



Massachusetts Provides a Model for Addressing Students' Risky Substance Use

Facing a severe drug overdose crisis, Massachusetts chose a strategy that includes a first for the nation. School nurses in every middle and high school are screening students for risky substance use, seeking to prevent addiction or intervene early.

They are using a set of evidence-based tools called [SBIRT](#) -- Screening, Brief Intervention and Referral to Treatment -- that is endorsed by the [American Academy of Pediatrics](#) and recommended in the US Surgeon General's [Report on Alcohol, Drugs and Health](#). SBIRT uses a validated questionnaire, followed by brief counseling or a treatment referral if needed.

The Massachusetts Legislature voted in 2016 to [require this screening](#) as part of a comprehensive law to fight drug overdoses called the [Substance Use Treatment, Education and Prevention Act](#). They acted because substance use often starts in adolescence and they wanted to prevent the loss of a generation to addiction while also improving pathways to treatment to help youth and adults already struggling with substance use. In Massachusetts, [20 percent of students](#) report being offered or sold drugs at school. Six percent report using marijuana before the age of 13.

Powerful advocacy by consumer groups and other stakeholders convinced the governor and lawmakers that SBIRT would be an effective means to help address young people's substance use problems. Ninety percent of people who develop a substance use disorder started using drugs or risky drinking of alcohol in their teens. By giving schools the tools they need to prevent substance use or intervene early, Massachusetts can begin to stem the tide of addiction.

All middle and high schools across Massachusetts are screening students twice as they move through grades 7 through 12. A state appropriation of \$2.4 million over two years is funding initial training of all school nurses in SBIRT. To perform the screening, students are called by grade level to a confidential session with a school nurse or guidance counselor who administers the [CRAFFT tool](#), a verbal screening that takes about five minutes. If the screening indicates no substance use, the screener will provide positive reinforcement, which has been shown in clinical settings to help put off first use by up to another year. If the screening shows some use or low-risk use, the screener will provide brief counseling. Finally, if the screening shows the student to be at medium to high risk of substance use disorders, the screener will refer the student to developmentally appropriate specialty care. Parents have the option to exempt their child from screening, and youth can also opt out themselves.

The Massachusetts requirement for school SBIRT built on pilots in seven school districts reaching 3,000 students that ran from 2013 to 2015. Four percent of students screened in the pilots were referred for treatment because of higher risk for substance use disorders. Thirteen percent received a brief intervention from a school nurse or counselor.

Believing that SBIRT would benefit all students, the Children's Mental Health Campaign launched the Addiction Free Futures Project to convince lawmakers to expand SBIRT statewide. The Addiction Free Futures Project brought together a coalition of stakeholders including youth, school officials, school nurses, researchers, families and the recovery community.

The coalition developed toolkits and [materials](#) explaining SBIRT and delivered them to all 200 legislators. Some policymakers had concerns about consent and confidentiality. To gain support, the coalition worked to educate lawmakers and their constituents through social media, [an op-ed](#) by an expert in the field, and even a live SBIRT demonstration during a legislative briefing. In the end, advocates and policymakers were able to work together to create language that gives the parent or student the choice to opt out of screening and ensures the privacy of the student except in the case of a medical emergency.

Another key part of this initiative was youth involvement. The Addiction Free Futures Project convened a youth advisory group that educated lawmakers, community members and their own peers on substance use issues. Project staff worked with youth to be sure they could share their stories in a way that was both effective and comfortable. They created blogs, podcasts and held a [youth-centered event at the State House](#) that let lawmakers know what a difference screening and early intervention would make. This was a turning point in the campaign.

AFFP continues to work with state education and health agencies to ensure the training and implementation succeed. Community Catalyst provides technical assistance to AFFP and to SBIRT advocacy campaigns in four other states – California, Georgia, New Jersey and Georgia. This work to prevent addiction in young people is funded primarily through a grant from the Conrad N. Hilton Foundation.

**Authored by Aryka Chapman
State Advocacy Manager**