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ISSUE BRIEF:

Substance Use, System-Involved Youth, and Our Educational System

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Introduction

Recent advances in neuroscience have broadened our understanding of adolescence to include the period that extends into an individual's mid-20s. Furthermore, researchers have identified the span between 10 and 25 years of age as a time of heightened neuroplasticity during which the brain is highly malleable. This malleability presents both challenges and opportunities for parents, guardians, caring adults, educators, and professionals working within child-serving systems. Compared to adulthood, adolescence is a period when individuals are less able to regulate their behavior, less able to make informed decisions requiring consideration of long-term consequences, and more sensitive to external influences such as peers (National Research Council, 2013; Steinberg, 2014). This time is often when substance experimentation and use commences (National Institute on Drug Abuse [NIDA], 2003). This may be particularly true for youth involved in child welfare and juvenile justice systems who have more than likely endured a myriad of adverse childhood experiences (Anderson & Teicher, 2009; Baglivio & Epps, 2016; Baglivio et al., 2014). Conversely, adolescence is also defined by a period of rapid brain development resulting from the opportunities and experiences to which adolescents are exposed. This amenability to growth and change speaks to the capacity of system-involved youth to benefit from strategies that promote behavioral health, prevent substance use disorders, treat individuals diagnosed with disorders, and support individuals in their recovery. These discoveries compel us to find ways to mitigate potential risk factors that may lead to substance use and to increase protective factors that bolster adolescents' well-being.

Prevalence of Substance Use and Substance Use Disorders Among Adolescents

A critical first step in this effort is developing an understanding of the magnitude of the problem. When exploring the prevalence of substance use and substance use disorders among adolescents, data on three different populations are examined. Specifically, data are reviewed on adolescents in the general population, adolescents involved in the child welfare system, and adolescents in the juvenile justice system.

Adolescents in the general population. As described on the Substance Abuse and Mental Health Services Administration (SAMHSA) Web site, "The National Survey on Drug Use and Health (NSDUH) is the primary source of information on the prevalence, patterns, and consequences of alcohol, tobacco, and illegal drug use and abuse and mental disorders in the U.S. civilian, noninstitutionalized population, age 12 and older" (SAMHSA, 2016). The following tables provide percentages of alcohol and illicit drug use as well as substance use disorders among individuals 12 to 17 years of age. The NSDUH captures information on 10 different categories of illicit drugs. These categories include marijuana, cocaine (including crack), heroin, hallucinogens, inhalants, and methamphetamine, as well as the misuse of prescription pain relievers, tranquilizers, stimulants, and sedatives. According to the survey estimates, 4.3 percent of all adolescents aged 12–17 had a substance use disorder in 2016. As can be gleaned from Tables 1 and 2, as adolescents aged, so too did their likelihood of using substances and having a substance use disorder (SAMHSA, 2017d).

Adolescents Involved in the child welfare system. As described on the Administration of Children & Families, Office of Planning, Research & Evaluation's (OPRE) Web site, "The National Survey of Child and Adolescent Well-Being (NSCAW) is a nationally representative, longitudinal survey of children and families who have been the subjects of investigation by Child Protective Services" (OPRE, n.d.). Data from the NSCAW are derived directly from interviews, assessments, and questionnaires conducted with children, parents, other caregivers, caseworkers, and teachers. Furthermore, data are also derived from administrative records (OPRE, 2003). The NSCAW collects information on children's physical health, mental health, and other developmental risks (Casanueva, Wilson, Smith, Dolan, Ringeisen, & Horne, 2012). To date, there have been three waves of the survey. In the second wave of the survey, researchers found that 12.3 percent of adolescents between ages 11 and 14 and 33.2 percent of adolescents between ages 15 and 17 exhibited risk factors for a substance use disorder (Wilson, Dolan, Smith, Casanueva, & Ringeisen, 2012). Individuals who exhibited risk factors received a score of two or higher on the Car, Relax, Alone, Forget, Friends, Trouble (CRAFFT) Screening Tool (Ringeisen, Casanueva, Smith, & Dolan, 2011). As Wilson et al. (2012) suggest, youth in the NSCAW sample were three

Table 1. Percentages of Alcohol and Illicit Drug Use Among Adolescents 12 to 17 Years of Age in 2016

Age	Alcohol Use Percentages in 2016			Illicit Drug Use Percentages in 2016		
	Past Month	Past Year	Lifetime	Past Month	Past Year	Lifetime
12	0.8	2.8	5.7	1.4	4.2	7.6
13	2.1	7.0	10.2	2.6	7.0	13.1
14	5.2	14.6	18.6	4.6	12.0	17.9
15	10.5	25.0	30.6	8.7	17.6	26.0
16	13.4	33.8	40.7	11.9	22.4	31.0
17	22.0	43.9	52.9	17.1	30.1	40.5
12–17	9.2	21.6	27.0	7.9	15.8	23.0

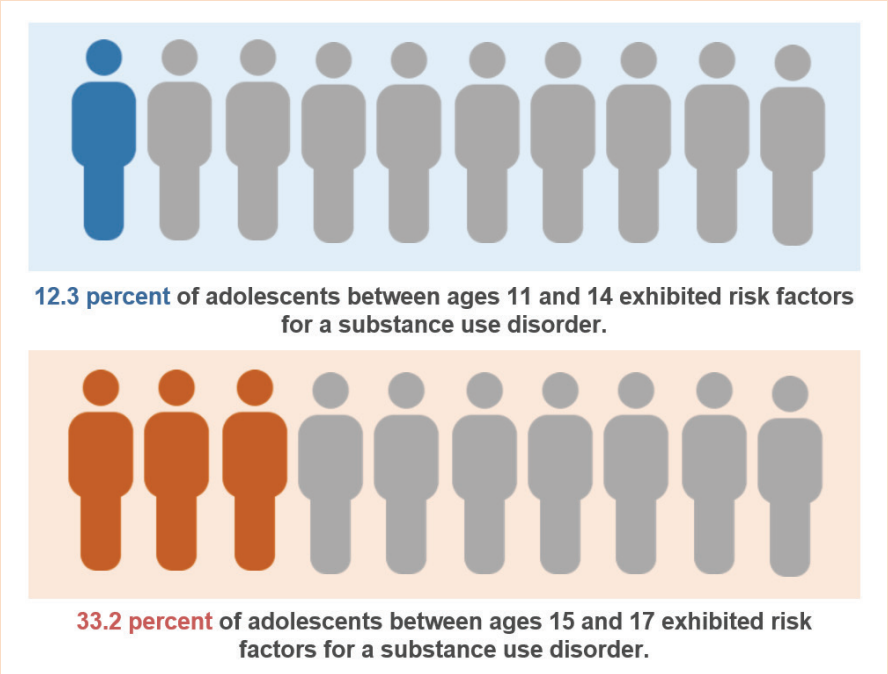
Source: SAMHSA, 2017d

Table 2. Percentages of Adolescents with a Substance Use Disorder in the Past Year, 2016

Age Category	Alcohol (2016)	Illicit Drugs (2016)	Alcohol or Illicit Drugs (2016)
12	0.0	0.9	1.0
13	0.4	0.9	1.2
14	1.1	2.4	2.9
15	2.2	3.6	4.7
16	3.3	4.9	6.5
17	4.5	6.0	8.9
12–17	2.0	3.2	4.3

Source: SAMHSA, 2017d

NSCAW Third-Wave Results: Youth in the NSCAW sample were three times more likely to have a substance use disorder than youth surveyed in the NSDUH sample.



Source: Wilson et al., 2012

times more likely to have a substance use disorder than youth surveyed in the NSDUH sample.

Adolescents involved in the juvenile justice system. Estimates of the number of youth in the juvenile justice system who have a substance use disorder are higher than youth in the general population and higher still than youth involved in the child welfare system. Estimates range between 50 percent and 60 percent (SAMHSA, 2017a; Teplin, Abram, McClelland, Dulcan, & Mericle, 2002; Teplin et al., 2006). Findings from the Office of Juvenile Justice and Delinquency Prevention (OJJDP) Survey of Youth in Residential Placement (SYRP) help illustrate the high prevalence of substance use and its associated challenges among this population. Through anonymous interviews conducted with youth while in custody, the SYRP collects information on characteristics and backgrounds of youth as well as their needs and the services they receive. In the most recent SYRP, youth reported using substances at higher rates than their peers in the general population (Sedlak & Bruce, 2010). Nearly 70 percent of youth surveyed in the SYRP reported they experienced problems related to their substance use, and almost 50 percent reported that they were under the influence of alcohol or drugs at the time of the offense or offenses that led to their current placement (Sedlak & Bruce, 2010; Sedlak & McPherson, 2010).

Prevention of Substance Use and Substance Use Disorders

Youth involved in the child welfare and/or juvenile justice system have already been exposed to a multitude of risk factors associated with an increased potential for substance abuse. Unfortunately, many have experienced neglect, abuse, academic failure, negative peer associations, familial substance use, and other challenges in their young lives. Thus, the focus of prevention efforts for youth who are system involved becomes one of reversing or reducing the risks to which they have been subjected. Simultaneously, the focus also becomes tipping the balance by working to offset these risks with a higher number of protective factors (NIDA, 2003). As described in "Preventing Drug Use Among Children and Adolescents: A Research-Based Guide for Parents, Educators, and Community Leaders" (NIDA, 2003), risk and protective factors fall into five domains. These domains include individual, family, peer, school, and community. Examples of factors within each of these domains can be found in Table 3.

Developing a clear understanding of the risk factors present within each of these domains can help caring adults select and tailor prevention programs, efforts, and approaches that best meet the needs of youth within their respective domains or settings. Further, understanding the protective factors that each one of these domains or settings can offer equips adults with ways they can alter their behavior to support young people they encounter and mitigate the risks the youth face. Rather than relying solely on national data on the risk and protective factors that contribute to or prevent substance use, it is critical to assess the factors that exist at the local level. In addition to helping caring adults understand these factors, the NIDA publication provides a wealth of information on the principles of prevention; strategies for planning for drug abuse prevention in the community; tips on applying prevention principles to drug abuse prevention efforts; and tiered, indicated, selective, and universal examples of research-based drug abuse prevention programs for elementary, middle, and high school aged youth (NIDA, 2003).

With a keen awareness of the influence that educators can have in the lives of young people, the U.S. Department of Education issued an open letter to K–12 educators, administrators, and related personnel as well as higher education faculty and staff. The letter identified steps that professionals within educational systems can take to prevent and

Table 3. The Five Domains or Settings of Risk and Protective Factors and Illustrative Examples

Risk Factors	Domain	Protective Factors
Early Aggressive Behavior	Individual	Impulse Control
Lack of Parental Supervision	Family	Parental Monitoring
Substance Abuse	Peer	Academic Competence
Drug Availability	School	Antidrug Use Policies
Poverty	Community	Strong Neighborhood Attachment

Source: NIDA, 2003

respond to student substance use and substance use disorders. The steps include the following:

1. "…creating campus cultures that engage students academically and socially and that foster norms that discourage the use of drugs;
2. …training teachers, administrators, counselors, coaches, and nurses to look for signs that students are misusing drugs;
3. …[being] aware of where students and their families can access counseling, substance abuse treatment, and recovery support services;
4. …educating students about the risks of substance use disorders and alternative ways to treat or control pain; and
5. …providing naloxone to school nurses and college health care facilities to ensure that overdoses can be reversed. In addition, campus law enforcement can take advantage of state laws that allow them to carry and administer naloxone to get help to those who need it" (U.S. Department of Education, 2016).

Ostensibly, these steps could apply to professionals in all child-serving systems. It is important for all who interact with adolescents to create safe and supportive environments, be aware of the signs they may be using substances, know where to refer youth and families for assistance, take advantage of opportunities to engage in conversations with youth about the risks of substance use, and prepare medical staff for the possibility of responding to potential overdoses.

Signs of Substance Use in Adolescents

As those who spend the greatest amount of time interacting with children and youth, parents, guardians, caring adults, and professionals working within child-serving systems may be the first to notice that something is amiss in a young person's life. Without developing an awareness of the signs of substance use and substance use disorders, the seriousness of these signs may be downplayed or their causes may be overlooked. Sudden changes in behavior, shifts in mood and personality, alternations in hygiene and appearance, declines in physical health, and deteriorations in school performance are all potential indications of substance use in adolescents. These signs as well as others are listed in the box "Signs of Substance Use in Adolescents."

Signs of Substance Use in Adolescents

- A change in peer group
- Carelessness with grooming
- Decline in academic performance
- Missing classes or skipping school
- Loss of interest in favorite activities
- Changes in eating or sleeping habits
- Deteriorating relationships with family members and friends

Source: NIDA, 2014

Once these signs are detected, it is incumbent on the caring adult who notices them to seek the assistance of others who will know how to screen for substance use and substance use disorders and who will know how to intervene. Those seeking assistance can enlist the help of school counselors, pediatricians, or even their community's or state's 211 system. The 211 system is a free, confidential service available 24 hours a day to help connect people to the services they need. Local 211 affiliates can be accessed by visiting www.211.org or by phone by simply calling 211. Attention will now turn to addressing youths' substance use and substance use disorders.

Addressing Adolescent Substance Use and Substance Use Disorders

Approaches for adolescents in the general population. Fortunately, a number of different evidence-based substance abuse treatment approaches for adolescents are available. According to NIDA, these approaches fall into two main categories—behavioral and family-based approaches. In behavioral interventions, the focus is on empowering youth to change their thinking and behavior as those relate to their substance use and to their ability to resist the urge to use. These approaches may or may not involve the family, and they include interventions such as the Adolescent Community Reinforcement Approach, Cognitive-Behavioral Therapy, Contingency Management, Motivational Enhancement Therapy, and Twelve-Step Facilitation Therapy. In family-based interventions, as the name implies, parents and/or guardians, brothers and sisters, and occasionally friends are engaged in the treatment process. Examples of evidence-based family approaches include Brief Strategic Family Therapy, Family Behavior Therapy, Family Functional Therapy, Multidimensional Family Therapy, and Multisystemic Therapy. More information about each of these approaches can be found in NIDA's "Principles of Adolescent Substance Use Disorder Treatment: A Research-Based Guide" (NIDA, 2014).

Approaches for youth in the child welfare system. Many of these same approaches have been suggested for youth in the child welfare system who are served in treatment foster care or therapeutic foster care settings (Foster Family-Based Treatment Association, 2008). In "Implementing Evidence-Based Practice in Treatment Foster Care: A Resource Guide," the Foster Family-Based Treatment Association provides an overview of mental health screening and assessment tools; psychosocial interventions for post-traumatic stress disorder and abuse related trauma, disruptive behavior disorders, depression, and substance abuse; psychopharmacological approaches; and comprehensive interventions. The guide also has information on parental engagement and support, youth empowerment and support, and implementation of evidence-based practices in an organizational setting. Finally, the guide contains a tools and resources section.

Another helpful resource is the Program Registry created and maintained by the California Evidence-Based Clearinghouse (CEBC) for Child Welfare. The Registry is a searchable database of evidence-based programs that can be used by professionals in their work with children and families involved in the child welfare system. The database includes information on a wide variety of programs, including substance abuse treatment for adolescents. Programs are rated based on their level of support by research evidence (CEBC, 2018).

Approaches for adolescents in the juvenile justice system. According to OJJDP's "Model Programs Guide," many of the same evidence-based substance abuse treatment approaches cited in NIDA's "Principles of Adolescent Substance Use Disorder Treatment: A Research-Based Guide" (2014) are also rated as effective for youth involved in the juvenile justice system (OJJDP, n.d.a). Like the CEBC, the "Model Programs Guide" is a searchable database that contains information about evidence-based juvenile justice and youth prevention, intervention, and reentry programs. Use of juvenile drug treatment courts (JDTCs) represents another approach to intervening in the lives of youth in need of substance use treatment who

come into contact with law enforcement. Since 2014, OJJDP has supported an initiative to develop and test research-informed guidelines for these specialized courts. To date, a research base has been built and the "Juvenile Drug Treatment Court Guidelines" (OJJDP, n.d.b) have been drafted. The initiative is now in the testing phase to determine the efficacy of JDTCs aligned with these guidelines and to identify areas within the guidelines that warrant further clarification for implementation. The supporting information, research, and guidelines can be found at https://www.ojjdp.gov/Juvenile-Drug-Treatment-Court-Guidelines.html.

Principles of effective substance use disorder treatment. Regardless of the specific population of adolescents in need of intervention, NIDA (2014) has developed a set of 13 principles of effective treatment of substance use disorders. Through these principles, one learns that intervening sooner rather than later in an adolescent's substance use is better and that many individual characteristics (e.g., developmental stage, gender, cultural and ethnic identity, school history, history of abuse, other mental health conditions) must be considered when selecting an appropriate treatment option. There is no-one-size-fits-all approach. The full list of principles can be found in the box "Principles of Adolescent Substance Use Disorder Treatment."

Ensuring continuity of care. One principle of particular relevance to youth involved in child welfare and juvenile justice systems is the importance of continuity of care. It is not uncommon for youth involved in these systems to transition from one placement or setting to another. As a result of a complex web of determining who is paying for the services, what placements meet the needs of the youth being referred, and where and when space will become available, these transitions frequently occur with little to no notice. Professionals working within child welfare and juvenile justice systems must engage in a process of planning for all contingencies. SAMHSA's "Guidelines for Successful Transition of People With Mental or Substance Use Disorders From Jail and Prison: Implementation Guide" summarizes the steps in this process into four key activities: assessing, planning, identifying, and coordinating (SAMHSA, 2017b). Although the Guide was developed for adults in correctional settings, the steps in this process are applicable for children and youth transitioning from one placement or setting to another.

Within the ***assessment phase***, universal screening is conducted to identify substance use and other potential co-occurring mental health disorders. For youth in the justice system, screening also is conducted to identify criminogenic risks, needs, and responsivity factors that must be considered. The screening then identifies individuals in need of further assessment to help guide placement and service-related decisions. In the ***planning phase***, the information gleaned through screening and assessment is used to develop individualized treatment and service plans. The resulting plans focus on current as well as future circumstances. From the beginning, a multidisciplinary team is considering and planning for what will be needed to ensure a successful reentry to the community. In this phase, the team also is engaging all systems responsible for an individual's care and subsequent supervision. The ***identification phase*** requires pinpointing and directly linking individuals to the programs, services, and opportunities they will need as they prepare for and transition to a new setting. The final phase, ***coordination***, focuses on implementing the transition plan, monitoring individual and provider adherence to it, engaging in cross-systems information sharing, and conducting formative and summative assessment (SAMHSA, 2017b).

Principles of Adolescent Substance Use Disorder Treatment

1. Adolescent substance use needs to be identified and addressed as soon as possible.
2. Adolescents can benefit from drug abuse intervention even if they are not addicted to a drug.
3. Routine annual medical visits are an opportunity to ask adolescents about drug use.
4. Legal interventions and sanctions or family pressure may play an important role in getting adolescents to enter, stay in, and complete treatment.
5. Substance use disorder treatment should be tailored to the unique needs of the adolescent.
6. Treatment should address the needs of the whole person, rather than just focusing on his or her drug use.
7. Behavioral therapies are effective in addressing adolescent substance use.
8. Families and the community are important aspects of treatment.
9. Effective treatment of substance use disorders in adolescents requires also identifying and treating any other mental health conditions they may have.
10. Sensitive issues such as violence and child abuse or risk of suicide should be identified and addressed.
11. It is important to monitor drug use during treatment.
12. Staying in treatment for an adequate period of time and continuity of care afterward are important.
13. Testing adolescents for sexually transmitted diseases like HIV, as well as hepatitis B and C, is an important part of drug treatment.

Source: NIDA, 2014

Special Feature: The Opioid Epidemic and Its Impact on Students and Classrooms

Whether through being exposed in utero, witnessing a loved one's use, obtaining pills from family or friends, or receiving a prescription for pain, young people in our families, classrooms, schools, communities, and systems have likely been affected by the nation's opioid epidemic (American Academy of Pediatrics, n.d.; U.S. Office of Special Education Programs, 2016). Exposure to these circumstances places children and adolescents at greater risk for substance use. Recently released results from the Monitoring the Future Survey (NIDA, 2017) reveal that heroin and opioid use among adolescents remained low in 2017. The survey results also reveal that misuse of prescription opioids continued to decline. Although these findings are encouraging, parents, guardians, caring adults, and professionals working within child-serving systems must be vigilant in their efforts to prevent opioid misuse and to ensure those who are misusing receive treatment.

Because of the increased susceptibility of youth in the child welfare and juvenile justice systems for

substance use and substance use disorders, this special feature on opioids is a call to action. It is the collective responsibility of all adults who care about the well-being of these vulnerable populations to ensure their safe passage to adulthood. Part of this call to action requires reflecting on the current rate of opioid misuse among adolescents, understanding why they are misusing, and learning where they are acquiring these substances. This awareness will likely guide prevention and intervention efforts.

According to the 2016 NSDUH (SAMHSA, 2017c), approximately 3.6 percent of adolescents between the ages of 12 to 17 misused opioids within the past year. The vast majority of misuse involved prescription pain relievers (3.5 percent) rather than heroin (0.1 percent). When asked to cite the reasons for their last misuse, nearly two-thirds (62.3 percent) of individuals 12 and older stated that they took the medication to relieve pain. The next most commonly reported reasons for misuse were to "feel good or get high" (12.9 percent) and to "relax or relieve tension" (10.8 percent). When asked where they acquired the last prescription pain reliever that they misused, more than 50 percent (53.0 percent) stated that they had received them from a friend or relative. The second most commonly cited source was through a health care provider (37.5 percent) (SAMHSA, 2017c).

When learning that adolescents often turn to opioids for pain (SAMHSA, 2017c) and that even appropriate use may increase the likelihood of later misuse, caring adults must advocate for the development and use of nonopioid pain-management techniques where appropriate (American Academy of Pediatrics, n.d.). Discovering that most adolescents acquire pain relievers from friends or relatives requires that caring adults increase their awareness of the signs and dangers of opioid misuse and examine ways to decrease adolescents' access to these powerful medications. In addition, caring adults also bear the responsibility of increasing adolescents' awareness of the dangers posed by opioid misuse and encouraging adolescents to work with their health care providers to explore options for managing pain (U.S. Department of Health and Human Services, 2017). Finally, caring adults must learn how to respond if they believe that an adolescent may be misusing opioids or other substances. They must not assume that other adults have noticed and are taking the appropriate action.

Bringing It All Together

This final section focuses on bringing together the key concepts discussed throughout this brief and offering recommendations and associated resources. The recommendations correspond with the steps the U.S. Department of Education included in its Open Letter on Supporting Students to Prevent Substance Use and Substance Use Disorders (2016) referenced above. Following each recommendation are examples of resources to help caring adults increase their awareness and take action. Rather than an exhaustive list, the resources represent a point of departure.

1. **Create a safe and supportive environment.** Children and adolescents in the child welfare and juvenile justice systems often experience transitions in their residential and educational settings. Creating a safe and supportive environment for them requires caring adults to provide a warm welcome, establish open lines of communication, offer assistance as they adjust to their new circumstances, and be trauma informed. It requires caring adults to put themselves in the shoes of the young people they encounter and anticipate how they may feel and what they may need.

   National Center on Safe Supportive Learning Environments (NCSSLE). NCSSLE is a training and technical assistance center supported by the U.S. Department of Education, Office of Safe and Healthy Students. NCSSLE serves states, districts, schools, institutions of higher learning, and communities focused on improving student supports and academic enrichment. A wealth of information can be accessed on the site for establishing a positive school climate, engaging students in the school community with a focus on building relationships, and creating environments that are physically and emotionally safe.

   The National Child Traumatic Stress Network (NCTSN). The mission of NCTSN is to raise the standard of care and improve access to services for traumatized children, their families and communities throughout the United States. The NCTSN Web site contains information on the different types of trauma to which children are exposed and has a section of resources tailored for a variety of audiences, including parents and caregivers, school personnel, and professionals within other child-serving systems. The site also contains topical briefs on trauma and youth in the child welfare system; trauma and youth in the juvenile justice system; trauma, adolescence, and substance abuse; and creating trauma-informed systems among other subjects.

2. **Learn about the substances adolescents are using in your area.** Several sources have data for caring adults who are interested in learning about substance use in their area. Consulting national data provides a snapshot of adolescent substance use. However, understanding substance use behavior among adolescents in one's community, State, tribe, or territory can assist in tailoring prevention and intervention efforts.

   The Youth Risk Behavior Surveillance System (YRBSS). As described on the Centers for Disease Control and Prevention Web site, the YRBSS monitors six types of health-risk behaviors that contribute to the leading causes of death and disability among youth and adults. Alcohol and other drug use are among the behaviors included in the middle and high school surveys that are administered once every 2 years. All States participate in the YRBSS except Minnesota, Oregon, and Washington. Data are also available for four of the U.S. territories and 16 of the Nation's largest urban school districts. The most recent data available are for 2015. For the first time since its inception, the 2017 YRBSS contains a question specifically related to the use of pain relievers without a prescription.

   The National Survey on Drug Use and Health (NSDUH). As previously described, SAMHSA's NSDUH collects information on the prevalence, patterns, and consequences of alcohol, tobacco, and illegal drug use and abuse and mental health disorders in the United States for individuals 12 years of age and older. Data are available at the substate, State, and national levels.

   State KIDS COUNT Organizations. State KIDS COUNT Organizations receive funds from the Annie E. Casey Foundation to provide information on the well-being of children and families. Each state has a participating organization. Additional organizations are in Puerto Rico, the Virgin Islands, and the District of Columbia. The information provided by this network serves as the basis for the data available at the KIDS COUNT Data Center. In addition to participating in the KIDS COUNT initiative, these

organizations also have knowledge of and/or access to other data sources within their respective regions.

Statistical Analysis Centers (SACs). The Bureau of Justice Statistics supports the establishment and operation of SACs in the States and territories. The information collected, analyzed, and reported is used to help shape local, State, and national programs and policies related to crime, illegal drugs, victim services, and the administration of justice. Links to SACs in the States and territories can be found on the Justice Research and Statistics Association's Web site. Some SACs coordinate the administration of youth surveys. SACs may even be able to breakdown to the school district level the data collected in youth surveys.

3. **Seek information about the signs and dangers of adolescent substance use.** After learning about the substance adolescents most often use in one's area, the focus can then shift to learning about the signs and dangers associated with use of the identified substances. Fortunately, a number of different resources are available to educate a variety of different audiences about the signs and dangers of substance use. For professionals working within child-serving systems, learning about the signs and dangers of substance use may take the form of systemwide professional development.

   Partnership for Drug-Free Kids. The Partnership for Drug-Free Kids is a nonprofit supporting families whose children are struggling with substance use. Through navigating the site, families can learn the signs of substance use, access information on treatment and recovery options, review suggestions for keeping their children and families healthy, connect with other families who have dealt with the same challenges, peruse resources, and obtain personalized help. The site also contains information on the Medicine Abuse Project. The project teaches families and other caring adults how to safeguard their families and communities from heroin, other opioids, and the abuse of prescription and over-the-counter medications. The Medicine Abuse Project section of the sites contains resources for parents and grandparents, educators, and health care providers.

   National Institute on Drug Abuse (NIDA). The mission of NIDA is to advance science on the causes and consequences of drug use and addiction and to apply that knowledge to improve individual and public health. NIDA's Web site contains the latest science, trends and statistics, information on finding treatment, and links to a wide collection of related resources and publications. The site contains targeted resources for children and teens, patients and families, parents and educators, medical and health professionals, and researchers. Included in the information available are the signs, effects, and consequences of using a variety of substances.

4. **Become aware of the prevention, intervention, and treatment resources within your community.** Through learning about the prevention efforts in one's area, caring adults can determine with whom to partner to implement prevention programs, efforts, and approaches in their respective settings. Of equal importance, from NIDA's "Principles of Adolescent Substance Use Disorder Treatment" (2014), is intervening as soon as possible when one suspects that an adolescent may be using substances. Through learning about the intervention and treatment resources in one's community, caring adults can enhance their readiness to respond efficiently when needed. Often, stakeholders involved in prevention, intervention, and treatment efforts have developed community-specific resource guides listing the available services and eligibility criteria. Many youth involved in the child welfare and juvenile justice systems are eligible for physical and behavioral health care through the State's Medicaid program. For youth who are not Medicaid eligible and have private insurance, many policies cover mental and behavioral health services such as substance use treatment. Conversations with parents, caregivers, and/or child welfare case workers can help establish where to call for intake screening and who will support the costs of intervention and treatment services.

   Community Anti-Drug Coalitions of America (CADCA). The mission of CADCA is to strengthen the capacity of community coalitions to create and maintain safe, healthy, and drug-free communities globally. From the CADCA Web site, caring adults can join an existing coalition in their community or start a new one.

   SAMHSA. As described on its Web site, SAMHSA partners with State substance use and mental health agencies as well as other organizations to improve the delivery of behavioral health services. From the Partnerships with State, Territory, County, and Other Governmental Organizations section of the site, a directory can be found of Single State Agencies for Substance Use Services or the Mental Health Authority. Representatives from Single State Agencies are typically familiar with State and local resources for substance use intervention and treatment.

   211 Affiliate. As mentioned earlier, the 211 system is a free, confidential service available 24 hours a day to help connect people to the services they need. Local 211 affiliates can be accessed by visiting www.211.org or by phone by simply calling 211. From the main page, one can enter his or her ZIP code and State to access the community and information referral services in one's locality. Information can then be found on substance use disorder prevention and treatment providers.

   SAMHSA's Behavioral Health Treatment Services Locator. The Behavioral Health Treatment Services Locator is a confidential and anonymous source of information for people seeking treatment facilities in the United States or U.S. territories for substance abuse/addiction and/or mental health problems.

5. **Talk with and educate children and adolescents about the dangers of substance use.** Talking with children and adolescents early and often about substance use is a key message contained in prevention literature (NIDA, 2003). Research has shown that these conversations frequently focus on substances such as alcohol, marijuana, and cocaine; often they do not include prescription drug misuse or abuse (Partnership for Drug-Free Kids, n.d.). Thus, integrating the dangers of prescription drug misuse and including opioids in conversations with young people is a critical first step. These conversations must take place wherever children and adolescents are. Conversations must occur in youth's homes, schools, foster care placements, residential treatment centers, correctional facilities, and everywhere in between. Prevention requires an ongoing dialogue rather than a one-time conversation.

   NIDA for Teachers. The NIDA for Teachers Web site contains lessons and activities; drug facts to educate teens about the effects and consequences of drug use, including written materials, easy-to-read guides, and audiovisual materials; and infographics.

NIDA for Teens. The NIDA for Teens Web site contains information on how drugs affect the brain and body. The Web site contains videos, games, blog posts, and other resources.

Above the Influence (ATI). ATI, a project led by the Partnership for Drug-Free Kids, includes a toolkit for youth 12 to 17 years of age. As described on the ATI Web site, the toolkit contains individual and group activities designed to help teens manage and deal with stress, avoid negative influences, make healthier choices, and connect with and help each other.

6. **Weigh the pros and cons of equipping school nurses and health care providers within residential and correctional settings with naloxone.** A growing number of schools across the country are deciding to keep naloxone on hand (Harris, 2017; Partnership for Drug-Free Kids, 2017).

National Association of School Nurses (NASN) Naloxone in Schools in Toolkit. The NASN states the decision to implement a stock naloxone program in schools should be made by the community in which the school exists. The NASN has created a toolkit to assist school nurses and other school leaders in this decision-making process.

National Commission on Correctional Health Care (NCCHC). In 2015, the NCCHC's Board of Directors adopted a position statement recommending increasing access to and use of naloxone in correctional facilities. The position statement also includes a training component for medical and nonmedical staff.

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