Universal Opioid and Other Substance Misuse Prevention Planning in Schools: Guidance for Connecticut K-12 Educators and their Prevention Partners

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Introduction

Background

More than 70,000 Americans die each year from opioid overdoses.[1] Millions more live with an opioid use disorder or have family members or loved ones who struggle with opioid addiction. Declared a public health emergency in 2017, today's opioid epidemic is devastating individuals, families, and communities across the nation.[2]

Connecticut is not immune. According to John D. Frassinelli, Bureau Chief at the Connecticut State Department of Education (CSDE), "Connecticut is facing an epidemic in opioid-related use and dependence."[3] An important part of the state's response is a recent amendment to its Education Statutes.

> ### *Legislative Call to Action in Connecticut*
>
> Effective July 1, 2018, Section 2 of Public Act 18-182: *An Act Concerning Minor Revisions and Additions to the Education Statutes* amended Section 10-16b of the supplement to the *Connecticut General Statutes: Prescribed Courses of Study* to add "instruction related to opioid use and related disorders" to the substance use prevention curriculum requirement under health and safety education.[4]

This legislative call to action acknowledges two critical points:

- While opioid-related problems tend to affect young and older adults more than children and adolescents, early experiences greatly influence people's risk for developing these and related problems later in life.

- K-12 schools are uniquely positioned to shape young people's early experiences in many ways that can help prevent and reduce opioid and other substance misuse among the students in their care.

This guidance document is designed to help K-12 educators in Connecticut respond to this call to action.

The Importance of a Comprehensive Approach

Because opioid and other substance misuse is a complex, multi-determined problem, it requires a comprehensive, multi-dimensional prevention approach. Within schools, this type of approach has come to be known as a multi-tiered system of supports (MTSS). A prevention-

focused MTSS is the school-based version of a comprehensive prevention approach—which is the gold standard in community-based prevention.

A MTSS provides schools with a three-tiered framework for establishing multiple programs and practices that are carefully aligned with diverse student needs. Within the context of opioid and other substance misuse prevention:

- **Tier 1** programs and practices are designed to help reduce risk for and boost protection against opioid and other substance misuse *among all students in all schools,* including those in both regular and special education as well as those who access Tiers 2 and 3. Examples include a classroom-based social and emotional learning curriculum for an entire grade, culturally responsive teaching practices in all classrooms, and schoolwide policies that set and support positive behavioral expectations for all students.

- **Tier 2** programs and practices are designed for *small groups of students who need additional support* in addition those programs and practices in Tier 1. Examples include small group lessons on coping skills for children that build upon what they're learning with fellow students in the classroom and group counseling for adolescents who display problem behaviors at school.

- **Tier 3** programs and practices are designed for *students who need intensive, individualized support* in addition to Tiers 1 and 2. These more personalized interventions may include group work that is smaller and more narrowly focused than in Tier 2 (e.g., two or three students) and one-one-one supports. Examples include trauma-informed interventions for students who have witnessed an overdose at home or individual referrals to outside mental health and addiction treatment services.
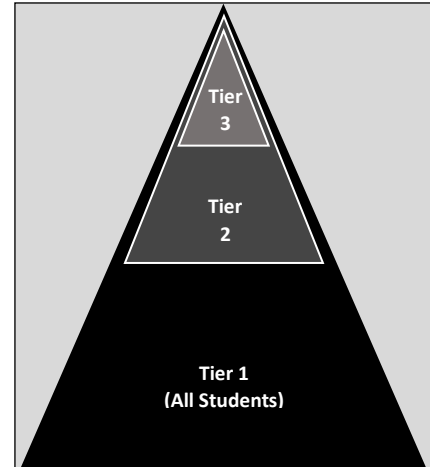
Placing Tiers in a Prevention Context

In the prevention field, programs and practices are divided into three groups: universal, selective, and indicated. Tier 1 of a prevention-focused MTSS aligns with *universal prevention;* these efforts focus on general audiences that have not been identified based on substance-related risk—such as all students in a classroom, grade level, school, or district. In contrast, *selective prevention* efforts focus on audiences with known risk for a substance-related problem and *indicated prevention* efforts focus on audiences that are already experiencing a substance use-related problem.[5] These latter prevention efforts would be included in Tiers 2 and 3 of a MTSS.

The MTSS approach enables schools to meet all students where they are, with the supports they need the most. This approach aligns with one of the most important lessons learned in the field of prevention—that prevention programs and practices work best when they are well-matched to their audience's level of risk and most salient needs. Prevention efforts must also be well-matched to the diverse cultures of participants and to the available resources of the settings that house them.

For these important reasons, there is no one-size-fits-all MTSS for substance misuse prevention—each school must determine which programs and practices are best-suited to the unique needs, cultures, and strengths/resources of their students and overall settings. The importance of determining match will be a theme throughout this guidance document: matching what we know from prevention research with what is actually happening in schools and matching what is happening in schools with what will actually have the greatest potential to produce positive outcomes for students.[5]

About this Guidance Document

While all three tiers of a MTSS are essential to a truly comprehensive prevention approach, this guidance document focuses specifically on Tier 1: universal prevention programs and practices for all students within a school community. Just as a building needs a strong foundation upon which to stand, a school needs a strong foundation of strategically established Tier 1 strategies to help build students' strengths, reduce their opioid-related risks, prevent many from escalating to Tiers 2 and 3, and ultimately prevent many from misusing substances and experiencing opioid-related problems.
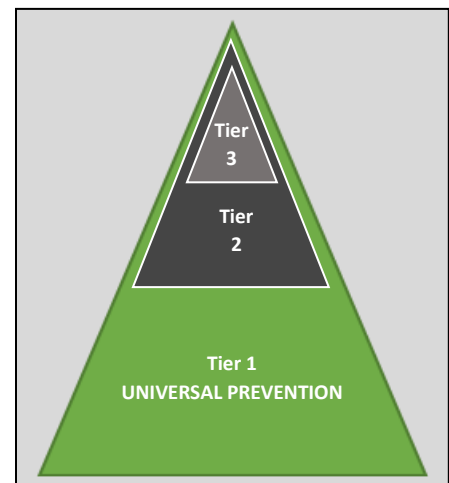
This document offers guidance on what constitutes effective universal opioid and other substance misuse prevention in schools. It is accompanied by a practical tool for assessing current school-based prevention programs and practices. Together, these two resources are designed to help CT educators and their prevention partners understand best practices in K-12 universal substance misuse prevention and critically examine—with an eye toward improving—their schools' existing universal efforts to prevent opioid and other substance misuse among the students they serve. Specifically, this guidance document explores the following:

- The need for, and composition of, a core team to support assessment and planning

- Factors that can increase students' risk for, and boost their protection against, opioid and other substance misuse

- School-based strategies that can address these factors, reduce students' risk for, and boost their protection against opioid and other substance misuse

- Information schools need and steps they can take to assess, and ultimately improve, their existing universal substance misuse prevention efforts

It is important to note that this guidance document is *not* a pre-packaged or prescriptive prevention curriculum/program for schools to adopt and implement. As mentioned earlier, there is no *one-size-fits-all approach* to prevention that will work for every school. However, there are guiding tenets and valuable lessons learned from prevention research that all schools should know and understand to guide their development of a *best-fit-for-them approach.*

Building a Core Team: The WHO of Universal Substance Misuse Prevention Planning

Determining which universal substance misuse prevention programs and practices are most appropriate to include in Tier 1 of a school's MTSS is not a job one person can or should do alone. A *core team* is needed to centralize, own, and drive the planning process. This chapter will explore:

- Who should make up this core team
- How to bring the right people on board

Who Should Make Up the Team?

A school's core prevention planning team is responsible for developing an understanding of best practices in universal substance misuse prevention, identifying the school's unique prevention priorities, and determining how the school can most effectively address those priorities. To achieve these goals, this team requires the active involvement of individuals: [5]

- With critical information about students' prevention-related needs and strengths—including hard numbers as well as personal and cultural insights.

- With institutional knowledge of school-based prevention efforts—including how well past and current efforts have been received by and worked for the school community.

- Experienced in gathering and using data to guide the improvement of existing prevention efforts and the selection and implementation of new prevention efforts.

- Authorized to make decisions about and allocate resources to new prevention efforts.

- Able to raise awareness of, and build critical support and partnerships for, new prevention efforts within the school community.

- Who will be directly affected by new prevention efforts—including intended participants and those responsible for implementation.

While the specific individuals who make up this team are likely to change over time, what will *not* change is the importance of diverse membership to do this multi-faceted, long-term work. We know from both research and experience that when prevention planning is conducted in a collaborative manner by a diverse team, participants tend to feel more ownership of and investment in the fruits of their labor. Furthermore, prevention efforts that result from a deliberate planning process inclusive of multiple people and perspectives tend to be higher quality, and more effectively integrated within the academic curriculum and overall school context, than prevention efforts that are simply "installed."[6] Finally, broad engagement in school-based prevention planning reflects respect for the ideas and input of others, and a

recognition that people should have a voice in matters that affect them and their school community.

Depending on the school/district, the members of a core prevention planning team might include representatives from the following groups:

- **Senior administrative leaders (e.g., assistant principals, principals, assistant superintendents, superintendents):** These individuals have access to important information about students, substance misuse, and current requirements and future plans at the school and/or district levels. They also have the power to make and support key decisions about prevention-related activities—or, alternatively, to slow them down or even stop them in their tracks.

- **Curriculum and/or student services coordinators:** These individuals know what curricula, programs, and resources are in place in schools and how well they are working, as well as where there are opportunities to make cross-curricular connections and fill programmatic gaps. Curriculum coordinators may also be responsible for planning professional development for teachers and other school staff—which can be instrumental in helping those responsible to both embrace and effectively implement new prevention programs and practices.

- **Risk prevention and health promotion professionals** (e.g., substance misuse prevention specialists, school psychologists and/or social workers, school nurses, health and wellness directors): These individuals may have specific expertise in strategic prevention planning and/or more general expertise related to students' health-related needs and appropriate ways to address those needs. They are likely to play instrumental roles in the implementation of prevention programs and practices and are also likely to know about and have connections to relevant community-based resources and service providers. Community-based service providers may also bring a different perspective to the table and/or valuable data schools may not otherwise be aware of or have access to.

- **Classroom teachers:** Classroom teachers know what students are learning, how they learn, the strengths they bring to the process, and the challenges they face. Teachers can offer valuable information and insights to help guide schoolwide prevention planning, identify appropriate programs and practices and determine ways to successfully integrate them within the classroom, and facilitate connections to and communication with students' families. They are also likely to play instrumental roles in the implementation of prevention programs and practices.

- **Parents and other caregivers:** Caregivers know their children and what is going on in their lives from unique familial and cultural perspectives, and with vested interest. They can offer valuable information and insights to help shape student-focused prevention efforts, and to promote caregiver participation in and support of those efforts. In addition, caregiver input can be essential to learning more about—and ultimately

finding ways to effectively influence—familial norms and behaviors that can help reduce risk for or boost protection against substance misuse among students.

- **Students:** The most effective prevention efforts are well matched to students' unique needs, strengths, and cultures, and an essential way to figure those out and determine match is to involve students in the process. Young people know what's happening in their lives, peer groups, and schools and have their own perspectives on what challenges feel most urgent and what strategies feel most relevant. They can help adults make sense of important but often unclear numbers from student data (e.g., health-related surveys), shake up established ways of thinking about and doing things, and help build critical buy-in and support among their peers.

- **Others invested in student health and well-being:** While it is important to include representatives from the key groups listed above, so too is it important to look around your unique school community and take note of who else may be a strong asset to the team. Whether an athletic coach, guidance counselor, school resource officer, or member of the school support staff, consider who is genuinely invested in student health and may be ready, willing, and able to support the important work of substance misuse prevention planning.

In addition to thinking about who in diverse *roles* may be critical to include, it is also important to ensure that team membership reflects—or can at least tap into—the diverse *cultures* within your school community, including different religions, races/ethnicities, genders, sexual orientations, ages, and socioeconomic groups. Culture has a profound influence on students' attitudes, beliefs, and behaviors—including those related to opioids and other substances. Ensuring culturally diverse representation on your school's prevention planning team is critical to fully understanding prevention-related needs and strengths, and to ultimately identifying prevention programs and practices that are relevant to, appropriate for, and most likely to produce positive outcomes among the diverse students in your schools.

Tips for Ensuring Culturally Diverse Representation

Keep in mind that no one person should be asked to be the sole spokesperson for a group with which they identify. If building a truly representative team that can tap into diverse cultures proves difficult, considering inviting representatives from groups, organizations, or systems associated with different cultural groups. For example, if your school has a large student population from a new immigrant community, consider inviting someone from an organization that represents or serves that community.[7]

Consider the people who need to be part of this important planning team—then take a look around. Does your school already have a team that looks much like this in place? Schools are full of contributors, collaborators, and diverse teams—subject area teams, grade level teams, site-based councils, school safety planning teams, and so many more. Before your school creates a brand-new team from scratch, consider the possibility of integrating with or building upon a team with a similar/complementary mission that already exists at your school and includes many of the people you'll need as members.

Strategies for Bringing Team Members on Board

In any school community, there will be varying levels of interest in and willingness to join a core substance misuse prevention planning team. Whether or how people get involved will largely depend on two things: motivation and time. When reaching out to potential members:

- Be ready to clearly articulate the team's purpose and goals, and why the potential member is a good match for the work.[8]

- Be specific about what the team needs, what the member can offer, and how they will benefit from participation. Each potential member will have unique reasons for joining the team; it is important to understand and appeal to their specific motivation in order to bring them on board.[8]

- Make a strong case. The more compelling the pitch, the more likely it will be successful. For example, a pitch to engage teachers may emphasize the strong associations between student health and academic achievement—and how teacher participation will help ensure that selected prevention efforts support and enhance, rather than interfere with, existing classroom practices.[9]

Unfortunately, motivation isn't everything. Many school and district staff, community service providers, parents/caregivers, and students may feel their already busy schedules are too full to join a prevention planning team. Logistical barriers, such as transportation challenges or lack of childcare, may also prevent some potential team members from getting involved. Some parents/caregivers may also feel unwelcome or uncomfortable in a school setting—and some students may feel unwelcome or uncomfortable in a group comprised mainly of adults.

Take the time to unearth, recognize, and strive to understand and overcome the unique barriers potential team members may face in order to bring all critical perspectives on board and help them become comfortable and meaningful contributors.

> ***Tips for Overcoming Challenges to Participation***
>
> To help address logistical barriers, try scheduling meetings at convenient times and places and offering such concrete supports as high-quality childcare. To help address more personal or sensitive barriers among students and/or caregivers, try communicating with individuals who are likely to be familiar with such barriers—such as social workers and school-family liaisons—and/or identifying individuals with the communication skills to engage potential team members in conversation about the barriers they face and ways to work through them most comfortably and effectively.

Finally, remember that recruitment takes time! It may take several conversations to help potential members understand why they should care about the school's substance misuse prevention initiative and why their participation in planning is critical to its success, and to figure out ways to make their active and ongoing participation both possible and positive.

Connecting Beyond the Core Team

While a core team comprised of the right people is needed to centralize, own, and drive prevention efforts at a given school, much of effective prevention planning and implementation involves building connections with critical others to support and enhance those efforts. The core team will, at different points throughout their school's prevention process, want and need to engage diverse partners throughout the broader community—for example, in substance misuse prevention and treatment, mental and primary healthcare, law enforcement and juvenile justice, neighborhood and cultural associations, youth-serving and faith-based organizations, local businesses, local government, and research institutions. Obtaining input and support from these groups will expand the team's capacity to understand prevention-related needs, establish programs and practices with the greatest potential to produce positive student outcomes, and continue producing those positive outcomes over time.

> ***Tips for Ensuring Your Core Prevention Planning Team's Success***
>
> - Ensure diverse representation in terms of knowledge, skills, perspectives, and connections.
>
> - Include a combination of *doers* and *influencers* who want the initiative to succeed.

- Make sure the team is small enough for effective communication and decision-making, but large enough to get the work done; create subcommittees, when necessary.

- Establish clear guidelines and plans for how team (or committee) members will communicate, work together, and make decisions (e.g., majority vs. consensus).

- Be aware of politics and do not allow personal agendas to take over.

- Reevaluate membership regularly and add members periodically to generate new ideas and enthusiasm.

Now that you have reviewed this chapter, you are ready to begin Section 1 of the accompanying Self-Assessment Tool.

Understanding Factors: The WHAT of Universal Substance Misuse Prevention Planning in Schools

Many different factors combine to influence opioid and other substance misuse among young people. When considering these factors, it is quite common for people to look first—and often solely—at what influences young people in negative ways. However, it is equally important to look at positive influences. Together, the full set of factors that influence the likelihood that young people will misuse opioids or other substances are known as *risk and protective factors.*

Risk factors *increase* this likelihood; protective factors buffer the impact(s) of risk factors and *decrease* this likelihood. Effective prevention among young people is about *reducing their risk for* and *boosting their protection against opioid and other substance misuse.*

> To be most effective, a school's prevention efforts should address the specific risk and protective factors that are influencing the students in its care. For this reason, we refer to risk and protective factors as the WHAT of universal substance misuse prevention—that is, *what specific underlying factors your school intends to work through in order to prevent opioid and other substance misuse.*

To establish effective prevention efforts, it is important for schools to know the following:

- How risk and protective factors operate
- What risk and protective factors are associated with opioid and other substance misuse
- Which of these risk and protective factors are their highest priorities

This chapter will explore each of these topics.

Understanding How Risk and Protective Factors Operate

Risk and protective factors associated with opioid and other substance misuse among young people operate within and across different *developmental periods* and *domains of influence*.

Developmental Periods

Risk and protective factors begin influencing young people before they are born and continue to influence them over time. Most factors influence young people within and across *all* developmental periods. For example, caregiver substance misuse during pregnancy and/or any stage of childhood can increase a young person's risk of substance misuse.

Some factors are more common and influential during *specific* developmental periods. For example, substance misuse-related attitudes and behaviors among peers become increasingly

significant as young people grow up and become increasingly independent from their families and oriented toward their peers.

Domains

Young people experience risk and protective factors within multiple spheres, or *domains,* of influence. These domains include *individual/peer, family, school,* and *community.*

- **Individual/Peer:** This domain includes factors pertaining to young people's own biology, temperament, health, knowledge, attitudes/beliefs, skills/abilities, and behaviors. It also includes factors pertaining to the knowledge, attitudes/beliefs, skills/abilities, and behaviors of young people's friends and broader peer group, as well as the quality of these peer relationships.

- **Family:** This domain includes factors pertaining to the knowledge, attitudes/beliefs, skills/abilities, behaviors, and health/well-being of young people's caregivers and other close family members, as well as the quality of young people's relationships with them and the overall atmosphere and dynamics of their households.

- **School:** This domain includes factors pertaining to the schools young people attend, including specific characteristics and overall quality of the programming and practices, the relationships developed within this setting, and the broader culture and climate.

- **Community:** This domain includes the norms, laws, culture, and other characteristics of the neighborhood and community that influence young people's attitudes and behavior.

Developmental Periods, Domains, and Multiple Factors

During every developmental period and within every domain of influence, young people experience multiple risk and protective factors. When considering this fact, it is important to note that risk factors "tend to be positively correlated with each other and negatively correlated with protective factors. Thus, *some young people have multiple risk factors,* and *those with multiple risk factors are less likely to have protective factors.*"[10]

Risk and Protective Factors Associated with Opioid and Other Substance Misuse

To fully understand how opioid and other substance misuse behaviors may arise and evolve among young people, and therefore how they may be prevented, schools must be aware of the specific risk and protective factors that are known through research to influence these behaviors. These factors are presented in the tables below.

- **Tables 1-3: Risk Factors for K-12 Students and Optimal Times to Address Them by Grade Level.** These tables present risk factors shown through research to increase the likelihood that young people will engage in opioid or other substance misuse. Within

this table, risk factors are organized by the following domains: *individual/peer, school,* and *family.*

- **Tables 4-6: Protective Factors for K-12 Students.** These tables present protective factors shown through research to decrease the likelihood that young people will engage in opioid or other substance misuse. As with the risk factors in Table 1, the protective factors in this table are organized by the following domains: *individual/peer, school,* and *family.*

Please note that risk and protective factors in the *community* domain (for example, community-level laws and norms related to substance misuse use) are not included in either table due to the limited scope of influence school-based prevention efforts can have on these factors.

Table 1: Risk Factors for K-12 Students and Optimal Times to Address Them by Grade Level—Individual/Peer Domain

Unless specific grade levels are highlighted in bold, research indicates that the risk factors in this table are similarly influential across the K-12 spectrum and, therefore, could benefit from prevention strategies designed to address them *in every grade.*

Mental and Physical Health[11,12,13,14]	Mental illness, such as anxiety and depression, increases the likelihood of opioid and other substance misuse. Acute or chronic pain, as well as other physical health problems, increase the likelihood of opioid misuse.
Behavioral Challenges[11,14,15,16,17]	These include poor impulse control starting at age 3 and sensation seeking (e.g., impulsivity) in grades 6-12. It also includes low harm avoidance across ages/grades.
Anti-social Behavior[11,16,18,19]	*Early anti-social behavior* shows up in many ways, including aggressive behavior in boys in Kindergarten through grade 2, aggressiveness combined with shyness in grade 1 (i.e., shy and withdrawn children who explode in anger), frequent negative moods and withdrawal, and aggression combined with hyperactivity and attention-deficit disorders. **Grades K-2** are optimal times to address this factor. *Persistent aggressive behavior* is aggressive behavior that started in childhood and continues into adolescence. **Grades 3-12** are optimal times to address this factor.

Bullying[20,21]	Behaviors intended to harm another that are repeated over time and involve a physical and/or psychological power differential in favor of the perpetrators increases risk for both the perpetrators and the victims.
Peer Use (actual and perceived)[11,12,16,18,19,20]	This is among the strongest predictors of youth substance misuse. Youths' perceptions of their peers' use are more strongly associated with their own substance misuse behavior than actual peer use. Having friends who misuse prescription drugs increases risk for opioid misuse. **Grades 5-12** are optimal times to address peer substance misuse.
Early First Use[11,16,19,20]	The earlier the onset of any substance misuse, the greater the involvement youth have in other substance misuse and the greater their frequency of use. Onset before age 15 was a consistent predictor of substance misuse; onset after 19 predicted lower involvement with and discontinuation of misuse. **Grades K-8** are optimal times to address early first use.
Alienation and Rebelliousness[11,16,19]	Youth who feel alienated from the dominant values of society are at greater risk. These include youth who resist traditional authority (e.g. teachers, police officers, parents). This feeling of alienation prevents youth from feeling bonded to the larger community.
Favorable Attitudes Toward Use[16,19]	During the elementary school years, children usually express anti-drug, anti-crime, and pro-social attitudes. They have difficulty imagining why people use drugs. By middle school, as their peers start misusing drugs, attitudes often shift toward greater acceptance of these behaviors. Perception of minimal harm or risk increase the likelihood of substance misuse.

Table 2: Risk Factors for K-12 Students and Optimal Times to Address Them by Grade Level—School Domain

Unless specific grade levels are highlighted in bold, research indicates that the risk factors in this table are similarly influential across the K-12 spectrum and, therefore, could benefit from prevention strategies designed to address them *in every grade.*

Academic Failure[11,16,19]	While young people may experience academic failure for different reasons, the label of "failure" seems to become part of how young people view themselves beyond grade 4. For this reason, the earlier grades are an optimal time to address this factor. For this reason, **grades K-3** are optimal times to address this factor.
Low Commitment to School[11,16,19]	Young people with low commitment to school do not have academic-oriented goals, do not expect to attend college, and/or do not like school. They do not consider their role as student to be meaningful and rewarding.
Scheduled School Transitions[16]	These include transitions from elementary to middle school **(grades 5 and 6)** and from middle to high school **(grades 8 and 9).**
Unscheduled School Transitions[22]	These include moving frequently from one school to another (e.g., families moving frequently, foster children being moved often) and should be addressed any time they occur in grades K-12.

Table 3: Risk Factors for K-12 Students and Optimal Times to Address Them by Grade Level—Family Domain

Unless specific grade levels are highlighted in bold, research indicates that the risk factors in this table are similarly influential across the K-12 spectrum and, therefore, could benefit from prevention strategies designed to address them *in every grade.*

Family Management Problems[11,16,19,20]	These includes parents'/caregivers' lack of setting clear expectations for children's behavior, lack of supervising and monitoring children, and excessively severe or inconsistent punishment.
Low Family Bonding[11,15,16]	Low family bonding includes the lack of maternal involvement, low parental/caregiver warmth, and a lack of closeness between parent(s)/ caregiver(s) and children.
Abuse and Neglect[11,16,23]	Being a victim of physical abuse, sexual abuse, and/or neglect at any age increases the risk of adolescent substance misuse from two to four times; it also increases the risk of early onset.
Favorable Parental Attitudes Toward Use[16,19]	Permissive parental attitudes toward substance use (e.g. "it's not a big deal, I did it when I was a kid.") increase the risk of their children misusing. Youth perceptions of permissive parental attitudes toward substance use may be of equal or greater importance as actual parental substance misuse in influence youth substance misuse.

Parental Substance Use[11,15,16,19,20]	When parents model substance use (i.e., using in their child's presence), it increases the likelihood of initiation and increased frequency of substance misuse by their child. This risk increases further if parents involve their child in parental use (e.g. having child get a beer for them from the fridge).
Extreme Family Conflict[11,16,19,20]	This includes high levels of and/or persistent serious conflict (e.g., arguing, fighting) between the parents, and/or between parent(s) and child(ren).
Sibling Use[16,24]	An older sibling's substance use increases the likelihood that a younger sibling will misuse. Older sibling use has been shown to be a more powerful predictor of younger sibling misuse than parental use. **Grades 4-8** appear to be optimal times to address this factor, but it is not clear from the research whether this factor is only salient in those grades, or whether this factor has only been researched in those grades but may be relevant to other grades as well.

Table 4: Protective Factors for K-12 Students—Individual/Peer Domain

Research indicates that the protective factors in this table are similarly influential across the K-12 spectrum and, therefore, could benefit from prevention strategies designed to address them *in every grade.*

Temperament[19,20,25]	Having a positive personal disposition, easy-going temperament, and cautious temperament.
Cognitive/Academic Skills[19,20,25]	Having age-appropriate language and numeracy skills.
Personal Skills and Resilience[16,19,20,26]	Internal, adaptive traits and skills that enable individuals to move through varied situations and settings, and "bounce back" from stressful events, in flexible and healthy ways; for example, positive sense of self, self-compassion, sense of personal responsibility, autonomy, belief in one's ability to positively influence the environment positively, healthy coping, self-advocacy, and timely help-seeking.
Spirituality[16,19,27]	This includes strong moral beliefs, the belief in a higher being, and/or involvement in spiritual practices or religious activities.

Interpersonal (Social) Skills[19,20,25]	Internal, adaptive traits and skills that help youth integrate feelings, thinking, and actions to achieve specific social and interpersonal goals.
Opportunities for Pro-Social Involvement[16,19,28]	Opportunities for young people to actively participate and have meaningful interactions with pro-social others.

Table 5: Protective Factors for K-12 Students—School Domain

Research indicates that the protective factors in this table are similarly influential across the K-12 spectrum and, therefore, could benefit from prevention strategies designed to address them *in every grade.*

Opportunities for Pro-Social Involvement[16,19,28]	Opportunities for students to have positive, meaningful, social involvement in the classroom and school; examples include teaching about a topic they enjoy, taking care of classroom equipment, and participating in schoolwide decision-making bodies.
Recognition for Positive Behavior[16,19]	When school staff provide recognition for effort and accomplishments, it motivates students to engage in positive behaviors in the future.
Bonding[16,19,20,25,28,29,30]	Consistent interactions and secure attachment between teachers/school staff and students have a protective effect on children. For example, children who are bonded/attached to school are more likely to follow the standards and expectations communicated by the school.
Healthy Beliefs and Standards for Behavior[16,19,25]	These include a range of positive, health-supporting ideas, expectations, and norms often communicated to students through clear and consistent classroom and schoolwide policies and practices. For example, policies and practices related to not misusing drugs and trying hard in school, have a protective effect for young people.

Table 6: Protective Factors for K-12 Students—Family Domain

Research indicates that the protective factors in this table are similarly influential across the K-12 spectrum and, therefore, could benefit from prevention strategies designed to address them *in every grade.*

Positive and Effective Parenting[20,25]	This includes effective rules, monitoring, and communication between parents/caregivers and children that is warm, responsive, and supportive.
Opportunities for Pro-Social Involvement[16,19,28]	Opportunities for young people to have positive, meaningful, social involvement in their family; examples include researching family purchases, helping plan a trip, and preparing meals.
Bonding[16,19,20,25,28,30]	Consistent interactions and secure attachment between parents and children have a protective effect on children because children who are bonded to an adult are more likely to follow the standards and expectations held by that adult.
Recognition for Positive Behavior[16,19]	When parents recognize their children for effort and accomplishments, it helps motivate their children to engage in positive behaviors in the future.
Healthy Beliefs and Standards for Behavior[16,19,30]	*These include a range of positive, health-supporting ideas, expectations, and norms communicated by parents/caregivers to their children (for example, related to not misusing alcohol).*

Identifying Those Factors that Are Influencing Your Students

With limited time and resources, no school can address all the risk and protective factors associated with substance misuse among all the students in their care—at least not all at once. Thus, to focus and maximize the potential effectiveness of their universal substance misuse prevention efforts, schools need to determine which factors are *most important* to address first. To determine importance, schools should consider each of the following:[5]

- *Prevalence*—that is, which factors are affecting the greatest number of students?
- *Impact(s)*—that is, which factors are having the most significant effect(s) on students?
- *Trend(s)*—that is, which factors are getting worse (or better) over time?

Each school will weigh these considerations differently. Yet in all cases, the answers to the questions should be informed by data. If your school has engaged in a comprehensive assessment of prevention needs, now is the time for your planning team to take a close look at

the assessment findings. If you have not yet conducted an assessment, below is some general information to help you get started. And if you haven't yet done so, make sure to include on your team someone with experience gathering and/or analyzing data—perhaps a graduate student or professor from a local university. Working closely with one or more individuals with data expertise can help teams develop a more thorough and nuanced understanding of students' needs and strengths, and avoid making assumptions or drawing faulty conclusions that might stem from limited data, inaccurate information, or unconscious bias.

Finding Existing Data on Risk and Protective Factors

To develop a nuanced understanding of relevant risk and protective factors for opioid and other substance misuse, it is important to look at different types of data from multiple sources. Fortunately, schools have access to a great deal of data—within their four walls, the broader school district, and beyond at the community, state, and national levels. Starting with existing data—as opposed to collecting new data through, for example, a survey—offers schools the following important benefits. First, it can save time and money, as collecting new data is often both time- and resource-intensive. Second, existing data can reveal patterns/trends (that is, how certain behaviors may be changing over time) and allow you to make comparisons (for example, how your school compares to others).[11]

Below are examples of some valuable types and sources of existing data, generated by schools as well as local and state agencies.[11] While schools needn't look at all of these data, the wider the net cast, the more complete the picture that emerges.

- **Student records:** School records can reveal important information about risk and protective factors, including those related to behavioral challenges, bullying, and substance misuse on school grounds (e.g., disciplinary records, referrals to mental health services), cognitive skill development and academic achievement (e.g., grades, standardized test scores), and school commitment (e.g., attendance, tardiness). Examining these records in aggregate can reveal factors affecting multiple students, which are most important (in comparison to individual student records) for informing universal prevention efforts intended for all students.

- **School survey data:** Many school districts and/or state education agencies administer student surveys of personal and interpersonal competencies as well as student surveys of risky and healthy behaviors and attitudes, including those related to substance misuse. For example, many middle and high schools administer the Youth Risk Behavior Survey (YRBS), which asks students about their own use and perceptions of harm associated with opioids and other drugs, as well as about peer and parental attitudes towards opioids and other drugs. Schools, districts, and state agencies may also administer surveys to assess student, staff, and parent/caregiver perspectives on such relevant topics as school-family communication/partnerships and school climate.

> ### *Connecticut School Health Survey*
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> The Connecticut School Health Survey (CSHS), nationally known as the Youth Risk Behavior Survey (YRBS), is a school-based survey of students in grades 9-12 that has been administered in Connecticut since 2005.

- **Demographic data:** School districts and state departments of education collect demographic data related to the school-aged population, including the percentage of students at a school participating in federal free- and reduced-price lunch programs (an indicator of how many students come from low-income families).

- **Community health data:** Many health-focused groups and organizations routinely collect data related to substance misuse—including health departments (e.g., maternal and child health), hospitals (e.g., patterns of substance-related illnesses and injuries), and emergency medical services (e.g., substance misuse-related incidents). Most community-based prevention organizations/coalitions also conduct comprehensive needs assessments to guide their work and are typically eager to share their findings with schools.

> ### *Regional Behavioral Health Action Organizations*
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> In February, 2018, the Connecticut State Department of Mental Health and Addiction Services reorganized the Regional Mental Health Boards (RMHBs) and Regional Action Councils (RACs) into five Regional Behavioral Health Action Organizations (RBHAOs) in order to maximize resources and improve integration of mental health- and substance use-related efforts. Schools can work with RBHAOs as strategic partners to help gather and make sense/use of data throughout their prevention planning efforts.

- **Community crime data:** Law enforcement agencies at the local and state levels can provide information about youth arrests for such crimes as vandalism, violence, drug possession and sales. Such agencies may also be able to provide information about youth experiences of household/family substance misuse, including witnessing traumatic events involving opioids or other drugs. Local courts or justice departments can provide information about convictions for such crimes. Local and state juvenile justice systems have data specific to youth crimes.

- **Population-specific data:** Local, county, and state government agencies—including administrative offices and specific departments, such as health and education, can provide information related to changes in the local/school community population; for example, education departments can provide information about students in English Language Learner programs. Local community-based organizations serving and/or advocating for specific populations can also be valuable sources of information about different cultural groups in your school community (e.g., immigrants, LGBTQ).

Collecting New Data on Risk and Protective Factors

Existing data may provide some schools with all the information needed to understand the risk and protective factors influencing the students they serve. Other schools, however, may identify critical gaps in the existing data they are able to obtain—for example, related to students from new immigrant populations. A review of existing data may also reveal the need for additional information to better understand what these data are saying—in other words, the "why" behind some of the findings. In these cases, schools may choose to collect new data to fill these gaps. Options for collecting new data include:[12]

- **Surveys:** These are structured sets of questions that can be administered to people via phone, paper (mailed or in person), or online. Surveys are useful ways to collect information across a large geographic area, hear from as many people as possible, and explore sensitive topics.

- **Focus groups:** These offer a systematic way to collect qualitative (that is, descriptive) data through small-group discussion. Through focus groups, schools can explore prevention-related topics in depth and participants can share their unique perspectives.

- **Key informant interviews:** These are structured conversations with individuals who have specific experience, knowledge, or understanding related to a topic of interest. One-on-one interviews can also offer valuable opportunities to raise awareness about prevention needs and build critical relationships and support for prevention efforts.

Prioritizing Identified Factors: Considering Readiness

A thorough assessment process is likely to reveal multiple risk and protective factors at play in your school. But, as mentioned above, no school can address all factors—doing so will spread your planning efforts too thin. Therefore, in addition to determining *importance,* each school also needs to consider which important risk and protective factors it is *ready* to address—that is, which it is in the strongest position to act upon and favorably influence.

Readiness in prevention refers to people's willingness to commit available resources to prevention efforts. Thus, it is particularly important to assess the readiness of decision-makers and public opinion leaders to support prevention efforts, in general, as well as tackle specific risk and protective factors. If numerous resources are available to schools, but key stakeholders

are opposed to using these resources to address identified factors, the end result—prevention efforts that are non-existent or too weak to produce real change—will be the same as if few resources were available to begin with.

Stakeholder readiness for prevention may be influenced by:

- *Awareness* of opioid and other substance misuse-related problems and understanding of the different factors that contribute to these—and other pressing academic, social, emotional, and behavioral—problems among youth.

- *Attitudes* toward specific risk and protective factors.

- *Understanding* of the potential of prevention efforts to favorably address these factors

- *Availability* of resources to support prevention efforts, including perceptions of other school priorities that would also benefit from dedicated time and resources.

Assessing readiness is likely to require the collection of new data. While surveys and/or focus groups can certainly prove helpful in generating some of this information (e.g., survey of parent/caregiver attitudes, focus groups with teachers), key informant interviews are typically recommended for this purpose.[13] Ultimately, it will be important to assess the readiness of stakeholders who:

- Are authorized to make decisions about and allocate resources to new prevention efforts within the school community

- Can help raise awareness of, and build *(or hinder)* critical support and partnerships for, new prevention efforts

- Have institutional knowledge of school-based prevention efforts—including how well past and current efforts have been received by and worked for the school community

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Readiness Assessment Tool

The Tri-Ethnic Center's *Community Readiness Handbook* is a classic resource for understanding and assessing the concept of readiness for prevention-related change through key informant interviews. While this handbook explores readiness within the context of a full community as opposed to a single school or district, the information and approach it presents is relevant to and can be readily adapted for use within a smaller school community.[14]

Putting It All Together

There is no consistent rule for just how many risk and protective factors a school should prioritize. We recommend 2-3 risk factors to strive to reduce, and 2-3 protective factors to strive to strengthen. This recommendation is meant to keep schools from spreading their prevention efforts too thin, while providing enough fodder to make a difference.

In determining priorities, the best-case scenario is for schools to prioritize those risk and protective factors that are *high for both importance and readiness*—that is, factors that data have revealed to be most pressing among their students *and* that the school is ready and willing to address.[15]

However, it is possible that no factors will emerge as high for both. If this happens, the next best option is to prioritize factors with *high importance* and *low readiness.* Why? Because addressing factors with high importance is most likely to bring about significant positive changes for students—the ultimate goal of prevention efforts. Also, it is easier to increase a school's readiness to address a specific factor than it is to increase a factor's importance.[15]

Having said that, some schools may choose to prioritize a factor(s) with *low importance and high readiness* to provide a quick "win," help raise awareness of and support for prevention, and increase its capacity to address more important factors in the future.[15]

Ultimately, every school's list of priority risk and protective factors will—and *should*—be different because every school serves a unique student population and community and is comprised of a unique combination of staff and other resources. What should be the same across schools is the dedication to an inclusive, representative, and collaborative prevention planning process that is informed by data and reflects the needs of all students, including those often marginalized or overlooked.

Now that you have reviewed this chapter, you are ready to begin Section 2 of the accompanying Self-Assessment Tool.

Understanding Strategies: The HOW of Universal Substance Misuse Prevention in Schools

Part 1: Classroom Curricula

As described above, young people experience risk and protective factors for opioid and other substance misuse within multiple spheres of influence. Some of these factors relate to individual characteristics, such as personal experience, beliefs, and skills. Others relate to characteristics of their peer groups, families, classrooms, schools, and communities. To be most effective, school-based prevention efforts should comprise a collection of strategies capable of reducing the specific risk factors, and strengthening the specific protective factors, that are present in these different spheres.

> Because prevention strategies represent the specific ways schools can address their priority factors, we refer to them as the HOW of universal substance misuse prevention—that is, *how your school specifically intends to reduce its priority risk factors, strengthen its priority protective factors, and ultimately prevent opioid and other substance misuse and related problems among the students it serves.*

In Part 1 of this chapter, we will explore **classroom curricula**—a long-standing and widespread strategy for addressing risk and protective factors associated with substance misuse among young people. The goals of classroom-based prevention curricula typically include preventing and delaying young people's initiation of substance misuse including underage use of alcohol or tobacco, nonmedical use of prescription or over-the-counter medications, and any use of illegal substances such as heroin or cocaine.[16] Specifically, we will examine:

- Current curricular standards for prevention
- Types of curricula
- Developmental considerations for each curricular type
- Recommendations across the K-12 spectrum
- Principles of effectiveness for classroom curricula

In the next chapter (Part 2), we will explore two other groups of strategies: classroom and schoolwide policies and practices, and family and community engagement strategies.

Health Education Standards

Much direct instruction relevant to substance misuse prevention happens within the context of general health education curricula[17]—which are guided by state and national standards.

In 2006, the Connecticut State Department of Education published a *Healthy and Balanced Living Health and Safety Education Curriculum Framework*[18] based on the Centers for Disease Control and Prevention's (CDC) *National Standards for Health Education*.[19] These state standards, updated in 2020, include specific expectations at the following levels: Pre-Kindergarten, Grade 4, Grade 8, and Grade 12.

In 2012, the CDC published the *Health Education Curriculum Analysis Tool (HECAT)*[20] to help schools and districts analyze health education curricula based on the CDC's *National Health Education Standards* and *Characteristics of an Effective Health Education Curriculum.*[21] This tool's *Alcohol and Other Drugs (AOD) Module* offers detailed knowledge and skill expectations relevant to opioid and other substance misuse prevention for young people at the following levels: Pre-Kindergarten—Grade 2, Grades 3-5, Grades 6-8, and Grades 9-12.[22]

The content that follows draws upon the *HECAT's AOD Module* to explore appropriate substance-specific content.

Different Types of Prevention Curricula

General health education can play a valuable role in promoting student health and preventing risky behaviors, including substance misuse. Within the world of health education, contemporary approaches to substance misuse prevention have focused on three specific types of curricula: *personal and social skills education, normative education,* and *resistance skills education.*[23]

- **Personal and social skills education:** Many factors associated with substance misuse reflect limitations in or mastery of core cognitive skills (e.g., goal setting, planning), emotional skills (e.g., understanding, expressing, and regulating emotions), and/or social skills (e.g., understanding social cues, social problem-solving). Young people who lack such skills may be more susceptible to substance-related influences and/or turn to substances to self-medicate rather than using healthier ways to cope with challenging or stressful situations.[23] Personal and social skills education involves the intentional and active promotion of a wide range of intra- and inter-personal competencies that are broadly applicable in many areas of a young person's life—including their relationships with important others, school achievement, and health and well-being.[23,24,25] This approach goes by many names—including executive functioning, competence-enhancement, social and emotional learning, and life skills training.

> ### *Promoting Personal and Social Skills*
>
> While the current focus is on dedicated curricula, it is important to note that dedicated curricula are just one of many possible ways to promote students' personal and social skills among students. Other approaches include integrating such instruction into other academic subject areas such as English Language Arts and Social Studies, using mindfulness promotion practices such as breathing and brief meditations, using specific instructional and behavioral management practices in classrooms, and enacting broad-based schoolwide reform.[26] All such approaches have potential value as part of an intentional, coordinated, and comprehensive approach to substance misuse prevention; some of these approaches will be further explored in the next chapter.

- **Normative education:** Many young people overestimate the prevalence of substance use among their peers. Such misperceptions can influence their own substance use-related attitudes/beliefs—making them think substance misuse is more common and acceptable (i.e., normative behavior) at their age than it actually is, which may in turn influence their own related behaviors.[23,27] Normative education includes content and activities designed to correct students' misperceptions related to the prevalence and acceptability of substance misuse—helping them understand that the majority of their peers do *not* engage in substance misuse so it is *not* normative behavior.[27] For example, educators might share findings from local (e.g., classroom, school, community) survey data that reveal lower rates of, and/or higher perceived risks associated with, substance misuse than students originally perceived within their immediate social environment—or national survey data with similar findings for this age group if local data are difficult to obtain.[23]

- **Resistance skills education:** This type of classroom instruction is designed to increase students' awareness of, and build their skills to resist, both passive (e.g., advertising) and active (e.g., explicit drug offers) social pressure to misuse substances. It includes content and activities to help young people (1) recognize techniques used by advertisers to promote substances, and then develop the skills and abilities to counter these images and/or messages, and/or (2) recognize situations where they are likely to experience peer pressure to engage in substance misuse and develop the skills and abilities to avoid these situations or otherwise resist this pressure.[23,27]

> ### *Making a Commitment to Not Misuse Substances*
>
> Both normative and resistance skills education fall into a broader category of education called social influence education,[16,27] which involves exploring the power of others to influence individual behavior and ways to counter those influences. Research suggests that having students make a commitment not to misuse substances within the context of such social influence education can contribute to its effectiveness.[28,29,30]

Developmental Considerations for Each Type of Curricula

The three specific types of curricula described above have demonstrated significant potential to produce positive prevention outcomes among students. However, there are important developmental considerations associated with their appropriateness and effectiveness across three critical periods:[30]

- Childhood and preadolescence (grades K-5)
- Early and middle adolescence (grades 6-9)
- Late adolescence (grades 10-12)

These are described below.[1]

Childhood and Preadolescence (Grades K-5)

As a general rule, classroom curricula for young people who have not yet begun to experiment with/initiate substance misuse should focus on reducing risk factors and boosting protective factors *without specific/explicit reference to substance misuse.*[17,24,30] This is because:

- Curricula that are not specific to substance misuse can produce prevention-related benefits while also establishing the foundation needed for later substance misuse-specific knowledge and skill-building.

- Introducing content specific to substance misuse before young people begin to engage in related behaviors does not appear to be associated with increases in positive outcomes and may even produce unintended negative outcomes.[16,17,24,27,30,31]

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[1] The developmental considerations and curricular recommendations described in this section come primarily from the recent work of Onrust and colleagues (2016) who closely examined the developmental appropriateness and effectiveness of nearly 300 prevention programs for youth across different age groups. This important work, which is highlighted in the 2019 report *Fostering Health Mental, Emotional, and Behavioral Development in Children and Youth: A National Agenda,* helps to explain and resolve some inconsistencies in the substance misuse prevention literature—in particular mixed evidence of effectiveness for normative and resistance skills education among youth. However, it is important to keep in mind that all curricular decisions should be informed and adjusted, as needed, by a data-driven understanding of substance misuse within each unique school and district.

For these reasons, it is generally advisable to focus universal substance misuse prevention curricula during childhood and preadolescence/grades K-5—before young people typically begin to experiment with/start misusing alcohol, tobacco, and other drugs[32]—on *personal and social skills education,* and to use caution during this time when considering the use of *normative* and/or *resistance skills education.*[17,24,30]

Developmental Period/Grade Levels	Personal and Social Skills Education	Normative Education	Resistance Skills Education
Childhood and Preadolescence/ Grades K-5	Recommended	Caution	Caution

Why use personal and social skills education in childhood and preadolescence?

Reasons for providing personal and social skills education during this developmental period include the following:

- As children enter and move through elementary school, their primary developmental challenges include mastering a wide range of foundational physical, cognitive, social, emotional, and academic skills—skills that will help them build positive relationships, meet or exceed grade-level standards for learning, engage in healthy behaviors, and generally feel good about themselves.[24,33,34]

- Throughout the elementary school years, substance use is rare and students tend to think negatively about the effects of alcohol, tobacco, and other drugs.[30]

For these reasons, universal programs and curricula that teach foundational rather than substance-specific personal and social competencies—including emotional awareness and management, social awareness and relationship-building, and problem-solving skills—are extremely appropriate and can be quite beneficial for students in grades K-5.

In 2018, the Connecticut State Department of Education published a *Position Statement on Social, Emotional and Intellectual Habits for All Students K-3* which provides an overview of the "knowledge, skills, and dispositions that form an essential blueprint for social-emotional habits and academic success" in these grades.[35] More information on K-12 standards for personal and social skills education standards will be included in the following chapter.

Why use caution when considering normative education or resistance skills education in childhood and preadolescence?

As described earlier, the use of substance misuse-specific curricular approaches at a time when few children are engaging in or thinking favorably about substance misuse has the potential to inadvertently make children believe that substance misuse in their age group is actually more prevalent than it is—and that they are more likely to encounter substance-related offers than they actually are. Such misperceptions are associated with increased risk for substance misuse. Substance-specific lessons may also prompt more curiosity about substance use than would otherwise develop.

It is important to note, however, that caution rather than strict avoidance is recommended when considering normative and resistance skills education in elementary school. The following are some reasons why:

- Research is mixed on the appropriateness and effectiveness of these curricular approaches among students at different ages.

- Even young children can develop favorable attitudes toward (including intentions to engage in) and/or initiate substance misuse—and, in late preadolescence (which includes 5th grade), experimentation may become more appealing and rates of misuse tend to increase.[31]

- Social influence education definitely has a place in elementary school—including age-appropriate exploration of varied social influences (e.g., familial) on individual health and media literacy.[22,36]

- Resistance skills education can be taught in ways that are either specific to substance misuse or not.

A Possible Middle Ground

A possible middle ground option for teaching personal and social skills education in elementary school may be to promote "resistance skills that illustrate exemplary responses and communication with examples of peer pressure about non-drug-related activities and avoid explicit drug information (p. 29)."[31]

What substance-specific information *is* appropriate in childhood and preadolescence?

Just because normative and resistance skills education specific to substance misuse may not be appropriate during childhood and preadolescence/grades K-5 does not mean that zero substance-specific content is appropriate in elementary school. As mentioned earlier, substance-specific information in elementary school curricula may be dictated by state and/or national health education standards. During these early years:

- Children may learn about substances largely in reference to medications and other household items that may prove helpful or harmful; this is particularly relevant to the prevention of prescription drug—including prescription opioid—misuse. For example, objectives for elementary school-based education from the *AOD Module* of the CDC's *HECAT* include learning about the harmful effects of medicines when used incorrectly, their benefits when used correctly, and relevant social influences on the use of medicines.[22]

- There are also many K-5 objectives specific to alcohol, tobacco, or other drugs. For example, additional *HECAT* objectives for elementary-school include learning about the short- and long-term effects of, and varied rules about and influences on, alcohol use as well as knowing what it means to be empathetic and compassionate towards a family member who is struggling with substance-related problems and how to ask for help to avoid exposure to others engaging in substance misuse.[22]

Early and Middle Adolescence (Grades 6-9)

While its effectiveness to date appears to be greatest in elementary school, *personal and social skills education* can continue to play an important role in early and middle adolescence. As substance misuse begins to emerge among young people—typically during middle school and the beginning of high school,[32] it is also generally advisable to begin using *normative education;* however, research suggests continued caution when considering *resistance skills education* during this time.[30]

Developmental Period/Grade Levels	Personal and Social Skills Education	Normative Education	Resistance Skills Education
Early and Middle Adolescence/ Grades 6-9	Recommended	Recommended	Caution

Why use personal and social skills education in early and middle adolescence?

Reasons for providing personal and social skills education during this developmental period include the following:

- Students experience many dramatic changes in adolescence—including physical/hormonal, cognitive, psychological, social, and emotional.[37] Their bodies and brains are changing, and the shift from elementary to middle school—which often occurs in 6th grade—brings with it some significant environmental changes as well. These changes typically include a new school that requires movement between multiple classrooms, exposing students to multiple teachers (and likely fewer teacher-student interactions and less individualized teaching) as well as an expanded group of peers.[30]

- Personal and social skills education can help students navigate these changes and work constructively toward important developmental goals related to self-control, sense of self, grade-level academic achievement, and healthy relationships with peers and important others.[24,30]

Why use normative education in early and middle adolescence?

Reasons for providing normative education during this developmental period include the following:

- During early and middle adolescence, students increasingly experience new people, places, ideas, and behaviors—both in person and online. They tend to spend more unsupervised time with peers and grow increasingly oriented toward those peers—with the desire for social acceptance and conformity to peers peaking (particularly in early adolescence/grades 6 & 7). Accompanying the shift toward peers is a shift away from families as young people strive for increased autonomy and independence. These shifts, together with the heightened emotional reactivity characteristic of this period, can contribute to more negative relationships with caregivers and rejection of their values.[30]

- Early and middle adolescence is further characterized by increases in awareness of the potential benefits of substance misuse and reward-seeking behavior—which may contribute to the increases seen in substance misuse itself during this time, to obtain the potential benefits/rewards and/or through the rewards of peer approval.[30]

All of this combines to make a social influence approach focused on peer norms developmentally appropriate during this period. Other social norms-related strategies that may prove effective during this time include peer education (particularly in early adolescence/grades 6 & 7) and prompting students to making a public commitment not to engage in substance misuse.[30]

At the same time, it is important to note that normative education among adolescents is likely to fail or even backfire and produce negative outcomes if used in schools with high rates of

social norms favorable to and actual substance misuse during this period, or in schools where widely admired peers are known to be engaging in substance use.[27]

Why use caution when considering resistance skills education in early and middle adolescence?

Research suggests that resistance skills education specific to substance misuse may not work during this period and can even produce unintended negative consequences.[27,30,31] Reasons include the following:

- As in elementary school, resistance skills education may increase misperceptions that substance misuse is more common and/or acceptable among students in this age group than it actually is.

- In addition, instructing students not to conform to their peers when the desire for social acceptance and conformity to peers is very high does not seem to be a sound developmental fit.[30]

- Furthermore, research suggests that early and middle adolescents are unlikely to refrain from misusing substances simply because they are aware of related social pressures and know some ways to resist them. "Most resistance training programs are based on the assumption that adolescents believe alcohol and drug use is unacceptable among the peer group, suggesting that the only problem is that students lack skills to refuse ATOD offers. But this approach may only be valuable for deterring onset of ATOD use for those who believe use is not acceptable (p. 108)."[27]

For these reasons, it may be helpful to limit universal resistance skills education in grades 6-9 to non-substance misuse-specific situations.

What substance-specific information *is* appropriate in early and middle adolescence?

Some substance-specific information is appropriate in general health and/or substance misuse prevention education for young people beyond elementary school. This is reflected in the above recommendation to use normative education about how common and acceptable substance misuse actually is among young people during early and middle adolescence as well as in many of the objectives for middle school-based substance misuse prevention from the *AOD Module* of the CDC's *HECAT*. These objectives include, for example:[22]

- Learning why people choose to use or not use alcohol and other drugs
- Summarizing the negative consequences of substance misuse
- Explaining how personal values and social expectations influence substance-related behaviors
- Analyzing the validity and reliability of prevention-related information

- Demonstrating how to effectively communicate empathy and support for family members or friends struggling with substance-related problems.

This aligns with research that suggests the value of emphasizing the application of general personal and social skills education to situations related to substance use, in addition to other types of situations, during adolescence.[23]

Late Adolescence/Grades 10-12

As substance misuse escalates and reaches its height during middle to late high school,[32] it is generally advisable to continue using *personal and social skills education* and to begin using *resistance skills education;* however, research suggests caution when considering *normative education* during this time.[30]

Developmental Period/Grade Levels	Personal and Social Skills Education	Normative Education	Resistance Skills Education
Late Adolescence/ Grades10-12	Recommended	Caution	Recommended

Why use personal and social skills education in late adolescence?

According to Onrust et al (2016), "the primary developmental tasks of late adolescence are the formation of identity, planning the future and acquisition of the necessary skills to make a successful transition into adulthood (p. 47)."

- As they strive to develop their own identities and look toward the future more than ever before, young people in late adolescence tend to be more cognitively advanced, more capable of self-regulation and impulse control, and more focused on individuality.[30]

- On the flip side, they also tend to be less emotionally reactive and less vulnerable to peer pressure.[30]

- Personal and social skills education supports self-reflection and positive identity formation while also promoting the intentional and active development of skills—such as self-control, problem-solving, and decision-making—which are a sound match for future orientation and transition to adulthood.[30]

Why use resistance skills education in late adolescence?

Reasons for providing resistance skills education during this developmental period include the following:[30]

- Young people in late adolescence tend to be more focused on who they are and who they want to be/what they want to achieve—and less oriented to and influenced by what their peers are thinking and doing.

- This period is further characterized by decreases in emotional reactivity and (immediate) reward-seeking behavior, increases in impulse control/self-regulation, and improved relations with parents/caregivers and appreciation of their values.

- All of this combines to make it both developmentally appropriate and beneficial to provide students with education on how substance misuse can interfere with the attainment of their personal goals and skills to resist or refuse related social pressure.

Keep in mind, however, that this guidance focuses on recommendations for universal substance misuse prevention—that is, efforts to prevent substance misuse among all students. It is not focusing on strategies exclusively for students specifically identified based on known risk for or involvement in substance misuse-related problems.

Risk prevention and health promotion recommendations during late adolescence (and earlier developmental periods) would look different for sub-groups of young people at elevated risk for or already misusing substances. Resistance skills education, in particular, does not seem to be effective and may even produce negative outcomes among young people in late adolescence who are already misusing substances—perhaps because substance misuse has become part of their identity.[30]

Why use caution when considering normative education in late adolescence?

Normative education works best when it can help students understand that substance use is less prevalent and less acceptable in their peer group than they may otherwise believe.[27] If student beliefs about peer substance use are accurate or their peers are actually engaging in more substance use than they think, normative education is unlikely to produce positive prevention outcomes and may even produce negative prevention outcomes (as discussed earlier). Normative education in late adolescence may be risky in that substance use—which tends to increase as young people age—is at its height during this period as compared to earlier periods.[16,32]

What substance-specific information *is* appropriate in late adolescence?

The appropriateness of substance-specific content in classroom instruction during this time is reflected in the many objectives for high school-based substance misuse prevention from the *AOD Module* of the CDC's *HECAT*. These objectives include, for example:[22]

- Explaining the importance of not riding with a driver who has been using alcohol or other drugs and the influence of public health policies on substance-related behaviors
- Analyzing and differentiating between varied influences (e.g., family, culture, peers, school, community, media, policies) on substance-related behaviors
- Evaluating the validity and reliability of prevention and cessation-related information, products, and services
- Determining the accessibility of valid and reliable products and services
- Examining barriers to deciding to be substance-free
- Demonstrating how to effectively ask for and offer cessation-related assistance.

Recommendations across the K-12 Spectrum

While normative and resistance skills education are recommended and cautioned against at different times across grades K-12, two recommendations span the full spectrum: *Promoting developmentally appropriate personal and social skills* and *incorporating developmentally appropriate substance-specific content.*

Promoting Developmentally Appropriate Personal and Social Skills

This is one of the most consistent findings across the prevention and positive youth development research and, relatedly, national and international guidance and recommendations related to substance misuse prevention education for students.[24,36,38,39,40,41] A significant challenge is that doing so requires developmentally appropriate strategies, standards, and scopes and sequences—yet primary developmental tasks and goals vary across ages, some more basic skills act as building blocks or foundations for other more complex skills,[25] and it is not yet clear exactly what strategies work best for students and within school schedules across the K-12 spectrum (particularly in middle and high school).[26]

While many states have integrated relevant skills into other sets of academic standards, few have developed freestanding, comprehensive K-12 standards for promoting personal and social skills.[42] As mentioned earlier, the Connecticut State Board of Education has made significant progress in this direction by establishing relevant standards for grades K-3. Continuing this work by developing relevant standards for grades 4-12 and highlighting those K-12 standards that most closely align with the risk and protective factors for substance misuse among youth described in Chapter 3 of this guidance document, would be valuable steps toward planning and establishing sound opioid and other substance misuse prevention education in Connecticut schools. Other states and districts have established K-12 standards that can serve as models in this important work.[43]

The Collaborative for Academic, Social, and Emotional Learning (CASEL) summarizes and links to information about K-12 SEL standards in multiple states.

Incorporating Developmentally Appropriate Substance-specific Content

Research suggests that delivery method and process matter more than content when it comes to effective substance misuse prevention education; this will be explored further in the next chapter on contributors to effectiveness). However, "the ideal group processes cannot stand alone. Key content must be present to achieve positive [substance misuse-related] outcomes (p. 6)."[44] To this end, the provision of developmentally appropriate substance-specific information is also advised across the K-12 spectrum.

Having said that, there is some variability and inconsistency in the substance misuse prevention literature as to what substance-specific content is appropriate for and needed by young people at different ages—for example, in mixed evidence of effectiveness for normative and resistance skills training. Furthermore, the literature on education and prevention related to opioids specifically is relatively new and untested compared to that for alcohol and other drugs.

While the *AOD Module* of the CDC's *HECAT* offers a comprehensive set of standards and learning objectives for substance misuse prevention education in Pre-Kindergarten through Grade 12, it is important to note that some of those objectives occasionally contradict the cautionary messages included in this guidance (e.g., by calling for normative and/or resistance skills education during developmental periods in which this guidance document cautions against the use of these curricular approaches).

As emphasized throughout this document, school-based decisions about appropriate curricular approaches, learning objectives, and content for classroom-based substance misuse prevention education should be made at the local level—and informed by a nuanced understanding of prevention research, developmental guidelines, and the specific risk and protective factors influencing the local student population and school community.

In addition to looking to state and national standards for promoting personal and social skill development (e.g., social and emotional learning standards) and incorporating substance-specific content across the K-12 spectrum (e.g., health education standards), schools can also look to their own and/or available curricula and programs with demonstrated effectiveness in promoting such competencies and producing prevention-related outcomes among students.

High-quality curricula and programs typically have their own standards/learning objectives and scopes and sequences for instruction to meet those standards and achieve those objectives.

Principles of Effectiveness for Classroom Curricula

Developmental appropriateness is a critical and complex characteristic associated with the potential for classroom curricula to produce positive, and avoid negative, prevention outcomes among students—but it is not the only one. Classroom substance misuse prevention curricula are more likely to bring about the positive changes that schools are looking for if they are also:

- Based on strong evidence of effectiveness
- Well matched to audience and setting
- Skills-based and interactive
- Delivered by trained facilitators
- Offered over multiple sessions/across multiple years
- Implemented with fidelity (and adapted with care, as needed)
- Monitored, evaluated, and improved over time
- Combined with other prevention strategies

Each of these principles of effectiveness is explored below.

Based on Strong Evidence of Effectiveness

Classroom-based prevention curricula are more likely to produce positive prevention outcomes if they have proven capable of doing so before through rigorous evaluation studies.[5,28,45,46] While schools may occasionally want or need to look at individual evaluation studies for curricula of interest, they can find extensive information about the known effectiveness of many available prevention curricula in systematic reviews. Within these reviews:[5]

- The strongest and most favorable evidence of effectiveness are typically referred to as *well supported, model,* or *exemplary*.

- Weaker yet still favorable evidence of effectiveness are typically referred to as *supported, promising,* or *emerging*.

- Insufficient empirical evidence to draw meaningful conclusions about their effectiveness are typically referred to as *inconclusive* or *undetermined*.

- Unfavorable evidence of effectiveness are typically referred to as *unsupported* (strong evidence that they do *not* produce desired outcomes) or *harmful* (any evidence that they produce *negative* outcomes).[†]

Matched to Audience and Setting

There is no one-size-fits-all approach to prevention. No matter how much evidence of effectiveness exists for a specific curriculum/program, it will only be appropriate and effective for a given school if it is actually the right match—for students, as well as for the setting and broader community that needs to house and support it.[5] When considering match, or fit, it is important to consider the following:

- *Prevention needs/priorities*—'needs' because risk and protective factors for opioid and other substance misuse vary across populations and settings, and 'priorities' because no school can address all needs, at least not all at once.[5]

- *Available resources*—because no school has indefinite resources. To produce anticipated outcomes, there must be a match between what curricula/programs require and what a school can support. This match is often referred to as "feasibility"—that is, whether a school has sufficient resources to meet a curriculum's requirements for use.[5]

- *Stakeholder support*—because even curricula with the greatest potential will not succeed without support from diverse members of the school community, including those with relevant decision-making power, those who will implement and those who will participate in it, and others who may not be directly involved or affected by it but are highly invested in student health and well-being.

- *Local culture*—because curricula/programs that are appropriate for and authentically relevant to the intended student population(s), as well as other key stakeholders like parents/caregivers and school staff, are most likely to respect, engage, earn the support of, and work well for all of them.[5,45,46,47] When looking at a curriculum's evidence of effectiveness (see earlier principle *Based on Strong Evidence of Effectiveness*), it is particularly important to take note of how similar the populations and settings in that curriculum's evaluation studies are to those of your school: the more similar, the more likely you are to achieve similar levels/types of cultural relevance and prevention outcomes.[5]

[†] Earlier curricular recommendations based on developmental considerations err on the conservative side, as is typically done in these systematic reviews, by cautioning against approaches for which there is any evidence of the potential to produce negative prevention outcomes.

Skills-Based and Interactive

Research is widespread and consistent on the need for classroom-based instruction that goes beyond information dissemination and affective education (that is, education that focuses solely on emotional education and self-esteem) in order to ultimately influence student behavior and produce positive prevention outcomes. Specifically, the most effective instruction to help prevent substance misuse among young people promotes skill development through interactivity[16,23,24,28,36,38,44,48,49,50,51]—including interaction among teachers, students, and peers,[51] but especially among students/peers.[16,44,48]

Young people need to learn actively and learn to act. They need to receive and discuss information; reflect on and potentially change their perceptions, attitudes, and beliefs; and ultimately develop and practice specific skills that support healthy decision-making and behaviors. All of this requires interactive teaching methods (e.g., brainstorming, simulations/role plays, small-group discussions). Interactive curricula are far more effective than non-interactive ones across diverse substances (e.g., tobacco, alcohol, marijuana, and illicit drugs) and populations—including minority populations.[44] Some of these teaching methods will be further explored below in Part 2, in the section on *Classroom and Schoolwide Policies and Practices.*

Delivered by Trained Facilitators

Research is mixed about which types of providers or facilitators are most effective in producing positive outcomes—specialists, teachers, or peers.[28,50,51,52] However, no matter who is facilitating, the research is clear that these individuals must be well-prepared and supported.[16,17,24,38,44,49] This is particularly true given that using skills-based and interactive approaches, such as those mentioned above, tends to require far more training, practice, support, and experience than does simple information dissemination[16,44]—as does addressing such complex and sensitive topics as substance misuse. In addition to pre- and in-service training and ongoing support (e.g., coaching) in instructional skills, facilitators who are asked and expected to help promote the personal, social, and health-supporting skills of others also need training and support to help promote their *own* such skills.[25]

Peer leaders can be particularly effective in some situations—such as when leading normative education discussions during developmental periods that involve significant youth rejection of authority figures.[27] However, peer leaders should always be supported by an adult facilitator(s)—for example, to help with classroom management. Furthermore, the most consistent message about peer facilitation in the literature is that peer-to-peer *interaction* seems to be most important for curricular effectiveness—more so than peer *facilitation.*[16]

Offered Over Multiple Sessions/Across Multiple Years

While there is no magic number for how many sessions should make up classroom curricula/instruction to prevent substance misuse among youth, the research is clear that, for universal interventions, a one-shot-deal is not going to get the job done.[‡]

Research suggests that a series of multiple sessions is needed for students to learn and reflect on critical information and ideas, and to engage in the interactivity essential to processing those ideas and building and practicing related skills.[16,23,24,40,50,51] Research further suggests the benefits of multi-year vs. short-term programs, which may include developmentally appropriate booster sessions that reinforce and build upon messages and skills learned earlier.[24,47,49] Ideally, schools will promote developmentally appropriate substance misuse prevention education in a coordinated manner across the K-12 spectrum.

Implemented with Fidelity (and Adapted with Care, as Needed)

Evidence-based universal prevention curricula/programs typically possess the characteristics described up to this point: they tend to include developmentally appropriate content, take a skills-based and interactive approach, recommend (or even require) and benefit from facilitator training, and comprise multiple sessions. When considering an evidence-based curriculum, it is also important for schools to consider the likelihood that they will be able to *implement it with fidelity*—that is, with strict adherence to its original design;[5] for example, by providing facilitators with the recommended/required training and ensuring that facilitators will be able to deliver essential content through the required number of lessons as those lessons were intended to be delivered.

By implementing an evidence-based curriculum with fidelity, schools maximize the likelihood that they will be able to reproduce the positive outcomes that led to its designation as evidence-based in the first place.[5]

While implementation fidelity is strongly associated with effectiveness, some departures from an evidence-based curriculum are inevitable in such dynamic, real-world environments as classrooms and schools. In fact, some departures can even improve the potential of the curriculum to produce positive outcomes among students—in particular, those departures or *adaptations* that are carefully planned and executed.[5]

Planned adaptations can help improve a curriculum's potential effectiveness by addressing any recognized deficiencies in its fit—or match—to audience and setting (see next principle to learn more). For example, schools may explore ways to improve the cultural fit of a curriculum—that is, the relevance of the language, attitudes, beliefs, values, and experiences reflected in the

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[‡] Brief interventions have, however, demonstrated effectiveness in selective and indicated substance misuse prevention. In addition, one-shot interventions/events—such as a school assembly focused on a relevant topic—can be meaningful additions to a comprehensive set of research-based prevention strategies and contribute to a positive and health-supportive school climate and culture, overall.

curriculum design, perhaps by revising scenarios to better reflect the culture(s) of their student populations.[5]

Monitored, Evaluated, and Improved Over Time

As mentioned above, it is important for schools to implement programs and practices with strong evidence of effectiveness. However, it is equally important to determine whether and how well the curriculum is working for your students and school. By closely monitoring delivery, schools can make sure a program or practice is being implemented as intended and improved as needed. By assessing program or practice outcomes, schools can determine whether it is working as intended and worth investing in and continuing over time.[5] It is important to note that even the most effective curricula can take a long time to produce prevention-related outcomes, so it is important to consider and recognize any signs of progress in the right direction (e.g., strong support from facilitators and students, anecdotal evidence of student progress).[53] If your core prevention planning team lacks evaluation expertise, make sure to connect with individuals or groups who can provide assistance in this area—for example, faculty and/or graduate students from a local research university.

Combined with Other Prevention Strategies

Research suggests that combining personal and social skills education with normative or resistance skills education, when developmentally appropriate, can be more effective than either on its own.[31,54] Furthermore, there is widespread support for implementing appropriate and effective classroom instruction to prevent substance misuse together with other effective strategies within classrooms and the broader school environment—as well as within families and the broader community.[28,38,44,47,48] Multi-component initiatives that address many different risk and protective factors across many different influential contexts and settings are more likely to be effective than any single-component initiative that targets just one set of factors (e.g., individual-level).

Now that you have reviewed this chapter, you are ready to begin Section 3 of the accompanying Self-Assessment Tool.

Understanding Strategies: The HOW of Universal Substance Misuse Prevention in Schools

Part 2: Other School-based Universal Prevention Strategies

The final principle of effectiveness discussed in the previous chapter pertains to the critical importance of combining classroom curricula with other prevention strategies—specifically those spanning different influential contexts in which students learn and develop. Prevention-related strategies in the following areas have great potential to contribute to effective opioid and other substance misuse prevention efforts in schools:

- Classroom and schoolwide policies and practices
- Family and community engagement efforts

This chapter will briefly explore these types of strategies, including considerations for examining and maximizing their potential for effectiveness.

Classroom and Schoolwide Policies and Practices

It is not only the content of classroom instruction that matters when it comes to preventing opioid and other substance misuse among young people. It is also important to ensure that this instruction takes place within a safe, supportive, and nurturing environment—that is, a positive classroom and school climate. Positive climate at school is a broad-based concept inclusive of nearly all aspects of student experience.[55] It is associated with less risky student behavior—including substance misuse, as well as with a wide range of factors known to protect against substance misuse—including academic achievement and school bonding; development of personal and social competencies and supportive relationships; and clear standards for and recognition of prosocial behavior.[24,36,41,46,48,55,56,57,58]

A positive climate and its many associated benefits can be nurtured through a wide range of policies that guide, and practices that shape, the expectations, behavior, and experiences of all members of the school community. These policies and practices can influence such important areas as *instruction, interpersonal relationships and communication, behavior management and discipline, safety,* and *meaningful participation and support;* each is described below.

Instruction

Policy can play a key role in ensuring that school staff use instructional practices shown to be effective in promoting the development of essential personal and social competencies and a positive overall climate—by demonstrating commitment to such practices and the professional development required to support them. These practices include:

- Demonstrating warmth and support (e.g., by encouraging students, asking students questions, helping all students feel included and appreciated). [59]

- Promoting student self-reflection and self-assessment.[59]

- Facilitating substantive and student-driven classroom discussions and cooperative learning.[59]

- Communicating positive expectations that students can and will succeed while providing meaningful work that is appropriately challenging.[59]

- Using such competence-building strategies as modeling behavior and providing opportunities for students to practice new skills and receive constructive feedback.[59]

- Using culturally responsive teaching strategies, which are critical to the sensitivity and success of both substance misuse prevention education and education in general. "Culturally responsive teaching uses the cultural knowledge, prior experiences, frames of reference, and performance styles of ethnically diverse students to make learning encounters more relevant to and effective for them. It teachers to and through the strengths of these students (p.22)."[58]

Interpersonal Relationships and Communication

Policies and practices that intentionally promote positive relationships and communication among students and adults—both within classrooms and throughout the school community—can be protective against substance misuse on their own; they also further contribute to a positive climate in which effective education and positive youth development can take place. [55,56]In addition to those practices listed above for instruction, schools should strive to:

- Promote respect for individual differences and overall norms for tolerance.[57]

- Ensure that adults get to know and demonstrate concern/care for students as individuals.[57]

- Ensure that peer relationships for students include friendships and support (e.g., with problems, schoolwork, transitions for new students).[57]

- Provide clear channels of communication among school staff and between school and homes/families to promote active engagement and involvement, coordination and collaboration, and consistency of prevention messaging *(see Family and Community Engagement for more information).*

Behavior Management and Discipline

The overarching goal of substance misuse prevention is to promote positive and healthy behavior and prevent negative and risky behavior. There are different ways schools can

establish behavioral expectations and manage challenges that support this important goal. Specific policies and practices that align with this goal include:

- Using proactive (rather than reactive) classroom management strategies that offer motivation, structure, and support for students to behave well—which "occurs when students have opportunities to be self-directive and have some say in what happens in the classroom (p. 11)."[59]

- Recognizing and acknowledging positive and appropriate behavior when it happens.[24]

- Using restorative (rather than punitive) disciplinary approaches when behavioral challenges do occur—which encourage reflection on and efforts to right any wrongs and to repair any harm done to the people and relationships involved.[60]

> ### *Substance Misuse-Specific Policies*
>
> Substance misuse-specific policies typically outline how schools will manage substance-related behavioral incidents (e.g., possession, distribution, misuse) among students on school grounds. Because they pertain to how schools intervene with students who have already engaged in substance misuse-related behaviors, they extend beyond universal prevention efforts. However, such policies may include key provisions/expectations for substance misuse prevention efforts and help promote prevention-supportive social norms within schools. When aligned with restorative disciplinary policies, they can also support the positive development of students and contribute to an overall supportive school climate. For example, substance misuse-specific policies should ensure referrals/access to counseling/treatment and other services for students, as appropriate.[36]

Safety

Safety involves students' sense of and actual physical, social, and emotional well-being. The positive instructional, relationship-building, and behavior management practices described above help students feel safe, secure, and comfortable in the classroom and throughout the school—being present and focused, connecting with others, and actively participating and learning. In addition, classrooms and schools overall should feel calm and orderly, and have clear rules and norms about teasing, harassment, bullying, and violence—including consistent enforcement and norms for adult intervention. Students should feel and actually be safe from physical harm as well as from verbal harm and exclusion—so safe that they are able to think independently, share their ideas, ask questions of others, and take conversational and

academic risks.[57] Such safety is essential to having comfortable and productive conversations about sensitive topics like social influences on personal behaviors and substance misuse.

Opportunities for Meaningful Participation and Support

Many of the policies and practices described above contribute to a safe and supportive environment in which young people are invited and able to engage as active participants in the process of learning and growing. In addition, students can benefit from having:

- Additional opportunities to participate in their classrooms and schools—through service on advisory and decision-making committees, extracurricular activities and afterschool programs, and more. These opportunities may help build essential student competencies directly while also facilitating their sense of belonging and bonding to school overall, which is known to be protective against substance misuse.[61]

- Clear policies and practices in place to intentionally support them through scheduled (e.g., elementary to middle, middle to high) or unscheduled (e.g., family relocation in the middle of middle school) school transitions—which are known to be particularly high-risk periods for substance misuse among youth.[38,62]

In addition to supporting and benefitting all students, staff, and visitors to a school, these positive policies and practices are also consistent with trauma-sensitive approaches in schools.[63,64] Such approaches are receiving widespread attention in recent years, in part because of a growing understanding of the prevalence and impacts of adverse childhood experiences and relatedly, because of the opioid crisis this nation has been facing—and continues to face. Because early trauma—including abuse, household substance misuse, and witnessing a family member overdose—are known risk factors for substance misuse among youth, trauma-sensitive approaches are particularly appropriate for schools working to provide and improve their substance misuse prevention efforts.

> Be sure to consult the *Connecticut Compilation of School Discipline Laws and Regulations* when considering any changes to related policies and practices. This document includes information about laws and regulations for varied disciplinary issues and approaches, including those specific to substance misuse and safety.

Family and Community Engagement

The added value of engaging families and other community members in the important work of school-based substance misuse prevention cannot be overstated. Doing so can build support and capacity for the prevention work that schools are doing within their own walls while also

extending the reach of that work. When consistent and coordinated prevention-related messaging and competence enhancement takes places in schools, homes, and the broader community, each element supports and reinforces the others—and the whole can become greater, and more effective, than the sum of its parts.

Engaging Families

Most students spend most of their time, particularly in their younger years, at home or at school. It is therefore understandable that many known risk and protective factors for youth substance misuse operate and/or can be addressed within these influential domains—and important for schools to engage families in their prevention efforts for maximum impact. Two valuable ways to engage families in school-based substance misuse prevention efforts are as *partners in student-focused education/development* and as *participants in parent/caregiver- and/or family-focused educational programming* designed to address known risk and protective factors. Each of these approaches is described below.

- **Engaging families as partners in student education and development.** Efforts to engage parents and other caregivers as partners in children's education and development at school are associated with many positive educational, social, and behavioral outcomes among students. Specific school-family partnership strategies include promoting:[65]

  - Parent involvement in student learning at home (e.g., reading together, homework help).

  - Parent involvement in student learning at school (e.g., volunteering in classrooms and/or school events, based decision-making about how the school functions including prevention planning).

  - Positive home-school communication (e.g., notes about student successes and/or challenges, classroom and/or schoolwide newsletters, parent-teacher conferences).

Substance Misuse-Specific Home-School Communication

Home-school communication can include valuable information for parents and other caregivers about youth substance misuse; for example, about the risks of substance misuse among youth and the importance of parental/ caregiver influence, tips for communicating with youth about substance misuse, strategies for safeguarding medications at home, and answers to commonly asked questions.[23,36] Schools can also help make sure that parents/guardians understand Connecticut's social host legislation.

- **Engaging parents as participants in educational programming.** Just as there are classroom curricula/programs designed to address known risk and protective factors among students themselves, so too are such curricula/programs available for parents/caregivers and families.

  o Some of these programs are designed for caregivers on their own to promote the development of healthy parenting skills, such as communicating positively and effectively with their children; nurturing, supporting, and bonding with their children; establishing clear and consistent expectations and rules for their children's behavior; supervising and monitoring their children's behavior, activities, and friendships; and modeling and supporting the development of prosocial competencies and healthy behaviors.[23,24,36,38,47,66]

  o Other curricula/programs are designed for caregivers together with their children; these teach many of the skills above and aim to improve family communication and functioning.[23,67,68]

  Research suggests that "interventions that focus on both parenting skills and family bonding appear to be the most effective in reducing or preventing substance use (p. 11)."[23]

While family involvement in schools tends to be greatest during the elementary school years, prevention research highlights the potential benefits and developmental appropriateness of engaging parents/caregivers in school-based substance misuse prevention efforts across the K-12 spectrum.[30] For example, reviews of parent/caregiver programs reveal their potential to produce positive prevention outcomes among adolescents—especially programs that bring parents/caregivers and adolescents together.[66,67,68]

Engaging Communities

When thinking about communities and youth substance misuse prevention, the focus is often on *community-based* coalitions and/or multi-component prevention initiatives that take place across diverse community settings—including schools, families, workplaces, and entertainment venues. However, there are many ways to engage the broader community in the important work of universal *school-based* substance misuse prevention—and to create meaningful linkages between the two so they enhance, support, and reinforce one another. For example:

- **Invite community members to participate in school-based planning and decision-making.** Inviting stakeholders from the community with diverse perspectives, skills, and resources—such as prevention and mental health professionals, cultural leaders, and/or research and evaluation specialists—to join school staff, parents/caregivers, and students in prevention planning and decision-making can enhance the cultural appropriateness and success of school-based programs and practices. Research suggests that broad-based decision-making is a critical component of effective substance misuse

prevention efforts.[47] On the flip side, school-based prevention efforts can also benefit greatly from ensuring school participation in community-based prevention coalitions and activities—for example, by obtaining access to local data, learning about local prevention-related resources, and engaging in conversations about appropriate prevention strategies with others who are equally invested.

- **Recruit experts to provide training and support.** Whether from within the school district (e.g., other schools, district offices) or beyond (e.g., nonprofit organizations, colleges or universities), schools may look to experienced community members and service providers to complement their in-house expertise and build their capacity to engage in prevention planning (e.g., make sense of extensive data) and/or to successfully implement and improve selected programs and practices (e.g., enhance facilitation and cultural competence skills, make cultural adaptations as needed, conduct evaluation).[36]

- **Coordinate and collaborate to establish consistent prevention messaging.** Communication and media campaigns can be an effective strategy for preventing substance misuse among youth.[24] By working with community groups involved in such campaigns and/or more generally responsible for communicating prevention messages to young people (e.g., mental and physical health care organizations), schools can help promote positive and consistent—and therefore more effective—prevention messaging for youth across varied settings, and bring valuable prevention messages and materials into school buildings.[36]

- **Communicate to connect young people to additional opportunities for meaningful participation.** Research suggests that student participation in a wide range of healthy activities outside of school hours can help promote positive youth development and prevent risky behaviors, including substance misuse. Schools can offer many of these activities themselves. In addition, by opening and maintaining channels of communication throughout the broader community, schools can also provide students and families with information about community-based afterschool and weekend opportunities in such areas as arts, athletics, mentoring, and community service.[36,45]

Key Considerations for Classroom, Schoolwide, Family, and Community Strategies

As described above, prevention programs and strategies beyond classroom curricula are critical components of universal substance misuse prevention in schools. This section just begins to scratch the surface of these valuable prevention strategies—each of which draws upon multiple bodies of research and practice in education, prevention/public health, and positive youth development. However, the information provided above can serve as a meaningful starting point for taking stock of existing classroom and schoolwide policies and practices, and family

and community engagement efforts. Furthermore, many of the principles of effectiveness for classroom curricula (described in the previous chapter) can be applied, to varying degrees, to these other types of strategies. Specifically, these strategies are most likely to help schools achieve positive prevention-related outcomes when they are:

- Based on strong evidence of effectiveness (or informed by sound research/theory)
- Designed to directly address a school's priority factors (and/or related priorities)
- Culturally relevant to, and appropriate for, the student population and school overall
- Well-supported by key stakeholders and available resources in the school community
- Implemented by trained and well-supported facilitators
- Demonstrating positive results among students and/or within the school overall

It is important to note that establishing a strong base of evidence for non-curricular programs and practices isn't always straightforward. Similar to classroom curricula, information about the effectiveness of many available caregiver/family programs related to substance misuse prevention can be found in systematic reviews and individual evaluation studies. Information about some prevention-related policies and practices can also be found in these sources (e.g., national registries of evidence-based programs *and* practices); however, it may be necessary to consider a broader knowledge base when considering the varied prevention strategies explored in this chapter—including education theory, research, and practice and model school-based policies.

Yet no matter how much evidence of effectiveness may exist for a particular program, policy, or practice, it will only be appropriate if it is the right match for a school's prevention priorities. There are two ways to look at this type of match:

- First, a program, policy, or practice may *directly address* one or more of the school's priority risk or protective factors for opioid or other substance misuse among students; for example, instruction that is supportive of personal and social skills development directly addresses *personal and social skills among students*—which a school may identify as priority protective factors.

- Second, a program, policy, or practice may *address one or more related priorities and establish critical supports* for the school's prevention efforts; for example, instruction that is supportive of personal and social skills development can also contribute to an overall positive school climate and specifically enhance the delivery of evidence-based prevention curricula designed to address such factors as student perceptions of harm associated with, and attitudes toward, substance misuse—which a school may identify as priority factors.

Now that you have reviewed this chapter, you are ready to begin Section 4 of the accompanying Self-Assessment Tool.

Strengthening Your School's Prevention Efforts

The information presented in the previous chapters of this guidance document prepares schools to critically examine the range of efforts currently in place to prevent opioid and other substance misuse and, more broadly, to promote positive youth development among the students in their care. Having a strong and representative planning team in place, figuring out which risk and protective factors to address, and understanding the range of prevention strategies shown to be effective are the foundation for prevention success.

But it is only the starting point. With a clear picture of the now, you can begin thinking about the future—how to move from existing to optimal. For example, in conducting your self-assessment, it is likely that your team identified gaps in your school's prevention efforts—priority factors or *Healthy and Balanced Living Health and Safety Education Curriculum Framework* standards that were only partially addressed by existing programming, or classroom curricula that were not evidence-based, being implemented with fidelity, or lacked alignment with other important principles of effectiveness.

In these cases, your planning team may want to search for good-fit options to fill these gaps; make careful adaptations to improve existing policies, programs, or practices; or do some of both. It is also important to look at all your prevention efforts together, to make sure that you provide an appropriate mix of different types of strategies across different influential contexts. Below is guidance for making these improvements.

Finding New Prevention Programs and Practices

When discussing principles of effectiveness for classroom curricula (see Understanding Strategies, Part 1) we underscored the importance of selecting and implementing programs and practices for which there is evidence of potential to produce positive change. There are many sources of information on evidence-based programs and practices (EBPPs); most accessible among these are systematic reviews.

Many groups with expertise in and commitment to evidence-based prevention conduct systematic reviews of the effectiveness of available programs and practices. Findings from such reviews can be found in searchable online databases and publications from federal agencies, other prevention and public health organizations (e.g., national nonprofits, university-based research centers), and professional journals. Some examples are provided below:[5]

- **Blueprints for Healthy Youth Development:** This searchable database from the Center for the Study and Prevention of Violence at the University of Colorado Boulder offers information about evidence-based positive youth development programs, including those to prevent substance use and misuse and to promote positive relationships and academic achievement.

- **CASEL Program Guides: Effective Social and Emotional Learning Programs:** These resources from the Collaborative for Academic, Social, and Emotional Learning (CASEL) offer findings from systematic reviews of school-based (preschool through high school) social and emotional learning programs.

- **Facing Addiction in America: The Surgeon General's Report on Alcohol, Drugs, and Health (2016):** This comprehensive report identifies a range of programs shown to be effective in reducing substance misuse, including opioid misuse. Information and programming related to opioid misuse, specifically, has been consolidated into one document: **Spotlight on Opioids.**

- **Model Programs Guide:** This searchable database from the Office of Juvenile Justice and Delinquency Prevention contains information about evidence-based juvenile justice and youth prevention, intervention, and reentry programs.

- **Top Tier Evidence:** This resource from the Laura and John Arnold Foundation's Evidence-Based Policy Initiative offers findings from a systematic review of interventions in such areas as early childhood, education (K-12), youth development, crime/violence prevention, substance abuse prevention and treatment, and housing/homelessness.

- **What Works:** This searchable database from Child Trends offers information on programs that promote outcomes related to education, life skills, and social/emotional, mental, physical, or reproductive health.

Keep in mind that you may not be able to find any EBPPs that are a good match. In this case, your team may want to adjust your search criteria and/or process. For example:

- *If there are no EBPPs that directly address your priority factors,* consider options that address the same priority factors (e.g., parental disapproval) for a different substance misuse-related problem (e.g., underage drinking rather than prescription drug misuse).

- *If there are no EBPPs that your school is willing and able to support at this time,* consider working on building readiness for prevention prior to continuing your search.

Finally, remember that evidence of effectiveness is just one important consideration. Equally important is to consider how well matched the program is to your setting. You can do this by asking the same questions of new programs that you did of your existing programs and practices.

Adapting with Care

Ideally, your core planning team will be able to identify new prevention programs and practices that can be implemented as is—that is, with fidelity (see Understanding Strategies, Part 1). However, some departures from an EBPP's original design and delivery are inevitable. Moreover, in the process of assessing your school's current prevention programming, it is likely

that your core planning team identified one or more programs or practices that should only continue with modifications.

Modifications aren't always bad. In fact, some modifications—or adaptations, as they're more formally called—can even improve the potential of a prevention program or practice to produce positive outcomes. This is especially the case for those adaptations that are carefully planned and executed. Planned adaptations can help improve a program's or practice's potential effectiveness by addressing recognized deficiencies related to fit. For example, if schools select a program/practice that was evaluated and shown to be effective with a population unlike their own, they might consider ways to improve its cultural fit—that is, the relevance of the language, attitudes, beliefs, values, and experiences reflected in its design.[5]

When planning adaptations, it is important to strive to retain a curriculum's core components—that is, the specific elements that are required and responsible for producing positive outcomes. The following guidelines can help schools make adaptations that retain core components and boost, rather than compromise, effectiveness:[5]

- *Maintain the dosage,* including the number, length, and spacing of sessions. Sufficient participant exposure may be essential for effectiveness.

- *Add new content* if the need for content changes arise, rather than *subtract existing content.* This will prevent the removal of core content.

- *Get help.* Work closely with the original program/practice developers, those responsible for implementation, members of and leaders from your school, and—whenever possible—other experts (e.g., prevention, program evaluation) to execute adaptations, including the addition of new content.

Making Cultural Adaptations in Schools[69]

Cultural adaptation refers to modifications that are tailored to the beliefs and practices of a particular group, and that enhance the cultural relevance of an intervention.

This "green, yellow, red light" approach can help schools determine the appropriateness of their planned cultural adaptations.

- "Green light" adaptations are safe and encourage changes to program activities to better fit the age, culture, and context of the population served. They include:

    o Updating and customizing statistics
    o Customizing role-play scenarios
    o Making activities more interactive
    o Making activities more appealing to different learning styles
    o Tailoring learning activities and instructional methods to youth culture

- "Yellow light" adaptations are changes that should be made with caution, and in collaboration with experts in behavior change theory and curriculum development. These include:

    o Changing the order of sessions or the sequencing of activities
    o Adding activities to reinforce learning or to address additional risk and protective factors
    o Replacing videos
    o Implementing a program with a different population or in a different setting

- "Red light" adaptations should be avoided since they compromise or eliminate one or more of a program's core components. Examples include:

    o Shortening a program
    o Reducing or eliminating activities that allow youth to practice skills
    o Contradicting, competing with, or diluting a program's goals
    o Replacing interactive activities with lectures or individual work

Taking a Comprehensive Approach

No matter how well any single program or practice fits or is implemented within a given school, its power is strengthened exponentially by being part of a strategically assembled, comprehensive, and coordinated set of substance misuse prevention efforts.[5] Effective universal prevention approaches address factors present at different levels—individual, school, and community. They incorporate a range of instructional approaches. And they support and enhance, rather than duplicate or hinder, other existing or planned academic, behavioral, and

health-related efforts. When multiple programs work together synergistically, they are not only more likely to be effective, but are also are more likely to be accepted, supported, and successful over time.

It is also important to think beyond universal programming. Universal prevention is the foundation for a full-scale MTSS focused on substance misuse prevention, but there are student needs that cannot be solely addressed through universal prevention efforts. To improve the health of all students, universal prevention efforts must be paired with programs that support student groups at increased risk of substance misuse, such as screening, school-based mental health services, and referral to outside mental health and addiction treatment services. Only by considering students at all levels of needs can we create a school environment that is responsive to the needs of all children.

Now that you have reviewed this chapter, you are ready to begin Section 5 of the accompanying Self-Assessment Tool.

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