

# SBIRT: “BI” IS FOR BRIEF INTERVENTION



Opioid  
Response  
Network  
STR-TA



# YOR CA PROJECT

This presentation is supported by a federal grant under the State Opioid Response program, with funding provided by the California Department of Health Care Services.

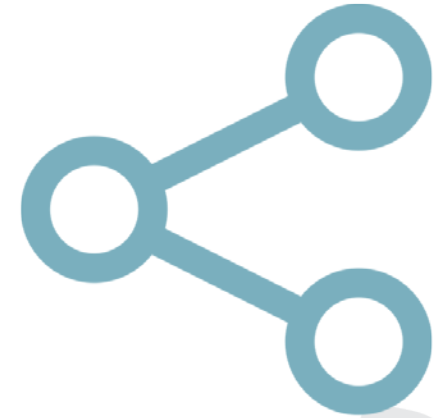


For audio, dial  
**(415) 655-0003**

Access code  
**664 318 152**



The webinar is  
being recorded



Supporting  
materials will be  
shared



**Presenter**

**James Peck, Psy.D.**

Psychologist/Clinical Trainer, UCLA  
Integrated Substance Abuse Programs



**Moderator**

**Sierra Jue-Leong, MPH**

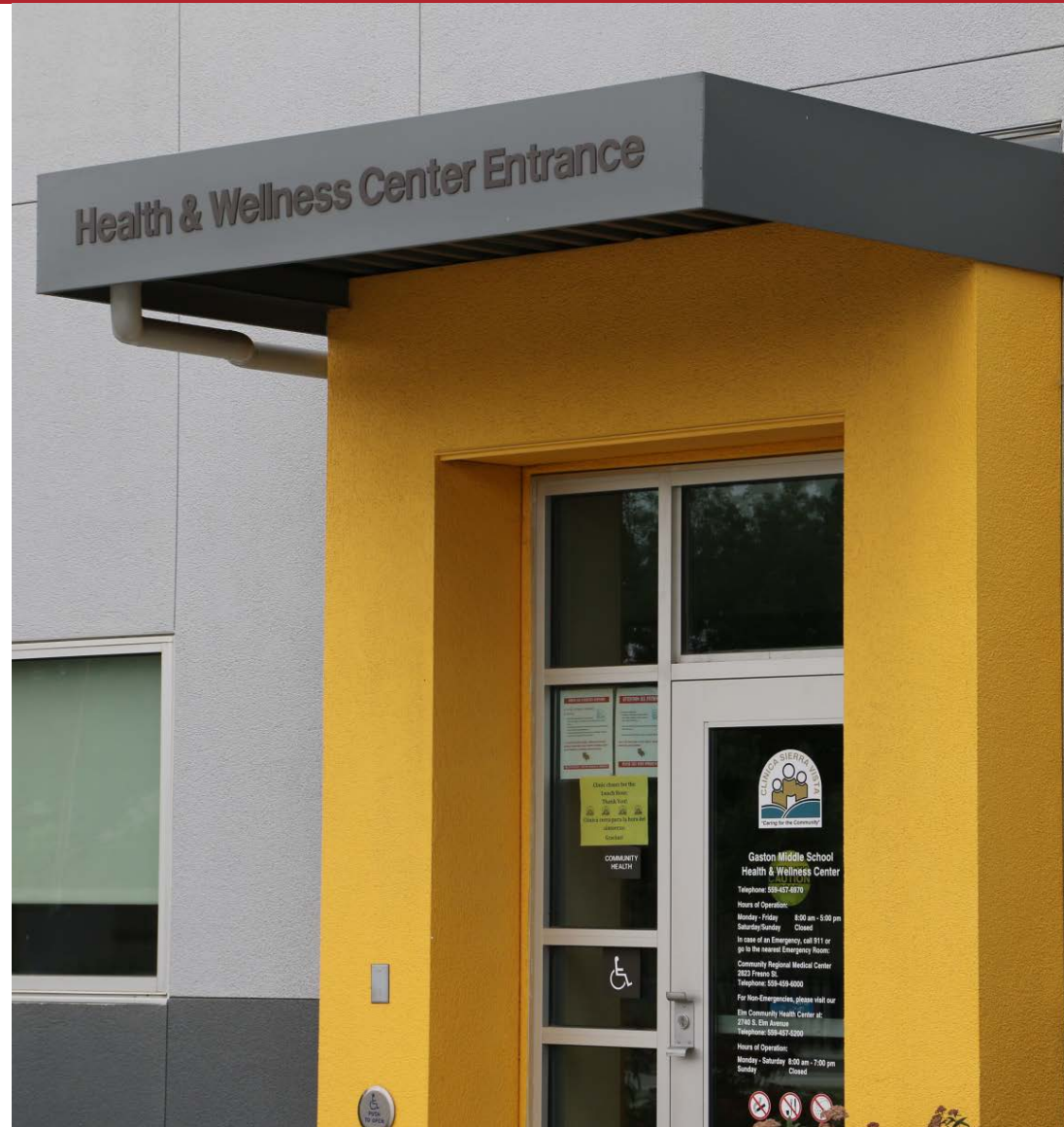
Project Director, California School-  
Based Health Alliance

# Putting Health Care in Schools

The California School-Based Health Alliance is the statewide non-profit organization dedicated to **improving the health & academic success** of children & youth by **advancing health services in schools**.

Learn more:

[schoolhealthcenters.org](http://schoolhealthcenters.org)





# Become a member, get exclusive benefits

- Conference registration discount
- Tools & resources
- Technical assistance

Sign up today:  
[bit.ly/CSHAMembership](http://bit.ly/CSHAMembership)



# Screening, Brief Intervention & Referral to Treatment (SBIRT)

## Part 2: Brief Intervention

James A. Peck, Psy.D.

Integrated Substance Abuse Programs  
Department of Psychiatry & Biobehavioral Sciences  
David Geffen School of Medicine at UCLA  
Pacific Southwest Addiction Technology Transfer Center

[www.uclaisap.org](http://www.uclaisap.org)

[www.psattc.org](http://www.psattc.org)

# Working with communities to address the opioid crisis.

- ✧ SAMHSA's State Targeted Response Technical Assistance (STR-TA) grant created the *Opioid Response Network* to assist STR grantees, individuals and other organizations by providing the resources and technical assistance they need locally to address the opioid crisis .
- ✧ Technical assistance is available to support the evidence-based prevention, treatment, and recovery of opioid use disorders.

Funding for this initiative was made possible (in part) by grant no. 6H79TI080816 from SAMHSA. The views expressed in written conference materials or publications and by speakers and moderators do not necessarily reflect the official policies of the Department of Health and Human Services; nor does mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government.





# Working with communities to address the opioid crisis.

- ✧ The Opioid Response Network (ORN) provides local, experienced consultants in prevention, treatment and recovery to communities and organizations to help address this opioid crisis.
- ✧ The ORN accepts requests for education and training.
- ✧ Each state/territory has a designated team, led by a regional Technology Transfer Specialist (TTS), who is an expert in implementing evidence-based practices.



# Contact the Opioid Response Network

✧ To ask questions or submit a request for technical assistance:

- Visit [www.OpioidResponseNetwork.org](http://www.OpioidResponseNetwork.org)
- Email [orn@aaap.org](mailto:orn@aaap.org)
- Call 401-270-5900



# Learning Objectives

After this webinar, participants will be able to:

- Demonstrate knowledge of the relationship “spirit” and “microskills” of Motivational Interviewing
- Utilize Motivational Interviewing skills and strategies to develop a brief adolescent substance use intervention using the FLO model
- Demonstrate how to use the Brief Negotiated Interview to explore the context of an adolescent’s substance use and negotiate a collaborative goal and action plan
- Identify strategies for advocating for the implementation of SBIRT in school-based settings

# Conducting a Brief Intervention requires strong **MOTIVATIONAL INTERVIEWING** skills



# What is Motivational Interviewing?

It is:

A style of talking with people constructively about reducing their health risks and changing their behavior.

“MI is designed to strengthen personal motivation for and commitment to a specific goal by eliciting and exploring the person’s own reasons for change within an atmosphere of acceptance and compassion.”



# What is Motivational Interviewing?

It is designed to:

Enhance the person's own motivation to change using strategies that are empathic and non-confrontational.

# 4 Elements of the MI Spirit

- Partnership
- Acceptance
- Compassion
- Evocation

# MI - The Spirit: *Style*

- Nonjudgmental and collaborative
- Based on student and counselor/clinician partnership
- “Gently persuasive”
- More supportive than argumentative
- Listening rather than telling/lecturing
- Communicates respect for and acceptance of students

# MI - The Spirit: Student

- Responsibility for change is left with the student
- Change arises from within rather than being imposed from without
- Emphasis on student's personal choice for deciding future behavior
- Focus on eliciting the student's own concerns about remaining the same

# Ambivalence

All change contains an element of ambivalence.

We “want to change and don’t want to change”

Students’ ambivalence about change is the “meat” of the brief intervention.





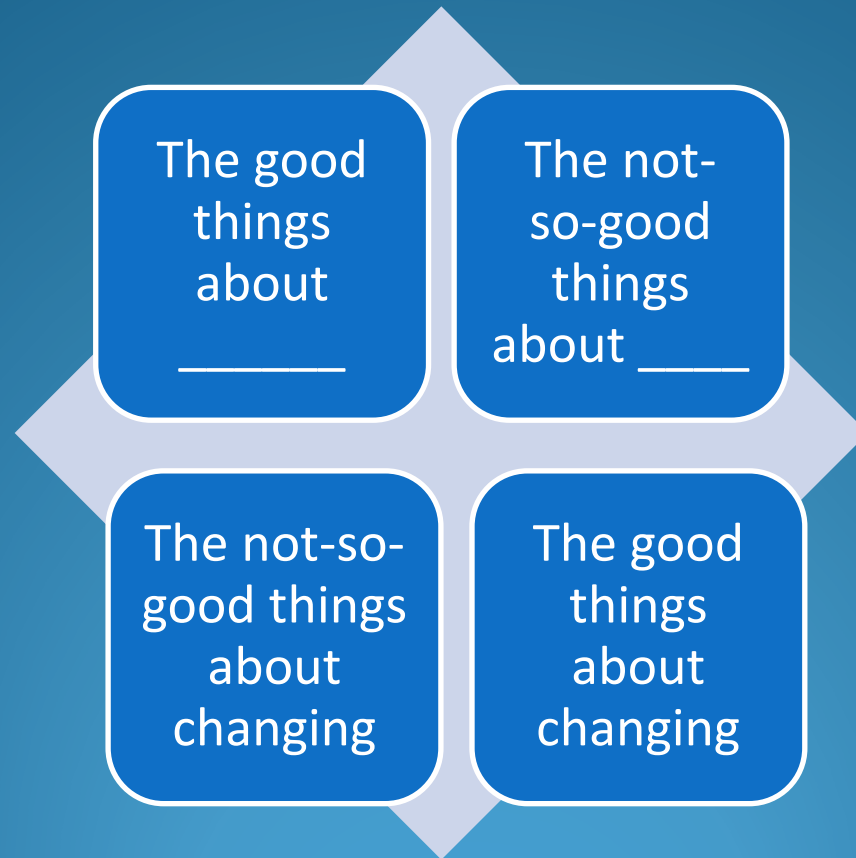
# How does MI differ from traditional or typical medical counseling?

- **AMBIVALENCE** is the key issue to be resolved for change to occur.
- People are more likely to change when they hear their own discussion of their ambivalence.
- This discussion is called “*change talk*” in MI.
- Facilitating “change talk” is a critical element of the MI process.



\*Glovsky and Rose, 2008

# How to Explore Ambivalence



**Avoid questions that inspire a yes/no answer.**

# 4 MI Principles

- Express Empathy
- Develop Discrepancy
- Roll with Resistance
- Support Self-Efficacy

# Building Motivation OARS (the micro-skills)

- Open-ended questioning
- Affirming
- Reflective listening
- Summarizing

# Reflective Listening

- Listen to both what the student says and to what the student means
- Demonstrate empathy without judging what student says
  - You do not have to agree
- Be aware of intonation
  - Reflect what student says with statement, not with a question, e.g., “You couldn’t get up for school in the morning.”

We are listening to understand, NOT to diagnose and fix a problem, which is how most healthcare interactions are oriented.



# Avoid Confrontation

- Challenging

*“What do you think you are doing?”*

- Warning

*“You will damage your liver if you don’t stop drinking.”*

- Finger-wagging

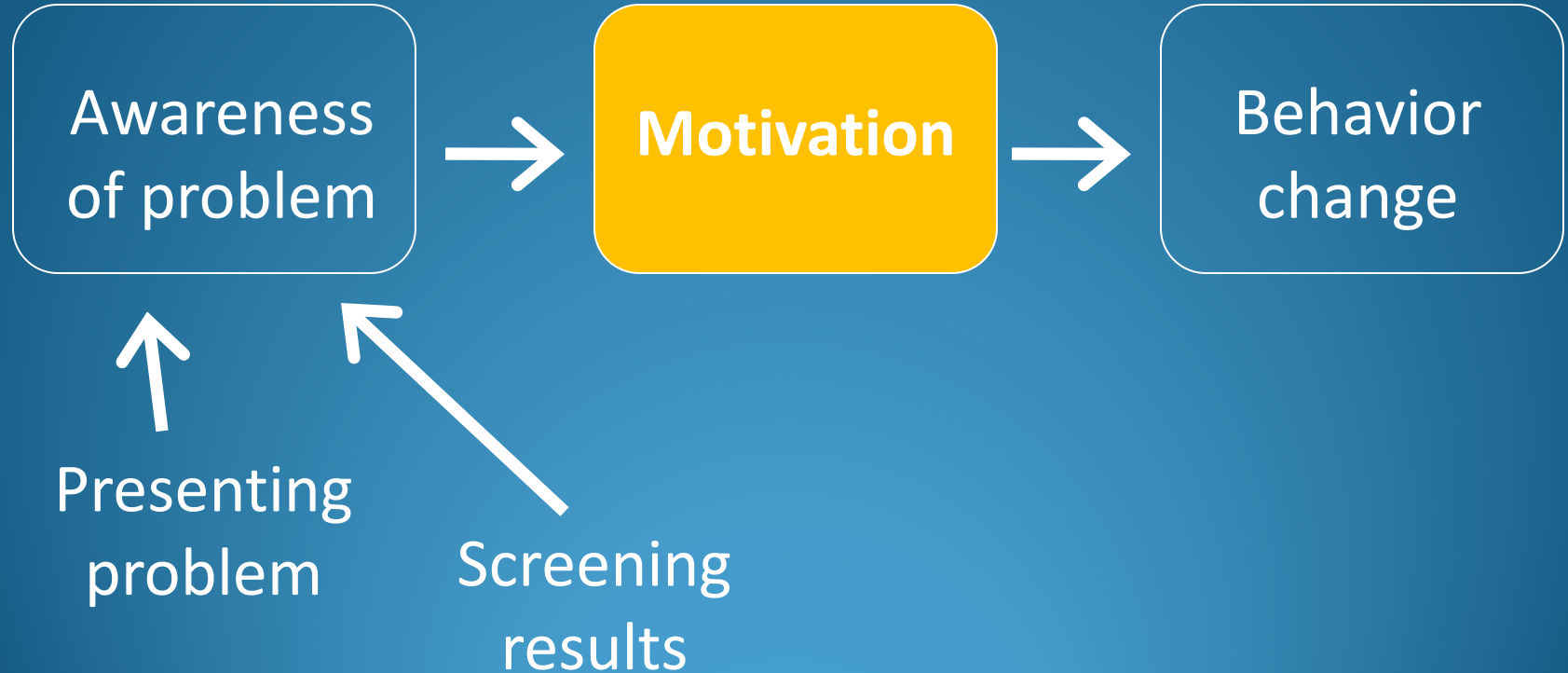
*“If you want to be a good student, you must stop drinking on school nights.”*

# Elicit “Change Talk”

Change talk consists of self-motivational statements that suggest:

- Recognition of a problem
- Concern about staying the same
- Intention to change
- Optimism about change

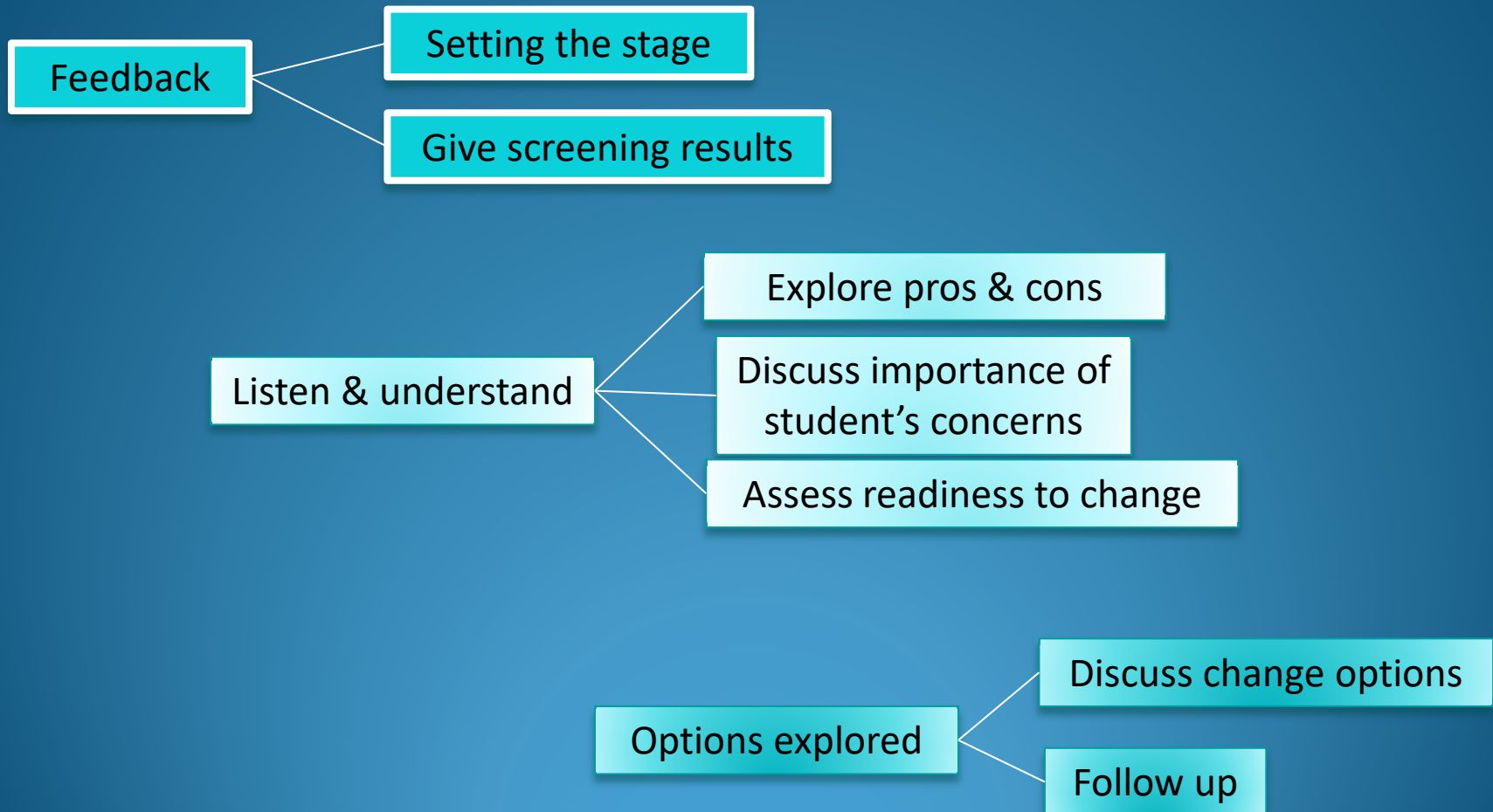
# Goal of Brief Interventions



# Conducting a Brief Intervention

F L O

# How Does It All Fit Together?





# The 3 Tasks of a BI



Options Explored



Listen & Understand



Feedback

# The 1<sup>st</sup> Task: Feedback

## The Feedback Sandwich



Ask Permission

Give Feedback

Ask for Response

# The 1<sup>st</sup> Task: Feedback

What you need to cover:

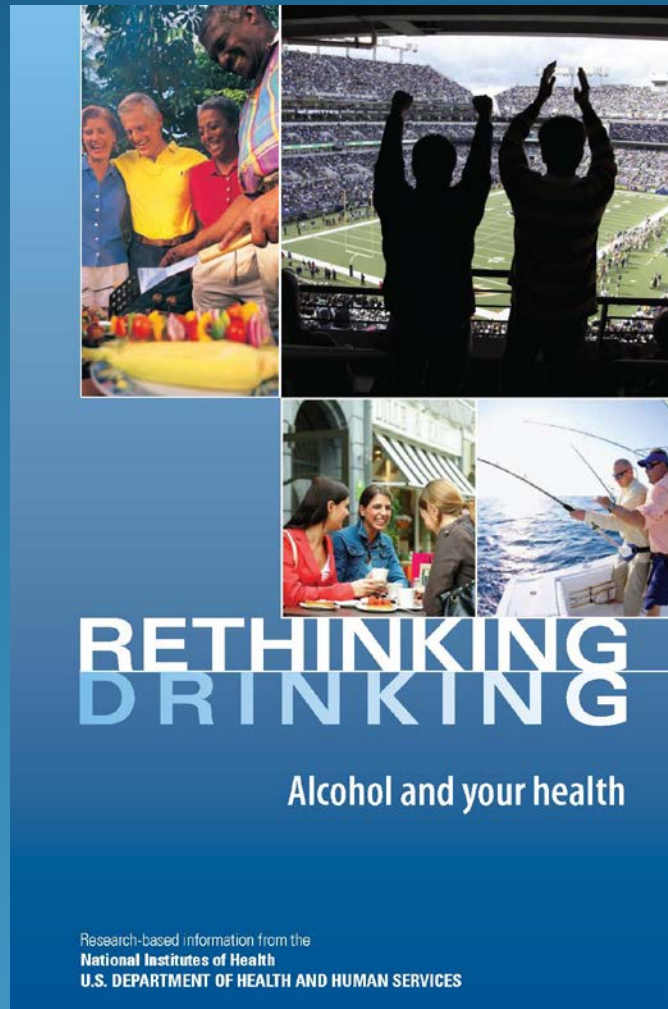
1. Range of scores and context
2. Screening results
3. Interpretation of results (e.g., risk level)
4. Student feedback about results

# The 1<sup>st</sup> Task: Feedback

What do you say?

1. **Range of score** and **context** - Scores on the CRAFFT range from 0-6. Most students score less than 2.
2. **Results** - Your score on the CRAFFT was 4.
3. **Interpretation of results** - 4 puts you in the moderate-to-high risk range. At this level, your alcohol or drug use is putting you at risk for a variety of problems including eventual addiction.
4. **Student reaction/feedback** - What do you make of that?

# Informational Brochures



[http://pubs.niaaa.nih.gov/publications/RethinkingDrinking/Rethinking\\_Drinking.pdf](http://pubs.niaaa.nih.gov/publications/RethinkingDrinking/Rethinking_Drinking.pdf).

# Other Informational Brochures

NIAAA Underage Drinking Fact Sheet:

[https://www.niaaa.nih.gov/sites/default/files/Underage\\_Fact.pdf](https://www.niaaa.nih.gov/sites/default/files/Underage_Fact.pdf)

SAMHSA Underage Drinking “Facts vs. Myths”  
Fact Sheet

[https://store.samhsa.gov/system/files/facts\\_mythsvsfacts\\_rev2019\\_508.pdf](https://store.samhsa.gov/system/files/facts_mythsvsfacts_rev2019_508.pdf)



# The 1<sup>st</sup> Task: Feedback

## Handling Resistance

- Look, I don't have a drinking/drug problem.
- My dad was an alcoholic; I'm not like him.
- I can quit using anytime I want to.
- I just like the taste.
- Everybody drinks in high school.

**What would you say?**

# The 1<sup>st</sup> Task: Feedback

To avoid this...



**LET GO!!!**

# The 1<sup>st</sup> Task: Feedback

## Easy Ways to Let Go

- I'm not going to push you to change anything you don't want to change.
- I'd just like to give you some information.
- What you do with it is up to you.

# The 1<sup>st</sup> Task: Feedback

## Finding a Hook

- Ask the student about their concerns (of staying the same)
- Provide non-judgmental feedback/information
- Watch for signs of discomfort with status quo or interest or ability to change
- Always ask this question: “What role do you think (alcohol or drug use) plays in your (presenting situation)?”
- Let the student decide.
- Just asking the question is helpful.

# The 3 Tasks of a BI



Options Explored

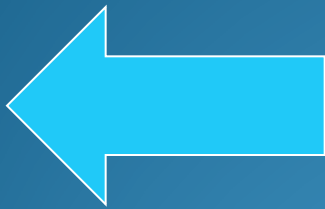


Listen & Understand

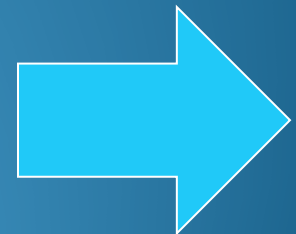


Feedback

# The 2<sup>nd</sup> Task: Listen & Understand



Ambivalence is  
**Normal**





# The 2<sup>nd</sup> Task: Listen & Understand

## Tools for Change Talk

- Pros and Cons
- Importance/Readiness Ruler

# Digging for Change: The Decisional Balance



The good  
things  
about  
\_\_\_\_\_



The not-  
so-good  
things  
about \_\_\_\_\_



The not-so-  
good things  
about  
changing



The good  
things  
about  
changing

**Avoid questions that call for a yes/no answer.**

# The 2<sup>nd</sup> Task: Listen & Understand

## Listen for the **Change Talk**

- Maybe drinking did play a role in what happened.
- If I wasn't drinking this would never have happened.
- Using is not really much fun anymore.
- I can't afford to be in this mess again.
- The last thing I want to do is hurt someone else.
- I know I can quit because I've stopped before.

**Summarize, so they hear it twice!**

# The 2<sup>nd</sup> Task: Listen & Understand

## Strategies for Weighing the Pros and Cons

- What do you like about drinking? What does it do for you?
- What are the not-so-good aspects of drinking?
- What else are you aware of about your drinking?

## Summarize Both Pros and Cons

“On the one hand you said..,  
and on the other you said....”

# The 2<sup>nd</sup> Task: Listen & Understand

## Importance/Confidence/Readiness

On a scale of 1–10...

- How important is it for you to change your drinking?
- How confident are you that you can change your drinking?
- How ready are you to change your drinking?

For each ask:

- Why didn't you give it a lower number?
- What would it take to raise that number?

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

# The Payoff for Asking the Questions...

- These questions will lead to a working treatment plan
  - Stage of change
  - Benefits of use
  - Consequences of use
  - Willingness to work on these issues



# The 3 Tasks of a BI

O

**Options Explored**

L

**Listen & Understand**

F

**Feedback**

# The 3<sup>rd</sup> Task: Options for Change

## What now?

- What do you think you will do?
- What changes are you thinking about making?
- What do you see as your options?
- Where do we go from here?
- What happens next?

# The 3<sup>rd</sup> Task: Options for Change

## Offer a Menu of Options

- Manage drinking/use (cut down to lower-risk amounts)
- Eliminate your drinking/drug use (quit)
- Never drive with someone who has been drinking or using drugs, including driving yourself (reduce harm)
- Utterly nothing (no change)
- Seek help (refer to treatment)

# The 3<sup>rd</sup> Task: Options for Change

During MENUS you can also explore previous strengths, resources, and successes

- Have you stopped drinking/using drugs before?
- What personal strengths allowed you to do it?
- Who helped you and what did you do?
- Have you made other kinds of changes successfully in the past?
- How did you accomplish these things?

# The 3<sup>rd</sup> Task: Options for Change

## Giving Advice Without Telling Someone What to Do

- Provide Clear Information (Advice or Feedback )
  - What happens to some people is that...
  - My recommendation would be that...
- Elicit their reaction
  - What do you think?
  - What are your thoughts?

# The 3<sup>rd</sup> Task: Options for Change

## The Advice Sandwich

Ask Permission

Provide Suggestion

Ask for Response





# The 3<sup>rd</sup> Task: Options for Change

## Closing the Conversation (“SEW”)

- Summarize student’s views (especially the pros of reducing/stopping alcohol/drug use)
- Encourage them to share their views with others
- What agreement was reached (repeat it)

# Brief Negotiated Interview

(another form of brief intervention)

# Brief Negotiated Interview

## **BNI Steps**

Introduction/Ask Permission

### **1. Engagement**

## **Procedures**

- “Before we start, I’d like to know a little more about you. Would you mind telling me a little bit about yourself?” “What is a typical day like for you?” “How does alcohol/drugs fit in?” “What are the most important things in your life right now?”

# Brief Negotiated Interview

## BNI Steps

### 2. Pros & Cons

- Explore pros and cons
- Use reflective listening
- Reinforce positives
- Summarize

## Procedures

“I’d like to understand more about your use of (X). What do you enjoy about (X)? What else?” “What do you enjoy less about (X) or regret about your use?”

If NO con’s: Explore problems mentioned during the CRAFFT: “You mentioned that... Can you tell me more about that situation?”

“So, on one hand you say you enjoy (X) because... And on the other hand you say....”

# Brief Negotiated Interview

## 3. Feedback

- Ask permission
  - Provide information
  - Elicit response
- “I have some information about the guidelines for low-risk drinking, would you mind if I shared them with you?”
  - “We know that for adults drinking more than or equal to 4F/5M drinks in one sitting or more than 7F/14M in a week, and/or use of illicit drugs can put you at risk for illness or injury, especially in combination with other drugs or medication. [Insert medical information.] It can also lead to problems with the law or with relationships in your life.”
  - “What are your thoughts on that?”

# Brief Negotiated Interview

## 4. Readiness

### Ruler

- Readiness scale
  - Reinforce positive reasons for change
  - Envision change
- “To help me better understand how you feel about making a change in your use of (X), [show readiness ruler]... On a scale from 1-10, how ready are you to change any aspect related to your use of (X)?”
  - “That’s great! It means you’re \_\_\_\_% ready to make a change.”
  - “Why did you choose that number and not a lower one like a 1 or a 2?”
  - “It sounds like you have reasons to change.”



# Brief Negotiated Interview

## 5. Negotiate Action Plan

- Write down Action Plan
  - Envisioning the future
  - Exploring challenges
  - Drawing on past successes
  - Benefits of change
- “What are you willing to do for now to be healthy and safe? ...What else?”
  - “What do you want your life to look like down the road?” [Probe for goals.]  
“How does this change fit with where you see yourself in the future?”
  - “What are some challenges to reaching your goal?”
  - “What have you planned/done in the past that you felt proud of? Who/what helped you succeed? How can you use that (person/method) again to help you with the challenges of changing now?”
  - “If you make these changes, how would things be better?”

# Brief Negotiated Interview

## **6. Summarize & Thank**

- Reinforce resilience & resources
  - Provide handouts
  - Give Action Plan
  - Thank the patient
- “Let me summarize what we’ve been discussing, and you let me know if there’s anything you want to add or change...” [Review Action Plan.]
  - [Present list of resources]: “Which of these services, if any, are you interested in?”
  - “Here’s the action plan that we discussed, along with your goals. This is really an agreement between you and yourself.”
  - “Thanks so much for sharing with me today!”

# Example of BNI with a teen using Vicodin

## BNI Steps

- Step 1. Engagement

## Dialogue/Procedures

- “Before we get started, I’d like to know a little more about you. Would you mind telling me a little bit about yourself?”
- “What’s a typical day like for you?”
- How does Vicodin fit in?”
- “What are the most important things in your life right now?”

# Example of BNI with a teen using Vicodin

## Step 2. Pros & Cons

- Explore pros & cons of using
  - Use reflective listening
  - Summarize statements
- “I’d like to understand more about your use of Vicodin. What do you enjoy about it?”
  - “What do you enjoy less about Vicodin or regret about your use of it?”
  - IF they can’t think of any cons, explore problems mentioned on the CRAFFT, i.e. “you said that you have gotten into trouble while using Vicodin. Tell me more about that.”
  - “So on one hand you enjoy Vicodin because....and on the other hand it has caused these problems...”

# Example of BNI with a teen using Vicodin

## Step 3. Feedback

- Ask permission to share information
- Provide information
- Elicit response

“I have some information about the use of opioids by teens that I’d like to share with you. Would that be ok?”

“We know that use of opioids by teens has some negative consequences. For one thing, it’s very easy to become addicted to them to the point that you need them just to be able to function every day. They can lead to short-term problems like impaired ability to learn, poorer grades, and family relationship issues, along with overdose & death, and long-term consequences like collapsed veins, respiratory problems, and liver disease.

# Example of BNI with a teen using Vicodin

## **Step 3 (cont'd)**

“Teens who use prescription opioids in their early teens are more likely to be using heroin by the time they graduate from high school. And because your brain is still developing, opioids can cause changes in your brain that may be permanent and make you more vulnerable to addiction as an adult.”

“What are your thoughts about this information?”



# Example of BNI with a teen using Vicodin

## Step 4. Readiness Ruler

- Readiness Scale
- Reinforce positives of changing
- Envision change

“To help me better understand how you feel about reducing or stopping your use of Vicodin, on a scale of 1 to 10, how ready would you say you are to change any aspect of your use of Vicodin?”

“That’s great, it means you’re \_\_\_\_% ready to make a change.”

“Why did you choose that number and not a lower number, like a 1 or a 2?”

<Their response>

Reflect their response and say “so it sounds like you have some reasons to make a change.”

# Example of BNI with a teen using Vicodin

## Step 5. Negotiate Action Plan

- Write down action plan
- Envision the future
- Explore potential challenges
- Draw on past life successes
- Benefits of change

“So what are you willing to do right now to be healthy and safe?” (write down action plan)

“What do you want your life to look like down the road?” (Probe for goals) “How does this change fit in with those goals?”

“What might be some challenges in accomplishing your goal with regard to Vicodin?”

“What’s something you have accomplished in the past that you felt proud of? Who or what helped you succeed in that? How can you use that (person or method) to help you with the challenges of making this change now?”

“So if you make this change, how would things be better for you?”

# Example of BNI with a teen using Vicodin

## **Step 6. Summarize and Thank**

- Reinforce resilience and resources
- Provide handouts (if available)
- Give them the action plan
- Thank the student for coming today

“So let me summarize what we’ve discussed, and you let me know if there’s anything you’d like to add or change.” (Review action plan)

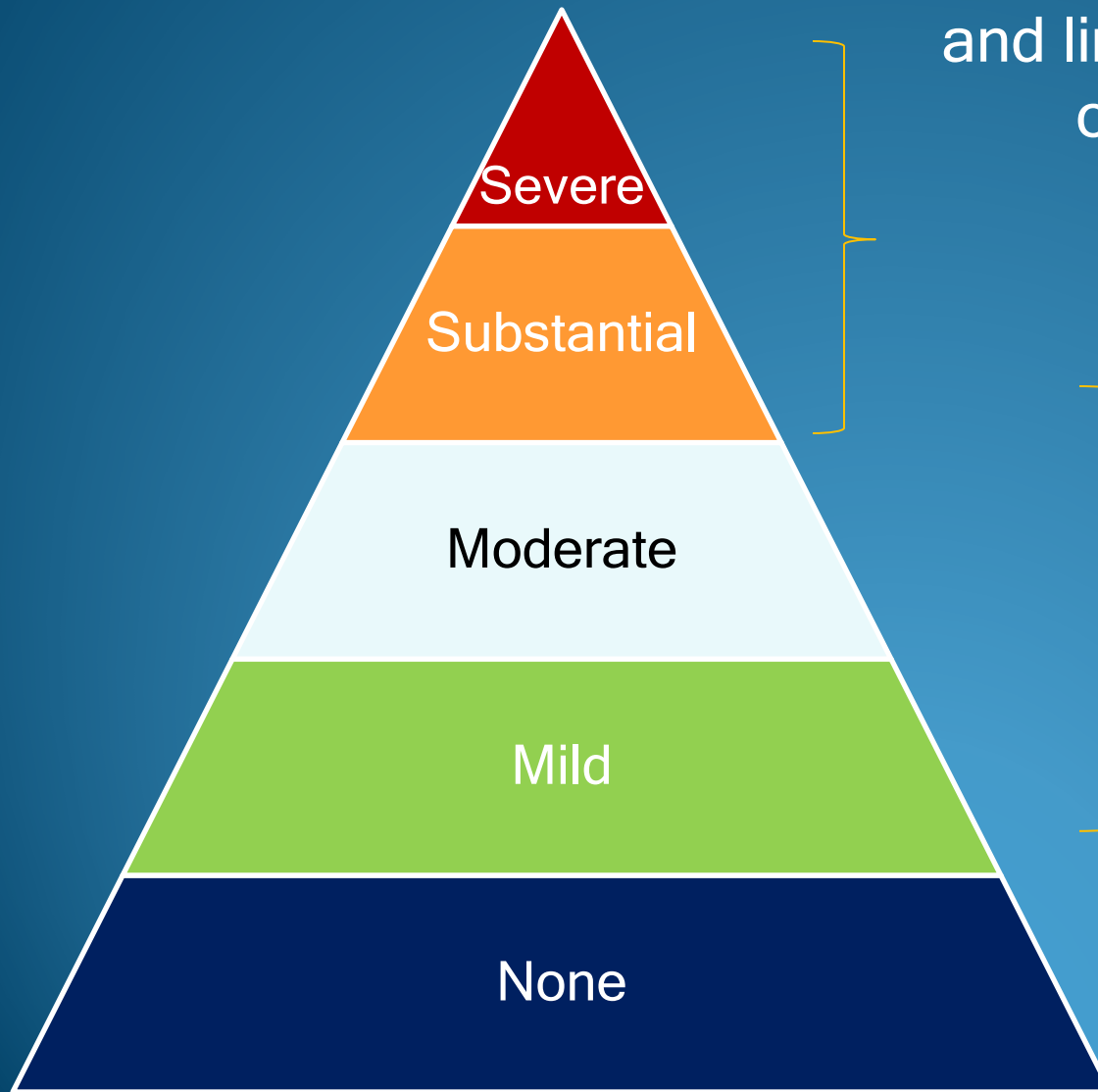
(If available, present list of local resources)  
“Which of these services, if any, are you interested in to help you with your goal?”

“OK, here’s the action plan we’ve discussed. This is really an agreement between you and yourself.”

“Thanks so much for coming in and talking with me today!”

# Advocating for SBIRT

# What SBIRT Can Accomplish



Identify adolescents with SUD and link them with specialty care (about 5% of adolescents)

Educate adolescents who are using substances (approx 11.5% using alcohol, 9.4% using drugs) motivate behavior change)

# Possible SBIRT Settings

Where can we access adolescents?

Medical settings, clinics

Schools

Juvenile Justice





# Why Do Prevention for Adolescents in School Settings?

21.5% of tenth graders and 35.3% of twelfth graders report past-month alcohol use

16.5% of tenth graders and 23.5% of twelve graders report past-month drug use

Schools are major source of behavioral health care for many students

21 times more likely to visit a school-based health center for behavioral health than a community-based health center

Visits to treat negative impacts of substance use (injuries, infections) a “teachable moment”



# Advocate and Educate

Time and resources are essential for SBIRT to succeed

- Space

- Training

- Time to deliver SBIRT service

- Integrating SBIRT into workflow

Make the case for SBIRT with school administrators

- Public health

- Student health and well-being

- Emphasize potential impact on issues of concern to the school (dropouts) and how they are caused or aggravated by substance use

*What are some other ways you would make the case?*

# Advocacy

Identify and engage community leaders who are concerned with substance use, can help create momentum to tackle the issue

Politicians, school boards, nursing associations

Community leaders

Parents

Emphasize that this is a public health approach to improving student health and wellness, not “Just Say No.”

Community Catalyst Advocate Toolkit, 2018

# Advocacy

Launch a public health campaign to increase public awareness

Generate interest among providers to deliver SBIRT by engaging professional associations

# Resources to Help Make Your Pitch

Reference the endorsement of youth SBIRT by national organizations, such as the American Academy of Pediatrics, National Institute on Alcohol Abuse and Alcoholism (NIAAA), and the National Institute on Drug Abuse (NIDA).

Visit Community Catalyst Website:

<https://www.communitycatalyst.org/resources/tools/sbirt/mobilize-for-sbirt>



# Resources to Help Make Your Pitch

Tips for Advocates:

[https://www.communitycatalyst.org/docstore/publications/Tips\\_Advocates\\_Decision-maker-advocacy.pdf](https://www.communitycatalyst.org/docstore/publications/Tips_Advocates_Decision-maker-advocacy.pdf)

Provide evidence on the Effectiveness of SBIRT:

<https://drive.google.com/file/d/0B67gcMqEtX6tWII4MzBJcFlVekk/view>



# Resources

Adolescent SBIRT Toolkit:

<https://www.mcpap.com/pdf/S2BI%20Toolkit.pdf>

(Boston Children's Hospital)

SBIRT Resource Hub:

<https://www.adolescentsubstanceuse.org/>

(Hilton Foundation/UCLA)

# Questions? Please Use The Chat Button

Thank you for your attention!

[jpeck@mednet.ucla.edu](mailto:jpeck@mednet.ucla.edu)

# BRIEF INTERVENTION QUICK GUIDE

## School-Based Health SBIRT Quick Guide

### *Brief Interventions for Substance Use*

**Screening, Brief Intervention, and Referral to Treatment (SBIRT)** is an evidence-based approach to the screening and identification of individuals engaged in substance use, the delivery of early brief interventions in order to reduce use, and the referral to treatment for high-risk use. The California School-Based Health Alliance (CSHA), with funding from the California Youth Opioid Response Grant, created this quick guide for SBIRT in school-based health centers (SBHCs) in an effort to reduce youth opioid use. **This quick guide focuses on brief interventions.**

### Why adopt brief interventions for substance use?

- Nationwide, approximately 2.4 million youth age 12-17 report having used alcohol in the previous month, and 2.2 million report past-month illicit drug use.<sup>1</sup>
- Opioid poisoning and mortality has significantly increased among both teens and young adults.<sup>2</sup>
- The vast majority of youth using substances do not have a substance use disorder (SUD) and therefore specialty SUD treatment would be clinically inappropriate.<sup>1</sup> However, not addressing substance use increases the risk for serious health, educational, and social problems.<sup>3</sup>

Brief interventions are structured conversations designed to address alcohol and/or drug use among youth who are using substances, but do not need specialty SUD treatment. They are intended to be used when a young person screens positive for substance use or the need to discuss substance use emerges some other way.

**The goal of brief interventions is to have a discussion aimed at reinforcing a youth's self-determination to reduce their risky behavior. Brief interventions are designed to be delivered in non-SUD treatment settings such as SBHCs.**



This service is supported by a federal grant under the State Opioid Response program, with funding provided by the California Department of Health Care Services. The California School-Based Health Alliance and the University of California, Los Angeles' Integrated Substance Abuse Programs (UCLA ISAP) adapted a resource from UCLA ISAP's Adolescent SBIRT Briefs that were part of the Conrad N. Hilton Foundation's Substance Use Prevention initiative.



# BRIEF INTERVENTION QUICK GUIDE

## School-Based Health SBIRT Quick Guide Brief Intervention for Substance Use

### Brief Intervention Technique: BNI

The **Brief Negotiated Interview (BNI)** is a semi structured interview process based on motivational interviewing and can be completed in 5-15 minutes.

BNI Steps	Examples
<b>1. Engagement</b>	<i>"Before we get started, I'd like to know a little more about you. Would you mind telling me a little bit about yourself?"</i>  <i>"What's a typical day like for you? What do you like to do? How does Vicodin fit in?"</i>
<b>2. Pros &amp; Cons</b> <ul style="list-style-type: none"><li>• Explore pros &amp; cons of using</li><li>• Use reflective listening</li><li>• Summarize statements</li></ul>	<i>"I'd like to understand more about your use of Vicodin. What do you like about it?"</i>  <i>"What do you like less about Vicodin? Do you ever regret using Vicodin?"</i>  If they can't think of any cons, explore problems mentioned on the CRAFFT, i.e.:  <i>"You said that you have gotten into trouble while using Vicodin. Tell me more about that."</i>  <i>"So on one hand you enjoy Vicodin because....and on the other hand it has caused these problems..."</i>
<b>3. Feedback</b> <ul style="list-style-type: none"><li>• Ask permission to share information</li><li>• Provide information without judgement</li><li>• Elicit response, interpretation of the feedback is the young person's task</li></ul>	<i>"I have some information about the use of opioids by young people that I'd like to share with you. Would that be ok?"</i>  <i>"We know that use of opioids by young people has some negative consequences. They can lead to short-term problems like impaired ability to learn, family relationship issues, and overdose &amp; death, along with long-term consequences like collapsed veins, respiratory problems, and liver disease."</i>  <i>"Young people who use prescription opioids in their early teens are more likely to be using heroin when they graduate from high school. Because your brain is still developing, opioids can cause permanent changes in your brain and make you more vulnerable to addiction as an adult."</i>  <i>"What do you think about this information?"</i>

# STAY CONNECTED



[schoolhealthcenters.org](https://schoolhealthcenters.org)



[info@schoolhealthcenters.org](mailto:info@schoolhealthcenters.org)



[schoolhealthcenters](https://www.facebook.com/schoolhealthcenters)



[sbh4ca](https://twitter.com/sbh4ca)



[sbh4ca](https://www.instagram.com/sbh4ca)



Gracias

謝謝

Thank you

Cảm ơn

Salamat

Sierra Jue-Leong, MPH

[sjueleong@schoolhealthcenters.org](mailto:sjueleong@schoolhealthcenters.org)

510.268.1160