

ECHO IDAHO

K12 School Nurses

Substance Use Prevention and Support

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Raise the Bottom Addiction Treatment

None of the planners or presenters for this educational activity have relevant financial relationship(s) to disclose with ineligible companies whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.

Learning Objectives



- Importance of Youth Substance Use and Your work as School Nurses
- Epidemiology of substance use
- Risk Factors, Key Indicators, and Warning Signs
- Brief motivational interviewing strategies to engage students without increasing resistance

Be the adult who notices early and responds in a way that keeps the students engaged. Everything else matters less if the kid shuts down or turns away.

The School Nurse's Unique Role

Why you matter so much!

- Schools are a primary setting for prevention, early identification, and referral. Substance use often begins in adolescence, making **early detection critical**.
- You are uniquely positioned to:
 - Identify early behavioral and physical warning signs
 - Provide brief interventions
 - Connect students to care
 - Create safe, compassionate, welcoming spaces for these kids
 - Create/Define healthcare culture

Importance of Youth Substance Use

- The consequences of youth substance use are immense:
 - Poor physical, mental, spiritual and emotional development
 - Lack of development of mature coping mechanisms
 - Development of substance use disorders into adulthood

The majority of adults who meet the criteria for having a substance use disorder, started using substances during their teen and young adult years.

Negative Consequences of Substance Use

- Substance use increases vulnerability and places teens and adults in situations that increase risk:
 - Trauma and domestic violence
 - Physical, sexual, and emotional abuse
 - Criminal behavior and subsequent institutionalization
 - Poor academic performance
 - Precipitation of and exacerbation of mental health disorders
 - Increase adolescent pregnancies and related incidence of adverse outcomes
 - Infections, heart disease, cancer, stroke
 - Suicide
 - Lifelong Substance Use Disorder

Epidemiology of Youth Substance Use

- Monitoring the Future (MTF)
- Youth Risk Behavior Survey (YRBS)
- National Survey on Drug Use and Health (NSDUH)
- Local & school-level data



What Our Youth are Using:

- Nicotine (vaping) — most common
- Cannabis — increasing normalization
- Alcohol — still widely used
- Prescription misuse & stimulants
- Other: cocaine, heroin



Key Trends:

- Overall use ↓ or stable since pandemic
- Record-high abstinence rates in younger teens
- No major rebound in alcohol, cannabis, or vaping
- Nicotine pouches ↑ (new, discreet products)
- Illicit drugs (cocaine/heroin) ↑ slightly (still low overall)

“The slight but significant increase we see in heroin and cocaine use warrants close monitoring. However, to put these current levels of use in context, they are leagues below what they were decades ago.”

~Richard Miech, Monitoring the Future

Key Data Findings:

Abstinence: 91% of eighth graders 82% of 10th graders, 66% of 12th graders in past 30 days

Alcohol: 11% of 8th graders, 24% of 10th graders, 41% of 12th graders in past 12 months

Cannabis: 8% of 8th graders, 16% of 10th graders, 26% of 12th graders in past 12 months

Nicotine vaping: 9% of 8th graders, 14% of 10th graders, 20% of 12th graders in past 12 months

Nicotine pouch: 1% of 8th graders, 3% of 10th graders, 7% of 12th graders in past 12 months

Heroin: low, values increased significantly from 2024

- 8th grade: 0.2% > 0.5%
- 10th grade: 0.1% > 0.5%
- 12th grade: 0.2% > 0.9%

Cocaine: low, stable for 10th graders at 0.7%; increased significantly among other grades:

- 8th grade: 0.2% > 0.6%
- 12th grade: 0.9% > 1.4% of 12th



RISK FACTORS

- Chaotic home environment
- Ineffective parenting
- Little mutual attachment and nurturing
- Inappropriate or aggressive classroom behavior
- Academic failure
- Low academic aspirations
- Poor social coping skills
- Affiliations with deviant peers
- Perceived external approval of drug use
- Parental substance use or mental illness



PROTECTIVE FACTORS

- Strong family bonds
- Parental engagement in child's life
- Clear parental expectations and consequences
- Academic success
- Strong bonds with school, community, or church
- Conventional norms about drugs and alcohol
- Decreasing substance accessibility
- Economic stability and safe housing
- Access to healthcare and education
- Positive peer groups

Detecting Substance Use in our Youth:

- Difficult to tease out abnormal changes at a time when they are already subject to significant physiological and social changes in their lives
- It is not uncommon for teenagers to be involved in illicit drug use before exhibiting signs and symptoms of drug use
- Rates have declined, though adolescent use is usually more widespread than parents and guardians recognize
- Key Indicator and Warning Signs:
 - Shifts in Mood & Personality
 - Behavioral Changes
 - Change in Hygiene & Appearance
 - Physical health

Key Warning Signs of Substance Use

Mood & Personality

- Withdrawal, irritability, depression
- Sudden behavior or motivation changes

Behavior

- Secrecy, excuses, isolation
- School decline or absenteeism
- Risky behavior or peer changes

Appearance

- Poor hygiene or neglect
- Odors (smoke/chemicals), red eyes
- Burns, marks, or unusual clothing

Physical Health

- Fatigue, frequent illness
- Weight changes, coordination issues
- Slurred speech, nosebleeds, vomiting

Screening, Brief Intervention, Referral to Treatment: SBIRT

When concerned about a student:

- 1) Observe objectively
- 2) Screen briefly
- 3) Use motivational interviewing
- 4) Assess safety risk
- 5) Involve supports as indicated
- 6) Document objectively
- 7) Refer to treatment

Screening + Brief Intervention

- S2BI (Screening to Brief Intervention)
- Question:
 - “In the past year, how many times have you used...”
 - Tobacco
 - Alcohol
 - Marijuana
 - Other drugs
- Responses:
 - Never | Once/twice | Monthly | Weekly+
- Interpretation:
 - Never → Reinforce
 - Once/twice → Brief conversation
 - Monthly+ → Higher risk, consider referral

Motivational Interviewing: A Brief Clinical Tool

- Collaborative, patient-centered approach
- Designed to reduce resistance
- Focuses on ambivalence, not compliance
- Goal: increase intrinsic motivation

Core Techniques of MI

- Ask permission
- Use open-ended questions
- Reflect (don't interrogate)
- Explore ambivalence
- Support autonomy

Exploring Ambivalence: Evoking Internal Motivation for Change

- Open ended questions pros/cons:
 - “What do you like about vaping? What concerns you about it?”
- Reflect both sides:
 - “It helps you relax, but you are worried about getting in trouble.”
- Develop Discrepancy:
 - “You said that you don’t want to get kicked out of school, and you are noticing that using alcohol has led to being suspended.”
 - “You want to make varsity, and you’re noticing your stamina isn’t great.”
- Use scaling questions:
 - On a scale of 1-10, how willing are you to cut back?
 - “Why a 4 and not a 2?”

Final takeaways:

Connection is the Intervention!

- You don't need to be an expert to make an impact.
- Notice patterns.
- Create safe spaces.
- Connect with our kids!

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