

# Module 4: What's Substance Use Prevention (S.U.P.)?

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## Overview

Substance use affects the health and wellness of many young people in a variety of ways, contributing to delayed brain development and higher risk behaviors, like unprotected sex and dangerous driving. Although alcohol, marijuana, and tobacco are the most commonly used substances among adolescents, almost two in ten 12<sup>th</sup> graders have reported trying prescription pills without having a prescription<sup>1</sup>.

The role of Youth Health Workers is to act as a resource to peers and learn how to appropriately refer those with substance use disorders (SUDs) to SBHC services. In this section, you will learn about substance use effects, substance use vs. misuse vs. dependence, and how to discuss this important topic with peers.

## Objectives

In this module, participants will:

1. Identify common substances, their effects, and harm reduction tips.
2. Understand the risks of mixing substances.
3. Differentiate between substance use, misuse, and dependence.
4. Identify common myths about substance use.
5. Understand the stigma surrounding addiction and learn about addiction as a disease.
6. Define SBIRT and identify services offered by SBHCs to address substance use among young people.
7. Practice active listening skills when helping a friend and referring a friend to SUD services at their SBHC.

## Agenda 1: The Effects of Substance Use (75 min)

1. Icebreaker/Check-In and Pre-Test (20 min)
2. Activity: Substance Use & Harm Reduction (30 min)
3. Activity: The Risks of Mixing (15 min)
4. Check-Out/Closing (10 min)

## Agenda 2: Substance Use Disorders (SUDs) (100 min)

1. Icebreaker/Check-In (10 min)
2. Activity: An Introduction to Substance Use, Misuse, & Dependence (35 min)
3. Activity: SUD Myths & Facts (15 min)
4. Activity: Addiction as a Disease (30 min)
5. Check-Out/Closing (10 min)

## Agenda 3: SBIRT & Your SBHC (120 min)

1. Icebreaker/Check-In (10 min)
2. Activity: Services at Your SBHC & SBIRT (20 min)
3. Activity: Screening - Mock CRAFFT Screening Interview (20 min)
4. Activity: Brief Intervention & Active Listening (40 min)
5. Activity: Referral to Treatment & How do we H.E.L.P. for SUDs? (20 min)
6. Post-Test and Check-Out/Closing (10 min)

## Section Handouts

- Common Substances
- The Risks of Mixing
- Use/Misuse/Dependence Statements
- Fact or Myth?
- Stigma Scenarios
- The Drug War, Mass Incarceration and Race
- Substance Use Disorder & Addiction
- SBIRT & Principles of Treatment for Dependence
- Character Profiles/Mock CRAFFT Screening
- Non-Verbal Communication, Open-Ended Questions, and Reflection/Character Profiles
- H.E.L.P. for SUDs/ Assessing Situations Role Play Scenarios
- Additional Resources
- Additional Curricula & Resources

## Word Bank

Harm Reduction  
Substance Use Disorder  
SBIRT

## Did you know?

More than half of U.S. high school graduates will have tried an illegal substance by the end of 12<sup>th</sup> grade.<sup>2</sup>

**Facilitator's Note:** We strongly recommend partnering with your SBHCs mental health staff to support co-facilitation of the activities.

<sup>1</sup>Johnson LD, O'Malley PM, Bachman JG, Schulenberg JE, Miech RA. Monitoring the Future national survey results on drug use, 1975-2013: Volume I, Secondary school students. Ann Arbor, MI: Institute for Social Research, University of Michigan, 2014: 32-36.

<sup>2</sup>Monitoring the Future (2005). Trends in Lifetime Prevalence of Use of Various Drugs for Eighth, Tenth, and Twelfth Graders. Web: July 8, 2015.

## Agenda I: The Effects of Substance (75 min)

**You will need:** Module 4 Pre-Test, Agenda I: Check Your Knowledge! (copied twice, back and front on one piece of paper)

### Instructions:

1. Icebreaker/Check-In and Pre-Test (20 min)
  - a. As participants come into the room, give them the Module 4 Pre-Test to fill out while they wait. Instruct the participants to write their Student ID # on the test. Say: "This is a pre-survey to see what participants already know about substance use prevention. Your answers on this pre-survey will not impact your grade. The student ID is to help us match the pre and post surveys to help us learn about any changes in knowledge after completion of the What's S.U.P.? Module."
  - b. When participants finish filling out the Module 4 Pre-Test, give them the Agenda I: Check Your Knowledge! pre-test. Say: "This is a quick anonymous survey to see what participants already know about the topics we'll cover in this session. It is okay if you do not know the answers, we will learn more about these topics today. It does not matter which side you fill out, just circle 'pre' in the upper left hand corner. When you are done filling out that side, put it in your desk or backpack."
  - c. Think of an ice breaker or check-in question to ask participants.
  - d. After participants finish filling out the Agenda I: Check Your Knowledge! pre-test, conduct the ice breaker or go around the room and have participants answer the check-in question. If you are short on time, you can have participants share their check-in question answer with a partner.
  - e. Establish community agreements and revisit them throughout the module. Agreements can include: respect, confidentiality, one mic, self-care, etc.
2. Activity: Substance Use & Harm Reduction (30 min)
3. Activity: The Risks of Mixing (15 min)
4. Check-Out/Closing (10 min)
  - a. Ask participants to pullout the Agenda I: Check Your Knowledge! survey that they put away at the beginning of class. Have participants fill out the other side of the survey. Say: "This is the same survey you took earlier to see what new knowledge you have gained from the activities today. Circle 'post' in the upper left hand corner."
  - b. Think of a brief check-out or closing activity.

## Module 4: What's S.U.P.?

Pre

Student ID# \_\_\_\_\_

1. An example of an opioid substance is:
  - a. Marijuana
  - b. Prescription pain medications
  - c. Ecstasy
  - d. Nicotine
  
2. A person's inability to control the impulse to use drugs even when there are negative consequences is known as:
  - a. Drug Use
  - b. Drug Misuse
  - c. Drug Dependence
  - d. SBIRT
  
3. Mixing prescription medication with alcohol or other substances can result in accidental overdose or death.  

TrueFalse
  
4. Substance use stigma not only is a hurtful stereotype but also can impact a person's willingness to access services.  

TrueFalse
  
5. The CRAFTT Screening interview is used for:
  - a. Candidates seeking a job at the SBHC
  - b. Helping identify adolescents with substance use disorders
  - c. Finding out if a student should be disciplined for substance use
  - d. None of the above

Circle the response that is most appropriate for you.

6. I know at least three ways to help reduce the possible harmful effects of substances.

1	2	3	4	5
Strongly Disagree	Disagree	Neither Agree or Disagree	Agree	Strongly Agree

7. I know at least three long- or short-term effects that substance use can have on people.

1	2	3	4	5
Strongly Disagree	Disagree	Neither Agree or Disagree	Agree	Strongly Agree

8. I am aware of services and resources offered to young people at our SBHC for substance use disorders.

1	2	3	4	5
Strongly Disagree	Disagree	Neither Agree or Disagree	Agree	Strongly Agree

9. I feel confident about my ability to connect my peers to services and resources for substance use disorders.

1	2	3	4	5
Strongly Disagree	Disagree	Neither Agree or Disagree	Agree	Strongly Agree

10. I feel confident about my ability to practice active listening when communicating with others.

1	2	3	4	5
Strongly Disagree	Disagree	Neither Agree or Disagree	Agree	Strongly Agree

## Agenda 1: Check Your Knowledge!

Pre                      Post

1. These substances are highly addictive and can cause drowsiness, slowed breathing, and decreased heart rate. Examples of this substance are heroin and prescription pain medication such as Vicodin and Oxycontin. These substances are called \_\_\_\_\_.
  - a. Inhalants
  - b. Stimulants
  - c. Opioids
  
2. An example of a harm reduction strategy to reduce the negative effects of substance use is:
  - a. Stay hydrated
  - b. Make sure you're not alone while using
  - c. Reduce amount and frequency of use
  - d. All of the above
  
3. If someone says yes to sex while under the influences of substances it still counts as giving consent.

True                      False
  
4. List two ways substance use can affect you.
  
  
  
  
  
  
  
  
  
5. Mixing alcohol with other substances can magnify the effects of the other substances, which can increase harmful consequences.

True                      False

## Activity: Substance Use & Harm Reduction (30 minutes)

In this activity, participants will:




- Identify common substances and their effects.
- Identify harm reduction tips for substance use.

**You will need:** Flipchart paper, markers, Handout 1

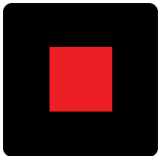

**Instructions:**

1. Say: “Drugs can also be called substances. There are various types of substances that are known by different names. It’s important to be familiar with the common substances and the potentially harmful effects that they have on your mind and body from short-term and long-term use.” *Facilitator’s Note: For additional substance use resources, see **Facilitator Handout 5**.*
2. Divide the group in pairs or small groups. Distribute **Handout 1**. Give participants about 3 minutes to review the handout individually. Have each pair or group pick 1 substance (try to avoid overlap). Instruct the participants to take 5-10 minutes to write on flipchart paper common names and effects. Have each small group present to the large group. At the end of each presentation, ask the large group what they have heard about the substance(s).
3. Say: “In 2014, California passed the “Yes Means Yes” law which states that in order to engage in sexual activity there needs to be verbal sober agreement. As we can see, many substances affect your thoughts and decision-making skills. Because of this, anyone who is under the influence of substances cannot give consent. This means if someone says yes to sex while under the influence of substances it does not count as giving consent. At the same time, if both people are under the influence, neither person can give consent.”
4. Define **Harm Reduction**. Say: “Harm reduction is a set of practices and services aimed at reducing the negative effects of substance use. This can include programs and personal tips to be safer when using substances.”
5. Say: “Let’s take a few minutes to think about how the effects of substance use can have possible harmful impacts. For example, many substances affect coordination, this could affect a person’s ability to drive. A way to reduce the possible harmful impact of getting into a car accident while under the influence is not using substances and driving.” Ask the group to share examples of possible harmful impacts and some strategies for reduction.”
6. Ask the group to think about the strategies for reduction that have been shared thus far. Say: “What are some general strategies to reduce harm when using substances?” Some examples include:
  - Make sure you are not alone and are with friends you trust
  - Pace yourself
  - Avoid mixing with alcohol or other substances
  - Eat before using and stay hydrated
  - Know your source
  - Reduce dosage and frequency
  - Do not drive or get in a car with someone who has been using substances
  - Choose the least harmful method of using





## Handout 1: Common Substances<sup>3</sup>





Substances	Examples and Common Names	Effects	Harm Reduction Tips
<b>Alcohol</b> 	<p>Examples: beer, wine, and liquor</p> <p>Also known as: 40s, Booze, Brew, Drank, Juice, Liquid Confidence, and Sauce</p>	<p>Short-Term Effects: Affects decision making, increases injuries and risky behavior, loss of coordination, slowed reflexes, slowed breathing, slurred speech, blurred vision, and memory problems</p> <p>Long-Term Effects: Permanently affects information processing and learning, irregular heartbeat, stroke, high blood pressure, deterioration of the liver, brain damage, and mouth/throat/liver/breast cancer</p> <p><input checked="" type="checkbox"/> Addictive <input checked="" type="checkbox"/> Can overdose or die</p>	<ul style="list-style-type: none"> <li>• Don't drink alone</li> <li>• Pace yourself</li> <li>• Avoid mixing with other substances</li> <li>• Don't drink on an empty stomach</li> <li>• Stay hydrated</li> <li>• Reduce dosage and frequency</li> <li>• Give car keys to someone else before you start drinking</li> </ul>
<b>Cough and Cold Medicines</b> 	<p>Examples: Dextromethorphan (DXM) cough syrup, tablets, and gel capsules Promethazine-codeine cough syrup</p> <p>Also known as: Candy, Dex, Drank, Lean, Robo, Robotripping, Skittles, Triple C, Tussin, and Velvet</p>	<p>Short-Term Effects: Loss of coordination, numbness, nausea, increased blood pressure, increased heart rate, vision changes, slurred speech, and feeling very excited</p> <p>Long-Term Effects: Unknown</p> <p><input checked="" type="checkbox"/> Addictive <input checked="" type="checkbox"/> Can overdose or die</p>	<ul style="list-style-type: none"> <li>• Be with friends you trust</li> <li>• Pace yourself</li> <li>• Do not mix with alcohol</li> <li>• Reduce dosage and frequency</li> </ul>
<b>Inhalants</b> 	<p>Examples:</p> <p><i>Solvents:</i> paint thinner, nail polish remover, degreaser, gasoline, felt tip markers, glue</p> <p><i>Aerosols:</i> spray paint, hair spray, deodorant spray, vegetable oil sprays</p> <p><i>Gases:</i> butane lighters, propane tanks, whipped cream dispensers, nitrous oxide</p> <p><i>Nitrites:</i> amyl, butyl, and cyclohexyl</p> <p>Also known as: Bold (nitrites), Laughing</p>	<p>Varies by chemical</p> <p>Short-Term Effects: Dizziness, nausea, slurred speech, vomiting, confusion, lack of coordination, skin irritation, headache, and sudden death</p> <p>Long-Term Effects: Brain and liver damage, lung and kidney impairment, increased heart rate, spasms, bone marrow damage, hearing and vision loss, and weakened immune system. Nervous system damage can also cause immediate death from heart failure or lack of oxygen.</p>	<ul style="list-style-type: none"> <li>• Be with friends you trust</li> <li>• Pace yourself</li> <li>• Get fresh air</li> <li>• Avoid mixing with stimulants like nicotine/tobacco, caffeine, or other substances because it puts too much strain on your heart</li> <li>• Inhalants are highly flammable. Keep away</li> </ul>


<sup>3</sup> Adapted from: National Institute on Drug Abuse for Teens. *Drug Facts*. Web: February 6, 2020; Health Initiative for Youth. (2002). Substance Use Drug Chart.

	Gas (nitrous oxide), Poppers (amyl nitrite and butyl nitrite), Rush (nitrites), Snappers (amyl nitrite), and Whippets (fluorinated hydrocarbons)	<input type="checkbox"/> Addictive <input checked="" type="checkbox"/> Can overdose or die	<p>from cigarettes, candles, and lighters.</p> <ul style="list-style-type: none"> <li>• Avoid using balloons to inhale substances</li> <li>• Nitrous oxide is a safer alternative to using computer dusters, gasoline, or butane</li> </ul>
<b>LSD</b> 	Also known as: Acid, Blotter, Blue Heaven, Cubes, L, Microdot, and Yellow Sunshine	<p>Short-Term Effects: Rapid emotional swings, distortion of a person's ability to recognize reality and think rationally, dilated pupils, higher body temperature, increased blood pressure, increased heart rate, loss of appetite, sweating, dry mouth, nausea, dizziness, stomach pains, anxiety, paranoia, panic, and tremors</p> <p>Long-Term Effects: Frightening flashbacks, disorganized thinking, paranoia, and mood swings</p> <input type="checkbox"/> Addictive <input checked="" type="checkbox"/> Can overdose, but unlikely to be fatal	<ul style="list-style-type: none"> <li>• Be with friends you trust</li> <li>• Pace yourself</li> <li>• Avoid mixing with other substances</li> <li>• Know your source</li> </ul>
<b>Marijuana</b> 	Also known as: Cannabis, Blunt, Bomb, Boom, Bud, Chronic, Dank, Dope, Gangster, Ganja, Grass, Green, Hash, Herb, Joint, Mary Jane, Pot, Reefer, Sinsemilla, Skunk, Smoke, Trees, and Weed	<p>Short-Term Effects: Altered senses, altered sense of time, mood change, slowed reaction time, coordination problems, increased appetite, trouble problem solving, memory problems, hallucinations, delusions, tiredness, red eyes, dryness of mouth, anxiety or paranoia, nausea, dizziness, confusion, and panic attacks</p> <p>Long-Term Effects: Increased heart rate and blood pressure, breathing problems, mental health problems, loss of short-term memory, and yellowed teeth</p> <input checked="" type="checkbox"/> Addictive <input type="checkbox"/> Can overdose or die	<ul style="list-style-type: none"> <li>• Be with friends you trust</li> <li>• Pace yourself</li> <li>• Avoid mixing with other substances</li> <li>• Stay hydrated</li> <li>• Roll your own joint to make sure it's not laced with other substances</li> <li>• Reduce dosage and frequency</li> </ul>



<b>Synthetic Cannabinoids</b> 	Also known as: Spice, Black Mamba, Bliss, Bombay Blue, Fake Weed, Genie, K2, Moon Rocks, Skunk, Smacked, Yucatan Fire, and Zohai	<p>Short-Term Effects: Fast heart rate, increased blood pressure, throwing up, agitation, extreme anxiety, paranoia, hallucinations, feeling confused, violent behavior, suicidal thoughts</p> <p>Long-Term Effects: Unknown</p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Addictive</li> <li><input checked="" type="checkbox"/> Can overdose or die</li> </ul>	<ul style="list-style-type: none"> <li>• Be with friends you trust</li> <li>• Pace yourself</li> <li>• Avoid mixing with other substances</li> <li>• Know your source</li> <li>• Reduce dosage and frequency</li> </ul>
<b>MDMA</b> 	Also known as: Ecstasy, Molly, Adam, Beans, Clarity, Doves, E, Empathy, Eve, Hug, Love Drug, Lover's Speed, Peace, Uppers, X, and XTC	<p>Short-Term Effects: Decrease in appetite, increased heart rate and blood pressure, increased body temperature, muscle tension, teeth clenching, low sex drive and difficulty reaching orgasm, blurred vision, nausea, dizziness, faintness, dehydration, mild depression, and fatigue</p> <p>Long-Term Effects: Confusion, depression, and memory and attention problems</p> <p>Unknown if addictive</p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Can overdose or die</li> </ul>	<ul style="list-style-type: none"> <li>• Be with friends you trust</li> <li>• Pace yourself</li> <li>• Avoid mixing with other substances</li> <li>• Stay hydrated</li> <li>• Know your source. Pills are usually mixed with other substances that are more harmful. A testing kit can help determine the purity of the Ecstasy.</li> </ul>
<b>Opioids:</b> • Heroin 	Also known as: Black Tar, Brown Sugar, China White, Chiva, Dope, H, Hop, Horse, Junk, O, Ska, Skag, Skunk, Smack, Tar, and White Horse	<p>Short-Term Effects: Tiny pupils, dry mouth, clouded thinking, itchy skin, sweating, runny nose, body aches, sedation, sleeplessness, constipation, nausea, slowed breathing and heart rate, lowered libido, vomiting, and flu-like symptoms that last 4-12 days</p> <p>Long-Term Effects: Infection of the heart, liver and kidney disease, lung problems, and mental health problems</p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Addictive</li> <li><input checked="" type="checkbox"/> Can overdose or die</li> </ul>	<ul style="list-style-type: none"> <li>• Be with friends you trust</li> <li>• Pace yourself</li> <li>• Avoid mixing with other substances</li> <li>• If injecting, don't share needles</li> <li>• Avoid long term use; after 3-4 weeks of steady use the body becomes physically dependent on the drug</li> </ul>
• Prescription Pain Medications 	Examples: <i>Oxycodone:</i> OxyContin, Percodan, Percocet <i>Hydrocodone:</i> Vicodin <i>Diphenoxylate:</i> Lomotil <i>Morphine:</i> Katian, Avinza <i>Codeine</i> <i>Fentanyl:</i> Duragesic		

	Also known as: Happy Pills, Hillbilly Heroin, OC, Oxy, Oxycotton, Percs, and Vikes		
<b>Prescription Depressants</b> 	<p>Examples:</p> <p><i>Barbiturates:</i> Mebaral, Luminal, Nembutal</p> <p><i>Benzodiazepines:</i> Xanax, Klonopin, Valium, ProSom, Ativan</p> <p><i>Sleep Medications:</i> Lunesta, Ambien, Sonata</p> <p>Also known as: A-minus, Barbs, Candy, Downers, Phennies, Red Birds, Reds, Sleeping Pills, Tooies, Tranks, Yellow Jackets, Yellows, and Zombie Pills</p>	<p>Short-Term Effects: Slurred speech, poor concentration, confusion, dizziness, shallow breathing, slowed breathing, sleepiness, lack of coordination</p> <p>Long-Term Effects: Unknown</p> <p><input checked="" type="checkbox"/> Addictive</p> <p><input checked="" type="checkbox"/> Can overdose or die</p>	<ul style="list-style-type: none"> <li>• Be with friends you trust</li> <li>• Pace yourself</li> <li>• Do not mix with alcohol</li> <li>• Do not drive after using depressants</li> </ul>
<b>Stimulants:</b> <ul style="list-style-type: none"> <li>• <b>Prescription (Amphetamines)</b></li> </ul> 	<p>Examples: Dexedrine, Adderall, Ritalin, and Concerta</p> <p>Also known as: Bennies, Black Beauties, Crosses, Hearts, IIF, LA Turnaround, MPH, R-ball, Roses, Skippy, Speed, Study Drugs, The Smart Drug, Truck Drivers, Uppers, and Vitamin R</p>	<p>Short-Term Effects: Increased heart rate and blood pressure, irregular heartbeat, dangerously high body temperature, wide eyes, dilated pupils, restlessness, welts/skin sores, nausea, vomiting, diarrhea, headaches, irritability, moodiness, anxiousness, shortness of breath, aggressiveness, nervousness, paranoia, twitching, jaw clenching, dehydration, exhaustion, depression, mental confusion, and insomnia</p> <p>Long-Term Effects: Heart attack, severe depression and suicidal tendencies, extreme paranoia and panicking, violent behavior, psychosis, fatal kidney and lung disorders, possible brain damage, weakened immune system, liver damage, seizures, severe dental problems, loss of sex drive, and stroke</p> <p><input checked="" type="checkbox"/> Addictive</p> <p><input checked="" type="checkbox"/> Can overdose or die</p>	<ul style="list-style-type: none"> <li>• Be with friends you trust</li> <li>• Pace yourself</li> <li>• Mixing with opioids or alcohol increases the risk of overdosing</li> <li>• Eat and stay hydrated</li> <li>• Know your source</li> <li>• If given the choice, avoid injecting as it is the riskiest form of use</li> </ul>
<ul style="list-style-type: none"> <li>• <b>Cocaine</b></li> </ul> 	<p>Also known as: Base, Blast Blizzard, Blow, Bump, C, Candy, Charlie, Coca, Coke, Crack, Flake, Nose Candy, Powder, Rock, Snow, and Toot</p>		
<ul style="list-style-type: none"> <li>• <b>Methamphetamine</b></li> </ul> 	<p>Also known as: Chalk, Crank, Crystal, Fire, Glass, Go Fast, Ice, Meth, Speed, and Tina</p>		

<b>Tobacco / Nicotine</b>  	<p>Also known as:</p> <p><i>Cigarettes:</i> Butts, Cigs, Smokes</p> <p><i>Smokeless Tobacco:</i> Chew, Dip, Snuff, Snus, and Spit Tobacco</p> <p><i>Hookah:</i> Goza, Hubble-bubble, Narghile, Shisha, and Waterpipe</p> <p><i>Vaping:</i> E-cigarettes, E-cigs, JUULing</p>	<p>Short-Term Effects: Increased pulse rate and blood pressure, reduced appetite, bad breath, yellow teeth, shortness of breath, dizzy, nauseous, clothes and hair smell like smoke</p> <p>Long-Term Effects: Lung disease (bronchitis, cancer), heart disease, difficulty breathing, throat cancer, anxiety, depression, irritability, and restlessness</p> <p><input checked="" type="checkbox"/> Addictive</p> <p><input checked="" type="checkbox"/> Can overdose or die</p>	<ul style="list-style-type: none"> <li>• Pace yourself</li> <li>• Know your source</li> <li>• Reduce dosage and frequency</li> <li>• Avoid smoking around young people, especially those with asthma problems</li> <li>• Avoid smoking indoors</li> </ul>
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## Activity: The Risks of Mixing (15 minutes)

In this activity, participants will:

- Understand the risks of mixing substances.

**You will need:** Handout 2

### Instructions:

1. Divide participants into small groups and have them look over **Handout 2**. Have them answer the “Think it Through” questions together, on a separate sheet of paper.
2. Go through the “Think it Through” questions as a class. Answers can be as follows<sup>4</sup>:
  - a. Prescription sedatives and opioids each slow breathing. Combining them with alcohol can further slow breathing to such low levels that a person could become comatose and/or die.
  - b. Doctors prescribe medications based on a person’s age, weight, and specific illness so that only the required dosage is used. Misusing prescription drugs exposes the body to unsafe doses that can cause harm.
  - c. Impaired driving, poor sports performance, poor academic performance, etc.
  - d. Alcohol can cause the heart to beat rapidly or irregularly, damaging the heart muscle. Combining alcohol with substances that also increase heart rate, for example, magnifies the effects and the risks.
3. Say: “As we can see, there are a lot of risks when mixing drugs and alcohol. There are also a lot of risks when mixing drugs with other drugs. Let’s take a minute to talk about mixing medications. Even if it is a prescription medication that is prescribed to you, or an over-the-counter (OTC) medication, mixing them can be unsafe. For example, prescription medications used to treat attention deficit hyperactivity disorder (ADHD), such as Ritalin, are stimulants. These medications contain ingredients that increase heart rate and blood pressure. The decongestants in many OTC allergy and cold medications are also stimulants. As a result, taking Ritalin at the same time as a decongestant can cause an additional increase in heart rate and blood pressure. Over time, this can damage the heart.<sup>5</sup>”
4. Say: “The same goes for mixing illegal drugs. Speedballing (mixing heroin and cocaine) is a common drug combination. While it seems intuitive that combining a stimulant (cocaine) and a depressant (heroin) would counterbalance the different effects, the combination **does not** cancel out overdose risk. Actually, people who speedball are at higher risk of overdosing than people who use heroin or cocaine alone. This is likely for many reasons, one of which being the stimulant causes the body to use more oxygen while the depressant reduces the breathing rate.<sup>6</sup>”
5. Say: “Always carefully read the label before taking anything and talk to your doctor before starting a new medication if you are still taking an old one.”

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<sup>4</sup> Adapted from: Scholastic. (2012). *Drugs and Your Body*. Web: January 28, 2019

<sup>5</sup> Scholastic. (2019). *A Dangerous Mix*. Web: January 28, 2019

<sup>6</sup> Harm Reduction Coalition. *Mixing Drugs*. Web: March 19, 2020

## STUDENT WORK SHEET

# Alcohol + Drugs = Magnified Effects

Study the information from the diagram below, and then answer the “Think It Through” questions that follow. Write in complete sentences on a separate sheet of paper.

Using alcohol with other drugs can magnify the effects of each drug and increase the harmful consequences. The results can be deadly. For example, alcohol combined with cocaine can increase blood pressure to dangerous levels. Combined with prescription sedatives and opioids, alcohol can drastically slow breathing.	
Drug Name	MAGNIFIED Effects With Alcohol
COCAINE	Increased blood pressure and heart rate.
PRESCRIPTION* SEDATIVES & OPIOIDS	Dangerously slowed breathing; coma.
MARIJUANA	Impaired thinking and coordination; increased heart rate and blood pressure.
METHAMPHETAMINE	Increased heart rate, blood pressure, and body temperature.
INHALANTS	Increased heart rate; heart failure.

\*Physicians prescribe medications based on such things as a person's specific illness, age, weight, and overall health. Medications taken as prescribed by physicians safely treat illness, which is why it is so important to take the prescribed medication at the correct dosage and time, without variance.

## Think It Through

1. Prescription sedatives include sleeping pills and anti-anxiety medications such as Valium® and Xanax®. Prescription opioids include Vicodin®, Oxycontin®, and codeine. Why could combining any of these drugs with alcohol land a person in the emergency room (ER)?
2. Why is taking a prescription drug in a manner different from the way it was prescribed so dangerous?
3. Impaired thinking and coordination are dangerous side effects that result from mixing marijuana and alcohol. What are some harmful consequences that might result from this combination?
4. Heavy alcohol use does not have to be combined with other drugs to cause damage to your brain or body. Alcohol can damage the liver and heart while also impairing brain function. How does this make mixing drugs and alcohol so dangerous?

## Agenda 2: Substance Use Disorders (SUDs) (95 min)

**You will need:** Agenda 2: Check Your Knowledge! (copied twice, back and front on one piece of paper)

### Instructions:

1. Icebreaker/Check-In (10 min)
  - a. As participants come into the room, give them the Agenda 2: Check Your Knowledge! pre-test. Say: "This is a quick anonymous survey to see what participants already know about the topics we'll cover in this session. It is okay if you do not know the answers, we will learn more about these topics today. It does not matter which side you fill out, just circle 'pre' in the upper left hand corner. When you are done filling out that side, put it in your desk or backpack."
  - b. Think of an ice breaker or check-in question to ask participants.
  - c. After participants finish filling out the Agenda 2: Check Your Knowledge! pre-test, conduct the ice breaker or go around the room and have participants answer the check-in question. If you are short on time, you can have participants share their check-in question answer with a partner.
2. Activity: An Introduction to Substance Use, Misuse, & Dependence (35 min)
3. Activity: SUD Myths & Facts (15 min)
4. Activity: Addiction as a Disease (25 min)
5. Check-Out/Closing (10 min)
  - a. Ask participants to pullout the Agenda 2: Check Your Knowledge! survey that they put away at the beginning of class. Have participants fill out the other side of the survey. Say: "This is the same survey you took earlier to see what new knowledge you have gained from the activities today. Just circle 'post' in the upper left hand corner."
  - b. Think of a brief check-out or closing activity.

## Agenda 2: Check Your Knowledge!

Pre

Post

1. Addiction is a choice.

True

False

2. It's safe to use prescription medications if a doctor prescribed it to you before for a different problem.

Fact

Myth

3. Young people's brains aren't fully developed until age 25, so substance use can permanently change their brains.

True

False

4. The improper or unhealthy use of a prescription medication or alcohol is called drug \_\_\_\_

a. Use

b. Misuse

c. Dependence

5. What is the level of drug use associated with the following statement?

"I started using pain killers for my muscle pain, but now I feel I need to take more in order for it to work."

a. Use

b. Misuse

c. Dependence

## Activity: An Introduction to Substance Use, Misuse, and Dependence (35 min)

In this activity, participants will:

- Differentiate between substance use, misuse, and dependence.

**You will need:** Flipchart paper, markers, Facilitator Handout I

**Instructions:**

1. Say: "Now we are going to define different levels of substance use."
2. Prepare 3 pieces of flipchart paper with the words "Substance Use," "Substance Misuse," and "Substance Dependence."
3. Divide participants into groups of 2-4 people and assign them or let them choose a flipchart paper to start at. Ask the groups to brainstorm a definition of their assigned word.
4. Ask each pair or group to share back their reflections. Consider using the following discussion questions:
  - a. What was challenging about coming up with the definitions for these words?
  - b. What were the similarities between each word? What were the differences?
  - c. What stood out to you/was most interesting?
5. Facilitator's Note: If needed, define each term for the participants:
  - a. **Use:** Refers to any use of illegal substances.
  - b. **Misuse:** The improper or unhealthy use of a prescription medication or alcohol. It also includes using prescription drugs in ways other than prescribed or using someone else's prescription.
  - c. **Dependence:** A person's inability to control the impulse to use substances even when there are negative consequences.<sup>7</sup> There are 2 kinds:
    - i. **Physical dependence:** The need to use a substance to prevent withdrawal symptoms. Often accompanied by building tolerance (need more to feel the effects).
    - ii. **Psychological dependence:** The condition in which user relies on substance to be able to function.
6. Say: "Use and misuse are the same levels of use just different types of substances. It is important to be able to understand the difference between use/misuse and dependence because it can help a person identify when substance use is possibly becoming a problem. Now that we have common definitions for these words, we are going to practice what this can look like with common scenarios."
7. Copy and/or cut statements out from **Facilitator Handout I**. Explain that these are statements from other people and ask them to think about where this statement may fit on the flipchart paper by sticking them to the flipchart paper with the definitions.
8. After each statement is placed, ask participants to explain their reasoning and move them to the appropriate category, if needed:

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<sup>7</sup> National Institute on Drug Abuse. (2018). *The Science of Drug Use and Addiction: The Basics*. Web: October 24, 2015



- a. I don't drink that often, but when I do, I drink to get trashed. – Misuse
  - b. I usually drink or smoke every weekend with my friends. – Use
  - c. I smoke weed when I need to relax. – Dependence
  - d. I usually vape on my way to school, it helps me relax before I have to sit in class all day. – Dependence
  - e. Every once in a while, I take pills like Adderall for fun with friends. - Misuse
  - f. I got hurt during football practice last year and broke my arm. My doctor prescribed me pain killers but now I feel like I can't stop taking them. - Dependence
  - g. I've blacked out on alcohol and cocaine three times in my life. – Use and Misuse
  - h. I have a hard time sleeping, so most nights I vape. It's really hard to sleep without doing it. - Dependence
  - i. I had a couple of shots of tequila at a party just to see what it was like. - Use
  - j. My friend likes to go to clubs. Honestly, they just aren't fun if you're not on something to help you relax/dance, like ecstasy. – Use
  - k. I found some leftover pain killers at our house and started taking them because I pulled a muscle during practice. Now when I do not take them I feel anxious. - Dependence
9. Say: “Health professionals call substance use, misuse, and dependence, substance use disorders or SUDs. Our brains do not fully mature until about age 25 and, because our brains are not fully developed, substance use permanently structurally changes our brains. Because of this, the adolescent brain is more susceptible to SUDs.”

## Facilitator's Handout 1: Use/Misuse/Dependence Statements

I don't drink that often, but when I do, I drink to get trashed.

I usually drink or smoke every weekend with my friends.

I smoke weed when I need to relax.

I usually vape on my way to school, it helps me relax before I have to sit in class all day.

Every once in a while, I take pills like Adderall for fun with friends.

I got hurt during football practice last year and broke my arm. My doctor prescribed me pain killers but now I feel like I can't stop taking them.

I've blacked out on alcohol and cocaine three times in my life.

I have a hard time sleeping, so most nights I vape. It's really hard to sleep without doing it.

I had a couple of shots of tequila at a party just to see what it was like.

My friend likes to go to clubs. Honestly, they just aren't fun if you're not on something to help you relax/dance, like ecstasy.

I found some leftover pain killers at our house and started taking them because I pulled a muscle during practice. Now when I do not take them I feel anxious.

## Activity: SUD Myths & Facts (15 minutes)

In this activity, participants will:

- Identify common myths and misconceptions about substance use.
- Identify sources of influence and information for young people.

**You will need:** Flipchart paper, markers, Facilitator Handout 2

**Instructions:**

1. Ask participants why FACTS are important when it comes to understanding substances. Discuss ways to determine if information is a fact or a myth. Ask: “What questions would you ask to determine if it is reliable or not?” *Facilitator’s Note: Examples can include - Is the information fact-checked/verified? What are the fact provider’s qualifications? Does the information reflect personal opinion or bias? Is the information up-to-date?*<sup>8</sup>
2. Label 2 flipchart papers, one with “FACT” and the other with “MYTH.” Cut the statements from **Facilitator Handout 2**. Depending on the number of participants, hand out the statements to pairs or individual participants. Instruct them to think about whether the statements are a fact or myth and stick them on the appropriate paper. Discuss the correct answers:
  - a. You cannot be addicted to marijuana. – MYTH (more info at: <https://teens.drugabuse.gov/drug-facts/marijuana>)
  - b. Even if prescribed by a doctor, medications can still be harmful. – FACT (more info at: <https://kidshealth.org/en/teens/meds.html>)
  - c. Mixing prescribed medications with alcohol or other substances can result in accidental overdose or death. – FACT (more info at: <https://teens.drugabuse.gov/blog/post/mixing-medicines-can-be-dangerous>)
  - d. Smokeless tobacco does not cause cancer. – MYTH (more info at: <https://teens.drugabuse.gov/drug-facts/tobacco-nicotine-vaping-e-cigarettes>)
  - e. Most people who start smoking in their early teens become regular smokers before they’re 18. – FACT (more info at: <https://kidshealth.org/en/teens/smoking.html>)
  - f. Once a person is addicted to substances, they cannot be helped with treatment. – MYTH (more info at: <https://www.drugabuse.gov/publications/drugfacts/treatment-approaches-drug-addiction>)
  - g. Vaping does not have harmful effects. – MYTH (more info at: <https://teens.drugabuse.gov/drug-facts/tobacco-nicotine-vaping-e-cigarettes>)
  - h. All substances have an effect on your brain. – FACT (more info at: <https://teens.drugabuse.gov/drug-facts/brain-and-addiction>)
  - i. It’s safe to use prescription medications if they have been prescribed to you before for a different problem. – MYTH (more info at: <https://kidshealth.org/en/teens/meds.html>)
  - j. Harm reduction practices can help to reduce the negative effects of substance use. – FACT (more info at: <https://harmreduction.org/about-us/principles-of-harm-reduction/>)
  - k. Substances are only harmful if you use them regularly. – MYTH (more info on *Common Substances Handout*)
  - l. You cannot develop a tolerance to opioids (pain medications). – MYTH (more info at: <https://kidshealth.org/Levine/en/parents/opioid-prescription-safety.html>)
  - m. Most teens that misuse prescription medications get it from their friends or relatives. – FACT (more info at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4827331/>)

<sup>8</sup> Scholastic. (2010). *Drug Facts; Shatter the Myths*. Web: February 11, 2020

3. Discussion:

- a. Were there any statements that surprised you when you found out they were a myth or fact?
  - b. Which myths do you think are most common among young people?
4. Discuss sources where young people might get information regarding substance use. Write responses on flipchart paper (3 minutes). *Facilitator's Note: Answers might include - Friends, family, teachers, health professionals, law enforcement, internet, social media, TV, music, clergy/faith leaders.*
5. Discuss some pros and cons for each and write them on the flipchart paper (5 minutes).

## Facilitator's Handout 2: Fact or Myth?

You cannot be addicted to marijuana.

Even if prescribed by a doctor, medications can still be harmful.

Mixing prescribed medications with alcohol or other substances can result in accidental overdose or death.

Smokeless tobacco does not cause cancer.

Most people who start smoking in their early teens become regular smokers before they're 18.

Once a person is addicted to substances, they cannot be helped with treatment.

Vaping does not have harmful effects.

All substances have an effect on your brain.

It's safe to use prescription medications if they have been prescribed to you before for a different problem.

Harm reduction practices can help to reduce the negative effects of substance use.

Substances are only harmful if you use them regularly.

You cannot develop a tolerance to opioids (pain medications).

Most teens that misuse prescription medications get it from their friends or relatives.

## Activity: Addiction as a Disease<sup>9</sup> (30 minutes)

In this activity, participants will:

- Understand the stigma surrounding addiction.
- Learn about addiction as a disease.

**You will need:** Facilitator Handout 3, Handout 3 (if no technology available), Handout 4

**Instructions:**

1. Copy and/or cut statements out from **Facilitator Handout 3**.
2. *Facilitator's Note (trigger warning): This can be a sensitive topic. Make sure you revisit your community agreements. Also place emphasis on self-care (such as breaks, stepping out, etc.) and acknowledge that people can have their own experiences with stigma.*
3. Say: "Stigma is defined as the experience of being 'deeply discredited' or marked due to one's 'undesired differentness.'<sup>10</sup> Another way to think about stigma is as negative stereotypes. People who have an addiction to substances experience stigma on a regular basis. Some substances and people who use substances are more stigmatized than others, and these people often face discrimination. Can you think of any drugs or groups of people that are judged more than others? What about the common discriminations they face?"
4. Say: "Stigma can play out on an individual level. I am going to pass out scenarios and go ahead and read them to yourselves."
5. Say: "Of course not all family members and friends hold these attitudes and beliefs. However it is important to acknowledge that some people do attribute negative stereotypes to SUDs, and this can impact a person's willingness to access services."
6. Divide participants into small groups and have them discuss:
  - a. What are some of the issues related to stigma in this scenario?
  - b. What are some of the barriers that stop this person from getting the help they need?
  - c. What could you say if you heard this?
7. Ask: "Has anyone heard of the War on Drugs?"
8. Show "The War on Drugs: From Prohibition to Gold Rush" video, <http://www.drugpolicy.org/issues/brief-history-drug-war>. *Facilitator's Note: If you do not have capability to play the video, give **Handout 3**.*
9. Say: "The United States imprisons more people than any other nation in the world – largely due to the war on drugs. Misguided drug laws and harsh sentencing requirements have produced unequal outcomes for people of color. Although rates of drug use and sales are similar across racial and ethnic lines, Black and Latinx people are far more likely to be criminalized than white people. Racism, ageism, and poverty play a big role in the criminalization of drugs. Young people of color are more likely to be targeted and arrested for their drug use."

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<sup>9</sup> Adapted from: Center for Addiction and Mental Health. *Beyond the Label*. Canada.

<sup>10</sup> Drug Policy Alliance. *Stigma and People Who Use Drugs*. Web: January 29, 2020

(Stat to offer: African Americans are 13% of the US population and 13% of US drug users, but 35% of drug arrest, 55% of drug convictions & 74% of those sentenced to prison for drugs.)

10. Say: “We are in a place where we can change how the criminalization of drugs is handled. On a societal level, rather than lock people up for their substance using behaviors, we think it's more effective to offer them support in the form of drug treatment services. On a school level, rather than suspend and expel students for substance use, offer them substance use programs or counseling.”
11. Say: “Now we are going to switch gears a little and learn about addiction as a disease.”
12. Show “Addiction & the Brain” video, <https://preventionactionalliance.org/learn/about-addiction/>. *Facilitator’s Note: If you do not have capability to play the video, say: Addiction, the most severe form of substance use disorder, is a brain disease that affects about 1 in 7 Americans, according to the U.S. Surgeon General’s report Facing Addiction in America. Addiction compels people to seek out substances even when there are negative consequences. As a disease, it hijacks the brain to create an intense craving for the addictive substance. That craving can override other thoughts and needs in the brain, including desires to build and maintain healthy relationships, have fun, and take care of oneself. According to NIDA, preventing substance use during adolescence is the best strategy for tackling addiction. Addiction changes the brain, and the developing teen’s brain is especially vulnerable to disruptions. Teens who use alcohol, tobacco, and other drugs often have family and social problems, perform poorly in school, and have health problems (including mental health issues).*”
13. Say: “Understanding that addiction is a disease can reduce the stigma associated with addiction. Addiction is not a choice, it is a disease. Take a look at **Handout 4**. See how addiction to substances have symptoms, causes, risk factors, diagnoses, and treatments. Looking at this table can help you visualize and understand addiction to substances as a disease. If the people in these scenarios knew addiction was a disease, how might it change their views?” *Facilitator’s Note: Read the italicized portions of the handout to your audience as they summarize the most important information.*
14. Say: “When people are sick with a disease we surround them with support and try to help them get connected to services, we should do the same with addiction.”

### Facilitator's Handout 3: Stigma Scenarios

From a friend: I felt sorry for Walter when he tore his ACL. It's not his fault that football is such a rough sport, but now he's buying pain killers from his teammates and getting into all kinds of trouble. He should just stop already.

From a friend: Sandy has been smoking marijuana a lot lately, she's barely in class. We should stop hanging out with her, we don't want people to think we are like that too.

From a parent/guardian to their child: I don't want you going over to Fatima's house. I heard her mother just got out of the hospital from an overdose. If she's on drugs, you never know what she might do.

From a parent/guardian to their child: Your brother has to move out. Grandma is coming to visit and she does not know he has a problem with marijuana. Everybody else in our family is a high achiever, except him. I don't want her to know about it.

From a friend: Mary's absent again. I've seen her taking random pills while she is at school. She should just stop before she gets in trouble.

From a friend: I think Joe has a drinking problem, he got completely wasted at the party last night. Before it was okay but he's taken it to another whole level. It's so annoying to take care of him when he's wasted, we don't want to have to keep doing that.



# The Drug War, Mass Incarceration and Race

January 2018

We are  
the **Drug**  
**Policy**  
**Alliance.**

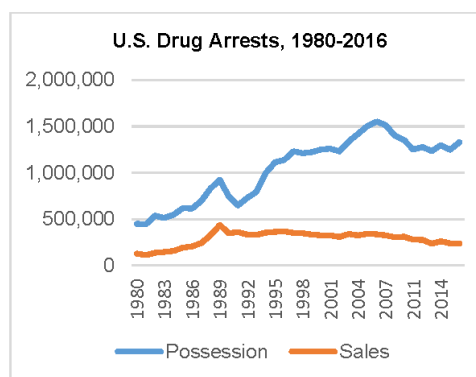
With less than 5 percent of the world's population but nearly 25 percent of its incarcerated population,<sup>1</sup> the United States imprisons more people than any other nation in the world – largely due to the war on drugs. Misguided drug laws and harsh sentencing requirements have produced profoundly unequal outcomes for people of color. Although rates of drug use and sales are similar across racial and ethnic lines, Black and Latino people are far more likely to be criminalized than white people.<sup>2</sup>



Source: International Centre for Prison Studies, *World Prison Brief*.<sup>3</sup>

### The Drug War Drives Mass Incarceration and Racial Disparities in U.S. Judicial Systems

There were more than 1.5 million drug arrests in the U.S. in 2016. The vast majority – more than 80 percent – were for possession *only*.<sup>4</sup> At year-end 2015, 15 percent of all people in state prison were incarcerated for a drug law violation – of whom 44,700 were incarcerated for possession alone. Forty-seven percent of people in federal prisons and more than half of the female federal population are incarcerated for drug law violations.<sup>5</sup> Almost 500,000 people are behind bars for a drug law violation on any given night in the United States<sup>6</sup> – ten times the total in 1980.<sup>7</sup>



Source: Federal Bureau of Investigation, *Uniform Crime Reports*.<sup>8</sup>

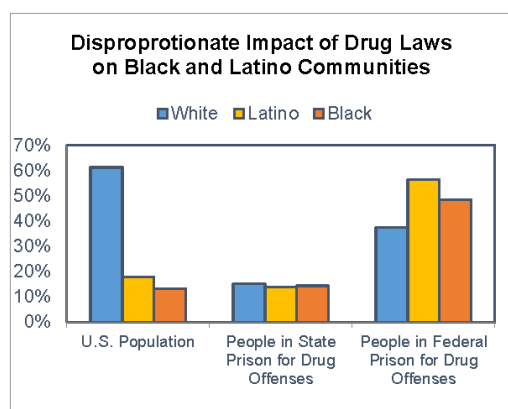
Drug law violations have been the main driver of new admissions to prison for decades. An analysis by Brookings Institution found that there were more than 3 million admissions to prison for drug offenses between 1993 and 2009 in the United States. In each year during that period, more people were admitted to prisons for drug law violations than violent crimes. During that same timeframe, there were more than 30 million drug arrests.<sup>9</sup>

People of color experience discrimination at every stage of the judicial system and are more likely to be stopped, searched, arrested, convicted, harshly sentenced and saddled with a lifelong criminal record. This is particularly the case for drug law violations. Black people comprise 13 percent of the U.S. population,<sup>10</sup> and are consistently documented by the U.S. government to use drugs at similar rates to people of other races.<sup>11</sup> But Black people comprise 29 percent of those arrested for drug law violations,<sup>12</sup> and nearly 40 percent of those incarcerated in state or federal prison for drug law violations.<sup>13</sup>

Similarly, Latinos make up 18 percent of the U.S. population, but comprise 38 percent of people

incarcerated in federal prisons for drug offenses.<sup>14</sup> In 2013, Latinos comprised almost half (47 percent) of all cases in federal courts for drug offenses.<sup>15</sup> National-level data on arrests of people of Latino ethnicity are incomplete. Yet among drug arrest incidents in 2015 in which ethnicity was reported, more than 20 percent of those arrested were Latino.<sup>16</sup> State and local level data show that Latinos are disproportionately arrested and incarcerated for drug possession violations.<sup>17</sup>

**Nearly 80 percent of people in federal prison and almost 60 percent of people in state prison for drug offenses are Black or Latino.<sup>18</sup>**



Sources: U.S. Census Bureau; Bureau of Justice Statistics.<sup>19</sup>

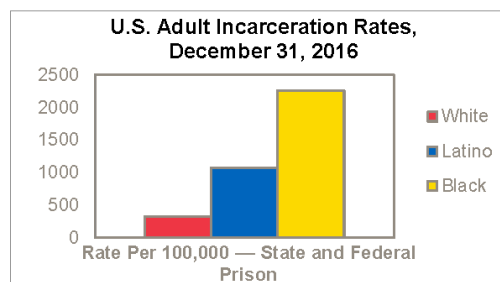
Widely adopted in the 1980s and '90s, mandatory minimum sentencing laws have contributed greatly to the number of people of color behind bars.<sup>20</sup> Research shows that prosecutors are twice as likely to pursue a mandatory minimum sentence for Black people as for white people charged with the same offense.<sup>21</sup> Among people who received a mandatory minimum sentence in 2011, 38 percent were Latino and 31 percent were Black.<sup>22</sup>

#### Mass Incarceration Destroys Families

2.7 million children are growing up in U.S. households in which one or more parents are incarcerated. Two-thirds of these parents are incarcerated for nonviolent offenses, including a substantial proportion who are incarcerated for drug law violations. One in nine Black children has an incarcerated parent, compared to one in 28 Latino children and one in 57 white children.<sup>23</sup>

#### Collateral Consequences of Mass Incarceration

Punishment for a drug law violation is not only meted out by the criminal justice system, but is also perpetuated by policies denying child custody, voting rights, employment, business loans, licensing, student aid, public housing and other public assistance to people with criminal convictions. Criminal records often result in deportation of legal residents or denial of entry for noncitizens trying to visit the U.S. Even if a person does not face jail or prison time, a drug conviction often imposes a lifelong ban on many aspects of social, economic and political life.<sup>24</sup>



Source: Bureau of Justice Statistics, 2017.<sup>25</sup>

**“Nothing has contributed more to the systematic mass incarceration of people of color in the United States than the War on Drugs.”**

— Michelle Alexander, *The New Jim Crow* (2010).

Such exclusions permanently relegate millions of Americans to second-class status, disproportionately people of color. One in 13 Black people of voting age are denied the right to vote because of laws that disenfranchise people with felony convictions.<sup>26</sup>

#### Policy Recommendations

1. Decriminalize drug possession, removing a major cause of arrest and incarceration of primarily people of color, helping more people receive drug treatment and redirecting law enforcement resources to prevent serious and violent crime.
2. Eliminate policies that result in disproportionate arrest and incarceration rates by changing police practices, rolling back harsh mandatory minimum sentences, and repealing sentencing disparities.
3. End policies that exclude people with a record of arrest or conviction from key rights and opportunities. These include barriers to voting, employment, public housing and other public assistance, loans, financial aid and child custody.

<sup>1</sup> Roy Walmsley, *World Population List*, 10th ed. (London: International Centre for Prison Studies, 2013); National Research Council, *The Growth of Incarceration in the United States: Exploring Causes and Consequences* (Washington, D.C.: The National Academies Press, 2014).

<sup>2</sup> Substance Abuse and Mental Health Services Administration, "Results from the 2015 National Survey on Drug Use and Health," (Rockville, MD: Substance Abuse and Mental Health Services Administration, 2015), Table 1.31B; Jamie Fellner, *Decades of disparity: drug arrests and race in the United States* (Human Rights Watch, 2009); Meghana Kakade et al., "Adolescent Substance Use and Other Illegal Behaviors and Racial Disparities in Criminal Justice System Involvement: Findings From a U.S. National Survey," *American Journal of Public Health* 102, no. 7 (2012). While national arrest data by ethnicity are not systematically collected and are therefore incomplete, state-level data show that Latinos are disproportionately arrested for drug offenses. Drug Policy Alliance and Marijuana Arrest Research Project, "Race, Class and Marijuana Arrests in Mayor de Blasio's Two New Yorks: the N.Y.P.D.'s Marijuana Arrest Crusade Continues in 2014," (2014) <http://www.drugpolicy.org/resource/race-class-and-marijuana-arrests-mayor-de-blasios-two-new-yorks-nypds-marijuana-arrest-crusade>; California Department of Justice, "Crime in California 2013," (2014).

<sup>3</sup> International Centre for Prison Studies, World Prison Brief, <http://www.prisonstudies.org/world-prison-brief-data> (2015).

<sup>4</sup> Federal Bureau of Investigation, "Crime in the United States, 2015," (Washington, DC: U.S. Department of Justice, 2016). <https://ucr.fbi.gov/crime-in-the-u.s/2015/crime-in-the-u.s.-2015/persons-arrested/persons-arrested>

<sup>5</sup> E. Ann Carson, "Prisoners in 2016," (Washington, DC: U.S. Department of Justice, Bureau of Justice Statistics, 2017). <https://www.bjs.gov/content/pub/pdf/p16.pdf>

<sup>6</sup> Ibid; Peter Wagner and Bernadette Rabuy, "Mass Incarceration: The Whole Pie 2017," (Prison Policy Initiative, 2017)

<https://www.prisonpolicy.org/reports/pie2017.html>; Doris James, "Profiles of Jail Inmates, 2002," in *Special Report* (Washington, DC: United States Department of Justice, Bureau of Justice Statistics, 2004) <http://www.ojp.usdoj.gov/bjs/pub/pdf/pj02.pdf>.

<sup>7</sup> Peter Reuter, "Why Has US Drug Policy Changed So Little over 30 Years?," *Crime and Justice* 42, no. 1 (2013); National Research Council, *The Growth of Incarceration in the United States: Exploring Causes and Consequences*.

<sup>8</sup> Federal Bureau of Investigation, Uniform Crime Reports, Bureau of Justice Statistics, Arrest Data Analysis Tool; Federal Bureau of Investigation, "Crime in the United States, 2016," <https://ucr.fbi.gov/crime-in-the-u.s/2016/crime-in-the-u.s.-2016>; Data obtained through a request to the Federal Bureau of Investigation, Criminal Justice Information Services' Chief Multimedia Productions, Stephen G. Fischer

<sup>9</sup> Jonathan Rothwell, "Drug offenders in American prisons: The critical distinction between stock and flow," (Brookings Institution, 2015) <http://www.brookings.edu/blogs/social-mobility-memos/posts/2015/11/25-drug-offenders-stock-flow-prisons-rothwell>.

<sup>10</sup> U.S. Census Bureau, Quick Facts (2014) <http://quickfacts.census.gov/qfd/states/00000.html>.

<sup>11</sup> Substance Abuse and Mental Health Services Administration, "Results from the 2014 National Survey on Drug Use and Health: Detailed Tables," (Rockville, MD: Substance Abuse and Mental Health Services Administration, 2015), Table 1.19B.

<sup>12</sup> Federal Bureau of Investigation, "Crime in the United States, 2015," Table 4.9A. <https://ucr.fbi.gov/crime-in-the-u.s/2015/crime-in-the-u.s.-2015/tables/table-4.9>

<sup>13</sup> Bureau of Justice Statistics, Federal Justice Statistics Program; Carson, "Prisoners in 2014"; Sam Taxy, Julie Samuels, and William Adams, "Drug Offenders in Federal Prison: Estimates of Characteristics Based on Linked Data," (Washington, DC: U.S. Department of Justice, Bureau of Justice Statistics, 2015) <http://www.bjs.gov/fjsr/>.

<sup>14</sup> Carson, E. Ann. "Crime in the United States, 2015." Appendix Table 5. U.S. Department of Justice, Bureau of Justice Statistics. 2015. <https://www.bjs.gov/content/pub/pdf/p15.pdf>.

<sup>15</sup> United States Sentencing Commission, Interactive Sourcebook (isb.usssc.gov) (2013 Datafile, USSCFY2013).

<sup>16</sup> Federal Bureau of Investigation, "Crime in the United States, 2015," Table 21A.

<sup>17</sup> See, for example, Harry Levine and Loren Siegel, "80 Marijuana Possession Arrests a Day is More of the Same: NYPD daily marijuana possession arrest numbers are the same under de Blasio and Bratton as they were under Bloomberg and Kelly," (Marijuana Arrest Research Project, 2014) <http://marijuana-arrests.com/docs/MORE-OF-THE-SAME-NYC-Marijuana-Arrests-June2014.pdf>; Harry Levine, Loren Siegel, and Gabriel Sayegh, "One Million Police Hours: Making 440,000 Marijuana Possession Arrests In New York City, 2002-2012," (New York: Drug Policy Alliance, 2013); Harry G. Levine, Jon B. Gettman, and Loren Siegel, *240,000 Marijuana Arrests: Costs, Consequences, and Racial Disparities of Possession Arrests in Washington, 1986-2010* (Marijuana Arrest Research Project, 2012); Harry G. Levine, Jon B. Gettman, and Loren Siegel, *210,000 Marijuana Possession Arrests in Colorado, 1986-2010* (Marijuana Arrest Research Project, 2012); Harry G. Levine, Jon B. Gettman, and Loren Siegel, *Arresting Latinos for Marijuana in California Possession Arrests in 33 Cities, 2006-08* (Drug Policy Alliance and William C. Velasquez Institute, 2010); Beckett K et al., "Drug use, possession arrests, and the question of race: lessons from Seattle," *Soc. Probl.* 52(2005); Marijuana Arrest Research Project and Drug Policy Alliance, "Unjust and Constitutional: 60,000 Jim Crow Marijuana Arrests in Mayor de Blasio's New York, The NYPD's Racially-Targeted Enforcement of Marijuana Possession Continues, 2014 – 2016" [https://www.drugpolicy.org/sites/default/files/Marijuana-Arrests-NYC-Unjust-Unconstitutional-July2017\\_2.pdf](https://www.drugpolicy.org/sites/default/files/Marijuana-Arrests-NYC-Unjust-Unconstitutional-July2017_2.pdf)

<sup>18</sup> Bureau of Justice Statistics, "Federal Justice Statistics Program," <http://www.bjs.gov/fjsr/>; E. Ann Carson, "Prisoners in 2016," (Washington, DC: U.S. Department of Justice, Bureau of Justice Statistics, 2017). <https://www.bjs.gov/content/pub/pdf/p16.pdf>

<sup>19</sup> E. Ann Carson, "Prisoners in 2016," (Washington, DC: U.S. Department of Justice, Bureau of Justice Statistics, 2017). <https://www.bjs.gov/content/pub/pdf/p16.pdf>; "Quick Facts," United States Census Bureau <https://www.census.gov/quickfacts/fact/table/US/PST045216>

<sup>20</sup> National Research Council, *The Growth of Incarceration in the United States: Exploring Causes and Consequences* Barbara S. Meierhoefer, *The General Effect of Mandatory Minimum Prison Terms* (Washington: Federal Judicial Center, 1992), 20; Marc Mauer, "The Impact of Mandatory Minimum Penalties in Federal Sentencing," *Judicature* 94(2010).

<sup>21</sup> Sonja B Starr and Marit Rehaui, "Mandatory Sentencing and Racial Disparity: Assessing the Role of Prosecutors and the Effects of Booker," *Yale Law Journal* 123, no. 1 (2013).

<sup>22</sup> United States Sentencing Commission, "Quick Facts: Mandatory Minimum Penalties," [http://www.usssc.gov/sites/default/files/pdf/research-and-publications/quick-facts/Quick\\_Facts\\_Mandatory\\_Minimum\\_Penalties.pdf](http://www.usssc.gov/sites/default/files/pdf/research-and-publications/quick-facts/Quick_Facts_Mandatory_Minimum_Penalties.pdf).


<sup>23</sup> Bruce Western and Becky Pettit, *Collateral Costs: Incarceration's Effect on Economic Mobility* (Pew Charitable Trusts, 2010), 4.

<sup>24</sup> Meda Chesney-Lind and Marc Mauer, *Invisible punishment: The collateral consequences of mass imprisonment* (The New Press, 2011).

<sup>25</sup> Carson, E. Ann. "Prisoners in 2015." Appendix Table 5. U.S. Department of Justice, Bureau of Justice Statistics. 2016. <https://www.bjs.gov/content/pub/pdf/p15.pdf>.

<sup>26</sup> Christopher Uggen et al., "6 Million Lost Voters: State-Level Estimates of Felon Disenfranchisement in the United States, 2016," (Washington, DC: The Sentencing Project) <http://www.sentencingproject.org/publications/6-million-lost-voters-state-level-estimates-felon-disenfranchisement-2016/> <http://www.sentencingproject.org/publications/felon-disenfranchisement-laws-in-the-united-states/>

## Handout 4: Substance Use Disorder & Addiction

Substance Use Disorder & Addiction			
What is it?	Causes/Risk Factors	Diagnosis	Treatment
<p><i>Substance use disorder (SUD) is a condition where a person continues to crave and use substances despite the negative consequences.<sup>11</sup> People who have a SUD rely on substances to the point where they compromise the person's ability to function in their day-to-day life.<sup>11</sup> The most severe form of SUD is addiction.</i></p> <p><i>Not all substance use is a SUD. Just because someone uses substances occasionally, it does not mean that they are dependent on substances.</i></p> <p><i>"SUDs affect over 20 million Americans aged 12 and over."<sup>12</sup> "If alcohol and tobacco are included, 165 million or 60.2% of Americans aged 12 years or older currently use substances (i.e., used within the last 30 days)."<sup>12</sup></i></p>	<p>Some risk factors include:</p> <ul style="list-style-type: none"> <li>• Family history of addiction</li> <li>• Mental health disorder</li> <li>• Peer pressure</li> <li>• Lack of family involvement</li> <li>• Early use</li> <li>• Taking a highly addictive drug<sup>13</sup></li> </ul> <p><i>Early use is one of the most important risk factors to take note of. Adolescents' brains are still developing and hold so much potential to learn new information. At the same time, using substances at a young age increases a person's chances of developing a SUD. If a young person chooses to use substance(s), they should use harm reduction techniques as mentioned in Handout 1.</i></p> <p><i>It is important to remember that having risk factors does not mean you will develop a SUD. You can have all of these factors and still not have a SUD. The risk factors listed above are just some points of connection found among those who use substances.</i></p>	<p><i>The person's mental health is taken into account when a diagnosis is made due to the frequency of SUDs and mental health disorder(s) co-occurring.<sup>14</sup></i></p> <p><i>Thus, a thorough evaluation by a psychiatrist, psychologist, or a licensed alcohol and drug counselor is needed to be diagnosed with addiction.<sup>13</sup></i></p> 	<p><i>There are a variety of treatment options. These differ for everyone depending on which substance is used and any health issues the person may have. Some treatment options are:</i></p> <ul style="list-style-type: none"> <li>• Individual therapy</li> <li>• Group therapy</li> <li>• Chemical dependence treatment programs</li> <li>• Detoxification/withdrawal therapy</li> <li>• Naloxone (only for opioid overdose)<sup>13</sup></li> </ul> <p><i>It is crucial that treatment options, especially medications, are used in conjunction with mental health counseling and support because of how interconnected SUDs and mental disorders are.</i></p>

<sup>11</sup> American Psychiatric Association (2020). *What is a Substance Use Disorder?*. Web: October 11, 2021

<sup>12</sup> National Center for Drug Abuse Statistics. *Drug Abuse Statistics*. Web: October 11, 2021

<sup>13</sup> Mayo Clinic. (2017). *Drug addiction (substance use disorder)*. Web: October 11, 2021

<sup>14</sup> National Institute of Mental Health. (2021). *Substance Use and Co-occurring Mental Disorders*. Web: October 18, 2021

## Agenda 3: SBIRT & Your SBHC (120 min)

**You will need:** Agenda 3: Check Your Knowledge! (copied twice, back and front on one piece of paper), Module 4 Post-Test

### Instructions:

1. Icebreaker/Check-In (10 min)
  - a. As participants come into the room, give them the Agenda 3: Check Your Knowledge! pre-test. Say: "This is a quick anonymous survey to see what participants already know about the topics we'll cover in this session. It is okay if you do not know the answers, we will learn more about these topics today. It does not matter which side you fill out, just circle 'pre' in the upper left hand corner. When you are done filling out that side, put it in your desk or backpack."
  - b. Think of an ice breaker or check-in question to ask participants.
  - c. After participants finish filling out the Agenda 3: Check Your Knowledge! pre-test, conduct the ice breaker or go around the room and have participants answer the check-in question. If you are short on time, you can have participants share their check-in question answer with a partner.
2. Activity: Services at Your SBHC & SBIRT (20 min)
3. Activity: Screening - Mock CRAFFT Screening Interview (20 min)
4. Activity: Brief Intervention & Active Listening (40 min)
5. Activity: Referral to Treatment & How do we H.E.L.P. for SUDs? (20 min)
6. Post-Test and Check-Out/Closing (10 min)
  - a. Say: "We have learned about the effects of substance use; substance use disorders and the difference between substance use, misuse, and dependence; and how to refer a peer to SUD services at the SBHC. We also covered addiction as a disease and how we can change the criminalization of drugs to a more effective approach such as offering support in the form of substance use programs or counseling. Thank you for joining us."
  - b. Ask participants to pullout the Agenda 3: Check Your Knowledge! survey that they put away at the beginning of class. Have participants fill out the other side of the survey. Say: "This is the same survey you took earlier to see what new knowledge you have gained from the activities today. Just circle 'post' in the upper left hand corner."
  - c. When participants finish filling out the Agenda 3: Check Your Knowledge! survey, give them the Module 4 Post-Test. Instruct the participants to write their Student ID # on the test. Say: "This is a survey to see what participants have learned about substance use prevention. Your answers on this survey will not impact your grade. The student ID is just to help us match the pre and post surveys to help us learn about any changes in knowledge after the completion of the What's S.U.P.? Module."
  - d. Think of a brief check-out or closing activity.

## Agenda 3: Check Your Knowledge!

- Pre                      Post
1. What is one service or resource your SBHC offers to students for SUDs?
  
  2. Your SBHC can help identify students who have a SUD by \_\_\_\_
    - a. Asking teachers or the students' friends
    - b. Conducting a private screening interview
    - c. Seeing if the students bring up using substances in their visit
  
  3. To be a good listener, what is a behavior you should NOT do?
    - a. Keep things light by laughing when the other person speaks
    - b. Maintain eye contact
    - c. Ask questions to confirm and clarify
  
  4. List two possible barriers to being a good listener.
  
  
  5. Never leave someone under the influence of substances alone. If you want to leave, bring them with you.  
  
True                      False

## Module 4: What's S.U.P.?

Post

Student ID# \_\_\_\_\_

1. An example of an opioid substance is:
  - a. Marijuana
  - b. Prescription pain medications
  - c. Ecstasy
  - d. Nicotine
  
2. A person's inability to control the impulse to use drugs even when there are negative consequences is known as:
  - a. Drug Use
  - b. Drug Misuse
  - c. Drug Dependence
  - d. SBIRT
  
3. Mixing prescription medication with alcohol or other substances can result in accidental overdose or death.  

TrueFalse
  
4. Substance use stigma not only is a hurtful stereotype but also can impact a person's willingness to access services.  

TrueFalse
  
5. The CRAFTT Screening interview is used for:
  - a. Candidates seeking a job at the SBHC
  - b. Helping identify adolescents with substance use disorders
  - c. Finding out if a student should be disciplined for substance use
  - d. None of the above

Circle the response that is most appropriate for you.

6. I know at least three ways to help reduce the possible harmful effects of substances.

1	2	3	4	5
Strongly Disagree	Disagree	Neither Agree or Disagree	Agree	Strongly Agree

7. I know at least three long- or short-term effects that substance use can have on people.

1	2	3	4	5
Strongly Disagree	Disagree	Neither Agree or Disagree	Agree	Strongly Agree

8. I am aware of services and resources offered to young people at our SBHC for substance use disorders.

1	2	3	4	5
Strongly Disagree	Disagree	Neither Agree or Disagree	Agree	Strongly Agree

9. I feel confident about my ability to connect my peers to services and resources for substance use disorders.

1	2	3	4	5
Strongly Disagree	Disagree	Neither Agree or Disagree	Agree	Strongly Agree

10. I feel confident about my ability to practice active listening when communicating with others.

1	2	3	4	5
Strongly Disagree	Disagree	Neither Agree or Disagree	Agree	Strongly Agree



## Activity: Services at Your SBHC & SBIRT (20 min)

In this activity, participants will:

- Define SBIRT and identify the principles of treatment for dependence.
- Identify services offered by SBHC to address substance use among young people.

**You will need:** Flipchart paper, markers, Handout 5

**Instructions:**

1. Prepare a flipchart paper with the title “SUD Services at My SBHC.” Say: “First, how would you define school-based health centers?” *Facilitator’s Note: SBHCs deliver primary medical care plus sometimes mental health services, dental care, after school programs, etc.; are located on campus or near a school site; serve students and sometimes siblings, family members, and the community; and promote school-wide health.*
2. Say: “Many SBHCs address substance use disorders (SUDs) in many different ways. We are going to brainstorm a list of all of the services you think your SBHC offers for SUD services for young people.”
3. Ask: “What type of services or resources for SUDs does your SBHC offer to young people?” Record answers on flipchart paper. *Facilitator’s Note: Answers from participants can include –Behavioral Health/Mental Health staff can often talk about substance use during counseling appointments, medical staff often screen for substance use during appointments, brochures and posters in the waiting room, alternative to suspension groups, etc.*
4. Next, ask participants to look over **Handout 5**. Say: “This is a list of principles that many SBHCs use to guide them when providing services, it’s called SBIRT, which is an acronym for screening, brief intervention, and referral to treatment. The reason why we are learning about this is so you all can act as a resource to peers who are interested in accessing SUD services at your SBHC, give them a brief overview of what accessing services might look like, and refer them to the SBHC.” *Facilitator’s Note: A best practice is to partner with your Behavioral/Mental Health Practitioner or Substance Use Counselor to present these concepts and answer questions for participants.*
5. Ask participants to then highlight or star anything that you find interesting or would like to ask the guest speaker about or, if a SBHC staff guest speaker is not available, that they would like to discuss with the group.
6. Discussion:
  - a. Do you agree with the SBIRT process and guiding principles that many SBHCs use? Why or why not?
  - b. What is missing/what would you add?
  - c. Do you think this process addresses issues affecting young people with SUDs? Why or why not?

## Handout 5: SBIRT & Principles of Treatment for Dependence<sup>15</sup>

### How does your SBHC Support Young People with SUDs? SBIRT!

#### Screen:

SBHCs will often times screen young people for their level of drug use, misuse, or dependence. This helps staff decide what the best services are, based on the need of the young person (we will practice a screening next).



#### Brief Intervention:

It's important that while the young person is at the SBHC, they receive some sort of small education or counseling to address their drug use, misuse, or dependence. For example, this can look like brainstorming ways to be safe while under the influence during a mental health appointment, or this can be a SUD weekly group.



#### Referral to Treatment:

For young people who need more support, such as those who are identified as being dependent or taking part in dangerous behaviors when they are using, a referral to treatment is sometimes needed. This can look like going to a drug treatment facility or receiving one-on-one counseling to address their drug use and identify ways to be more safe.

### Guiding Principles for SBHC Providers & What SBHC Providers Believe:

<b>Addiction/dependence is complex but treatable. It affects the brain function and behavior.</b>	Substance use disorder alters the brain's structure and function, resulting in changes that last long after substance use has ceased. This may explain why people with Substance User Disorders are at risk for relapse or using the substance again, even after years of not using the substance.
<b>Many individuals with Substance use disorders also have other mental health conditions.</b>	Substance use disorder often occurs with other mental health conditions.
<b>No single treatment is appropriate for everyone.</b>	Treatment depends on the type of substance and the type of patient. Making sure the treatment setting and services match an individual's particular problems and needs is critical to their success.
<b>Treatment needs to be readily available.</b>	Individuals with substance use disorders may be uncertain about getting help, taking advantage of available services the moment they are ready is critical.
<b>Mental health counseling, including individual, family, or group counseling, are the most commonly used forms of substance use disorder treatment.</b>	Counseling can help in many different ways, including: building skills to resist substance use, improving problem-solving skills, and facilitating better relationships.

<sup>15</sup> Adapted from: National Institute on Drug Abuse. (2012). *Principles of Effective Treatment*. Principles of Drug Addiction Treatment: A Research-Based Guide. Web: July 8, 2015

## Activity: Screening - Mock CRAFFT Screening Interview (20 min)

**In this activity, participants will:**

- Practice administering a mock CRAFFT screening interview.

**You will need:** Flipchart paper, markers, Handout 6 & 7

**Instructions:**

1. Say: “Your SBHC does many things to help young people with substance use disorders, as we saw in the last activity. How many folks knew this was a service at your SBHC? Today, we are going to talk about what many SBHC do to help these young people and how you can help too!”
2. Describe the CRAFFT screening tool to participants and its role in SBIRT. The Substance Abuse and Mental Health Services Administration (SAMSHA) defines the CRAFFT Screening Interview as “a behavioral health screening tool designed for children under the age of 21. It consists of a series of six questions intended to identify adolescents who may have simultaneous substance use disorders. It is a short, effective tool meant to assess whether a longer conversation about the context of use, frequency, and other risks and consequences of substance use is warranted.”
3. Divide the group into pairs. For each pair, distribute one character profile in **Handout 6** and the mock CRAFFT screening interview in **Handout 7**.
4. Ask pairs to read the character profile together. Give each pair 10 minutes to fill out the screening together, answering the questions as if they were the character. They can also create their own character if they would like.
5. Discussion:
  - a. What did it feel like answering those questions?
  - b. What was easy? What was difficult?

## Handout 6: Character Profiles

### **Ariana, 18**

Ariana is the head cheerleader at her school. A few months ago, she fell during practice and broke her ankle.

While she was healing, her doctor prescribed her pain killers. The pills helped her with the pain but now she feels like she cannot concentrate without them. She recently ran out of pills and started asking the other girls on the team if they had any leftover from their injuries. Her coach overheard her asking and referred her to the school-based health center.

### **Alex, 15**

Alex transferred to a new school across the country halfway through the school year. He has had anxiety ever since he started and has not made any new friends. To help him relax, he likes to smoke weed afterschool in his backyard when no one is home. He recently started using his mom's prescription for benzodiazepines (or "benzos"), an opioid commonly prescribed to control anxiety. His teachers and parents have no idea about what's going on.

### **Damion, 16**

Damion is known for partying on the weekends. However, he sometimes sneaks alcohol in a water bottle on campus and drinks throughout the day.

One day after school, he almost got into a car accident with his friends while under the influence. His friends tell him that he needs to cut back on how much he drinks and seek help for his binge drinking.

### **Molly, 17**

Molly looks like she has it all together: she gets good grades, got accepted to her top colleges, is very involved with her community, and gets along with all her peers. However, she uses MDMA (ecstasy) by herself in her room every night to cope with the stress of balancing her many responsibilities. She was caught by her parents once, but didn't get in trouble because she told them it was only a "one-time thing."

## Handout 7: Mock CRAFFT Screening

Part A: During the past 12 months, did you...	Yes	No
Drink any alcohol (more than a few sips, do not count sips of alcohol taken during family or religious events)?		
Smoke any marijuana or hashish?		
Use anything else to get high ("anything else" includes illegal drugs, over the counter and prescription drugs, and things that you sniff or huff)?		
<p><b>If you answered "yes" to any questions in Part A, please complete Part B.</b></p> <p><b>If you answered "no" to all questions in Part A, please only complete the CAR question in Part B and then stop.</b></p>		
<b>Part B: During the past 12 months...</b>		
Have you ever ridden in a <b>car</b> driven by someone (including yourself) who was "high" or had been using alcohol or drugs?		
Do you ever use alcohol or drugs to <b>relax</b> , feel better about yourself, or fit in?		
Do you ever use alcohol or drugs while you are by yourself, or <b>alone</b> ?		
Do you ever <b>forget</b> things you did while using alcohol or drugs?		
Do your <b>family or friends</b> ever tell you that you should cut down on your drinking or drug use?		
Have you ever gotten into <b>trouble</b> while you were using alcohol or drugs?		

CRAFFT Scoring Instructions: For each "yes" response in PART B, score one point. A total score of 2 or higher indicates a need for additional assessment or discussion around alcohol and drug use.

## Activity: Brief Intervention & Active Listening (40 min)

**Note:** This activity is similar to one you may have done in Module 3. If you have done the activity in Module 3, you have the option to conduct an abbreviated version of this activity.

**In this activity, participants will:**

- Practice active listening skills when helping a friend.

**You will need:** Flipchart paper, markers, Handouts 8 & 9

**Instructions:**

1. Say: “One of the most important skills when learning how to support someone with a substance use disorder (SUD) is being able to listen to them. We are going to practice some listening skills.”
2. Ask participants to think of a time in their lives when they needed someone to listen to them. This time might be in the recent past or from their childhoods. Maybe they had a problem to talk about, maybe they were sad or angry about something, or maybe they were excited about something that was happening to them. Think about why you chose this person to talk to. Facilitate a discussion with the questions listed below:
  - a. What qualities did this person have that made them a good listener?  
*Facilitator’s Note: Record the responses to this question on flipchart paper.*
  - b. How did it feel to be listened to?
  - c. Did you ever have an experience when you wanted to be listened to, but the other person was not a good listener? How did that feel?
  - d. What did that person do that made them a poor listener?  
*Facilitator’s Note: Record the responses to this question on flipchart paper.*
  - e. Why is it sometimes difficult for people to be good listeners? What are some possible barriers to listening?
3. Show “Active Listening” video. <https://youtu.be/rzsVh8YwZEQ> (Note: if you do not have capability to play the video, be sure to say these additional statements: “Active listening involves focusing on the speaker and topic. Let the speaker finish before you respond. Use ‘door opener’ phrases to show you’re interested and keep the other person talking such as, ‘Tell me more,’ or ‘That sounds interesting.’ ”)
4. Say: “Non-verbal communication gives the speaker signals that you are paying attention. Body language can convey interest and respect for the person or it can communicate inattention or non-interest.”
5. Ask the group to give examples of non-verbal cues that show paying attention and not paying attention. Distribute **Handout 8**. Review Non-Verbal Cues on handout.
6. Say: “Open-ended questions are more than yes or no questions. They encourage the speaker to say more about their subject.” Review samples of open-ended questions on **Handout 8** and complete one sample.
7. Say: “Reflection is the process in which the listener checks they are understanding the speaker correctly. This can come in the form of paraphrasing, putting the messages in their own words.” Review **Handout 8**.

8. Referencing the tips from the video and the list of "qualities of a good listener" generated from question (a), have participants think about qualities they feel they possess and qualities they would like to most work on. Ask 2-3 volunteers to each share one quality they possess and one quality they want to work on. Encourage the group to affirm/validate each person using applause or verbal affirmations.
6. Now tell the group they will have a chance to practice the skills on **Handout 8**. Divide the group into pairs. Ask one person to be the active listener and one person to talk about something. Give each person who is talking a character profile from **Handout 9**, they can also create their own character if they would like. *Facilitator's Note: These character profiles are the same from the Mock CRAFFT Screening Interview Activity.*
9. Instruct the participant who is going to talk that they should keep talking for at least three minutes, staying in their assigned character. Ask the listener to be as effective a listener as possible, using **Handout 8** as a guide. After three minutes, ask the group to stop and spend 5-10 minutes discussing the exercise:
  - a. What did the listener do well?
  - b. What else could the listener have done to be even more effective, if anything?
  - c. What other feelings, if any, came up for you during the exercise? How did it feel to be the listener? What was easy or difficult? How did it feel to be listened to?
10. Ask the group to switch roles and repeat step 10.  
*Facilitator's Note: This activity can also be done in triads. Ask one person to be the active listener, one person to talk, and one person to be the observer.*

## Handout 8: Non-verbal Communication, Open-ended Questions, and Reflection<sup>16</sup>

### Non-Verbal Cues

There are non-verbal cues that convey paying attention and those that show inattention. Here are some examples.

#### Being Inattentive or Disrespectful

- Shrugging your shoulders
- Looking away from the speaker
- Crossing your arms and/or legs
- Sitting slouched over
- Rolling your eyes
- Tapping your fingers

Other examples:

#### Paying Attention

- Making eye contact
- Smiling
- Nodding your head
- Sitting up straight
- Leaning towards speaker
- Uncrossing your legs and arms

Other examples:

### Open-ended Questions

Closed: Are you feeling bad today?

Open: How are you feeling today?

Closed: Do you like Math class?

Open: What do you think about Math class?

Closed: Do you think smoking marijuana everyday is ok?

Open:

### Reflection

Speaker: I wish I had someone to talk to about all the stress I've been feeling. My partner doesn't like to talk much and parents just don't understand.

Listener: It sounds like you're frustrated that you can't talk to your partner or parents and you want someone to talk to.

<sup>16</sup> Adapted from: Resource Center for Adolescent Pregnancy Prevention, Skills for Youth, <http://recapp.etr.org/>



## Handout 9: Character Profiles

### **Ariana, 18**

Ariana is the head cheerleader at her school. A few months ago, she fell during practice and broke her ankle.

While she was healing, her doctor prescribed her pain killers. The pills helped her with the pain but now she feels like she cannot concentrate without them. She recently ran out of pills and started asking the other girls on the team if they had any leftover from their injuries. Her coach overheard her asking and referred her to the school-based health center.

### **Alex, 15**

Alex transferred to a new school across the country halfway through the school year. He has had anxiety ever since he started and has not made any new friends. To help him relax, he likes to smoke weed afterschool in his backyard when no one is home. He recently started using his mom's prescription for benzodiazepines (or "benzos"), an opioid commonly prescribed to control anxiety. His teachers and parents have no idea about what's going on.

### **Damion, 16**

Damion is known for partying on the weekends. However, he sometimes sneaks alcohol in a water bottle on campus and drinks throughout the day.

One day after school, he almost got into a car accident with his friends while under the influence. His friends tell him that he needs to cut back on how much he drinks and seek help for his binge drinking.

### **Molly, 17**

Molly looks like she has it all together: she gets good grades, got accepted to her top colleges, is very involved with her community, and gets along with all her peers. However, she uses MDMA (ecstasy) by herself in her room every night to cope with the stress of balancing her many responsibilities. She was caught by her parents once, but didn't get in trouble because she told them it was only a "one-time thing."

## Activity: Referral to Treatment & How do we H.E.L.P. for SUDs? (20 min)

**Note:** This activity is similar to one you may have done in Module 3. If you have done the activity in Module 3, you have the option to conduct an abbreviated version of this activity.

**In this activity, participants will:**

- Practice referring a friend to SUD services at their SBHC.

**You will need:** Flipchart paper, markers, Handout 10 & 11, Facilitator Handout 4 & 5

**Instructions:**

1. Reiterate the goals of the module and the role of youth as allies. Say: “While we want to help our friends, we are not health professionals and must recognize both our roles and limitations. Knowing the resources available and how to navigate potential barriers can be just as helpful.”
2. Say: “Does anyone know what confidentiality means?” (pause) “That’s right, confidentiality means to keep things private and, at a SBHC, they have special rules for the confidentiality of the young people who access their services. It’s important for all young people to understand confidentiality, especially you all, because you will be referring your peers to SBHC services. Most things a young person says about sexuality, drugs, and feelings stay confidential in a SBHC. The exceptions are if a young person was or is being physically or sexually abused, or is going to hurt themselves or someone else.”
3. Using **Handout 10**, go over each of the H.E.L.P. for SUDs steps and assist participants in identifying local resources for youth. Have participants complete the “your turn” boxes individually or in pairs.  
*Facilitator’s Note: It’s important to say during this activity that when a peer is under the influence, students should never leave them alone. If they want to leave, find someone they trust to watch out for the person or bring the person with them. If they are worried about their physical or mental health, they should let a trusted adult know or call 911.*
4. Divide participants into pairs and assign scenarios to each group, using **Facilitator Handout 4**.
5. Discussion:
  - a. What were the most realistic ways to handle the situation?
  - b. What are some other ways we can handle these situations?
  - c. What would you want someone to say to you in these situations?
  - d. What can be easy or difficult about helping someone access SUD services?
  - e. What might be some barriers for someone to access SUD services at a SBHC?
6. Say: “There are a variety of treatments out there for people with SUDs. These treatments can range from behavioral approaches, such as individual counseling, to medication for SUDs involving alcohol, nicotine, and opioids. It is important to let them know that there is support available and the best way to start that process is through their SBHC.”
7. Copy and cut **Handout 11** and give to students.
8. For additional curricula and resources on SUDs, see **Facilitator Handout 5**.

## Handout 10: H.E.L.P. for SUDs

**\*Never leave someone under the influence of substances alone. If you want to leave, find someone you trust to watch out for the person or bring the person with you. If you are worried about their physical or mental safety, tell a trusted adult or call 911.**

**H**ave SUD specific resources ready.

**E**valuate your ability to help someone with a SUD.

**L**isten actively and use “I” statements when talking i.e. say how it affects you.

**P**rovide referrals to a trusted adult or health professional.\*

**Your Turn:** Use this space to write notes on what you would do for each step.

**Example:**

Have resources ready –  
There is individual  
counseling, crisis drop-in,  
and groups available at my  
health center.

#### Facilitator Handout 4: Assessing Situations Role Play Scenarios

A friend comes up to you between classes and says they brought some of their parent's vodka to school in a water bottle. They've had about half of it and are feeling sick.

A friend just had another awful day: they tell you the only way they feel like they can relieve stress right now is to smoke some weed. In fact, they have started smoking every day just to make it through class.

A friend tells you that they blacked out this weekend at a party and don't remember how they got home.

A friend tells you that they feel like they can't relax at parties unless they are vaping, it's not fun and they say they have too much social anxiety.

Last spring, your friend on the basketball team tore their ACL. They were prescribed painkillers and ever since then, they haven't been the same person you knew. Recently, they have stopped coming to school and you're worried it may be because they are misusing their painkillers.

A friend tells you that they started taking their mom's painkillers because they twisted their ankle. They are running low and are starting to feel anxious about not having any more.

## Handout 11: Additional Resources

We know that additional questions about substance use may come up. Below are some good resources:

- **Just Think Twice** – <https://www.justthinktwice.gov/>
- **National Institute on Drug Abuse for Teens** – <https://teens.drugabuse.gov/>
- **PA Opioid Prevention Project** - <https://www.paopioidprevention.org/>
- **Dance Safe** – <https://dancesafe.org/top-10-safety-tips-from-dancesafe/>
- **Truth Campaign** – <https://www.thetruth.com/>

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## Facilitator's Handout 5: Additional Curricula & Resources

We know that many additional questions may come up during this module, and there are many great curricula and resources available for reference. Check out the free or low cost resources below for additional lesson plans and information on substance use disorders.

### Curriculum & Lesson Plans:

- **HIFY SKILL Program** – Training and lesson plans on a variety of youth development topics related to SUD: <https://hi4youth.org/programs/skill-program/>
- **National Institute on Drug Abuse** – Lesson plans on SUDs: <https://teens.drugabuse.gov/teachers>
- **Operation Prevention** – Lesson plans for elementary, middle, and high school students on opioid use disorders: <https://www.operationprevention.com/classroom>
- **Project ALERT** – Lesson plans for middle school students on SUDs: <https://www.projectalert.com/>
- **Project TND** – Lesson plans for high school students on SUDs: <https://tnd.usc.edu/>
- **Stanford Tobacco Prevention Toolkit** – Lesson plans on tobacco prevention for high school students: <http://med.stanford.edu/tobaccopreventiontoolkit.html>

### Resources:

- **Just Think Twice** – Information on SUDs for teens: <https://www.justthinktwice.gov/>
- **National Institute on Drug Abuse** – Information on the opioid crisis for teens: <https://www.drugabuse.gov/publications/opioid-facts-teens/letter-to-teens>
- **Dance Safe** – Top Ten Safety Tips for harm reduction and partying safely: <https://dancesafe.org/top-10-safety-tips-from-dancesafe/>
- **Truth Campaign** – Tobacco prevention information and activities: <https://www.thetruth.com/>