

The Paradox of Substance Misuse Among School-Aged Youth



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Introduction

Substance misuse among school-aged youth presents a growing challenge for educators, schools, families, and communities. While the overall use of some traditional substances has declined among adolescents, the emergence of fentanyl, synthetic drugs, and increasing overdose risks has created a more complex and dangerous reality for today's youth. At the same time, mental health concerns, social media influences, changing social norms, and ongoing developmental changes during adolescence continue to shape students' decision-making and vulnerability to risk-taking behaviors. Because students spend a significant portion of their time in school, educators are uniquely positioned to play an important role in prevention, early identification, intervention, and support. However, addressing substance misuse requires more than recognizing warning signs or responding to emergencies. It requires an understanding of the factors that contribute to substance use, the ability to create supportive and trusting relationships with students, and the implementation of comprehensive schoolwide systems that promote health, safety, resilience, and well-being.

This course provides educators with a comprehensive overview of youth substance misuse and its implications for schools. Participants will examine current trends in adolescent substance use, explore the dangers associated with fentanyl and synthetic drugs, and learn how risk and protective factors influence student outcomes. The course also addresses how to recognize warning signs of substance misuse, respond effectively to concerns and emergencies, and understand the legal, ethical, and professional responsibilities associated with student safety. Finally, participants will explore evidence-based prevention strategies, school policies, intervention frameworks, and collaborative approaches that help create safer and more supportive school communities. By the end of this course, educators will be better prepared to recognize concerns early, respond with compassion and professionalism, strengthen protective factors within their

classrooms and schools, and contribute to prevention-focused environments that support student health, safety, and long-term success.

Section 1: Understanding the Modern Landscape of Youth Substance Misuse

Substance misuse among school-aged youth continues to be an important concern for schools, families, and communities. Although some forms of adolescent substance use have decreased over time, today's students are facing new risks associated with synthetic drugs, counterfeit pills, vaping products, and fentanyl-related overdoses. These substances are often more potent, more difficult to detect, and more dangerous than substances commonly encountered in previous generations. As a result, educators are increasingly likely to encounter students who may be affected directly or indirectly by substance misuse. This section explores how substance misuse develops across a continuum ranging from experimentation to substance use disorder, while also examining changes in youth substance use trends and overdose rates. It discusses the growing dangers associated with fentanyl and synthetic drugs, the influence of social media and changing social norms, and the ways adolescent brain development can increase vulnerability to risky behaviors and addiction. In addition, this section examines the importance of understanding both risk factors and protective factors that may influence whether a student engages in substance use or develops resilience against it.

1.1 The Changing Reality of Youth Substance Misuse

Substance misuse among school-aged youth continues to be a major public health and educational concern in the United States. While many traditional forms of adolescent substance use, such as cigarette smoking and alcohol use, have

declined over the past two decades, educators are now facing a more complex and dangerous reality. The substances available to adolescents today are often more potent, more unpredictable, and more difficult to detect than in previous generations (Centers for Disease Control and Prevention [CDC], 2022). At the same time, overdose deaths among youth have increased significantly, particularly due to synthetic opioids such as fentanyl and counterfeit pills designed to resemble legitimate medications; in fact, fentanyl is involved in at least 75% of adolescent overdose deaths (Friedman and Hadland, 2024).

For educators, understanding these changes is essential. Schools are often among the first places where warning signs emerge, and school staff may be the first adults to notice shifts in student behavior, emotional well-being, academic performance, or peer relationships. Prevention and early intervention efforts increasingly require educators to understand modern substance misuse trends, recognize warning signs, and respond appropriately to student needs.

Defining Substance Misuse Among School-Aged Youth

Substance misuse refers to the use of alcohol, medications, or drugs in ways that are harmful, unsafe, or inconsistent with medical or legal guidelines (Blackford, 2025). Among adolescents, substance misuse can involve illegal substances, misuse of prescription medications, vaping products, alcohol, cannabis, or combinations of multiple substances (Substance Abuse and Mental Health Services Administration [SAMHSA], 2024). Youth substance misuse may occur occasionally, socially, experimentally, or more regularly depending on individual circumstances and risk factors. It is important to recognize that adolescent substance misuse exists on a continuum. Not every student who experiments with a substance develops a substance use disorder, but experimentation can still create significant risks, especially in today's drug environment. Educators should understand several key distinctions (Kassis, 2018):

- **Experimentation** with substance use is typically occasional, social, and driven by curiosity, peer influence, or the desire for new experiences (Kassis). Individuals may use substances only in certain situations, such as parties or social gatherings, and generally do not yet view their use as problematic.
- **Recreational Use** of substances becomes more regular and intentional, often tied to social activities, stress relief, or enjoyment (Kassis). Individuals may begin developing routines around obtaining and using substances and may start experiencing minor disruptions in responsibilities, relationships, or school and work performance.
- **Misuse** of substances begins to create significant risks and negative consequences in a person's life (Kassis). Academic, professional, social, and legal problems may emerge, and others may begin expressing concern about the individual's behavior and frequent intoxication.
- **Dependency** develops when the body and mind adapt to repeated substance use, leading to tolerance, withdrawal symptoms, and psychological cravings (Kassis). Individuals may feel unable to function normally without the substance and often require increasing amounts to achieve the same effects.
- **Substance Use Disorder (SUD):** Substance Use Disorder occurs when substance use becomes compulsive and difficult to control despite serious negative consequences (Kassis). At this stage, substance use often takes priority over relationships, responsibilities, hobbies, health, and safety, and repeated attempts to stop using may be unsuccessful.

Adolescence is a particularly vulnerable developmental period because the brain continues developing into the mid-twenties (National Institute on Drug Abuse

[NIDA], 2024). Areas responsible for judgment, impulse control, emotional regulation, and decision-making are still maturing during adolescence, which can increase susceptibility to risk-taking behaviors, including substance experimentation and misuse (NIDA).

Historical Overview of Adolescent Substance Use Trends

According to the Centers for Disease Control and Prevention's Youth Risk Behavior Surveillance System (YRBSS), substance use among teenagers has generally declined over the past several decades, although certain concerning trends remain (USAFacts, 2023). Rates of alcohol use, cigarette smoking, marijuana use, and illicit drug use among high school students have all decreased since the 1990s and early 2000s. For example, in 2021, 22.7% of high school students reported drinking alcohol within the previous 30 days, compared to much higher rates in earlier decades (USAFacts). Similarly, cigarette smoking among teens has declined dramatically since peaking in the 1990s, reflecting the impact of public health campaigns, policy changes, and increased awareness of health risks.

Marijuana use among teenagers has also declined over time, though it remains one of the most commonly used substances among adolescents. In 2021, 27.9% of high school students reported having tried marijuana, which represents a decrease from higher rates reported in the late 1990s and early 2000s (USAFacts, 2023). At the same time, newer forms of substance use, particularly vaping, have emerged as significant concerns. The CDC began tracking vaping in 2015, and by 2019, approximately half of teenagers reported having tried electronic vapor products. Although vaping rates declined somewhat by 2021, more than one-third of teens still reported ever using vaping products (USAFacts). Illicit drug use among teenagers has shown an overall downward trend as well. In 2001, 26.5% of teens reported trying illicit drugs such as cocaine, heroin, methamphetamines, ecstasy, inhalants, or hallucinogens, compared to 13.4% in 2021 (USAFacts).

However, misuse of prescription opioids remains a concern, particularly among female students. In 2021, 12.2% of high school students reported misusing prescription pain medications such as Vicodin, Percocet, or OxyContin, with higher rates reported among girls than boys (USAFacts).

Changing Trends of Youth Substance Misuse

Recent trends in adolescent substance use show a complex pattern in which overall drug and alcohol use among teens has generally declined, while overdose deaths remain significantly higher than pre-pandemic levels (Panchal & Zitter, 2024). According to CDC data analyzed by KFF, adolescent overdose deaths more than doubled during the COVID-19 pandemic, increasing from 282 deaths in 2019 to 546 deaths in 2020. Although overdose fatalities declined slightly from 721 deaths in 2022 to 708 deaths in 2023, rates remain substantially higher than before the pandemic (Panchal & Zitter). Much of the increase in adolescent overdose deaths has been linked to fentanyl, a highly potent synthetic opioid. Fentanyl-related deaths among adolescents rose sharply during the pandemic and accounted for 76% of adolescent overdose deaths in 2023 (Panchal & Zitter). Researchers note that many adolescent fentanyl overdoses are believed to be accidental, often occurring when teens seek prescription opioids or other substances but unknowingly consume counterfeit pills contaminated with fentanyl. Even very small amounts can cause respiratory suppression and overdose (CDC, 2022). Illicit fentanyl is frequently mixed into counterfeit pills, heroin, cocaine, methamphetamine, and other substances, sometimes without the user's knowledge. Social media has also emerged as a concern, as adolescents may obtain substances through online platforms where illegal drug sales can occur (Panchal & Zitter).

Researchers suggest that several factors may be contributing to declines in drug use, including increased public education efforts, earlier intervention strategies,

and expanded prevention messaging in schools and communities (Panchal & Zitter, 2024). At the same time, mental health concerns continue to intersect with adolescent substance use. Feelings of sadness and hopelessness among high school students increased significantly between 2013 and 2021 before declining slightly in 2023, and substance use is often associated with efforts to cope with negative emotions or stress (Panchal & Zitter). Schools continue to play an important role in prevention and education efforts. More than 60% of adolescents report receiving substance use prevention education in school settings, and recent federal and state initiatives have expanded efforts related to naloxone access, fentanyl education, and youth substance use prevention programs (Panchal & Zitter).

Youth Perceptions of Risk and Changing Social Norms

Social media has become an important factor in adolescent exposure to substance-related content and may influence attitudes and behaviors related to drug and alcohol use (American Academy of Pediatrics, 2026). Substance-related content appears on social media in several forms, including advertisements, company marketing profiles, peer-generated content, celebrity posts, memes, and content created and shared by adolescents themselves. While some advertising restrictions exist for underage users, business accounts associated with alcohol, vaping, and cannabis products may still expose youth to substance-related messaging through social media feeds and promoted content (American Academy of Pediatrics).

Research suggests that substance-related content is highly visible across social media platforms. One study examining college students' Facebook profiles found that 99% contained references to alcohol, 39% included tobacco references, and 10% referenced illicit substances such as marijuana or cocaine (American Academy of Pediatrics, 2026). Substance-related posts often receive positive

engagement from peers through likes, comments, and shares, which may reinforce both online posting behaviors and offline substance use behaviors. The way substance use is portrayed online may also influence adolescents' perceptions of risk. According to the American Academy of Pediatrics, social media content frequently emphasizes the enjoyable or socially rewarding aspects of substance use while rarely showing negative consequences such as hangovers, impaired judgment, addiction, or injury. This imbalance may contribute to the normalization of substance use and reduce perceptions of potential harm among adolescents.

Studies have also found a relationship between exposure to substance-related social media content and increased likelihood of substance use. One study involving individuals ages 12 to 23 found that participants had significantly higher odds of using substances on days when they viewed substance-related content online (American Academy of Pediatrics, 2026). Another study found that college students who posted references to intoxication and problem drinking on Facebook were more than six times as likely to report alcohol-related injuries compared to students who did not post similar content (American Academy of Pediatrics). These findings suggest that social media may both reflect and reinforce risky substance use behaviors among adolescents and young adults.

Understanding Accidental Overdose Among Adolescents

Many adolescent overdoses are considered accidental because the individual may not have intended to consume fentanyl or other dangerous substances. Some students may believe they are taking a legitimate prescription medication or using a less dangerous substance. Others may underestimate potency or combine substances without understanding the risks. Polysubstance use also increases overdose risk. Combining opioids with alcohol, benzodiazepines, or other depressants can significantly increase the likelihood of respiratory failure (CDC,

2022). Adolescents may not recognize how quickly overdose symptoms can develop or may hesitate to seek help because of fear, stigma, or uncertainty. The CDC reported that bystanders were present in many adolescent overdose deaths, yet overdose response efforts often did not occur. This finding underscores the importance of education about recognizing overdose symptoms and seeking emergency assistance immediately.

1.2 The Dangers of Fentanyl and Synthetic Drugs

Synthetic drugs, sometimes called designer drugs or club drugs, are chemically created in laboratories to imitate the effects of other substances such as marijuana, cocaine, or morphine (United States Government Drug Enforcement Administration [DEA], 2026). Unlike naturally occurring drugs that come from plant sources, synthetic drugs are manufactured using chemical compounds designed to alter brain function and behavior. Because these substances are often produced illegally in unregulated laboratories, the ingredients, potency, and overall effects can be extremely unpredictable. According to the DEA, there are more than 200 identified synthetic drug compounds and more than 90 varieties of synthetic marijuana compounds. Many of these substances are produced in foreign countries and then smuggled into the United States. Since illegally manufactured synthetic drugs are not subject to Food and Drug Administration (FDA) safety standards, users often have no reliable way of knowing what chemicals the substances contain or how strong they may be (DEA).

Fentanyl

One of the most dangerous synthetic drugs contributing to the current overdose crisis is fentanyl. Fentanyl is a synthetic opioid originally developed for medical pain management but is now widely produced illegally and distributed through illicit drug markets (National Institute on Drug Abuse [NIDA], 2025). It is

approximately 50 to 100 times more potent than morphine, making even very small amounts potentially deadly (Ukiah Unified School District, 2026). Because fentanyl is extremely potent, even very small amounts - as little as 2mg, the equivalent to a few grains of salt - can cause a fatal overdose. Illegally manufactured fentanyl is often mixed into counterfeit pills or combined with other drugs such as heroin, cocaine, or methamphetamine, frequently without the user's knowledge. This creates a particularly dangerous situation for adolescents and young adults who may believe they are taking a legitimate prescription medication or another substance that does not contain fentanyl (NIDA). The dangers associated with fentanyl are compounded by the unpredictability of synthetic drug production. Since these substances are often manufactured illegally without quality control or safety standards, the strength and chemical composition can vary significantly from one pill or batch to another. This unpredictability greatly increases the risk of overdose, poisoning, and other severe health consequences (DEA).

Fentanyl, like other opioids, is highly addictive, particularly when it is misused or taken outside of medical supervision (NIDA, 2025). Because fentanyl is extremely potent, individuals can quickly lose control over their use. The drug affects brain activity in ways that reinforce repeated use, even when a person experiences harmful physical, emotional, or social consequences. Over time, fentanyl alters the brain's reward system, increasing cravings and making it more difficult for individuals to stop using the drug. Repeated fentanyl use can lead to dependence, meaning the body becomes accustomed to the presence of the drug and begins to rely on it to function normally (NIDA). When dependence develops, individuals may experience painful or distressing withdrawal symptoms if they stop using fentanyl or significantly reduce their intake. These withdrawal symptoms can contribute to continued substance use as individuals attempt to avoid discomfort.

Fentanyl use can also result in tolerance, which occurs when the body gradually becomes less responsive to the drug over time (NIDA, 2025). As tolerance increases, individuals may need larger doses or more frequent use to achieve the same effects they previously experienced. This pattern greatly increases the risk of overdose, especially given fentanyl's extreme potency. Over time, repeated fentanyl misuse may develop into opioid use disorder (OUD). According to NIDA, individuals with opioid use disorder may use fentanyl in larger amounts or for longer periods than intended, experience intense cravings, and continue using despite knowing it is causing significant problems in their lives. These behaviors reflect the compulsive nature of addiction and highlight how powerful synthetic opioids can be in altering brain function and behavior (NIDA).

Other Common Synthetic Drugs

Although fentanyl and other synthetic opioids are currently the leading drivers of overdose deaths in the United States, several other categories of synthetic drugs also pose significant health and safety risks (STR Behavioral Health, 2026). These substances are often created in laboratories to mimic the effects of natural drugs while producing stronger, less predictable, and sometimes more dangerous effects on the brain and body:

- **Synthetic Cannabinoids (K2 and Spice):** Synthetic cannabinoids are laboratory-created chemicals designed to imitate the effects of THC, the psychoactive component in cannabis (STR Behavioral Health, 2026). Commonly known by names such as K2, Spice, Black Mamba, or Scooby Snax, these substances are often marketed as “herbal incense” or “potpourri.” Unlike natural cannabis, synthetic cannabinoids can bind much more strongly to receptors in the brain, leading to unpredictable and potentially dangerous effects. Health risks may include rapid heart rate,

high blood pressure, paranoia, hallucinations, psychosis, kidney damage, seizures, overdose, and death (STR Behavioral Health).

- **Synthetic Cathinones (“Bath Salts”):** Synthetic cathinones are stimulant drugs chemically related to cathinone, a substance naturally found in the khat plant (STR Behavioral Health, 2026). Often referred to as “bath salts,” these substances may also be sold under names such as flakka, gravel, or white lightning. Synthetic cathinones can produce intense feelings of euphoria and stimulation by dramatically increasing dopamine and other neurotransmitters in the brain. However, they also carry serious risks, including aggressive behavior, paranoia, panic attacks, hallucinations, seizures, organ failure, hyperthermia, and violent outbursts (STR Behavioral Health).
- **Designer Hallucinogens:** Designer hallucinogens are synthetic substances created to imitate or intensify the effects of hallucinogenic drugs such as LSD or psilocybin mushrooms (STR Behavioral Health, 2026). Examples include substances from the NBOMe series, 2C series, and DOx series. Some of these drugs are sold deceptively as LSD or ecstasy. While these substances may carry a lower risk of physical dependence than opioids, they can still cause severe psychological and medical complications, including paranoia, agitation, hallucinations, psychosis, seizures, heart problems, hyperthermia, stroke, and death (STR Behavioral Health).
- **Synthetic Opioids Beyond Fentanyl:** Fentanyl is part of a larger category of synthetic opioids that includes substances such as carfentanil and nitazenes (STR Behavioral Health, 2026). These drugs are designed to mimic the pain-relieving effects of opioids like morphine but are often significantly more potent and dangerous. Many synthetic opioids are associated with counterfeit pills that resemble prescription medications. Risks include

respiratory depression, overdose, cardiac arrest, cognitive impairment, addiction, and death (STR Behavioral Health).

One of the major concerns surrounding synthetic drugs is their unpredictability. Because they are often manufactured illegally without quality control or regulation, the ingredients, strength, and contamination levels can vary greatly between batches. This unpredictability increases the likelihood of overdose, poisoning, and severe physical or psychological reactions, particularly among adolescents and young adults who may not fully understand the risks associated with these substances (STR Behavioral Health, 2026).

Side Effects of Synthetic Drugs

Synthetic drugs can have serious and unpredictable effects on both the brain and body. According to the American Addiction Centers (2024), any substance that is smoked, swallowed, snorted, injected, or inhaled to create mind-altering effects should be considered a drug, even if it is marketed as a “research chemical” or sold legally under misleading labels. These substances can alter brain chemistry and affect areas related to mood, judgment, impulse control, decision-making, and pleasure. Many synthetic drugs interfere with neurotransmitters, which are the brain’s chemical messengers responsible for sending signals throughout the body (American Addiction Centers).

Depending on the type of synthetic drug, these effects can vary significantly. Some substances act as stimulants and overstimulate the central nervous system, while others act as depressants that slow body functions. For example, stimulant synthetic drugs such as flakka and bath salts may increase levels of norepinephrine and other neurotransmitters, causing increased heart rate, rapid breathing, elevated blood pressure, increased body temperature, reduced appetite, and decreased need for sleep (American Addiction Centers). These substances may also contribute to agitation, aggression, panic, paranoia, and

impulsive or dangerous behaviors. Other synthetic drugs, such as synthetic cannabinoids like Spice, may produce depressant-like effects that slow heart rate and breathing (American Addiction Centers). In some cases, these drugs may also distort perception, impair thinking, and trigger hallucinations or psychotic symptoms. Because synthetic drugs are often produced illegally and contain unknown chemical combinations, their effects can vary widely from one batch to another.

The American Addiction Centers (2024) notes that synthetic drugs can also lead to severe and potentially life-threatening side effects. Reported complications include seizures, psychosis, violent behavior, self-harm, suicidal thoughts, heart attacks, organ damage, and overdose. The risk of overdose is particularly high because users often do not know the exact ingredients or potency of the substances they are taking. Although some side effects may appear temporary, repeated use of synthetic drugs can lead to long-term physical and chemical changes in the brain and body (American Addiction Centers). Prolonged use may increase the risk of addiction, cognitive impairment, emotional regulation difficulties, mental health disorders, and lasting damage to major organs and body systems.

1.3 Youth Risk and Protective Factors

Research shows that adolescent substance use does not typically develop because of a single cause. Instead, it is influenced by a combination of risk factors and protective factors that shape a young person's experiences, behaviors, and ability to cope with challenges (Youth.gov, n.d.). Risk factors are conditions or vulnerabilities that increase the likelihood of substance use or other harmful behaviors, while protective factors help reduce those risks and support healthy development (Delaware Division of Substance Abuse and Mental Health, 2026).

According to Youth.gov, the likelihood of substance use and other adverse behaviors tends to increase as the number of risk factors in a young person's life increases. At the same time, protective factors can lessen the impact of those risks and decrease the chances that substance use will progress into problematic behavior or substance abuse. This relationship between risk and protective factors is important because it demonstrates that prevention efforts are most effective when they both reduce risks and strengthen supports for youth.

Why Adolescents are More Susceptible to Drug Use

Adolescence is a period of significant brain development, and this developmental stage can increase vulnerability to risky behaviors, including substance use. From early adolescence through the mid-to-late twenties, the brain develops unevenly. According to the Partnership to End Addiction (2023), the parts of the brain responsible for movement, emotions, and motivation develop earlier than the prefrontal cortex, which controls impulse regulation, decision-making, planning, and judgment. This developmental pattern helps explain why adolescents are often more emotionally driven, more likely to seek excitement and new experiences, and more prone to impulsive behavior. Because the brain's "voice of reason" is still developing, teenagers may struggle to fully evaluate consequences or resist peer pressure in emotionally charged situations (Partnership to End Addiction). The developing adolescent brain is also more sensitive to outside influences, including alcohol, nicotine, and drugs. Substance use during adolescence can interfere with the brain's natural reward system, which plays a major role in motivation, pleasure, and behavior (Partnership to End Addiction).

The brain communicates through chemical messengers called neurotransmitters, and one of the primary neurotransmitters associated with feelings of pleasure and reward is dopamine. Normally, dopamine helps reinforce healthy behaviors that support survival and well-being, such as eating, social connection, and

accomplishment. However, substances artificially overload the brain with dopamine, creating intense “feel-good” signals (Partnership to End Addiction, 2023). Over time, the brain attempts to restore balance by reducing its response to dopamine. As a result, individuals may need increasing amounts of a substance to achieve the same effect, a process known as tolerance (Partnership to End Addiction). These changes can be especially harmful during adolescence because the brain’s reward systems are still developing. Teens already have a heightened drive for reward-seeking behavior combined with a reduced ability to consider long-term consequences. Substance use can intensify this imbalance and increase the risk of dependency and addiction. In addition, when substance use stops, dopamine levels may remain low for a period of time, causing individuals to feel emotionally flat, unmotivated, or unable to experience normal pleasure. Recovery of the brain’s natural balance may take hours, days, or even months depending on the substance and frequency of use (Partnership to End Addiction).

Mental Health and Teen Substance Use

Mental health challenges and substance use are often closely connected during adolescence. According to Miller (2026), teenagers who are struggling with anxiety, depression, stress, trauma, or other emotional difficulties may turn to alcohol or drugs in an attempt to cope with painful feelings or manage emotional distress. This behavior is sometimes referred to as “self-medicating,” in which substances are used temporarily to reduce feelings such as hopelessness, anxiety, irritability, or negative thoughts. While substance use may temporarily relieve emotional discomfort, it often worsens mental health symptoms over time (Miller). Adolescents who use substances to cope with emotional challenges may experience increased anxiety, depression, irritability, and emotional instability when they are not using the substance. In many cases, experimentation can

progress more rapidly into dependence or substance use disorder among adolescents with untreated mental health conditions (Miller).

Research cited by Miller (2026) suggests that mental health disorders significantly increase the likelihood of substance misuse among adolescents. A large study of adolescents found that many youth who later developed substance use disorders had previously experienced at least one mental health disorder. Experts note that adolescents with untreated mental health concerns are at particularly high risk for developing problematic substance use patterns. Different mental health challenges may contribute to substance use in different ways. Adolescents experiencing anxiety may use substances such as alcohol or marijuana to reduce social discomfort, calm anxious thoughts, or feel more comfortable in peer settings (Miller). Students with depression may use substances in an attempt to improve mood, escape emotional pain, or temporarily experience pleasure and relief from irritability or hopelessness.

Self-esteem and belonging also play important roles. Miller (2026) explains that adolescents with mental health or learning challenges may feel different from their peers or struggle with feelings of inadequacy. During adolescence, when fitting in and peer acceptance are especially important, these feelings may increase vulnerability to substance use as students attempt to feel more accepted, confident, or emotionally stable. Mental health concerns may also increase the dangers associated with substance use. Alcohol and drugs can intensify impulsive behaviors, increase aggression, interfere with judgment, and increase the risk of self-harm or suicidal behaviors among adolescents already struggling emotionally (Miller). Adolescents with conditions such as ADHD may also be more vulnerable to addiction because of differences in impulsivity, reward processing, and brain development.

Substance use can further interfere with mental health treatment and recovery. According to Miller (2026), alcohol and drugs may reduce engagement in therapy, interfere with prescribed medications, and worsen long-term outcomes for adolescents receiving mental health support. In some cases, continued substance use may contribute to psychosis, relapse, hospitalization, or ongoing emotional instability. Importantly, experts emphasize that simply telling adolescents to stop using substances is often ineffective without understanding the purpose the substance serves in the student's life (Miller, 2026). Effective intervention approaches focus on identifying the emotional need behind the behavior and helping students develop healthier coping strategies, emotional supports, and problem-solving skills to replace substance use.

Risk Factors for Youth Substance Use

Risk factors are conditions or experiences that increase the likelihood that a young person may engage in substance use or develop substance abuse problems (Youth.gov, n.d.). Research shows that the presence of multiple risk factors significantly increases the likelihood of youth substance use, particularly when these factors occur early in life or continue across developmental stages. Risk factors can occur at the individual, family, school, peer, and community levels. Individual risk factors may include poor impulse control, sensation-seeking behavior, anxiety, depression, hyperactivity, aggression, early behavioral problems, and early substance use (Youth.gov). During adolescence, favorable attitudes toward drugs, rebelliousness, and antisocial behavior may also increase risk.

Family-related risk factors can also strongly influence substance use behaviors. These may include lack of parental supervision, inconsistent or harsh discipline, parent-child conflict, low parental warmth, substance use among family members, and parental attitudes that are favorable toward drug or alcohol use (Youth.gov,

n.d.). Exposure to child abuse, neglect, or chronic family stress may further increase vulnerability. School and community environments also play a significant role in shaping risk. Academic struggles, low commitment to school, peer rejection, association with substance-using peers, and easy access to drugs are all associated with increased risk for substance use (Youth.gov). Broader social influences, such as community norms favorable toward alcohol or drug use, poverty, and lack of school connectedness, may further contribute to risk. Importantly, not all students exposed to risk factors will develop substance use problems. The presence of protective factors can help reduce or buffer the effects of these risks and support healthier outcomes for young people.

Protective Factors for Youth Substance Use Prevention

Protective factors are conditions, relationships, skills, or supports that reduce the likelihood of substance use and help young people build resilience when facing challenges or stressors (Youth.gov, n.d.). Protective factors can lessen the impact of risk factors and promote positive social, emotional, behavioral, and academic outcomes. Protective factors can be found across multiple areas of a young person's life. Individual protective factors may include emotional self-regulation, positive self-esteem, problem-solving abilities, academic success, healthy coping skills, and the ability to form positive peer relationships (Youth.gov). During adolescence, engagement in school, athletics, cultural activities, employment, or community involvement may also strengthen resilience and reduce substance use risk.

Supportive family relationships are among the strongest protective factors for youth. Protective family influences may include consistent discipline, parental involvement, emotional support, clear expectations for behavior, reliable supervision, and strong family communication (Youth.gov, n.d.). Positive relationships with caregivers can help adolescents feel connected, supported, and

more capable of managing stress and peer pressure. Schools and communities can also serve as powerful protective environments. Positive teacher expectations, school engagement, effective classroom management, anti-bullying practices, healthy peer groups, and opportunities for involvement within the school and community can all reduce the likelihood of substance use (Youth.gov). Safe environments, strong mentoring relationships, and clear behavioral expectations further contribute to healthy youth development and prevention.

Understanding both risk and protective factors is essential for educators and prevention professionals. Effective prevention systems focus not only on reducing risks but also on intentionally strengthening the protective factors that help students develop resilience, healthy coping skills, positive relationships, and long-term well-being.

Section 1 Conclusion

Today's substance use challenges require educators to have a strong understanding of the substances students may encounter as well as the developmental, emotional, social, and environmental factors that influence student behavior. Fentanyl, counterfeit pills, synthetic drugs, mental health concerns, and social media influences have all contributed to a more complicated substance use environment for adolescents. By understanding these trends and recognizing both risk and protective factors, educators can play an important role in prevention, support, and early intervention efforts within schools. While understanding the broader issues surrounding youth substance misuse is important, educators must also know how to identify when a student may be struggling and how to respond appropriately in a school setting. The next section will focus on recognizing warning signs of substance misuse and responding

effectively in schools, including strategies for early identification, intervention, communication, and student support.

Section 1 Key Terms

Addiction - A chronic condition in which a person compulsively continues using a substance despite harmful consequences and difficulty stopping.

Adolescence - A developmental stage between childhood and adulthood during which the brain and body continue maturing, increasing vulnerability to risk-taking behaviors and substance use.

Counterfeit Pills - Fake medications designed to resemble legitimate prescription drugs that may contain dangerous substances such as fentanyl.

Dependency - A condition in which the body and mind adapt to repeated substance use, leading to tolerance, cravings, and withdrawal symptoms when the substance is not used.

Dopamine - A neurotransmitter involved in pleasure, reward, motivation, and reinforcement of behaviors.

Emotional Regulation - The ability to manage and respond appropriately to emotions and stress.

Experimentation - Occasional or social substance use often driven by curiosity, peer influence, or the desire for new experiences.

Fentanyl - A highly potent synthetic opioid that is approximately 50 to 100 times stronger than morphine and is linked to many overdose deaths.

Naloxone - A medication used to reverse opioid overdoses, including overdoses involving fentanyl.

Neurotransmitters - Chemical messengers in the brain that transmit signals throughout the body and influence mood, behavior, and bodily functions.

Opioid Use Disorder (OUD) - A medical condition characterized by problematic opioid use that leads to impairment, cravings, loss of control, and continued use despite harmful consequences.

Overdose - A dangerous or potentially fatal physical reaction that occurs when a person consumes more of a substance than the body can safely process.

Peer Pressure - Influence from peers that may encourage individuals to engage in certain behaviors, including substance use.

Polysubstance Use - The use of multiple substances at the same time or within a short period of time, increasing the risk of dangerous interactions and overdose.

Prevention - Efforts designed to reduce the likelihood of substance use and promote healthy decision-making and well-being.

Protective Factors - Conditions, relationships, or supports that reduce the likelihood of substance use and help build resilience.

Recreational Use - More regular or intentional substance use often connected to social activities, enjoyment, or stress relief.

Resilience - The ability to cope with stress, challenges, or setbacks in healthy and adaptive ways.

Risk Factors - Conditions or experiences that increase the likelihood of substance use or other harmful behaviors.

Social Norms - Shared beliefs or expectations within a group or society that influence behavior and attitudes.

Substance Misuse - The harmful, unsafe, or inappropriate use of alcohol, medications, or drugs.

Substance Use Disorder (SUD) - A condition in which substance use becomes compulsive, difficult to control, and disruptive to daily life and responsibilities.

Synthetic Cannabinoids - Laboratory-created substances designed to imitate the effects of THC found in cannabis.

Synthetic Cathinones - Laboratory-created stimulant drugs, often referred to as “bath salts,” that can produce dangerous physical and psychological effects.

Synthetic Drugs - Chemically manufactured substances created to imitate the effects of other drugs while often producing unpredictable and dangerous outcomes.

Synthetic Opioids - Man-made opioid substances designed to mimic the effects of natural opioids but often with greater potency and overdose risk.

Tolerance - A condition in which the body becomes less responsive to a substance over time, requiring larger amounts to achieve the same effect.

Vaping - The use of electronic devices that heat substances into an inhalable aerosol.

Withdrawal Symptoms - Physical and psychological symptoms that occur when a dependent individual stops or reduces substance use.

Section 1 Reflection Questions

1. Consider the role of social media in shaping adolescent perceptions of substance use. How might social media influence the students in your school or community differently than it did for previous generations?

2. How can educators create classroom environments where students feel safe discussing difficult topics such as substance use, peer pressure, or mental health concerns?
3. Think about the risk and protective factors discussed in this section. Which protective factors do you believe are strongest within your school community, and which areas may need additional support?
4. What role should educators play in overdose prevention education, and where do you believe the boundaries of that role should begin and end?
5. Reflect on how trauma, stress, anxiety, or hopelessness may intersect with substance misuse among adolescents. How prepared do you feel to recognize and respond to these underlying concerns?

Section 1 Activities

1. **Protective Factors Reflection:** Identify protective factors currently present in your classroom or school environment and brainstorm additional ways to strengthen student connectedness and resilience.
2. **Student Support Pathway Analysis:** Trace the process a teacher would follow if concerned about a student's possible substance use. Identify any confusion, barriers, or gaps in communication and support systems.
3. **Community Resource Map:** Research and create a list of local mental health, substance misuse, counseling, and crisis-response resources available to students and families in your community.
4. **Social Media Trend Investigation:** Research current social media trends, slang terms, or online behaviors related to vaping, fentanyl, counterfeit pills, or substance use that educators should be aware of.

5. **Student Stressors Analysis:** Create a list of common stressors students in your school may experience and analyze how these factors could increase vulnerability to substance misuse.

Section 2: Recognizing Warning Signs and Responding Effectively in Schools

Schools are often among the first places where concerns related to adolescent substance misuse become visible. Changes in behavior, academic performance, attendance, peer relationships, emotional regulation, or physical health may emerge in school settings before students receive outside support or intervention. Because educators and school personnel interact with students regularly, they play a critical role in recognizing warning signs, responding appropriately to concerns, and helping connect students with support services before situations escalate into more serious health or safety crises. This section focuses on the role of schools in prevention and early intervention, including recognizing warning signs of substance misuse, understanding the importance of early identification, responding to overdose emergencies, and examining legal, ethical, and professional responsibilities related to student safety and support. It also explores the growing importance of overdose education, naloxone access, restorative practices, confidentiality considerations, and trauma-informed approaches within school settings. Together, these topics highlight the importance of creating school environments where students feel supported, safe, and connected to trusted adults and resources.

2.1 The Role of Schools in Prevention and Early Intervention

Educators play an increasingly important role in addressing adolescent substance use and overdose prevention, particularly as the risks associated with fentanyl and

counterfeit pills continue to grow (Friedman & Hadland, 2025). While alcohol, nicotine, and cannabis remain the substances most commonly used by adolescents, fentanyl and counterfeit pills are now major contributors to drug-poisoning deaths among youth. Because students often spend a significant portion of their time in school settings, educators are in a unique position to recognize warning signs, provide accurate information, and help create supportive environments that encourage prevention and early intervention. Friedman and Hadland emphasize that prevention efforts should move beyond traditional fear-based messaging. Instead, educators and families should promote adolescents' strengths, including their ability to make thoughtful decisions, prioritize safety, and demonstrate resilience. School-based education can include accurate information about fentanyl, counterfeit pills, overdose risks, naloxone, and strategies that reduce harm for students who may experiment with substances. Programs such as the *Safety First* curriculum encourage abstinence as the safest option while also providing practical risk-reduction information for adolescents who may still choose to experiment with drugs (Friedman and Hadland).

Educator awareness is also important because students may not recognize the dangers associated with counterfeit pills or substances obtained through social media or peers. Friedman and Hadland (2025) recommend that prevention messaging include guidance such as never using substances alone, knowing how to access and administer naloxone, and understanding when and how to contact emergency services during an overdose. They also note the importance of reassuring students that many states have Good Samaritan laws that protect individuals who seek emergency help during an overdose situation. In addition to education, schools can serve as important sites for prevention and safety initiatives. Friedman and Hadland suggest that schools consider providing access to naloxone, implementing anonymous question or support systems for students, and offering safe medication or pill disposal programs. These approaches can help

reduce stigma surrounding substance use conversations while increasing the likelihood that students will seek help or accurate information when needed.

Section 3 will dive deeper into school-based prevention best practices.

2.2 Recognizing Early Warning Signs of Substance Misuse

Recognizing possible warning signs of substance misuse is an important part of early intervention and student support. However, it is also important to remember that many behaviors associated with adolescence may not automatically indicate substance use concerns (Youth.gov, n.d.). Mood changes, shifts in friendships, increased privacy, or occasional behavioral challenges can sometimes be part of normal adolescent development. According to Youth.gov, warning signs become more concerning when multiple signs occur at the same time, appear suddenly, or are extreme in intensity or frequency. Youth.gov identifies several common warning signs that may indicate possible alcohol or drug misuse among adolescents:

- **Mood and Behavior Changes:** Frequent irritability, defensiveness, emotional outbursts, or sudden mood swings may indicate emotional distress or possible substance-related concerns.
- **Academic Difficulties:** Declining grades, poor attendance, incomplete assignments, reduced motivation, disciplinary issues, or a sudden loss of interest in school may signal underlying problems that warrant attention.
- **Changes in Peer Groups:** A noticeable shift in friendships, secrecy surrounding new friends, or reluctance to allow family members or trusted adults to meet peers may be warning signs.

- **Loss of Interest in Activities:** Students may stop participating in hobbies, extracurricular activities, sports, or interests they previously enjoyed and may display a general sense of apathy or low energy.
- **Possession of Substances or Related Items:** Discovering drugs, alcohol, vaping devices, pills, or other substance-related items in a student's belongings may indicate experimentation or misuse.
- **Physical or Cognitive Changes:** Substance misuse may contribute to symptoms such as poor concentration, memory problems, slurred speech, lack of coordination, unusual fatigue, or changes in appearance or hygiene.

Youth.gov (n.d.) emphasizes that warning signs should not automatically be interpreted as proof of substance misuse. Instead, they should be viewed as indicators that a student may be experiencing a challenge or concern that requires further attention and support. Educators should approach these situations carefully and avoid making assumptions or accusations. When concerns arise, it is important to begin with supportive communication and a desire to better understand the student's situation (Youth.gov). Schools may then involve appropriate support personnel such as counselors, social workers, psychologists, or administrators to determine whether additional screening, intervention, or referral services may be needed. Early identification and supportive responses can play an important role in connecting students with help before problems escalate.

Importance of Early Identification

Early prevention and identification efforts are critical in addressing adolescent substance misuse because the teenage brain is still developing and is more vulnerable to addiction and risk-taking behaviors (Ridge, 2025). During adolescence, areas of the brain responsible for judgment, impulse control, decision-making, and emotional regulation are still maturing. As a result,

substance use during this developmental period can have a stronger impact on the brain's reward system and increase the likelihood of future dependency or addiction. According to Ridge, research consistently shows that individuals who begin using substances at younger ages are at a significantly greater risk of developing substance use disorders later in life. Early substance use may alter brain development, reinforce unhealthy coping patterns, and increase the likelihood that experimentation progresses into more frequent or problematic use over time.

Early intervention also provides an important opportunity to equip students with knowledge, coping strategies, and refusal skills before they encounter intense peer pressure or high-risk situations (Ridge, 2025). Prevention efforts that occur before substance use begins can help students make informed decisions, recognize risks, and feel more confident navigating social situations where drugs or alcohol may be present. For educators and schools, early identification means recognizing warning signs quickly, building strong protective factors, and creating supportive environments where students feel safe asking for help. Addressing concerns early may prevent substance use from escalating into more serious academic, behavioral, social, physical, or mental health challenges.

2.3 Recognizing Signs of Overdose and Medical Emergencies

Recognizing the signs of a possible overdose or substance-related medical emergency is critical because rapid response can save a person's life. According to Broward Health (2023), overdose symptoms can vary depending on the substance involved, but several warning signs indicate that the body is under severe distress and requires immediate medical attention. Educators and school staff are not expected to diagnose overdoses, but understanding the warning signs can help ensure students receive emergency assistance as quickly as possible. Broward

Health identifies the following signs of a possible overdose or drug-induced medical emergency:

- **Changes in Consciousness:** Sudden confusion, extreme drowsiness, disorientation, or difficulty staying awake may indicate a possible overdose. A person may struggle to respond coherently or appear mentally disconnected from their surroundings.
- **Difficulty Breathing:** Slow, shallow, irregular, or stopped breathing is one of the most serious signs of overdose, especially with opioids such as fentanyl. Individuals may gasp for air or appear unable to breathe normally.
- **Unresponsiveness:** Individuals who do not respond to their name, touch, or gentle shaking may be experiencing a medical emergency. Unresponsiveness may also occur alongside pale skin or bluish lips and fingertips caused by lack of oxygen.
- **Vomiting and Nausea:** Persistent or uncontrollable vomiting can indicate overdose and may increase the risk of choking or dehydration.
- **Changes in Heart Rate:** Rapid, irregular, or unusually slow heartbeat may signal that the body is under significant stress due to substance toxicity. This may occur alongside chest pain, dizziness, or fainting.
- **Seizures:** Convulsions or involuntary muscle movements are serious warning signs that require immediate medical attention.
- **Cold or Clammy Skin:** Skin that feels cold, sweaty, pale, or clammy may indicate a dangerous drop in blood pressure or impaired circulation.
- **Confusion, Agitation, or Hallucinations:** Severe confusion, paranoia, agitation, hallucinations, or erratic behavior may occur during certain types of overdoses, particularly involving synthetic drugs or stimulants.

- **Changes in Pupils:** Very small “pinpoint” pupils are often associated with opioid overdose, while unusually large or dilated pupils may occur with other substances.
- **Loss of Coordination:** Sudden clumsiness, difficulty standing or walking, slurred speech, or impaired coordination may indicate central nervous system impairment caused by substance use.

If an overdose is suspected, Broward Health (2023) recommends remaining calm, calling 911 immediately, checking responsiveness, administering naloxone if available and appropriate, beginning CPR if the person is not breathing, and staying with the individual until emergency responders arrive. Quick recognition and response can significantly improve the chances of survival during an overdose emergency.

Overdose Education and Naloxone Access as Prevention Strategies

One important strategy for preventing fatal opioid overdoses is ensuring that students, educators, and community members know how to recognize an overdose and respond appropriately using naloxone (Calihan et al., 2024). Naloxone is an opioid antagonist medication approved by the Food and Drug Administration (FDA) that can rapidly reverse the effects of an opioid overdose, including overdoses involving fentanyl. In 2023, nasal spray versions of naloxone became available for over-the-counter purchase, increasing public access to this potentially life-saving medication (Calihan et al.). Research suggests that increasing access to naloxone can reduce opioid overdose deaths without increasing nonmedical opioid use among adolescents or adults (Calihan et al.). Public health efforts such as standing orders, over-the-counter availability, and Good Samaritan protections for individuals who administer naloxone have helped improve overdose response in many communities. However, Calihan et al. note

that many youth-focused prevention efforts still do not adequately address naloxone access and overdose education for adolescents.

This gap is especially concerning because naloxone is often not administered during adolescent overdose emergencies, even when bystanders are present. According to data reviewed by Calihan et al. (2024), naloxone was not used in most fatal overdoses among youth ages 10 to 19 despite the presence of a potential bystander in many cases. These findings suggest that many adolescents and adults may not recognize overdose symptoms, may not know how to respond, or may not have access to naloxone when emergencies occur. Calihan et al. identify overdose education with naloxone distribution (OEND) as a promising public health strategy. OEND programs teach individuals how to recognize overdose symptoms, respond effectively, administer naloxone, and contact emergency services. These programs have been shown to reduce opioid overdose deaths among adults and may also improve overdose prevention efforts for adolescents.

Schools may serve as important settings for overdose education and prevention because students spend a substantial amount of time in these environments (Calihan et al., 2024). Schools already provide education on many health and safety topics, and overdose response education may help students better understand the dangers of fentanyl and synthetic opioids while also preparing staff and students to respond in emergencies. In 2023, the U.S. Department of Education and the Office of National Drug Control Policy encouraged schools to develop overdose response plans and improve access to naloxone on school campuses (Calihan et al.). Although naloxone access and overdose response education are becoming more common in schools, there are still limited evidence-based programs specifically designed to educate youth and school personnel about overdose prevention, recognition, and intervention.

2.4 Legal, Ethical, and Professional Responsibilities in Schools

Educators and school personnel play an important role in supporting students affected by substance misuse while also maintaining safe learning environments. Responding appropriately requires an understanding of legal obligations, ethical responsibilities, confidentiality boundaries, and equitable intervention practices. Schools must balance student safety, privacy rights, disciplinary expectations, and access to support services while ensuring responses remain developmentally appropriate and free from stigma or bias. Because substance misuse concerns can involve physical health, mental health, safety, and legal issues simultaneously, school staff benefit from consistent procedures and clear professional guidelines.

Duty of Care and Student Safety Obligations

Schools have a responsibility to provide reasonably safe learning environments and to respond appropriately when student health or safety concerns arise. Educators, administrators, counselors, and other school personnel are expected to take concerns related to substance misuse, mental health, self-harm, or overdose seriously and follow established school procedures for intervention and referral (Chicago Public Schools [CPS], 2024). Failure to respond appropriately to known safety concerns may place students at risk for harm and may also create liability concerns for schools or districts. Student safety obligations may include responding to suspected intoxication or overdose, referring students to school support personnel, documenting concerning behaviors, notifying appropriate administrators, and contacting emergency services when immediate danger exists (CPS).

Restorative and Health-Centered Responses

Many school districts are shifting away from purely punitive responses to student substance use and instead adopting restorative, health-centered approaches that

prioritize student safety, support, and long-term well-being. CPS (2024) states that while student use or possession of alcohol and substances violates the student code of conduct, schools should prioritize addressing students' health needs and preventing future substance use when responding to incidents. If a student is under the influence of a substance, school staff should first focus on managing the student's immediate health and safety needs before considering disciplinary consequences. This approach recognizes that substance misuse among adolescents is often connected to underlying mental health concerns, trauma, stress, peer influence, or other challenges that require support and intervention rather than punishment alone (CPS).

CPS (2024) emphasizes the importance of using a healing-centered and collaborative response process that involves students, parents or caregivers, school staff, and community partners when appropriate. Trauma-engaged and evidence-based practices are encouraged in order to reduce stigma, strengthen relationships, and connect students with supportive resources. Schools are also encouraged to use Screening, Brief Intervention, and Referral to Treatment (SBIRT), which is an evidence-based framework designed to identify substance use concerns early and connect adolescents with appropriate intervention and treatment supports. In addition, CPS notes that exclusionary discipline practices such as suspensions should only be used as a last resort when there is an ongoing and immediate safety risk that cannot be resolved through other interventions. When students return to school following substance-related incidents or absences, restorative procedures should be used to help rebuild trust, restore relationships, and support successful reintegration into the school environment. These approaches reflect a growing understanding that punitive discipline alone is often ineffective in addressing the root causes of adolescent substance misuse. Educators play an important role in creating supportive school climates where

students feel safe seeking help, discussing concerns, and accessing appropriate resources before situations escalate into larger crises.

Confidentiality and Privacy Considerations

Confidentiality is an essential component of building trust with students and families. However, confidentiality in schools is not absolute. Educators should avoid promising complete secrecy to students when safety concerns are involved. Instead, staff should explain that information may need to be shared with appropriate personnel if there is concern about student safety, overdose risk, self-harm, or harm to others (American School Counselor Association [ASCA], 2024). School personnel should share sensitive student information only with individuals who have a legitimate educational interest or responsibility related to student support and safety. Gossip, unnecessary sharing of information, or discussing student substance use concerns publicly can damage trust, increase stigma, and potentially violate student privacy protections.

Mandatory Reporting and Documentation Responsibilities

Mandatory reporting requirements vary by state, but school personnel are often legally required to report concerns related to abuse, neglect, threats of harm, or situations where student safety is at immediate risk (Mandated Reporter, 2026). Substance misuse itself may not always trigger a mandatory report, but concerns involving neglect, unsafe living conditions, drug access within the home, or medical emergencies may require additional action.

Documentation practices are also important when responding to student substance misuse concerns. Schools should encourage staff to document observable facts and behaviors rather than assumptions or personal opinions. Documentation may include physical symptoms, student statements, attendance concerns, behavioral changes, disciplinary incidents, interventions attempted, and

referrals made (CPS, 2024). Objective and consistent documentation supports continuity of care, communication among support staff, and appropriate decision-making.

Section 2 Conclusion

Responding effectively to adolescent substance misuse requires more than simply recognizing signs of concern. Educators must also understand how to respond in ways that prioritize student safety, maintain trust, reduce stigma, and connect students with meaningful support. Early identification, compassionate intervention, overdose awareness, and consistent school procedures can all play an important role in preventing situations from escalating into larger academic, behavioral, emotional, or medical crises. At the same time, schools cannot address substance misuse concerns effectively through isolated responses alone. Long-term prevention requires schoolwide systems, supportive environments, and evidence-based programs that strengthen protective factors and promote student well-being across the entire school community. The next section will explore strategies for building safer school communities and implementing school-based prevention and intervention programs that support student health, resilience, and long-term success.

Section 2 Key Terms

Academic Decline - A noticeable decrease in school performance, attendance, motivation, or classroom participation that may signal underlying concerns.

Bystander Intervention - Actions taken by witnesses during an emergency or dangerous situation to seek help or provide assistance.

Civil Liability Protection - Legal protections that may shield individuals from certain consequences when they provide emergency assistance in good faith.

Cognitive Impairment - Reduced mental functioning that may affect concentration, memory, decision-making, coordination, or awareness.

Compassionate Intervention - A supportive and nonjudgmental response approach focused on student well-being and safety.

Crisis Response Protocol - Established procedures schools follow during emergencies involving student health, safety, or substance-related incidents.

Drug-Poisoning Deaths - Fatalities caused by the toxic effects of drugs or combinations of substances on the body.

Early Identification - The process of recognizing warning signs or concerns before problems become more severe.

Evidence-Based Practices - Strategies or interventions supported by research demonstrating effectiveness and positive outcomes.

Exclusionary Discipline - Disciplinary practices that remove students from the learning environment, such as suspension or expulsion.

Health-Centered Approach - A response framework that prioritizes student health, safety, support, and long-term well-being over punishment alone.

Intoxication - A physical or mental state caused by substance use that impairs normal functioning, judgment, coordination, or awareness.

Intervention - Actions taken to address concerns, provide support, and connect individuals with appropriate resources or services.

Liability Concerns - Potential legal responsibilities or risks related to failing to appropriately respond to safety or health issues.

Medication Disposal Programs - School or community initiatives that provide safe ways to discard unused or potentially dangerous medications.

Opioid Overdose Response - Emergency actions taken to recognize and respond to a suspected opioid overdose, including contacting emergency services and administering naloxone when appropriate.

Person-First Language - Language that describes individuals as people before describing a condition or behavior in order to reduce stigma.

Restorative Reintegration - Structured support processes designed to help students successfully return to school following suspension, treatment, or crisis situations.

Safety Initiative - Organized efforts designed to improve student health, reduce risks, and create safer school environments.

Section 2 Reflection Questions

1. Consider your school's current prevention efforts. Do they focus more on punishment, awareness, education, relationship-building, or student support? How effective do you believe these approaches are?
2. How comfortable do you currently feel recognizing warning signs of possible substance misuse in students? What experiences have shaped your level of confidence?
3. What are the benefits and challenges of using restorative or health-centered approaches instead of exclusionary discipline practices for substance-related incidents?

4. Consider your school's referral process for student support services. Do you believe students can easily access help when concerns arise? Why or why not?
5. Reflect on the role schools should play in overdose education and prevention. What responsibilities do you believe schools should have, and where should community or family responsibilities begin?

Section 2 Activities

1. **School Policy Review:** Read your school or district policies related to substance misuse, overdose response, confidentiality, or student discipline and identify areas of strength and possible gaps.
2. **Referral Pathway Mapping:** Create a flowchart outlining the steps educators should take when concerned about a student's possible substance misuse or mental health needs.
3. **School Connectedness Inventory:** Identify current practices in your classroom or school that help students feel connected, supported, and engaged.
4. **Support Staff Interview:** Speak with a school counselor, social worker, psychologist, or nurse about how substance misuse concerns are currently handled within your school.
5. **Attendance and Engagement Data Review:** Analyze patterns of absenteeism, disengagement, or behavioral referrals within your classroom or grade level and reflect on possible contributing factors.

Section 3: Building Effective School-Based Programs and Policies

Schools play a significant role in preventing adolescent substance misuse and promoting student well-being. While early identification and intervention are important, long-term prevention efforts are most effective when schools establish coordinated systems, supportive policies, and evidence-based practices that address student needs across multiple areas of school life. Prevention is not limited to classroom instruction alone. Effective school-based prevention involves creating safe and supportive environments, strengthening protective factors, building positive relationships, engaging families and communities, and ensuring students have access to appropriate support services when concerns arise.

This section focuses on the key components of effective school-based prevention systems and policies. It explores the foundational pillars of prevention systems, evidence-based prevention education, restorative and non-punitive practices, multi-tiered systems of support, equity-centered approaches, family and community partnerships, and the importance of staff training and early identification. The section also examines how schools can develop prevention-focused policies and programs that balance safety, accountability, support, and student well-being while helping students remain connected to their school communities.

3.1 Pillars of a School-Based Prevention System

A comprehensive school-based prevention system is built on several interconnected pillars that work together to promote student well-being and reduce behavioral health risks, including substance misuse (A Division for Advancing Prevention and Treatment [ADAPT], 2024). According to ADAPT, pillars

represent the concrete strategies and structures schools use to achieve prevention outcomes. These pillars are designed to create coordinated systems that support prevention, early intervention, and long-term student success. ADAPT identifies five key pillars within a school-based prevention system: positive school climate, infrastructure support, needs assessment, academic and prevention strategies, and monitoring and evaluation. Together, these pillars provide schools with a framework for building prevention systems that are proactive, collaborative, and responsive to student needs:

- The first pillar, **positive school climate**, focuses on creating an environment in which students feel safe, supported, accepted, and engaged (ADAPT, 2024). Prevention efforts are more effective when students feel connected to trusted adults and experience a sense of belonging within the school community.
- The second pillar, **infrastructure support**, refers to the operational systems needed to sustain prevention efforts. This includes implementation teams, supportive policies, access to resources, quality services, staff collaboration, and ongoing communication among school and community partners (ADAPT).
- The third pillar, **needs assessment**, involves collecting and analyzing data to identify and prioritize the needs of the student population (ADAPT). Schools use this information to better understand trends, risk factors, and areas where additional support or intervention may be necessary.
- The fourth pillar, **academic and prevention strategies**, includes evidence-informed programs, policies, and practices that have been shown to produce positive outcomes for students (ADAPT). These strategies may address topics such as substance use prevention, mental health, coping skills, decision-making, and student resilience.

- Finally, the pillar of **monitoring and evaluation** emphasizes ongoing data collection and review to determine how effectively prevention programs are being implemented and whether they are achieving their intended outcomes over time (ADAPT). This process allows schools to make adjustments, improve practices, and sustain successful prevention efforts.

ADAPT (2024) also emphasizes that prevention systems are strongest when schools collaborate with families, community organizations, healthcare providers, and other local partners. Through coordinated efforts, schools can build prevention environments that support student safety, health, and long-term well-being.

3.2 Building Supportive and Prevention-Focused School Policies and Programs

Effective school-based substance use prevention requires more than isolated lessons or disciplinary consequences. According to the Wisconsin Safety and Healthy Schools Center (2023), schools should develop comprehensive prevention and intervention policies and programs that emphasize student support, early identification, restorative approaches, and strong collaboration among educators, families, and community partners. These policies help create environments where students feel safe seeking help while also promoting long-term prevention and wellness efforts.

- **Evidence-Based Prevention Education:** Schools are encouraged to provide developmentally appropriate, evidence-based prevention instruction rather than relying solely on one-time awareness activities or assemblies (Wisconsin Safety and Healthy Schools Center). Prevention education should be integrated into broader, ongoing educational efforts that promote healthy decision-making and student well-being. Evidence-based

prevention programs are grounded in research and focus on helping students develop practical life skills, social skills, emotional regulation, decision-making abilities, and resistance strategies related to peer influence and risky behaviors (Chu et al., 2026). Effective programs move beyond passive lectures or scare tactics and instead prioritize interactive instruction, student participation, discussion, modeling, and opportunities for skill-building practice.

- **Non-Punitive Practices:** Schools can support students at risk for substance use by implementing instructional and intervention-focused approaches rather than relying primarily on punitive discipline. Strategies such as Screening, Brief Intervention, and Referral to Treatment (SBIRT), Student Assistance Program (SAP) groups, tiered interventions, restorative conferences, and problem-solving circles can help address student needs while maintaining school connectedness (Wisconsin Safety and Healthy Schools Center, 2023). These approaches encourage schools to consider individual circumstances and the context surrounding student behavior, prioritizing relationship-building, continued engagement in school, and access to support services over exclusionary consequences such as suspension or expulsion.
- **Multi-Tiered Prevention Supports:** Chu et al. emphasize the importance of using multiple levels of prevention support, such as a Multi-Tiered System of Supports (MTSS). Universal prevention strategies are designed for all students and may include positive school climate initiatives, cooperative learning, peer support activities, and schoolwide prevention education. Effective systems may also include targeted interventions for students with specific risk factors and indicated interventions for students already displaying warning signs or early substance use behaviors. These layered

approaches allow schools to address varying student needs while maintaining consistent schoolwide prevention efforts.

- **Equity and Accessibility:** Effective prevention programs must also consider equity and accessibility. Chu et al. explain that additional efforts may be necessary to ensure prevention initiatives effectively reach students from minority populations, low-income families, and rural communities. Cultural responsiveness, accessibility, and community-specific adaptations may improve program relevance and effectiveness for diverse student populations. Additionally, students struggling with substance use may experience stigma that discourages them from seeking help. Schools are encouraged to use person-first, non-stigmatizing language and provide staff training focused on reducing stigma surrounding substance use and mental health challenges (Wisconsin Safety and Healthy Schools Center). Creating supportive and respectful environments can improve student willingness to access available resources and support systems.
- **Staff Training and Early Identification:** Comprehensive prevention systems should clearly define staff roles related to prevention, early identification, and referrals for student assistance services (Wisconsin Safety and Healthy Schools Center). Staff development should include education on current substance use trends, protective and risk factors, and available school and community resources.
- **Family and Community Partnerships:** Strong prevention systems involve collaboration among schools, families, and community organizations. The Wisconsin Safety and Healthy Schools Center recommends creating opportunities for parent engagement through forums, educational events, and clearly communicated policies. Schools are also encouraged to establish referral pathways that connect students and families with community-based

treatment and support services. Prevention efforts are often most successful when multiple systems work together to strengthen protective factors and reduce risks. Schools may partner with families, healthcare providers, mental health professionals, prevention organizations, law enforcement agencies, or community groups to provide consistent messaging, education, intervention services, and student supports (Chu et al., 2026).

- **Alignment with Athletics and Co-Curricular Activities:** Athletics and co-curricular activities can serve as important environments for student development, relationship-building, and prevention efforts. The Wisconsin Safety and Healthy Schools Center notes that district policies may address how participation in athletics and extracurricular activities can function as either protective factors or risk factors related to substance use. School codes of conduct may also include expectations and consequences related to substance use within athletic and co-curricular programs while promoting overall student health and wellness.
- **Strength-Based:** Effective prevention programs use strengths-based and empowerment-focused approaches rather than focusing exclusively on risks or negative consequences (Chu et al.). Strengths-based approaches recognize adolescents' abilities, interests, leadership potential, and capacity for healthy decision-making. These programs encourage collaboration, student voice, positive identity development, and resilience-building. Research suggests that empowerment-based approaches may be particularly effective for youth of color and other historically marginalized groups because they build on student strengths rather than emphasizing deficits or punishment (Chu et al.).

- **Search and Seizure Procedures:** Schools should establish clear procedures related to search and seizure practices on school grounds to support safety and consistency (Wisconsin Safety and Healthy Schools Center). Policies may outline procedures regarding substances found in lockers, vehicles, or on a student's person, while also clarifying who is authorized to conduct searches, including the role of educational staff and law enforcement resources such as K9 units.
- **Breathalyzers and Drug Testing Policies:** Some districts may include policies related to breathalyzer testing or drug testing as part of their substance use prevention and intervention framework (Wisconsin Safety and Healthy Schools Center). These policies may define circumstances under which testing occurs, such as reasonable suspicion or random selection, while also outlining confidentiality protections, testing procedures, and protocols for implementation.

Together, these approaches reflect a shift toward prevention systems that are supportive, relationship-centered, and focused on student well-being. By combining education, intervention, collaboration, and stigma reduction efforts, schools can create prevention environments that help students stay connected, informed, and supported while reducing the risks associated with adolescent substance use.

Section 3 Conclusion

Effective school-based substance misuse prevention requires more than isolated programs or disciplinary policies. Schools are most successful when prevention efforts are comprehensive, collaborative, relationship-centered, and integrated into the broader school environment. Positive school climates, evidence-based instruction, supportive interventions, family and community partnerships, and

equitable access to resources all contribute to stronger prevention systems that help students feel safe, connected, and supported. As schools continue addressing the evolving challenges associated with adolescent substance misuse, prevention efforts must remain flexible, proactive, and responsive to student needs. Building prevention-focused systems allows schools to strengthen protective factors, reduce stigma, improve early intervention efforts, and support healthier student outcomes over time.

Section 3 Key Terms

Academic and Prevention Strategies - Research-informed programs, policies, and practices designed to promote student well-being, reduce risk behaviors, and support positive outcomes.

Accessibility - The extent to which programs, services, and resources are available and usable by all students regardless of background, location, language, or ability.

Community Partnerships - Collaborative relationships between schools and local organizations that support prevention, intervention, and student well-being.

Cooperative Learning - An instructional approach in which students work together toward shared learning goals while developing positive peer relationships.

Cultural Responsiveness - The practice of designing programs and interactions that recognize, respect, and reflect the cultural backgrounds and experiences of students.

Empowerment Approach - A strategy that encourages students to recognize their strengths, make healthy decisions, and take an active role in their own growth and well-being.

Family Engagement - Meaningful involvement of families in school activities, prevention efforts, decision-making, and student support processes.

Implementation Team - A group responsible for planning, coordinating, supporting, and monitoring prevention initiatives within a school or district.

Infrastructure Support - The policies, resources, personnel, communication systems, and organizational structures needed to sustain prevention efforts.

Monitoring and Evaluation - The ongoing process of collecting and reviewing data to assess program implementation, effectiveness, and outcomes.

Multi-Tiered System of Supports (MTSS) - A framework that provides varying levels of support and intervention based on student needs, ranging from universal supports to intensive services.

Needs Assessment - A systematic process used to identify student needs, risk trends, service gaps, and priorities for prevention efforts.

Peer Support Activities - Structured opportunities for students to encourage, assist, and positively influence one another.

Positive School Climate - A school environment characterized by safety, respect, belonging, engagement, and supportive relationships among students and staff.

Referral Pathway - A clearly defined process for connecting students and families with school-based or community-based support services.

School Connectedness - The belief that adults and peers at school care about a student's learning, well-being, and success.

Schoolwide Prevention Education - Prevention instruction delivered consistently across an entire school population to promote healthy decision-making and reduce risk behaviors.

Student Assistance Program (SAP) - A school-based support framework that helps identify and assist students experiencing academic, behavioral, emotional, or substance-related concerns.

Targeted Intervention - Additional support provided to groups of students who share specific risk factors or demonstrate increased vulnerability.

Universal Prevention - Prevention strategies delivered to all students regardless of individual risk level in order to promote health and reduce the likelihood of future problems.

Section 3 Reflection Questions

1. Which of the five pillars of a school-based prevention system do you believe is strongest in your school, and which pillar would benefit from additional attention or resources?
2. How can prevention education be integrated into everyday school experiences rather than being limited to occasional assemblies or awareness events?
3. Reflect on a time when a student benefited from a strong relationship with a trusted adult at school. What can this experience teach us about prevention and student support?
4. What challenges might schools face when attempting to implement a comprehensive prevention system, and how could those challenges be addressed?
5. If you were tasked with improving your school's substance misuse prevention efforts, what would be your top priorities and why?

Section 3 Activities

1. **Prevention Program Inventory:** Create a list of all prevention-related programs, initiatives, and supports currently available in your school and evaluate their purpose and effectiveness.
2. **Community Partnership Research:** Research local organizations, agencies, or programs that could serve as prevention partners for your school.
3. **School Policy Analysis:** Review one school policy related to student wellness, discipline, or substance use and evaluate how well it aligns with prevention-focused principles.
4. **Staff Awareness Survey:** Informally discuss prevention efforts with colleagues and identify areas where additional staff training or collaboration may be beneficial.
5. **School Environment Walkthrough:** Conduct a walkthrough of your school from a student perspective and note elements that communicate safety, belonging, support, and wellness.

Course Conclusion

Preventing and addressing substance misuse among school-aged youth requires a comprehensive, collaborative, and student-centered approach. As this course has demonstrated, adolescent substance use is influenced by a wide range of developmental, social, emotional, environmental, and community factors. The growing presence of fentanyl, counterfeit pills, synthetic drugs, and other emerging substances has increased the urgency for schools to be informed, prepared, and proactive in their prevention and intervention efforts. Educators play a critical role in this work. By understanding current substance use trends,

recognizing risk and protective factors, identifying warning signs early, and responding appropriately to concerns, school personnel can help prevent problems from escalating and connect students with meaningful support. Equally important is the creation of school environments that foster belonging, resilience, positive relationships, and access to trusted adults. Students who feel connected, supported, and valued are often better equipped to navigate challenges and make healthy decisions.

Effective prevention extends beyond individual classrooms or isolated programs. Sustainable prevention efforts require coordinated schoolwide systems, evidence-based practices, family and community partnerships, staff training, and policies that prioritize student well-being alongside safety and accountability. Schools that embrace prevention-focused, restorative, and health-centered approaches are better positioned to reduce stigma, strengthen protective factors, and support positive outcomes for all students. As educators reflect on the information presented throughout this course, they are encouraged to consider how they can apply these concepts within their own classrooms, schools, and communities. Even small actions, such as building trusting relationships, recognizing early warning signs, promoting protective factors, or advocating for supportive policies, can make a meaningful difference in the lives of young people. Through ongoing collaboration, education, and commitment, schools can serve as powerful protective environments that help students thrive academically, socially, emotionally, and physically.

Classroom Example

Mr. Gold teaches eighth-grade social studies at a middle school in a diverse suburban community. He prides himself on building strong relationships with students and creating a classroom environment where students feel respected

and supported. Because he sees his students every day, he often notices changes in their behavior, mood, and engagement before others do. Over the course of several weeks, Mr. Gold becomes concerned about one of his students, Marcus. Once an active participant who consistently completed assignments and enjoyed working with classmates, Marcus has become increasingly withdrawn, frequently arrives late to class, misses assignments, and appears tired and distracted.

At first, Mr. Gold wonders if Marcus is simply experiencing a difficult period or struggling with typical adolescent challenges. However, he begins noticing additional changes. Marcus has started spending time with a new group of peers, has become more defensive when approached by adults, and recently appeared unsteady and unusually disengaged during class. Mr. Gold wants to support Marcus appropriately, but he is unsure how to distinguish between normal adolescent behavior and signs that may indicate a more serious concern. He also wants to respond in a way that maintains trust while following school procedures and ensuring student safety.

Challenges

- **Recognizing Potential Warning Signs:** Mr. Gold understands that many adolescent behaviors, such as mood swings or changing friendships, can be developmentally normal. He struggles with determining when multiple warning signs may indicate a need for intervention rather than routine adolescent behavior.
- **Balancing Concern with Assumptions:** Mr. Gold does not want to jump to conclusions or accuse Marcus of substance misuse without evidence. He wants to approach the situation objectively while remaining attentive to potential concerns.

- **Maintaining Student Trust:** Mr. Gold has developed a positive relationship with Marcus and wants to preserve that trust. He worries that involving other staff members too quickly could make Marcus feel singled out or judged.
- **Understanding Confidentiality Boundaries:** Mr. Gold wants to respect Marcus's privacy but is uncertain about what information should be shared, with whom, and under what circumstances.
- **Knowing When to Seek Additional Support:** Although Mr. Gold recognizes that school counselors and support staff are available, he is unsure when concerns become significant enough to warrant a referral or consultation.

Considerations for Support and Improvement

- What observable behaviors should Mr. Gold document before making a referral or seeking additional support?
- How can he initiate a supportive conversation with Marcus that focuses on concern and well-being rather than suspicion or discipline?
- How can Mr. Gold maintain professional boundaries and confidentiality while ensuring that appropriate personnel are informed?
- What strategies can help Mr. Gold distinguish between normal adolescent development and patterns of behavior that may indicate a need for intervention?
- What protective factors or supportive relationships could be strengthened to help Marcus feel more connected and supported?

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