Appendix C. This tool may be updated from time to time based on ongoing research. The most current version as well as translated versions of both the introduction and CRAFFT-II can be found on the MASBIRT TTA website.

Brief Intervention

The brief intervention portion of SBIRT is a short, goal-oriented conversation that follows the screening. Once the screening questionnaire is completed, there are two possible scenarios for the brief intervention: REACT and the Brief Negotiated Interview (BNI).

REACT for Students who Screen Negative for Substance Use

The first scenario is for students who do not report any substance use in the past twelve months. These students have screened negative. They will receive positive reinforcement for making healthy decisions. This is offered during a brief one-on-one conversation. The goal is to support the continuation of safe choices around health, safety, and success in school, and plan for any future challenges.

This conversation is delivered using a three-step model called REACT, which is a structured guide that stands for Reinforce, Educate, and Anticipate Challenges of Tomorrow (adapted from MASBIRT-TTA content). An example of REACT with sample scripts is available in Appendix D.

Brief Negotiated Interview (BNI) for Students who Screen Positive for Substance Use

The second scenario is for students who report some substance use over the past twelve months. This may include experimentation, infrequent use, or frequent use. These students have screened positive, and will receive a brief intervention in the form of the BNI. This is offered during a one-on-one conversation that uses motivational interviewing strategies. The BNI is delivered using a structured conversation that explores behavior change in a respectful, non-judgmental manner. The BNI is intentionally designed to elicit reasons for change and action steps *from* the student. An example of the BNI with scripts is found in Appendix E.

Referral to Treatment

Some students may need a follow-up conversation to increase awareness and further build motivation to change risky behaviors related to substance use. Students may be referred to in-school health professionals (i.e., adjustment counselors, school psychologists, or school nurses). If the screening and/or subsequent assessment indicate that the student needs support beyond what the school can offer, an external referral may be warranted. If the student indicates immediate threat of harm to themselves or others, including a medical emergency, an outside referral or 911 call may be indicated. See Appendix F for more information on referral types and sample scripts on how you might talk with the student about that referral.

The BSAS Office of Youth and Young Adult Services (OYYAS) offers a continuum of services. The most appropriate outpatient treatment service to refer SBIRT screened students is to Adolescent Community Reinforcement Approach (A-CRA). A-CRA is brief, evidence based treatment developed by Chestnut Health Systems for youth and young adults ages 12-24. ACR-A teaches coping skills, is delivered in the community, clinics, schools or homes, includes family sessions, and is delivered by A-CRA trained and certified clinicians. In addition to A-CRA, other services offered through OYYAS include: detox and stabilization, residential, recovery high schools (managed by DESE), and medication assisted treatment. The office is also expanding services to include school based intervention. See Appendix G for referral resources.

Consent to Disclose Confidential Information

The Step Act and the amendment enacted in 2018 states that "Any statement, response or disclosure made by a pupil during a verbal substance use disorder screening shall be considered confidential information and shall not be disclosed by a person receiving the statement, response or disclosure to any other person without the prior written consent of the pupil, parent or guardian, except in cases of immediate medical emergency or a disclosure is otherwise required by state law; provided, however, that the screening required under this section shall be implemented in accordance with applicable state and federal laws and regulations pertaining to student confidentiality." Therefore, when considering a referral beyond the screening wherein the screener will disclose information or student answers from the screening to another person, a consent form must be signed. A sample consent form can be found in Appendix H.

SBIRT Planning

Team Approach

There are many SBIRT team models in schools across the state; no "right" model exists, but what is important to recognize is that a team approach is essential. The team includes not only school staff and administrators, but parents, students, and members of the community. Appendix I details team member and their roles. Regardless of the model or number of staff involved, training along with strong communication systems and procedures should be in place to ensure students receive appropriate support and services. Knowledgeable administrators ensure that team members have time for planning, access to students and appropriate follow-up plans. Below is a detailed description of the steps needed for conducting annual verbal substance use screenings using the SBIRT in Schools model. A checklist your team can use to help ensure your screening program is successful each year is provided in Appendix J.

STEP 1: Formative Planning

Formative planning includes the initial steps when preparing to conduct your verbal substance use screenings using SBIRT in the school each year. It includes outlining the scope of work, timeline, systems of communication, and SBIRT team members.

Objectives:

- **Establish an SBIRT planning team and a SBIRT team lead or coordinator.**
    - o This team will consist of screeners as well as all of the people you will need to prepare and organize your SBIRT program. This might include administrators, nurses, guidance counselors, adjustment counselors, social workers, and school psychologists. It can be helpful to think broadly. Consider who might be interested in supporting and/or participating in the SBIRT process in some way.
- **Develop a system of communication.**
    - o This will help you provide updates to the SBIRT team and the wider school community. Consider an SBIRT planning team contact list or email listserv. Also consider how you will share information and documents needed to implement SBIRT.
- **Plan timeline for conducting SBIRT.**

- o Based on your school calendar, determine when key decisions need to be made, as well as date(s) for conducting SBIRT, and debrief meeting in your school. Move backwards from your projected screening dates to book any necessary meetings and communication deadlines in advance.
- **Conduct a review of current process and procedures.**
  - o If you have conducted SBIRT in the past, look at the prior years' plan and consider what you might tweak for the upcoming year. If you are new to SBIRT, consider how to build SBIRT into your existing processes for other school health screenings.
- **Review relevant school policies and procedures regarding substance use.**
  - o Conduct a review of relevant policies and procedures to identify any that may contradict SBIRT approaches (e.g., zero tolerance). Consult policies from other districts for recommendations on wording that support students and moves away from punitive approaches for disclosure of substance use.
- **Identify internal and external referral resources.**
  - o It is important to begin the process of thinking about internal and external supports early in the SBIRT planning process. Discuss criteria to match type and intensity of referral services to student needs. Consider what current referral resources are being used and whether they are sufficient.
- **Review data related to adolescent substance use.**
  - o Annually review local, regional, statewide and national data to gather a complete picture of prevalence, trends and commonly used substances. Use this knowledge when engaging community stakeholders, planning which grades to screen, and developing the educational resources you will use during SBIRT.

STEP 2: Process Planning

Process planning is the detailed consideration of all of the components of SBIRT and supports the development of procedures and strategies for executing every stage of your verbal substance use screening program.

Objectives:
- **Identify and contact key stakeholders outside of the SBIRT team.**
  - o This may include other teachers, community coalitions, and/or healthcare providers. It is helpful to start communication with these stakeholders early in the planning process, even if you still need to make decisions on your procedures.
- **Establish SBIRT procedures.**
  - o Identify which grade(s) will go through SBIRT.
  - o Identify the time of year to conduct SBIRT and if you will conduct SBIRT at one time or on a rolling basis.
  - o Identify how you will keep track of which students have been screened. This list needs to be separate from any student responses to screening questions.
  - o Identify which personnel will be involved in directly conducting SBIRT. Most schools use a team of school health professionals including school nurses, school guidance and

school adjustment counselors. You might also consider other members of your school community as appropriate. Being thoughtful about who screens students is important. The goal is to have screeners with whom students feel safe in talking about their substance use.

- o Identify how you will pair students with those conducting SBIRT. Some schools decide to let this be random, and others create lists ahead of time to match particular students with suitable SBIRT staff. For example, some schools choose to pair students with serious comorbid health conditions with school nurses during SBIRT.
- o Identify which personnel will be involved in referrals and identify processes for referrals or warm hand-offs.
- o Identify the location to conduct SBIRT. Ensure that any location used includes considerations of student privacy and confidentiality. Some schools use private offices for each student, some use larger rooms with adequate visual separation and noise control.
- o Establish a process for data collection using the MDPH Data Collection Tool. You might use a computer or tablet for each screener to directly input data, or print out the Data Collection Tool and manually write in appropriate data to compile electronically after SBIRT is completed.
- o Determine what educational materials or information will be shared with students.
- o Develop scripts for calling parents when necessary (i.e., in case of immediate threat of harm.
- o Identify and address student language preferences and population specific barriers to SBIRT completion.
- o Gather any materials needed to support SBIRT, such as binders for the screening team. These binders might include:
  - Copy of the "Orange Card" pocket guide to SBIRT (Appendix K)
  - Copy of the introduction script
  - Copy of the CRAFFT-II (in English as well as other languages)
  - Educational materials for students
  - Consent forms to disclose information
  - Scripts for calling parents
  - Referral resources
- **Inform students and parents before conducting SBIRT.**
  - o Send a parent/guardian letter outlining SBIRT process before start of school year. See Appendix L for an example. Information about opting out must be included in this letter. Also consider how you might communicate with parents/guardians in other ways like automated phone calls, emails and on your website.
  - o Communicate with students about SBIRT. Consider using an assembly or announcement for the specific grade going through SBIRT. Students do not need as much advanced notice as parents, but they should be aware that SBIRT will be incorporated as part of their routine health screenings.
- **Ensure SBIRT team members have participated in training as required by MDPH.**

o　See the SHIELD and MASBIRT TTA websites for training resources. Plan for ongoing training of current and new personnel as needed.
-　**Review confidentiality policies and procedures and revise as needed.**
　　　　o　Ensure parents/guardians and students have been informed of the policies.
　　　　o　Ensure school personnel have been informed of the policies.
　　　　o　Establish a process to obtain written consent to disclose information. A sample consent form is available in the Appendices.

STEP 3: Refinement and Sustainability

After completing your verbal substance use screening program each year, evaluate your processes and document best practices for sustaining SBIRT long term.

Objectives:
-　**Document SBIRT plans each year.**
-　**Schedule a post-SBIRT debrief meeting.**
　　　　o　This meeting should include your SBIRT team and any other key stakeholders, and should be scheduled to occur right after conducting your screening program. There is a debrief document and description of this process available on the MASBIRT TTA website.
-　**Determine a plan for sustainability and fidelity to SBIRT process:**
　　　　o　Determine on-going staff training needs.
　　　　o　Review and revise school policies and procedures to include SBIRT.
-　**Survey stakeholders for feedback regarding SBIRT process.**

Parent/Guardian Notification and Opt-out Procedure

Parents and students both have the right to opt out of SBIRT at any time. This should be outlined in the parent letter and should be communicated to students before conducting SBIRT. The parent letter may also include resources for talking to teens about substance use as well as the screening tools and materials used for the verbal screening process. Schools must ensure a delivery method that will reach parents in the district. Some schools use principal newsletters, first day packets, and other effective methods of communication for the school population.

SHIELD's SBIRT in Schools online training module was designed for all audiences and may be used as a training resource for parents/guardians that want more detailed information. See the SHIELD website for details.

A sample parent letter can be found in Appendix L.

The SBIRT Team and Key Stakeholders

The success of the SBIRT program depends on close collaboration between team members, good communications with students, families, and key stakeholders, careful attention to protecting student privacy and confidentiality, and fidelity to protocols. Planning and implementing a successful SBIRT program requires that school teams make connections with key community stakeholders to support their efforts. Each stakeholder brings important perspective in preventing and reducing substance use behaviors in adolescents. Appendix I describes stakeholders and their roles.

Data Collection and Reporting Requirements

Remember that schools may not make a record of any statement, response, or disclosure by a student during the screening that identifies the student. Except if a parent or guardian requests the information disclosed during a screening, in cases of immediate medical emergency, or when a disclosure is otherwise required by state law, schools must keep confidential any student responses to the screening. Schools may not disclose any information obtained in a screening in a way that identifies the student to any other person without the prior written consent of the student, parent or guardian. The DPH approved sample consent form is shown in Appendix H.

However, schools must report de-identified screening information to DPH. DPH provides a formatted SBIRT Data Collection Tool with detailed instructions for entering and submitting data. This Tool must be utilized when submitting data. There are single use and multiple user options available. The Tool is built in Microsoft Excel and uses conditional formatting to make data entry and analysis user friendly. The Tool contains three worksheets:

Instructions:	Contains instructions for entering and sending data
ScreeningData:	Worksheet where data is entered
DataSummary:	Data is automatically aggregated here as it is entered into the ScreeningData worksheet

Schools are required to submit SBIRT data to DPH no later than 90 days after completion. Below is a sample page from the 2019-2020 Tool. Screeners should familiarize themselves with the Tool prior to SBIRT implementation. The SBIRT Data Collection Tool is available on the SHIELD website.

Providing Substance Use Education and Feedback

Substance use education should be delivered to students to reinforce healthy decisions or to educate and inform students about the potential risks of using alcohol and other drugs.

Excellent fact sheets on substance use topics (i.e., vaping, alcohol, marijuana, prescription drug misuse) are available from a number of sources.

- The Centers for Disease Control and Prevention (CDC) produces fact sheets like the one pictured here.

- The National Institute on Drug Abuse (NIDA) maintains excellent information as well and has a section specific to Children and Teens.

- The Mass.gov website and MDPH Bureau of Substance Addiction Services (BSAS) webpages offer a variety of publications on teen substance use for health professionals and families

SHIELD maintains the most current links to these resources in its website. Key educational information on vaping, marijuana use, and alcohol that SBIRT screening teams may find helpful is listed Appendix M.

Source:https://www.cdc.gov/marijuana/pdf/Marijuana-Teens-H.pdf
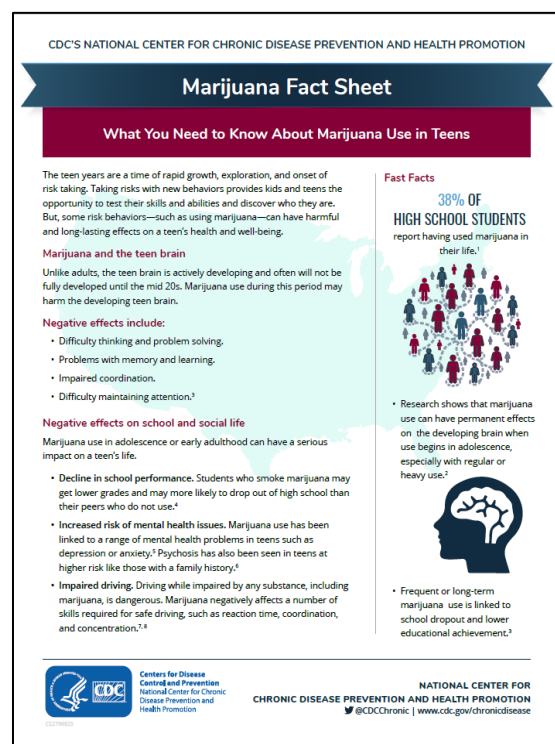
Appendix A: Massachusetts General Law Chapter 71, Section 96

An Act Relative to Substance Use, Treatment, Education and Prevention was signed into law on March 14, 2016, as Chapter 52 of the Acts of 2016. Mass. General Laws chapter 71, section 96, as amended by St. 2016, c. 52, s. 15, requires each school district to develop and file with the Department of Elementary and Secondary Education (ESE) a policy regarding substance use prevention and the education of its students about the dangers of substance abuse. We are pleased to report that as of December 2017, 99% of districts have submitted their policies to ESE.

Chapter 52; AN ACT RELATIVE TO SUBSTANCE USE, TREATMENT, EDUCATION AND PREVENTION

Section 96. Each public school shall have a policy regarding substance use prevention and the education of its students about the dangers of substance abuse. The school shall notify the parents or guardians of all students attending the school of the policy and shall post the policy on the school's website. The policy, and any standards and rules enforcing the policy, shall be prescribed by the school committee in conjunction with the superintendent or the board of trustees of a charter school.

The department of elementary and secondary education, in consultation with the department of public health, shall provide guidance and recommendations to assist schools with developing and implementing effective substance use prevention and abuse education policies and shall make such guidance and recommendations publicly available on the department's website. Guidance and recommendations may include educating parents or guardians on recognizing warning signs of substance abuse and providing available resources. Guidance and recommendations shall be reviewed and regularly updated to reflect applicable research and best practices.

Each school district and charter school shall file its substance use prevention and abuse education policies with the department of elementary and secondary education in a manner and form prescribed by the department.

Section 97. (a) Subject to appropriation, each city, town, regional school district, charter school or vocational school district shall utilize a verbal screening tool to screen pupils for substance use disorders. Screenings shall occur on an annual basis and occur at 2 different grade levels as recommended by the department of elementary and secondary education, in consultation with the department of public health. Parents or guardians of a pupil to be screened pursuant to this section shall be notified prior to the start of the school year. Verbal screening tools shall be approved by the department of elementary and secondary education, in conjunction with the department of public health. De-identified screening results shall be reported to the department of public health, in a manner to be determined by the department of public health, not later than 90 days after completion of the screening.

(b) A pupil or the pupil's parent or guardian may opt out of the screening by written notification at any time prior to or during the screening. A city, town, regional school district, charter school or vocational

school district utilizing a verbal screening tool shall comply with the department of elementary and secondary education's regulations relative to consent.

(c) Any statement, response or disclosure made by a pupil during a verbal substance use disorder screening shall be considered confidential information and shall not be disclosed by a person receiving the statement, response or disclosure to any other person without the prior written consent of the pupil, parent or guardian, except in cases of immediate medical emergency or a disclosure is otherwise required by state law. (*See insert with 2018 amended language below)* Such consent shall be documented on a form approved by the department of public health and shall not be subject to discovery or subpoena in any civil, criminal, legislative or administrative proceeding. No record of any statement, response or disclosure shall be made in any form, written, electronic or otherwise, that includes information identifying the pupil.

(d) The department of elementary and secondary education shall notify each school district in writing of the requirement to screen students for substance use disorders pursuant to this section. School districts with alternative substance use screening policies may, on a form provided by the department, opt out of the required verbal screening tool. The form shall be signed by the school superintendent and provide a detailed description of the alternative substance use program the district has implemented and the reasons why the required verbal screening tool is not appropriate for the district.

(e) No person shall have a cause of action for loss or damage caused by an act or omission resulting from the implementation of this section.

[Subsection (c) as amended by 2018, 208, Sec. 25 effective August 9, 2018. For text effective until August 9, 2018, see above.]

(c) Any statement, response or disclosure made by a pupil during a verbal substance use disorder screening shall be considered confidential information and shall not be disclosed by a person receiving the statement, response or disclosure to any other person without the prior written consent of the pupil, parent or guardian, except in cases of immediate medical emergency or a disclosure is otherwise required by state law; provided, however, that the screening required under this section shall be implemented in accordance with applicable state and federal laws and regulations pertaining to student confidentiality, including rules and regulations promulgated pursuant to section 34D. Such consent shall be documented on a form approved by the department of public health and shall not be subject to discovery or subpoena in any civil, criminal, legislative or administrative proceeding. No record of any statement, response or disclosure shall be made in any form, written, electronic or otherwise, that includes information identifying the pupil.

Appendix B: Introduction to Screening Script

Introduce screening

I am going to ask a few health-screening questions about alcohol and other drug use that we are asking all students in your grade.

Address confidentiality

There is no written record of this screening that includes information that specifically identifies you. Anything you tell me will be kept as confidential as possible. One reason why this information would not be kept confidential is if something you say indicates that there is an immediate risk to your safety or someone else's safety. Additionally, you, your parent, or your guardian, could request the information we discussed today. In any case, we would figure out next steps for support together. Do you understand?

Define substances

By alcohol we mean beer, wine, wine coolers, or liquor. By drugs we mean anything that one might use for the feeling it causes including: marijuana, heroin, prescription drugs like OxyContin, etc.

Ask permission to ask questions

Is it okay to ask you these questions?

Appendix C: CRAFFT-II Tool Sample

Prior to starting your screening program each year, download the most current version from the MASBIRT TTA website.

CRAFFT-II Questionnaire: SBIRT in Schools

DURING THE PAST 12 MONTHS, ON HOW MANY DAYS DID YOU...

1 Drink more than a few sips of beer, wine, or any drink containing alcohol? — PUT 0 IF NO USE

2 Use any marijuana (for example, weed, oil, or hash by smoking, vaping, or in food) or "synthetic marijuana" (for example "K2" or "Spice")? — PUT 0 IF NO USE

3 Use a prescription medication or pill that was NOT prescribed to you or MORE than was prescribed to you (for example, prescription pain pills or ADHD medications)? — PUT 0 IF NO USE

4 Use anything else to get high (for example, other illegal drugs, over-the-counter medications, and things that you sniff, huff, or vape)? — PUT 0 IF NO USE

C Have you ever ridden in a CAR driven by someone (including yourself) who was "high" or had been using alcohol or drugs? — YES / NO

STOP — If no days of use, then STOP here. | If any days of use, ASK ALL CRAFFT ?s BELOW.

R Do you ever use alcohol or drugs to RELAX, feel better about yourself, or fit in? — YES / NO

A Do you ever use alcohol or drugs while you are by yourself, or ALONE? — YES / NO

F Do you ever FORGET things you did while using alcohol or drugs? — YES / NO

F Do your FAMILY or FRIENDS ever tell you that you should cut down on your drinking or drug use? — YES / NO

T Have you ever gotten into TROUBLE while you were using alcohol or drugs? — YES / NO

Appendix D: REACT Worksheet

Responding to Negative Screens for students who report no substance use in the past 12 months.

Step	Concepts	Sample Script
Reinforce	- Acknowledge and affirm healthy decisions. - Be genuine and specific about what the student is doing well. - Encourage continued abstinence by using open ended questions to ask about the student's reasons for choosing to refrain from using substances.	"You've decided not to use alcohol and other drugs, which is one way to protect your health and safety. Tell me what helps you make those choices?" Then reflect back the student's response. "So you don't use because it could interfere with your being able to make the soccer team."
Educate	- Share information about the health and safety risks of substance use during adolescent years. - Maintain a conversational tone and select 1-2 talking points based on the interests and activities of the individual student. - Always ask permission before providing information.	**Elicit:** "What do you know about the risks of substance use?" "Would it be okay if I share some additional information with you?" **Provide:** Share 1-2 factual and relevant points related to substance use. **Elicit:** "What are your thoughts about that?"
Anticipate Challenges of Tomorrow	- Use open ended questions that explore future barriers to remaining substance free. - Briefly ask about potential solutions or alternatives to those barriers. - Thank the student.	"What situations could make it difficult for you to continue to avoid alcohol and other drug use? How might you handle that?" "What would you do if you were in a situation where you were offered alcohol or other drugs?" "Thank you for being open to speaking with me today!"

Appendix E: Brief Negotiated Interview Worksheet

Step	Concepts	Sample Script
Build Rapport	- Establish a connection. - Set the tone for an open, non-critical conversation. - Get to know a little bit about the student.	"I'd like to learn a little more about you… What are important things/hopes/goals in your life now?" **OR** "What is a typical day like for you?" "How does your use of [X] fit in?"
Explore Pros & Cons	- Explore context of substance use. - Help student examine his or her ambivalence by asking Pros and Cons. - Use a double-sided reflection to evoke reasons for change from the student.	"What do you like about using [X]?" "What do you like less about using [X]?" Explore any problems mentioned in CRAFFT-II: "You mentioned… Can you tell me a little more about that?" "So on the one hand you said [PROS], <u>and</u> on the other hand you said [CONS]. What do you make of that?"
Provide Feedback	- Share information about the health and safety risks of substance use during adolescent years. - Maintain a conversational tone and select 1-2 talking points based on the interests and activities of the individual student. - Always ask permission before providing information.	**Elicit:** "What do you know about the risks of using [X]?" "Would it be okay if I share some additional information with you?" **Provide:** <u>Share 1-2 factual and relevant points related to substance use.</u> **Elicit:** "What are your thoughts about that?"
Use Readiness Ruler	- Assess readiness for change using Readiness Ruler. - Use the follow up question to evoke more change talk from the student. - Use reflective listening skills to reinforce student's reasons for change.	"On a scale of 1-10, how ready are you to change any aspect of your [X] use?" "Why did you choose a [X] and not a <u>lower</u> number like a 1 or 2?"**If 1:** "What would need to happen for you to consider making a change in your use?" <u>Reflect back student's reasons for change.</u>

Negotiate Action Plan	- Develop an action plan in partnership with the student. - Elicit student ideas first. - Provide ideas using Elicit-Provide-Elicit format if necessary. - Assess confidence using Confidence Ruler. - Use follow up questions to elicit action steps and explore challenges. - Summarize plan and any follow up. - Thank the student.	"Given our discussion so far, what might you do?" When making any suggestions, including suggestions about referrals, use Elicit-Provide-Elicit format. "On a scale of 1-10, how confident are you that you could meet this goal? Why not a lower number? What might help you to get to a higher number? What helped you succeed with changes in the past? What obstacles do you anticipate?" Summarize plan, including any steps towards change. "Thank you for being open to speaking with me today!"

Appendix F: Referral Types and Sample Scripts

Referral Type	Concepts	Sample Script
Follow-up with SBIRT screener	A follow-up between the original screener and student to continue the conversation and provide for further assessment of risk. The student is agreeing to a follow-up or future conversation that may include a scheduled appointment. There is no consent form indicated for this because there are no screening results documented or shared with another individual.	"I am wondering if it would be okay to follow up with you in (a few days, weeks) to see how you are doing with your plan. What do you think about that?" "Great! I look forward to seeing you then."
In School Referral (to another school professional)	There are two types of in school referral: **Referral**: The student will have given written consent on the MDPH-approved form to approve disclosure of screening results to another school professional. The consent for disclosure form (which includes no results) would allow you to share the information verbally with the receiving professional, preferably with the student present if the student wants to be included in the conversation. **Warm hand-off**: Some students may agree to follow up with another school professional that is readily available and the screener does not need to disclose screening results. In this case a warm hand-off, or another method of connecting the student directly with support from another school professional may not require a consent form if no results or disclosure of information is given.	**Referral**: "You have been very open to having this conversation with me so far, and I wonder if it could be helpful to continue talking about this in the future to explore what you want to do. Ms. M is very knowledgeable about these things and is available to meet with students. Would it be ok if I told Mrs. M what we talked about today so she could follow up with you directly?" "Great! I'll need you to just give me written permission to share the information." (Student will need to sign the consent form.) **Warm hand-off**: "Mrs. M is actually very knowledgeable about helping students think through their options regarding substance use. If you think it could be helpful, you can share with her what we have talked about today. What do you think? Would it be okay if I called her to see if she is available to check in with you briefly today?"

Out of School Referral	Some students may need outside referrals if the student's needs are beyond what the school can provide. In these cases, effort should be made to elicit support from the parent/guardian prior to engaging with outside referrals, when parental involvement is in the best interest of the student. Most of the time, out of school referrals are a stepwise process. **Community Referral**: Based on SBIRT screening results, students may need to be referred to outside individuals or agencies for further assessment, evaluation, or treatment. Typically, these referrals will happen after an initial referral for further assessment within the school. Outside referrals can include a range of individuals and agencies, including the student's primary care provider (PCP). The school professional will need written consent from the student to disclose any screening results to outside referrals, except in the case of immediate medical emergency. **Emergent**: During SBIRT screening, though rare, there are instances when there is an obligation of disclosure of screening results due to immediate medical emergency or otherwise indicated by law. In these cases parents/guardians or 911 may be called.	**Calling parent**: "Is it okay if I share my thoughts with you? It seems like you could benefit from some support around your substance use, and I think it could be helpful to get your parent (or guardian) involved. I would like to call your family and help you begin the conversation. What do you think? Would you like to stay with me while I call?" (Always offer to have the student in the room when calling parents.). **Direct Community Referral**: "We have a substance use counselor in the school/community and they have a lot of experience helping teens with substance use and are available to talk with you. Would you be willing to give me consent to talk with them about what you have shared today so they can reach out to you and offer more ideas?" **Emergent:** "Remember in the beginning when I said there might be reasons why I need to share this information with others? Well, given what you have told me, I'm concerned about you and need to take steps to make sure you are safe. I have some thoughts on what we need to do right now (share thoughts and be clear with plan)."

Appendix G: Referral Resources

The Massachusetts Department of Public Health, Bureau of Substance Addiction Services has a dedicated office responsible for the oversight of state funded, substance use related services for youth and young adults, ages 12-25. The Office of Youth and Young Adult Services (OYYAS) oversee the implementation, enhancement, and sustainability of developmentally tailored services including: intervention, treatment, and recovery supports.

The OYYAS website is located here: https://www.mass.gov/service-details/youth-and-young-adult-services

Massachusetts Substance Use Helpline 1-800-327-5050 www.helplinema.org/for-parents/

Schools needing additional support around referrals to treatment after a positive SBIRT screen should consider contacting their local Adolescent Community Reinforcement Approach (A-CRA) provider listed on the Massachusetts Substance Use Helpline https://helplinema.org/for-parents/ or by calling 800-327-5050.

For current information about referral resources see SHIELD's Verbal Substance Use Prevention, Education and Screening Resources webpage *at https://www.bucme.org/node/1171.*

Appendix H: Sample Consent to Disclose Confidential Information

School Letterhead or other school identification

SBIRT in Schools
Consent to Disclose Confidential Information

I, _____, give permission for_____

(Name of Student, Parent or Guardian)   (Name/Role of School Professional making
disclosure)

to share information with _____ about:

(Name of person or organization to which disclosure is to be made)

_____.

(Nature and amount of information to be disclosed; as limited as possible)

This consent expires automatically if any of the following occur:

_____

(Specify the date, event or condition upon which this consent expires)

I have been given a copy of this form.

Dated: _____   _____

Signature of Student, Parent or Guardian

_____

Relationship to Student

Appendix I: SBIRT Stakeholders and Team

Stakeholder	Roles	Actions
Student Parents/guardians	Students and their families should be educated about the goals and process of SBIRT in Schools.	Families should: • Review the letter sent home about screening process and review materials provided • Review opt out procedure and contact information • Review educational materials about substance use in adolescence • Discuss SBIRT with their children prior to screening
Administration	Administrators are important leaders and facilitators of the SBIRT program. They are responsible for ensuring the program is implemented and that it meets all regulatory requirements.	• Establish a multidisciplinary SBIRT "team" • Support the role of the School SBIRT Coordinator • Notify school staff of screening process • Collaborate with community stakeholders
SBIRT Coordinator	The SBIRT Coordinator oversees the development of SBIRT policies and procedures and ensuring that the process is being conducted with fidelity. The SBIRT coordinator is commonly the district nurse leader who has been given the time, resources, and authority to manage the program.	• Consult planning checklist • Collaborate with stakeholders • Manage the day-to-day aspects of screening, such as: notification of the screening dates to families, students, staff and coordinating the screening process, managing data, and ensuring current screening materials
School Nurse	The school nurse is a health resource/health educator, who collaborates with all stakeholders. In some cases, the nurse may also need to provide emergency treatment for substance use in the school until emergency medical services arrive. These responsibilities are always performed in collaboration with other members of the School Assistance Team.	• Conduct individual screenings and assessment for comorbid medical conditions • Provide on-site counseling including motivational interviewing or substance use counseling • Collaborate with physicians, parents/guardians,

		• Provide brief interventions and refer as needed
Behavioral Health Team -School Social Workers -School Adjustment Counselors -Guidance Counselors -School Psychologists -School Substance Use Counselors -Health Educators	Trained, licensed school professionals often conduct SBIRT. The role of counselors, behavioral and psychological professionals in the substance-use screening program may vary in each district. Such specialists may be district or school employees, or may provide services on a contractual basis. For many school districts, providing intensive substance use treatment services may not be possible or warranted.	• Attend SBIRT training and assist with verbal screening • Provide assessment, referral, and follow-up to outside resources as needed for at risk students • Collaborate with school nurses, school personnel and mental health professionals for ongoing support of students • Deliver a substance use prevention education workshops relevant to adolescent substance use and misuse for parents and school personnel. • Provide crisis intervention and referral as needed
School Assistance Team (SAT)	The SAT provides the necessary link between school instructional functions and its guidance, counseling, and health service delivery programs. Its primary goal is prevention and early intervention. Policies must be developed for SATs consistent with Massachusetts General Law and FERPA regulations that govern public school health records.	• The SAT provides; opportunities for prevention, helps identify school-wide issues, as well as individual concerns, refers students to community resources, provides ongoing case management, and recommends policy and program changes to improve the school's climate and educational support services.
Community Agencies	These groups may include: Community coalitions, health & human service organizations, faith-based groups, youth groups, civic organizations, law enforcement, local healthcare providers, mental health care providers and parent organizations.	• Many community organizations can provide education, funding or resources to support at-risk students and their families identified through verbal substance use screening in schools.
Athletic Directors (AD)	ADs are responsible for ensuring that the school's athletic policies meet regulatory requirements. Athletic personnel should understand the purpose and nature of confidential verbal substance use screening program.	• Review current athletic policies, support student healthy behaviors.

Appendix J: SBIRT Planning Checklist

This document can be used as a fillable checklist to document your school's plan for conducting SBIRT each year.

School Year: _____
Person Completing Form: _____

STEP 1: Formative Planning
- ❑ SBIRT Team Coordinator:
- ❑ SBIRT planning team members and roles in school:
- ❑ Other key stakeholders:
- ❑ Method of communication with planning team:
- ❑ Projected timeline for conducting SBIRT:
- ❑ Internal referral resources:
- ❑ External referral resources:
- ❑ Notes from process review or prior year's debrief meeting:
- ❑ Notes from relevant data related to adolescent substance use:

Other tasks:
- ❑ Review school policies and procedures related to SBIRT and substance use

STEP 2: Process and Implementation Planning
SBIRT procedures:
- ❑ Grade:
- ❑ Date(s) to conduct SBIRT:
- ❑ Location(s) to conduct SBIRT:
- ❑ Process for keeping track of students who complete SBIRT:
- ❑ Names of staff involved in conducting SBIRT (screening students):
- ❑ Process for pairing students with staff, if any:
- ❑ Names of personnel involved in referrals or warm hand-offs:
- ❑ Process for data collection:
- ❑ Educational materials to be used with students:
- ❑ Languages needed for SBIRT materials:
- ❑ Other supportive materials needed for students:
- ❑ Method and date(s) to inform students and parents ahead of SBIRT implementation:

Other tasks:
- ❑ Develop scripts for calling parents when necessary
- ❑ Ensure SBIRT team members have participated in training as required by MDPH

STEP 3: Refinement and Sustainability

- ❑ Date and time of SBIRT debrief meeting (after SBIRT is conducted):
- ❑ Plan for surveying stakeholders, if any:

Suggested items to have on hand while screening students:

- ❑ Laptop/computer for recording de-identified results
- ❑ Introductory screening statement to read to students
- ❑ Screening tools in appropriate languages
- ❑ REACT and BNI conversation guides for reference
- ❑ Drug fact sheets for educational use
- ❑ Readiness ruler
- ❑ Copies of the consent form
- ❑ List of current in school and community resources with contact information

Appendix K: Orange Card Sample

Prior to starting your screening program each year, download the most current version from the MASSBIRT website.

SBIRT IN SCHOOLS
Screening and Brief Intervention Protocols

MASSBIRT PTA
Asking questions. Improving health.

Introduce screening
I am going to ask a few health screening questions about alcohol and other drug use that we are asking all students in your grade.

Address confidentiality
There is no written record of this screening that includes information that specifically identifies you. Anything you tell me will be kept as confidential as possible. One reason why this information would not be kept confidential is if something you say indicates that there is an immediate risk to your safety or someone else's safety. Additionally, you, your parent, or your guardian, could request the information we discussed today. In any case, we would figure out next steps for support together. Do you understand?

Define substances
By alcohol we mean beer, wine, wine coolers, or liquor. By drugs we mean anything that one might use for the feeling it causes including: marijuana, heroin, prescription drugs like OxyContin, etc.

Ask permission to ask questions
Is it okay to ask you these questions?

CRAFFT-II Screen

During the past 12 months on how many days did you...

1. Drink more than a few sips of beer, wine, or any drink containing alcohol?

2. Use any marijuana (e.g., weed, oil, or hash by smoking, vaping, or in food) or "synthetic marijuana" (e.g.,"K2" or "Spice")?

3. Use a prescription medication or pill that was NOT prescribed to you or MORE than was prescribed to you (e.g., prescription pain pills or ADHD medications)?

4. Use anything else to get high? (e.g., other illegal drugs, over-the-counter medications, and things that you sniff, huff, or vape)?

C. Have you ever ridden in a **CAR** driven by someone (including yourself) who was high or had been using alcohol or drugs?

If no days of use, then STOP here. ⬇ **If any days of use, ASK ALL ?'s BELOW.**

R. Do you ever use alcohol or drugs to **RELAX**, feel better about yourself, or fit in?

A. Do you ever use alcohol or drugs while you are by yourself, or **ALONE**?

F. Do you ever **FORGET** things you did while using alcohol or drugs?

F. Do your **FAMILY** or **FRIENDS** ever tell you that you should cut down on your drinking or drug use?

T. Have you ever gotten into **TROUBLE** while you were using alcohol or drugs?

SAMPLE

Brief Intervention
S3

Build Rapport
I'd like to learn a little more about you...

What are important things/hopes/goals in your life now? **OR** What is a typical day like for you?

How does your use of [X] fit in?

Explore Pros & Cons
What do you enjoy/like about using [X]? What do you enjoy less or regret about using [X]?

Explore problems mentioned in CRAFFT: You mentioned... Can you tell me more about that?

So, on the one hand you said [PROS], and on the other hand you said [CONS]. **Emphasize CONS.**

Provide Feedback
What do you know about the risks of using [X]?

Would you mind if I shared some health/safety information about [X]? **Provide 1-2 salient substance specific health/safety effects.**

What are your thoughts about that?

Use Readiness Ruler
On a scale of 1-10, how ready are you to change _any_ aspect of your [X] use?

Why did you choose a [X] and not a _lower_ number like a 1 or 2? **If "1":** What would need to happen to consider a change?

Reflect back student's reasons for change.

Negotiate Action Plan
Given our discussion, what might you do?

On a scale of 1-10, how confident are you that you could meet this goal? What might help you to get to a higher number? What helped you succeed with changes in the past? What obstacles do you anticipate?

When/if making suggestions, use Elicit-Provide-Elicit.

Summarize plan. Thank student.

Referrals: MA Substance Use Helpline · 800-327-5050 · helplinema.org

Resources: www.masbirt.org /schools · https://massclearinghouse.ehs.state.ma.us

HOW CONFIDENT ARE YOU? EXTREMELY — 10 9 8 7 6 5 4 3 2 1 — NOT AT ALL **HOW READY ARE YOU?**

Appendix L: Sample Parent Letter

School District Letterhead

Dear Parent or Guardian,

All Massachusetts public schools must include a verbal substance use preventive screening as part of their yearly mandated universal health-screening programs. Our district will use the Screening, Brief Intervention, and Referral to Treatment (SBIRT) protocol with students in grades (7 & 9). Students will be asked 4 questions in private. Then there will be a one-on-one conversation between each student and a school nurse or counselor. The purpose of this effort is to prevent, or at least delay, alcohol, marijuana or other drug use. The SBIRT program reinforces healthy decisions and addresses concerns about substance use to improve health, safety and success in school.

We will use the CRAFFT-II screening tool, the most commonly used substance use screening tool for adolescents. All screenings will be held in private one-on-one sessions with one of the specially trained nurses or counselors. Students who are not using substances will have their healthy choices reinforced. When any student reports using alcohol or other drugs, or seems at risk for future substance use, the screener will ask 5 more questions, provide brief feedback and have a brief conversation with that student.

> School SBIRT Screening is:
> - asking a short set of questions.
>
> School SBIRT Screening is **NOT:**
> - a blood or urine test,
> - a drug test, or
> - a test of any body function.

- **What your child tells the screener is confidential and will not be shared with any other person without prior written consent of the student, parent, or guardian, except in cases of immediate medical emergency or when disclosure is otherwise required by state law.**
- **No written record of the results of this verbal screening are kept with information that identifies any individual student.**
- **Screening results will not be put with any other information that identifies any child.**
- **Screening results will not be included in your child's school record.**

If you want to opt your child out of the screening you can write to us any time before or during the screening. Your child may also opt out at the time of the screening. Please feel free to contact us with any questions, or if you would like your child to opt-out of the screening.

Together, schools and parents CAN make a difference for the youth in our community. One way to prevent youth alcohol and other drug use is to talk with your child about your thoughts and expectations about alcohol and drug use. You can view the CRAFFT-II tool and other SBIRT resources on www.masbirt.org/schools website.

Regards, School Principal

Appendix M: Educational Information on Vaping, Marijuana, and Alcohol

The information below has been organized into three categories; neurobiology, social norms, and injury to incorporate into conversations with students during SBIRT.

The statements below were extracted from fact sheets and educational materials from Centers for Disease Control and Prevention (CDC), Substance Abuse and Mental Health Administration (SAMSHA), and the National Institutes of Health (NIH) to serve as talking points for information about substance use in teens. Links to these resources are listed in the References section below and are also maintained on the SHIELD website.

Substance	Educational Information
Nicotine (vaping) E-cigarettes are electronic devices that heat a combustible liquid mix of small particles of nicotine, flavorings, and chemicals to produce an aerosol, or particles for inhalation. Most have a battery, a heating element, and a place to hold a liquid. Vape pens may look like USB flash drives, pens, and other everyday items. They are sometimes called "e-cigs," "e-hookahs," "mods," "vape pens," "vapes," "tank systems," and "electronic nicotine delivery systems (ENDS)."	**Neurobiology (CDC)** - Nicotine is highly addictive and can harm adolescent brain development, which continues into the early to mid-20s. - When a memory is created or a new skill is learned, stronger connections – or synapses – are built between brain cells. Young people's brains build synapses faster than adult brains. Nicotine changes the way these synapses are formed. - Nicotine use in youth can harm the parts of the brain that control attention, learning, mood, and impulse control. - Nicotine use in adolescence may also increase risk for future addiction to other drugs. **Social Norms** - E-cigarettes work by heating a liquid that usually contains nicotine, flavorings, and other chemicals to create an aerosol that is inhaled into the lungs. Bystanders can also breathe in this aerosol when the user exhales it into the air. Some e-cigarette flavorings may be safe to eat but not to inhale. **Injury** - Scientists are still learning about the long-term health effects of e-cigarettes. - Ingredients in e-cigarette aerosol could be harmful to the lungs in the long-term. - Defective e-cigarette batteries have caused some fires and explosions, a few of which have resulted in serious injuries.

Substance	Educational Information
	• People have been poisoned by swallowing, breathing, or absorbing e-cigarette liquid through their skin or eyes.
Alcohol No level of drinking is safe or legal for anyone under age 21, but unfortunately many teens drink—and they often drink multiple drinks, which is very dangerous. Alcohol is the most commonly used substance of abuse among young people in America, and drinking when you're underage puts your health and safety at risk. ➢ Alcohol includes beer, wine, and liquor. ➢ Different types of alcohol have varying levels of potency.	**Neurobiology (SAMSHA)** When teens drink, alcohol affects their brains in the short-term– but repeated drinking can also impact it down the road, especially as their brains grow and develop. • Drinking during the teen years could interfere with normal brain development, change the way the brain processes and learns information, and increase the risk of developing an alcohol use disorder later in life. • Young people who drink are more likely to have health issues such as depression and anxiety disorders. • Alcohol has been identified as a human carcinogen associated with head and neck cancer, esophageal, liver, breast cancers and it weakens immune system. (NIH) • Youth who use alcohol have higher rates of academic problems and poor school performance compared with non-drinkers. **Social Norms (SAMSHA)** • A person may have difficulty recognizing potential danger and making good decisions when drinking alcohol. They may be more likely to engage in risky behavior, including drinking and driving, sexual activity (like unprotected sex) and aggressive or violent behavior. • Drinking lowers inhibitions and increases the chances that youth will do something that they will regret when they are sober. • Frequent binge drinkers (nearly 1 million high school students nationwide) are more likely to engage in risky behaviors, including using other drugs such as marijuana and cocaine. **Injury (NIH)** • Alcohol interferes with the brain's communication pathways, and can affect the way the brain looks and works. These disruptions can change mood and behavior, and make it harder to think clearly and move with coordination causing accidents or injury.

Substance	Educational Information
	• Alcohol poisoning (also called alcohol overdose) occurs when there is so much alcohol in a person's bloodstream that areas of the brain controlling basic life-support systems—such as breathing, heart rate, and temperature control—begin to shut down. If you suspect someone has alcohol poisoning, call 911 and get medical help immediately.

Marijuana
 	
There are several different methods of using marijuana and an abundant number of plant strains with a large range of THC potency. It is important to understand the frequency, age of onset, potency and method of teen use including:
       Smoke
       Vape
       Dab
       Edible
       Topical
 	
➢ Weed: buds of plant usually smoked, rolled or edible
 	
➢ Resin: "hash" is a solid preparation of the plant that is shaped into blocks or individual doses
 	
➢ Oil or tincture-extracted from plant: most potent, for vaping.
 	
➢ Dab: extraction of THC CBD concentrate in solvent for smoking in a pipe.
	Neurobiology (CDC)
	Scientists are still learning about what marijuana does to brain development.
	
	• When marijuana users begin using as teenagers, the drug may reduce attention, memory, and learning functions and affect how the brain builds connections between the areas necessary for these functions. It can affect memory, learning and attention, and make problem solving harder.
	
	• Heavy users of marijuana can have short-term problems with attention, memory, and learning, which can affect relationships and mood.
	
	• Marijuana's effects on these abilities may last a long time or even be permanent. This means that someone who uses marijuana may not do as well in school and may have trouble remembering things.
	
	Social Norms
	• About 1 in 10 marijuana users will become addicted. For people who begin using before the age of 18, that number rises to 1 in 6.
	
	• Some people who are addicted need to smoke more and more marijuana to get the same high. It is also important to be aware that the amount of tetrahydrocannabinol (THC) in marijuana (i.e., marijuana potency or strength) has increased over the past few decades.
	
	Injury
	• Edibles, or food and drink products infused with marijuana and eaten, have some different risks than smoking marijuana, including a greater risk of poisoning. Unlike smoked marijuana, edibles can take up to 2 hours to take effect, so some people

Substance	Educational Information
	eat too much, which can lead to poisoning and/or serious injury.
	• Smoked marijuana, in any form, can harm lung tissues and cause scarring and damage to small blood vessels. Smoke from marijuana contains many of the same toxins, irritants, and carcinogens as tobacco smoke and can lead to a greater risk of bronchitis, cough, and phlegm production.
	• Secondhand marijuana smoke contains THC and many of the same toxic compounds in tobacco smoke. So it could affect anyone who breathes it in, especially pregnant women, babies, and children.

References

Centers for Disease Control and Prevention (CDC). *Quick Facts on the Risks of E-cigarettes for Kids, Teens, and Young Adults*. Available at https://www.cdc.gov/tobacco/basic_information/e-cigarettes/Quick-Facts-on-the-Risks-of-E-cigarettes-for-Kids-Teens-and-Young-Adults.htm/

CDC. *Marijuana: How Can It Affect Your Health?* Available at: www.cdc.gov/marijuana/health-effects.html

CDC. Marijuana and Public Health: Data and Statistics. Available at: https://www.cdc.gov/marijuana/data-statistics.htm

Knight, J.R., Sherritt, L., Shrier, L.A., Harris, S.K., Chang, G. (2002). Validity of the CRAFFT substance abuse screening test among adolescent clinic patients. Arch Pediatr Adolesc Med, 156, 607-14.

Levy, S., Sherritt, L., Harris, S.K., Gates, E.C., Holder, D.W., Kulig, J.W., Knight, J.R. (2004). Test-retest reliability of adolescents' self-report of substance use. *Alcohol Clin Exp Res*, 28, 1236-41.

National Institute on Drug Abuse for Teens (NIDA). *Alcohol*. Available at https://teens.drugabuse.gov/drug-facts/alcohol

National Institute on Alcohol Abuse and Alcoholism (NIAAA) *Alcohol's Effects on the Body*. Available at: https://www.niaaa.nih.gov/alcohol-health/alcohols-effects-body

Substance Abuse and Mental Health Administration (SAMHSA). *The Consequences of Underage Drinking*. Available at https://www.samhsa.gov/underage-drinking/parent-resources/consequences-underage-drinking

US Department of Health and Human Services (2016) *E-Cigarette Use Among Youth and Young Adults: A Report of the Surgeon General.* Available at: https://www.cdc.gov/tobacco/data_statistics/sgr/e-cigarettes/pdfs/2016_sgr_entire_report_508.pdf