



Autonomous but Not Alone: Navigating Students through Drug-Related Risk

A Toolkit for School-Based Staff



Cardea

www.cardeaservices.org



Acknowledgements

Project Partners

Thank you to the agencies, staff, and youth who have participated in this project: Children's Optimal Health, TEA Region XIII, Children's Optimal Health, UT Steve Hicks School of Social Work, Travis County Youth Substance Abuse Prevention Coalition, Communities in Schools, RLP Consulting

Contributors

Lori Holleran Steiker, Ph.D., Professor of Addiction and Substance Abuse Services

Steve Hicks School of Social Work and Associate Dean, School of Undergraduate Studies, The University of Texas at Austin

Dr. Susan Millea, Children's Optimal Health

We acknowledge the contributions of drug users; much of what we know about harm reduction approaches we owe to drug users who have courageously advocated for evidence-based models.

Developed by

Mar Kidvai Padilla, MS Ed., MSSW, Training Manager, Cardea

Vanessa Sarria, MPA, Chief Program Officer, Cardea



This publication was funded by the Office of Women's Health in the Office of the Assistant Secretary for Health at the U.S. Department of Health and Human Services.

Grant # ASTWH170057-03-01



Context & Contents

This toolkit stresses the importance of building relationships and using a harm reduction approach to help empower youth to avoid and reduce risk.

Abstinence-only drug education has helped students who remain "drug-free" but has offered little to youth whose drug-use ranges on a spectrum from experimental to situational to compulsive. [Harm-reduction curriculum for youth](#), while burgeoning, is controversial and may open professionals up to liability. Youth may not be independent, but they are autonomous — constantly making decisions away from adult supervision. Rather than instruct youth, each of whom is unique and in unique circumstances, we can help them help themselves by collaborating as a thought partner in reducing harm, guiding youth through a series of questions and offering reliable resources.

Introduction	4
Setting the Tone: Confidentiality.....	5
Scenario 1: Riding & Driving.....	6
Scenario 2: Youth Worried For a Friend	7
Scenario 3: Conflicts.....	9
Scenario 4: Engaging Reluctant Youth	10
Resources	12
Referrals	13



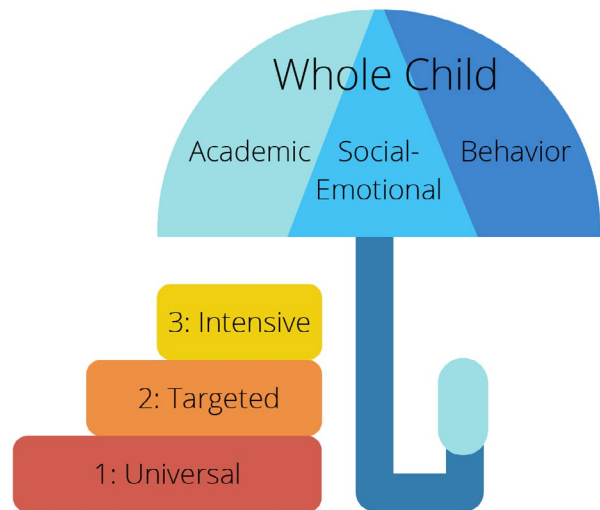
Introduction

While working with youth that may be experiencing challenges with substances, it's important to consider multiple factors, including the social and emotional.

One popular model outlines **"drug, set and setting"** as three factors that structure drug-related legal, academic and biopsychosocial risk.

In this model "drug" includes the substance, potency, legality, chemicals it is "cut" with, and route of administration; "set" refers to the physiology, mindset, development, culture, and expectations/ motivations of the youth; and "setting" includes the physical space and time of use, who else is present, and social norms. Additionally, risk is mediated by youth's brain development, social/ financial access, method of acquiring the drug, and frequency of use.

Due to variations in school and district policy, as well as diverse backgrounds and youth preferences, it is impossible to create a "one size fits all" approach to addressing risk. Some youth will want candidness and others will want a soft approach. Some will need general information and others may desire specifics. Some will want to process emotionally and others will want to stay in the intellectual. Thus, this toolkit seeks to provide youth workers a general, but fresh and effective, method of approaching conversations that can be personalized to meet youth where they are at.



The Multi-Tiered System of Supports (MTSS) framework outlines tiers of interventions, each accounting for the whole child. This toolkit aims to address Tier 2: Targeted Interventions through conversations about the values, priorities and underlying pain of youth. Whereas Tier 1 might be broad psychoeducation to all students, and Tier 3 might be drug treatment plans for a student seeking abstinence, Tier 2 is ideal for students whose drug use may be of concern but which has not reached the level of necessitating treatment. A referral process is included at the end of this toolkit for students needing more intensive interventions.



Setting the Tone

We encourage professionals to **avoid prescribing courses of action or using fear to motivate youth.**

Rather than say "the police could lock you up if you keep down this path", we might acknowledge, for example, "youth of color are more often stopped and frisked", then ask "how do you keep yourself safe?"

The goal is to allow students' priorities to drive the conversation, recognize what is working, help youth think ahead and develop their own plans, while remaining curious about what is leading youth to use and offering support. This toolkit will suggest a series of questions or scripts (in text bubbles) that might be adapted for your students.

Taking as our starting point that the relationships developed with youth are more important than "knowing all the right things to say", we encourage professionals to build genuine trust and rapport. Transparency and dependability are the cornerstones of such a relationship, therefore, **it is imperative that confidentiality and its limitations be explained upfront and in plain language.** When youth unknowingly disclose information that an adult is mandated to report — and unintended consequences follow — relationships with that student, as well as with their peers, can be severed for years. Simultaneously, it's important to make space for young people who are divulging situations in search of outside and immediate help. Check the youth's understanding of these issues, perhaps with some role play.

By law I must share any information that leads me to believe you are a harm to yourself, others or that you are facing neglect or abuse from caretakers. From here on out, if you tell me specifics I will take it to mean you are asking for outside help. If you believe you are in danger in any way I want to get you the help you need. Can you give me some examples of things I need to report?

If you prefer to talk hypothetically that works too, for example: "if 'x' were happening, what would someone do?" Or feel free to talk about risks your friends or family may be experiencing — sometimes it is easier to focus on the health and well-being of people we care about.



Riding & Driving

Crashes are one of the leading causes of teen death. Know the 8 primary precursors:

1. Driver inexperience
2. Driving with teen passengers
3. Nighttime driving
4. Not using seat belts
5. Distracted driving
6. Drowsy driving
7. Reckless driving
8. Impaired driving

If youth describe experiences of using substances (e.g. alcohol, marijuana, pills) while driving or riding with people who are using — listen, explore, and gently ask if there are ways they can imagine handling the situation so as to avoid danger.

When possible, encourage youth to create plans with caregivers in the event they need to be picked up or take a taxi. For example, designate a trusted adult or

friend of driving age that youth can call for a ride if necessary. It's best that these plans do not include repercussions, to encourage youth to avoid risk rather than jeopardize their safety out of fear of punishment or disappointment.

Would you like to role play what you can say if you aren't comfortable driving or getting in a car with someone else?

What's the smartest thing you've done to avoid a crash?

What's the worst case scenario you personally might be in, and how might you prevent it realistically? What are a few things you live for?

Youth Worried For a Friend



Your care and support are a huge factor! Just as you wouldn't expect someone with cancer to be able to heal without a doctor's help, the right treatment, and support from family and friends, you can't expect your friend to heal alone.

Some youth may seek adult guidance when a friend is experimenting with drugs. Many youth only reach out for support when drug use has become problematic for a friend, often with the goal of not involving adults. This can be especially complicated if the youth has used drugs with the friend or facilitated use in some way (e.g. lying to a friend's parents). Help youth think through various scenarios, offer to role play — including having youth play the part of their friend — this can be an excellent way to build empathy and plans, and help youth understand that addiction is a brain disease.

If this is a romantic relationship, encourage youth to determine their bottom lines for comfort, and to script ways to bow out of situations that feel unsafe. These can include a go-to phrase (blame a parent!) or plan to leave after a red flag. If youth have been introduced to substances by a partner, they may fear the loss of a relationship because it's just “what they do together.” Help explore underlying fears and build their confidence to assert needs/desires.

It's hard for a lot of people to say they have a problem and will probably take a lot of patience and listening on your end. Do you want to make a list of concerns together?

We could invite them to talk with both of us. Or we could script a talk, so you feel more prepared to raise your concerns alone. If you think it's too big to handle alone, like if your friend is suicidal, we can talk about professionals who can help too.



Youth Worried For a Friend



Teach youth active listening skills to help them communicate with peers! Encourage youth to think about the dynamics of raising the issue — Are you in the middle of a fight? Are you in a private place when you have time to talk? What could happen if your social media or texts are screenshot?

Offer tips for reading non-verbal cues (clenched jaws, change in breathing, "far away" look in the eyes, restlessness) and being aware of their own body language (eye contact, open arms, etc.) Practice having conversations where youth focus on using "I" statements, don't get defensive, remain calm and curious, don't try and control their friend, and ask open-ended questions. Give a method of delivering information, such as "describe their behavior, how you feel about it and how it affects you, then you spell out what you need."

So people around you are drinking/using drugs.

How do you feel about that? Why do you think they are using?

How has it helped them?

How has it hurt them? Anything they could do instead?

Some youth don't use, why do you think they don't?

You make choices everyday—what guides your decisions and what do you have to weigh?

Ever been in a situation you wish you had handled differently? Want to brainstorm alternatives with me?

Instruct students in how to use motivational interviewing techniques, such as reflections.

It works like this: listen without interrupting (no matter what), then sum up what you've heard—to give your friend a chance to confirm. After, try these phrases:

"Am I right that you're feeling ____?"

"On the one hand ____, but on the other hand ____."

"What do you need? How can I help?"

Conflicts



Resistance arises as a normal, expected product of difficult dialogues. When resistance emerges, there are good reasons the client is not ready to change in the way we are asking. The reasons may not be clear to us or to the client, but they exist. The more simple and direct your response, the more effective it will be. Don't confront, reframe.

Avoid harsh, defensive, or extreme stances. Although you may feel angry, impatient, or frustrated because of your fear and concern, or frustration that your work is not helping, it is very important to know that harsh/punitive actions generally do not work. Instead, they may cause the youth to move farther away from help. Instead, have a serious and calm tone.

It might be hard, but avoid using the following:

1. persuasion: "you should/can't..." and
2. the reflex to fix: "have you tried x, y, z".

Instead *ask what they've already tried and what they think they should or can't do.*

If you're met with resistance:

- Respect and roll with it
- Apologize as necessary
- Always demonstrate empathy and avoid argumentation
- Shift the conversation (for example: away from feelings toward a plan, or vice versa!)
- Express that the client is the expert of their own life experience

I'm glad you are here. Others are concerned — what about your behavior do you think concerns them?

I can understand why you've been making those choices. It seems you've been working to find ways to cope and feel better. What are the payoffs and downsides?

I believe in your power to make changes. When have you been able to do it differently?

What's one small change you can make to help the situation? How can I support?



Engaging Reluctant Youth

Remember that small shifts are big successes — the goals should be attainable rather than drastic.

Students sometimes find school or therapeutic settings to be places where they feel tempted or compelled to be under the influence due to availability, social pressure, challenging academic expectations, buffers from emotions or intimacy, or other stressors.

It is best to acknowledge students in a nonjudgmental way — for example, “You seem to be more _____ than usual and I wonder if you are under the influence of any substances right now?” If the student is coherent, this is an excellent opportunity to explore the “payoffs and downsides” of their choice to use. However, if the student is severely impaired, it may be necessary to insure safety with parents. Also, if they are too impaired to carry on meaningful conversation, it is better to reschedule than try to make sense of a chemically induced session.

If a student tells you they blacked out/passed out after taking a substance, it is important to consider the student’s motivation to disclose — some youth may say this to “brag” or “shock you” and others may genuinely be worried about their behavior and be asking for help.

Also, these episodes can lead to more than just hangovers — risky sexual situations, car crashes and damaged relationships often ensue. If possible, you might want to ask the young person what they remember about their drinking/using episode and if there is any indicated follow-up.

If you get an incoherent text or voicemail from a student that you suspect was left while under the influence, it is important to follow up and explicitly say:

“I was not able to make sense out of your text/voicemail. Please give me a call so we can talk about how you are doing.”

If you fear for the youth’s safety, with signed releases, you can reach out to family.

Engaging Reluctant Youth



In talking with parents (with consent if needed), it is important to maintain a balanced and nonjudgmental tone. When you have concerns about a young person's safety or functioning due to substances, it is important to provide support to the family system. It is best to have parents share their observations and concerns rather than you starting with your concerns. Remember that families may have complex relationships with substances and that they may or may not choose to utilize your help. Providing support and resources in honest ways is key (be sure parents know the limits of your role). Consider the free resources, such as the text or phone counseling, offered on the next page.

All mood and mind altering substances have the capacity for consequences, including addiction. If a student uses a "mild" drug regularly, doesn't drive while under the influence, doesn't sell, and doesn't bring substances to school this is another opportunity for "pre-contemplative" interventions, such as helping to make youth aware of warning signs. Youth will often be able to observe more and talk more about others rather than themselves.

I'm glad that you have not had any noticeable problems related to your use. People who use without consequences can sometimes find that their use either becomes more frequent, or that they stop hanging out with the same friends or doing activities that used to bring them joy.

If it was becoming problematic for you, what might that look like? Do you know anyone that uses who ran into difficulties with their use?



Resources

Youth often seek resources online — help them discriminate between non-credible (e.g. Reddit thread or community forum) and credible harm reduction sources such as the following:

Information on drugs

- <https://www.drugpolicy.org/drug-facts>
- <https://www.drugwise.org.uk/drugsearch-encyclopedia/>
- <https://harmreduction.org/issues/drugs-drug-users/drug-information/>

Drug interactions

- https://www.drugs.com/drug_interactions.html

Parents can access individualized help in preventing or addressing youth substance use by text, email or phone (see below) from the Partnership to End Addiction, whose website is also full of resources: <https://drugfree.org/get-support-now/>

The screenshot shows a webpage for the Partnership to End Addiction. At the top left is the logo with a heart icon and the text 'Partnership to End Addiction'. The main heading is 'Get one-on-one help' in a large, dark font. Below it is a sub-heading 'Learn more about our Parent Helpline and how we can help.' in a teal color. Underneath that, it says 'Servicio disponible en Español.' in a smaller, grey font. There are three white boxes with teal borders, each containing a different help option. The first box has a teal speech bubble icon, the text 'TEXT 55753', and the instruction 'Text your question to 55753' followed by 'You will receive a response within 24 hours.' The second box has a teal paper plane icon, the text 'Send an Email', and the instruction 'Request help over email' followed by 'You will receive a response within 24 hours.' The third box has a teal speech bubble icon with a quote mark, the text 'Call 1-855-378-4373', and the instruction 'Speak with a Specialist' followed by the hours 'M-F: 9am - Midnight ET, Weekends: 12pm - 5pm ET'. The entire page has a teal footer bar.



Referrals

Referring youth to exterior services is sometimes helpful or necessary. Considerations should include whether the service is covered by the student's insurance, language access, transportation, and eligibility requirements (even "simple" requirements such as a social security number become complicated if a student is undocumented). Call 211 for assistance locating a referral or try these resources:

- [Aunt Bertha](#) is a social service directory. Type in your zip code, select "Health", then "Addiction & Recovery", then set your "Personal Filters" to "Teens" to narrow your search.
- [Bluebonnet Trails Community Services](#) is a central Texas-based drug treatment program for youth, which may be a good place for many school staff to begin their search for referral services. They also have a 24-hour Crisis Hotline: **1-800-841-1255**
- [Integral Care](#) is an Austin-based organization providing a variety of services for adults, children and families. Reach their 24-7 Helpline: **512-472-4357**
- [Austin Recovery Network](#) is a nonprofit addiction treatment and support system of care. Services include adolescent peer-to-peer support and a recovery-focused high school.

Use the Substance Abuse and Mental Health Services Administration (SAMHSA) [Behavioral Health Treatment Services Locator](#) or call **1-800-662-HELP** to tap into a support network where you can find immediate and confidential assistance 24/7. They can also direct you to local treatment options.