



According to Youth: Best Practices for School-Based Substance Use Services

Note: The following resource was a collaboration between Community Catalyst staff and the Community Catalyst Youth Advisory Board. The Board works with Community Catalyst staff to inform strategies for preventing and treating mental illness and substance misuse among youth and young adults. The Board consists of and advocates for young people - particularly youth of color and LGBTQ+ youth, who live with mental illness or substance use disorders.

Youth SBIRT: An Overview

Youth Screening, Brief Intervention, and Referral to Treatment (also known as SBIRT) is a substance use prevention and early intervention strategy that aims to prevent addiction and support young people who are struggling with substance misuse by connecting them to needed services. As an early intervention approach, SBIRT works to head off addiction before it starts. SBIRT can be tailored to meet the needs of any community or individual. For example, instead of referring a young person to treatment, students could be referred to other services that meet their needs and preferences, such as [restorative justice](#) circles or peer support groups. Schools are an important setting for SBIRT because they allow for universal approaches that meet young people where they are and increase the likelihood of early identification and connection to support. Research shows that over [35% of young people](#) rely on schools as their primary source of behavioral health care, and that [access to support](#) increases when services are provided in schools. Schools have flexibility to design an SBIRT program that fits their students, and can work in collaboration with students to do so.

This resource is meant to offer school officials and school health providers best practices for developing a school-based SBIRT program that is informed by and responsive to youth experiences. It includes considerations for how to promote SBIRT, build a school culture that supports success, select screening tools and referral services, maintain confidentiality and center health equity. See this [toolkit](#) for more information on youth SBIRT.

Best Practices and Considerations for School-Based Substance Use Prevention + Early Intervention Services

Before Engaging Students in SBIRT or other Substance Use Services

1. *Change School Discipline Policy*¹:
 - a. Schools should have [a clear policy](#) for responding to youth substance use and possession that aligns with restorative, public health approaches. Although youth SBIRT is being used in schools across the country, many young people are hesitant to engage honestly, undermining SBIRT's effectiveness. School culture and punitive discipline play a big role in this reality as fear of punishment prevents students from honestly disclosing substance use and seeking support. Rather than punishing students, consider policies that engage youth in conversations about why they use and explore whether they need support. Policies that refer students to school-based health centers,

¹ **The issue of school discipline:** Many school policies on student substance use and possession focus on punishing students. Such policies disproportionately harm students of color, who are more likely to be disciplined than their white peers. These policies also prevent students from receiving the services they need – even when the services are available. This punitive response reflects a broader culture of stigma and criminalization that often responds to substance use disorders in adults – a chronic health condition – with arrest and jail time rather than effective health services. Schools have the authority and discretion to take a different approach – one that invests in the well-being of its students and helps all youth reach their full potential.

- [restorative justice](#) processes, school counselors or other trusted school personnel are [more effective alternatives](#) than punitive discipline.
- b. Work alongside students in designing SBIRT processes and [alternatives](#) to discipline. Students – especially youth with lived experience of substance misuse and mental illness – have a unique set of knowledge and skills to help inform models that appeal to students and meet their needs. Involving students can increase support for the program, build leadership skills, and demonstrate how students can make a difference in their communities.
 - c. Implement [drug education programs](#) that provide honest information about drug and alcohol use, and work to reduce the stigma of addiction and mental illness.
2. *Explain SBIRT so students are aware of what it is, why it is happening, and what to expect.* If possible, a person in recovery, with lived experience of substance misuse, should be the one promoting the model to students. Hearing someone share their own story helps to build trust in the process – especially among students who are using alcohol or drugs.
 3. *Be explicit about confidentiality and what information will be shared with parents/guardians, school administrators, and school resource officers.* Provide details on how student privacy will be protected, including where data is stored, whether it is anonymous, and who has access to it. This should be actual school policy that can be shared with students in writing. Not having a clear confidentiality policy will undermine the model because many students will not honestly disclose their use. Finally, be specific and honest about the level and limitations of confidentiality. For example, many students are aware that HIPPA confidentiality has exceptions so don't say "your responses will be kept confidential as required by HIPPA."
 4. *Be transparent about what happens if a student discloses substance misuse and needs services.* Students should understand next steps and have a chance to ask questions before being asked to participate.
 5. *Be clear about what happens if a student declines services.* Students should be allowed to decline screening or services at any point without fear of punishment. If a student opts out of the SBIRT process or any other substance use service:
 - a. Talk to the student about why they are declining to participate, and explore whether there are alternative services they would be more interested in.
 - b. Make sure the student knows they can engage in services later, if they change their mind.
 - c. Provide a full list of the school-based and community-based services available to them.

While Engaging Students in SBIRT or other Substance Use Services:

1. *Share existing resources and offer a connection to services regardless of how students respond or what they disclose.* This is very important because students who are not honest about their use may still consider seeking support. If possible, provide information about available services on a handout that they can take with them. Consider including different types of services:
 - a. Therapy, especially options that don't require parental/guardian permission or notification. If referring students to community-based options, explaining any insurance requirements or fees is essential.
 - b. Peer support groups
 - c. Hotline numbers
 - d. Harm reduction centers
 - e. Food resources and other social services
 - f. Transportation to community-based services
2. *Make the process relevant to the interests and concerns of young people.* For example:
 - a. Ask how much money they spend on tobacco, vaping, alcohol, drugs, etc., and compare that to what else they could purchase. One student shared that after answering this question, they were told "you could have bought a car with the amount you've spent on nicotine." This had a significant impact.
 - b. Provide visuals. For example, in responses to vaping nicotine, show a graphic of "how many cigarettes you've smoked"

3. *If using a screening tool – such as the [CRAFFT](#) or [S2BI](#) – give students options on how to complete it:*
 - a. On a tablet or electronic device. For some students, this will provide a greater sense of privacy, increasing the likelihood of honest disclosure. However, it is very important that students know who sees the responses, and how the data is stored.
 - b. In-person with someone the student knows and trusts (e.g. a peer support specialist with lived experience of substance use, school counselor, school social worker, etc.). Because each student has a unique relationship with school staff, it's best to allow the student to choose who they prefer to speak with. It's also important to have the conversation in an inviting, trauma-informed space.
4. *Use screening tools that ask students about their relationship to substance use, not just about quantity or frequency of use.* Asking why students use and in what situations (e.g., to relax, when they're alone, etc.) may better inform future conversations, harm reduction strategies, and opportunities to address root causes.

Health Equity Considerations:

1. *If hiring providers directly, prioritize hiring diverse providers that reflect the identities and experiences of the student body, including providers of color, LGBTQ+ providers, and those with disabilities and lived experiences of substance misuse and mental illness.* This can improve the quality of services as providers can more easily build trust through shared experience and bring a deeper understanding of the challenges students face.
2. *Train all school personnel, including school health providers, about implicit biases, anti-racism, ageism, ableism, homophobia, transphobia, and how to effectively work with youth.* Training on these topics can inform providers on how to better serve students of marginalized identities and experiences who often face barriers to quality care and services because of racism and other discrimination. Research shows that experiences of discrimination and marginalization are linked to higher rates of stress, anxiety and depression among youth of color, LGBTQ+ youth, and youth with disabilities.
3. *Consider how a student's immigration status may affect their participation in substance use services.* For undocumented students, disclosing drug or alcohol misuse is a significant risk. There are also unique barriers to accessing community-based services that require insurance coverage or government IDs. This is another reason to provide all students with a list of community-based and school-based services, and to be specific about what students can expect when they seek support. Be proactive in answering questions about insurance, ID cards, whether their health information is protected, and whether their parents or guardians be notified.
4. *Do not involve school resource officers, security guards, or other law enforcement in the SBIRT process.* Substance misuse and addiction are health conditions that require health services. Involving law enforcement reinforces the stigma surrounding substance use and the systems that treat it as a moral or criminal issue. For students who have witnessed or experienced police brutality, involving law enforcement could trigger a post-traumatic stress response and create an environment that feels unsafe, undermining the effectiveness of the model.
5. *Make available supports for social determinants of health and the whole-family.* Housing instability, food insecurity and poverty can all affect student experiences of stress, anxiety, depression and substance misuse. It's important to ask students about these things and include resources or referrals that could support students and families with these challenges.
6. *Establish a youth advisory board and create processes for all students to submit feedback.* The best way to know if a substance use program is working well for students is to ask them. Establishing a youth advisory board and other feedback loops can help schools evaluate and improve programs.

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