

# Welcome!

*The Nevada Opioid Center of Excellence (NOCE) is dedicated to developing and sharing evidence-based training and offering technical assistance to professionals and community members alike. Whether you're a care provider or a concerned community member, NOCE provides resources to support those affected by opioid use.*

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# **Youth & Substance Use: Prevention Strategies for Families and Schools**

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# Presenter Disclaimer

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# Objectives:

- *Educate participants on risk factors and early warning signs of substance use in youth.*
- *Share prevention strategies that families and schools can implement collaboratively.*
- *Highlight successful school-based and family-centered programs that promote healthy choices.*
- *Provide tools and resources to strengthen communication, build protective factors, and engage community support.*

# Trends in Youth Substance Use in the U.S.

- *Alcohol* - remains the most commonly reported substance among adolescents.
- *Tobacco and Vaping* - vaping remains the most commonly used nicotine/tobacco product among middle and high school students.
- *Cannabis* - generally held stable or declined slightly in recent survey years.
- *Other Illicit Drugs* - substances such as cocaine and heroin showed minor upticks in recent survey data.

# What Influence Youth Substance Use

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Brain Development & Risk-Taking

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Peer Influence & Social Norms

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Mental Health & Emotional Regulation

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Family Environment

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Availability & Access

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Perceived Risk & Attitudes

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Media & Marketing Exposure

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Academic & Social Stress

# Risk vs. Protective Factors

Risk Factors	Protective Factors
Peer substance use	Strong family bonding
Trauma or ACEs	Parental monitoring
Mental health disorders	School connectedness
Easy access	Clear anti-drug norms
Low perceived harm	Positive peer networks

# How to Identify Behavioral Warning Signs

Sudden  
Changes in  
Mood or  
Personality

Decline in  
Academic or  
Extracurricular  
Performance

Secretive or  
Suspicious  
Behavior

Changes in  
Social Circles

Neglect of  
Personal  
Hygiene and  
Appearance

Unexplained  
Financial Issues

Physical and  
Health Clues



# Role of the Family and School Environments



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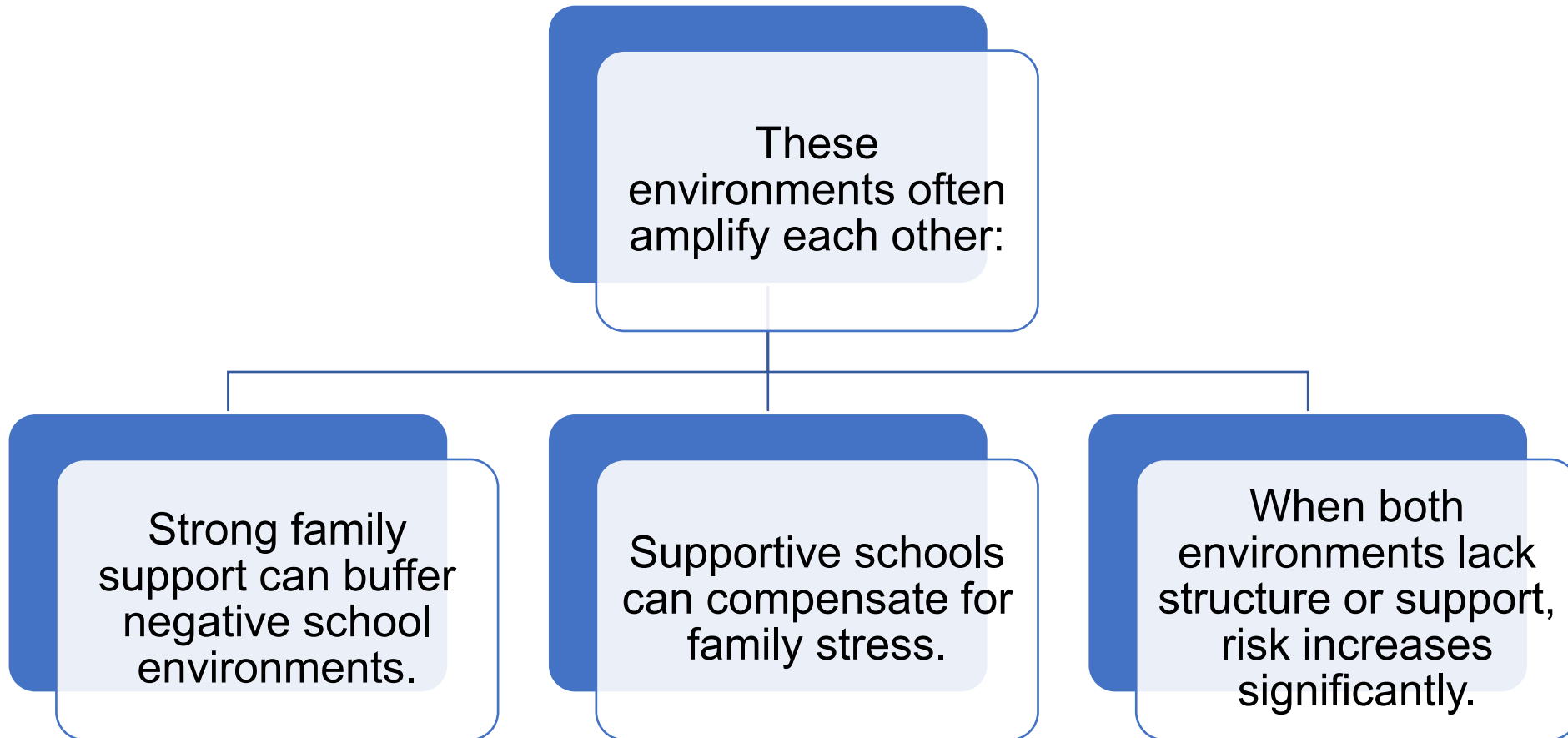
# Role of the Family Environment

Role	Impact
Parental Modeling	Youth are more likely to use substances if parents or caregivers use alcohol, tobacco, or drugs.
Monitoring & Supervision	Knowing where teens are, who are their friends and setting consistent rules.
Communication & Warmth	Open, nonjudgmental communication reduces risky behaviors.
Family Conflict & Adverse Experiences	High conflict, divorce stress, neglect, or trauma raise risk. Youth exposed to parental substance use disorder are significantly more likely to initiate use earlier.
Socioeconomic Stress	Financial strain and neighborhood instability can increase stress exposure, which is associated with higher substance use risk.

# Role of the School Environment

Role	Impact
School Connectedness	Feeling safe, respected, and supported by teachers . School connectedness is one of the strongest school-based protective factors identified in public health research.
Peer Networks at School	Peer norms strongly shape behavior. Attending schools where substance use is perceived as common increases risk. Positive peer groups (sports, clubs, leadership programs) reduce risk.
Academic Engagement	Low academic performance and disengagement are linked to higher substance use.
School Policies & Climate	Clear, consistently enforced policies reduce use. Access to school counselors and mental health services reduces risk.
Extracurricular Involvement	Participation in structured activities builds social bonds, increases adult mentorship, and reduces unsupervised time, all of which are protective.

# Family and School Interaction



# In summary

Family and school environments shape:

- Norms about substance use.
- Stress levels and coping skills.
- Access and supervision.
- Social belonging.

Substance use risk rises when youth experience:

- Low monitoring.
- High conflict.
- Poor school attachment.
- Substance-using peer groups.

Risk decreases when youth experience:

- Warm, structured parenting.
- Clear expectations.
- Strong teacher relationships.
- Positive peer networks.

# Family-Based Prevention Strategies



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# Strengthening Parenting Skills

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## **Clear Rules & Expectations**

Set explicit family rules about alcohol, vaping, and drug use.

Communicate consistent consequences.

Express clear parental disapproval of underage use.

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## ***Consistent Monitoring***

*Know where teens are and who they're with.*

*Supervise activities appropriately for age.*

*Limit unsupervised time, especially in high-risk settings.*

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# Improve Parent–Child Communication

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## **Open, Ongoing Conversations**

*Start early and revisit regularly.*

*Avoid one-time “drug talks.”*

*Use open-ended questions **rather than lectures.***

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## **Nonjudgmental Tone**

*Encourage honesty without immediate punishment.*

*Focus on safety and problem-solving.*

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# Build Strong Emotional Bonds

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## Increase Positive Time Together

Shared meals

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Family routines

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Structured activities

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## Reinforce Strengths

Praise effort and positive behavior.

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Support autonomy while maintaining boundaries.

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# Model Healthy Behavior

Parents influence youth through behavior as much as rules:

Avoid normalizing heavy drinking or drug misuse.

Practice healthy stress coping strategies.

Seek help for personal substance use or mental health concerns when needed.

Youth are more likely to imitate observed behaviors than stated rules.

# Teach Coping & Refusal Skills at Home

*Families can:*

- *Role-play peer pressure scenarios.*
- *Teach stress-management skills.*
- *Encourage problem-solving and emotional regulation.*

*This builds resilience against peer and environmental pressures.*

# Reduce Access to Substances

1

Secure alcohol, cannabis, and prescription medications.

2

Monitor prescription refills.

3

Dispose of unused medications safely.

**Access strongly influences experimentation.**



# Participate in Evidence-Based Family Programs

*Several structured programs have strong evidence of effectiveness:*

- *Strengthening Families Program.*
- *Family Check-Up.*
- *Guiding Good Choices.*
- *Multisystemic Therapy (for higher-risk youth).*

*These programs typically focus on communication, monitoring, problem-solving, and family bonding.*

# What Makes Family Prevention Effective?

1

*Begin early (late childhood/early adolescence).*

2

*Combine warmth with structure.*

3

*Address both parenting practices and youth skills.*

4

*Continue over time rather than one-time interventions.*



# Examples of Family-Based Interventions



# Strengthening Families Program (SFP)

*Target age: 6–17 (multiple versions)*

*Format: Parents and youth attend sessions together and separately*

*Focus: Parenting skills, youth social skills, family communication*

*Evidence of impact:*

- *Delays initiation of alcohol, tobacco, and drug use*
- *Reduces conduct problems*
- *Effects sustained several years post-intervention in randomized trials*

*Why it works: Combines parent training, youth skill-building, and structured family practice time.*

- *Kumpfer, K. L., Magalhães, C., & Xie, J. (2022). Strengthening Families Program (SFP) outcomes and cultural adaptations in 15 countries. Children and Youth Services Review, 136, 106404.*

# Guiding Good Choices (formerly Preparing for the Drug-Free Years)

*Target age: Parents of children ages 9–14*

*Format: 5-session parent training program*

*Focus: Clear expectations, monitoring, refusal skills, family bonding*

*Evidence of impact:*

- *Reduced alcohol and marijuana initiation*
- *Long-term reductions in substance use through late adolescence*

*Why it works: Strengthens protective parenting practices before peak risk years.*

- *Spoth, R., Redmond, C., & Shin, C. (1998). Direct and indirect latent-variable parenting outcomes of two universal family-focused preventive interventions. *Journal of Consulting and Clinical Psychology*, 66(2), 385–399.*
- *Spoth, R., Shin, C., Gyll, M., Redmond, C., & Azevedo, K. (2006). Universality of effects: An examination of the comparative effectiveness of two family-focused prevention programs 6 years later. *Prevention Science*, 7(2), 149–162.*



# Multidimensional Family Therapy (MDFT)

## *Description:*

- *An evidence-based, integrative therapy addressing risk factors within individual, family, and environmental domains.*
- *Involves parents and teens in sessions that focus on relationship repair, communication, and life-skills development.*

*Evidence: Shown to significantly reduce cannabis and other substance use among adolescents while improving family functioning.*

- *Liddle, H. A., Rodriguez, R. A., Dakof, G. A., & Turner, R. M. (2019). Multidimensional Family Therapy as a community-based model for adolescent substance use treatment. Addictive Behaviors, 98, 106046.*

# Family Check-Up (FCU)

## *Description:*

- *A brief, strengths-based intervention designed to motivate parents to adopt effective parenting practices.*
- *It uses motivational interviewing and focuses on improving parent–child interactions, communication, and behavior management.*

*Evidence: FCU has been associated with long-term reductions in adolescent alcohol, tobacco, and cannabis use.*

- *Galán, C. A., Shaw, D. S., O'Rourke, F., et al. (2023). Substance Use Screening and Prevention for Adolescents in Pediatric Primary Care: A Randomized Clinical Trial using the Family Check-Up. *Research on Child and Adolescent Psychopathology*, 51(2), 151–163.*
- *Stormshak, E. A., Caruthers, A. S., & Véronneau, M.-H. (2021). The Family Check-Up: Promoting resilience and preventing risk across childhood and adolescence. *Journal of Child Psychology and Psychiatry*, 62(5), 561–573.*

# School-Based Prevention Strategies



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# Evidence-Based Prevention Curricula

## *Structured, research-backed programs:*

- ***LifeSkills Training – Focuses on social skills, self-management, and drug resistance skills.***
- ***Project ALERT – Teaches resistance strategies and addresses peer pressure.***
- ***Botvin LifeSkills Training – Targets middle school students with interactive lessons.***

## *Key components:*

- Social-emotional learning (SEL)
- Refusal and coping skills
- Norm correction (challenging myths about “everyone is using”)
- Decision-making abilities.



# Social-Emotional Learning (SEL) Integration

Programs that build emotional awareness and regulation reduce risk behaviors.

**Example: Collaborative for Academic, Social, and Emotional Learning (CASEL) framework supports:**

- Self-awareness.
- Self-management.
- Responsible decision-making.
- Relationship skills.

Schools can embed SEL into daily instruction rather than treating it as a separate subject.



# Early Identification & Screening

Early detection reduces long-term harm.

- Implement SBIRT (Screening, Brief Intervention, and Referral to Treatment).
- Use confidential student support teams.
- Train school nurses and counselors to recognize early warning signs.

Partnering with local behavioral health providers strengthens referral pathways.

# Positive School Climate & Connectedness

Students who feel connected to school are less likely to misuse substances.

Strategies include:

- Mentoring programs
- Advisory periods
- Extracurricular engagement
- Restorative discipline practices instead of suspension

Supportive adult relationships are one of the strongest protective factors.



# Trauma-Informed Practices

*Many youth with SUD have trauma histories.*

*Schools can:*

- Train staff in trauma-informed approaches.
- Avoid punitive responses to substance-related behavior.
- Provide safe spaces and predictable routines.

*This shifts the response from punishment to support.*



# Peer Leadership & Youth Voice

*Peer influence is powerful during adolescence.*

- *Student-led prevention clubs.*
- *Peer mentoring programs.*
- *Youth advisory councils.*

*When prevention messages come from peers, they often carry more credibility.*

# Family Engagement

*Substance prevention is more effective when families are involved.*

- *Parent education workshops.*
- *Clear communication about school policies.*
- *Family-based prevention programs.*

*Example:*

- *Strengthening Families Program – Improves communication and reduces risk behaviors.*

# Alternative-to-Suspension Programs

Zero-tolerance policies often increase risk by disconnecting youth from school.

Instead, schools can:

- Use brief interventions
- Require counseling participation
- Create recovery contracts
- Develop recovery high school pathways



# Recovery-Supportive Schools

For students already in recovery:

- Recovery support groups on campus.
- Designated recovery coordinators.
- Sober extracurricular activities.
- Flexible academic support.

These approaches reduce relapse risk and increase graduation rates.



# Key Principles for Effective School Prevention

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Evidence-based.

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Developmentally appropriate.

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Culturally responsive.

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Skills-focused (not fear-based).

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Supportive rather than punitive.

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Connected to community services.

# Examples of School-Based Interventions



Intervention	Target Population	Core Components	Reported Outcomes	Recent Evidence Support
<b>Ignite &amp; Engage</b>	Middle–High School	Peer-led storytelling, lived-experience sharing, stigma reduction.	Increased awareness, improved attitudes toward help-seeking, reduced stigma.	2025 mixed-methods evaluation showing improved engagement and prevention knowledge.
<b>School-Based Opioid Education Programs</b>	Middle–High School	Opioid education curriculum, risk awareness, parent involvement.	Improved opioid knowledge, reduced misuse when combined with family engagement.	2025 systematic review showing positive short- and long-term effects.
<b>Project Toward No Drug Abuse</b>	High School	Interactive sessions on motivation, social skills, decision-making.	Reduced alcohol, tobacco, and other drug use.	Continued inclusion in recent prevention reviews supporting effectiveness.
<b>Botvin LifeSkills Training</b>	Upper Elementary–Middle School	Social competence, refusal skills, self-management.	Reduced tobacco, alcohol, and drug initiation.	Ongoing research reviews support effectiveness when implemented with fidelity.

<b>Intervention</b>	<b>Target Population</b>	<b>Core Components</b>	<b>Reported Outcomes</b>	<b>Recent Evidence Support</b>
<b>Project ALERT</b>	Middle School	Resistance skills, normative education, booster sessions	Decreased alcohol and marijuana use	Supported in updated prevention evidence summaries
<b>Good Behavior Game</b>	Elementary School	Classroom behavior management, team-based reinforcement	Improved self-regulation; long-term reductions in substance misuse risk	Longitudinal studies show downstream protective effects
<b>Hybrid Digital and Classroom Prevention Programs</b>	Middle–High School	E-learning modules + in-person skill-building sessions	Reduced substance use; improved coping and life skills	2022–2024 digital health studies showing positive behavioral outcomes
<b>School-Based Brief Interventions</b>	Middle–High School (at-risk youth)	Screening, brief motivational interviewing, referral to treatment	Reduced alcohol and marijuana use; increased treatment engagement	Rated effective in justice and public health evidence reviews

# Collaborative, School-Family Initiatives



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# Strengthening Families Program (SFP)

- *Target Population:* Families with children aged 10–14.
- *Core Approach:* Combines parent training, youth skill-building, and family sessions.
- *School-Family Collaboration:* Schools host workshops or partner with local community organizations to engage parents and students together.
- *Outcomes:* Improved family communication, reduced risk-taking behaviors, decreased substance initiation.
- *Evidence:* Multiple RCTs demonstrate long-term reductions in adolescent alcohol and drug use.

# Check & Connect

*Target Population:* At-risk students, often middle and high school.

*Core Approach:* Mentoring and monitoring program with active family engagement.

*School-Family Collaboration:* Mentors meet with students regularly and maintain communication with parents to reinforce school attendance and engagement.

*Outcomes:* Improved attendance, academic engagement, and lower substance use initiation.

# Positive Behavioral Interventions and Supports (PBIS) with Family Engagement

*Target Population: K–12 students.*

*Core Approach: School-wide tiered behavioral supports, often integrated with social-emotional learning.*

*School-Family Collaboration: Families are engaged in training, workshops, and behavior reinforcement at home.*

*Outcomes: Improved school climate, lower rates of problem behaviors, and reduced substance use risk.*

# Project SUCCESS (Schools Using Coordinated Community Efforts to Strengthen Students)

*Target Population: High school students at risk for substance use.*

*Core Approach: Combines classroom education, counseling, and family involvement.*

*School-Family Collaboration: Parents participate in workshops and family-focused interventions, while schools coordinate services with local health providers.*

*Outcomes: Decreased alcohol, marijuana, and tobacco use; improved coping skills.*

# Key Principles of Successful School-Family Collaboration:

**Two-way communication:**  
Regular meetings, progress updates, and workshops.

**Skill-building for both youth and parents:**  
Teaching refusal skills, emotional regulation, and communication.

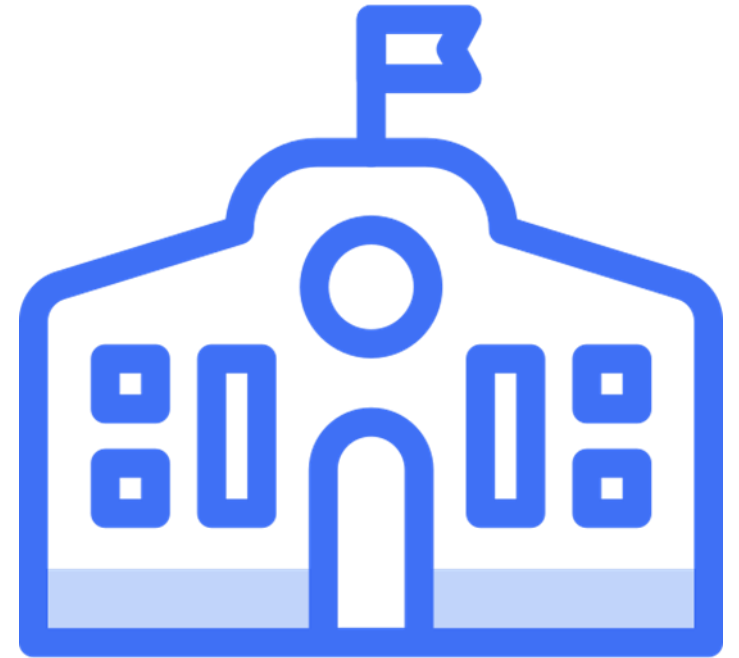
**Integration with school programs:**  
Align with social-emotional learning, counseling, or PBIS initiatives.

**Cultural responsiveness:**  
Programs tailored to the family's cultural and community context.

# Sample School-Based Intervention Plan

## *Goal:*

*To reduce the initiation and use of alcohol, tobacco, and other drugs among middle school students in rural communities by building resilience, awareness, and support systems.*



# Program Timeline: One Academic Year

Phase	Duration	Activities
<b>Planning &amp; Training</b>	Aug–Sep	Staff training, parent orientation, community partner engagement
<b>Curriculum Delivery</b>	Oct–Mar	Weekly classroom sessions using adapted “keepin’ it REAL” curriculum
<b>Family Engagement</b>	Nov–Feb	Monthly family nights, take-home activities, parent workshops
<b>Peer Leadership</b>	Jan–Apr	Student-led campaigns, peer mentoring, poster contests
<b>Evaluation &amp; Sustainability</b>	May–Jun	Surveys, focus groups, planning for next year

# Curriculum Components

## *1. Life Skills & Drug Resistance Education*

- Topics: Decision-making, peer pressure, communication, stress management.
- Format: 10–12 weekly sessions, 45 minutes each.
- Method: Interactive activities, role-playing, storytelling.

## *2. Peer-Led Initiatives*

- Train student ambassadors to lead discussions and promote healthy choices.
- Organize “Drug-Free Week” with themed days and assemblies.

## *3. Family Involvement*

- Host “Family Resilience Nights” with dinner, games, and workshops.
- Distribute monthly newsletters with tips and conversation starters.

# Community Partnerships

- *Local Health Department: Guest speakers, data sharing.*
- *Faith-Based Groups: Volunteer support, space for events.*
- *Extension Services/4-H: Youth development programming.*
- *Universities: Evaluation support, student interns.*



# Evaluation Metrics

Metric	Tool	Frequency
Student knowledge & attitudes	Pre/post surveys	Fall & Spring
Parent engagement	Attendance logs	Monthly
Substance use trends	Anonymous student survey	Annual
Program fidelity	Teacher checklists	Weekly

# Sustainability Plan

- *Apply for grants (e.g., SAMHSA, HRSA, Drug-Free Communities., etc.).*
- *Train local staff to deliver curriculum annually.*
- *Build a coalition of school, family, and community stakeholders.*

# Case Study: Jasmine – Middle School Student at Risk for Substance Use



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# Background:

- *Jasmine is a 13-year-old eighth grader at a suburban middle school.*
- *Teachers notice that she has become withdrawn, her grades are slipping, and she has started skipping lunch and study hall.*
- *School counselors observe signs of early experimentation with vaping and alcohol.*



# Intervention:

## The school implements a Family Check-Up (FCU) model:

- **Initial Assessment:** The school counselor meets with Jasmine and her parents to identify risk factors (peer pressure, family stress, low parental monitoring).
- **Goal Setting:** Together, they develop a plan focusing on improved communication, consistent routines at home, and coping skills for Jasmine.
- **Skill-Building:**
  - *Jasmine attends weekly sessions teaching refusal skills and stress management.*
  - *Parents attend workshops on positive monitoring, supportive communication, and setting clear expectations.*
- **Ongoing Support:** Counselors check in bi-weekly with Jasmine and monthly with her parents to track progress and address challenges.

# Outcomes:

*Jasmine begins attending school consistently and improves her grades.*

*She reports feeling more confident saying “no” to peer offers of vaping.*

*Parents feel better equipped to support Jasmine and maintain open communication.*

*After six months, the school notes no further substance use incidents, and Jasmine actively participates in a peer mentoring program.*



# What if Jasmine didn't respond positively?

Step	Action	Purpose / Benefit	Examples
<b>1. Reassess the Situation</b>	Gather additional information, check for missed risk factors, assess readiness to change.	Identifies underlying issues and tailor intervention.	Review mental health history, observe peer influences, interview family.
<b>2. Intensify Support (Tiered Approach)</b>	Move from universal (Tier 1) to targeted (Tier 2) or intensive (Tier 3) supports.	Provides more personalized intervention to meet higher needs.	One-on-one counseling, small group sessions, referral to outpatient programs.
<b>3. Adjust Engagement Methods</b>	Use motivational interviewing, peer-led or activity-based interventions, adapt family approach.	Increases engagement and responsiveness.	Digital modules, sports or art-based programs, non-confrontational family coaching.
<b>4. Collaborate with External Services</b>	Partner with mental health providers, community groups, or medical professionals.	Accesses specialized support and resources.	Referral to adolescent therapy, youth recovery groups, psychiatric evaluation.
<b>5. Monitor Progress &amp; Set Small Goals</b>	Track incremental changes and celebrate successes.	Builds confidence and motivation, reduces frustration.	Improved attendance, participation in school activities, reduction in risky behaviors.

# Key Takeaways:

*Collaboration between school staff and family creates a supportive network.*

*Interventions are most effective when tailored to the student's risk profile.*

*Early detection and consistent follow-up prevent escalation and build resilience.*



# Additional Resources

- Van Ryzin, M. J., Fosco, G. M., & Dishion, T. J. (2020). *Family-based prevention of adolescent substance use: Emerging findings and future directions*. *Journal of Adolescent Health*, 67(2S), S20–S26. <https://doi.org/10.1016/j.jadohealth.2020.02.019>
- CDC - *Substance Use: Family-based Interventions to Prevent Substance Use among Youth* - <https://stacks.cdc.gov/view/cdc/168597>
- Jacob V, Reynolds JA, Chattopadhyay SK, Hopkins DP, Peterson C, Tenney B, Nadal N, Cuellar AE, Prosser LA, Clymer JM, Stoddard SA; Community Preventive Services Task Force. *Family-Based Interventions to Prevent Substance Use Among Youth: Community Guide Systematic Economic Review*. *Am J Prev Med*. 2025 Jul;69(1):107639. doi: 10.1016/j.amepre.2025.04.009. Epub 2025 Apr 18. PMID: 40252864; PMCID: PMC12185227.
- NASADAD - *Early Intervention Services for Adolescents and Transitional-Aged Youth at Risk of Substance Use Disorders: Principles, Promising Practices, and Evidence-Based Models and Programs*. - <https://nasadad.org/wp-content/uploads/2024/06/Hilton-Early-Intervention-Lit-Rev-10.15.pdf>
- OASH - *Starting at Home — Family-based Interventions Prevent Youth Substance Use* - <https://odphp.health.gov/news/202311/starting-home-family-based-interventions-prevent-youth-substance-use>
- *The Community Guide. Substance Use: Family-based Interventions to Prevent Substance Use Among Youth*: <https://www.thecommunityguide.org/findings/substance-use-family-based-interventions-to-prevent-substance-use-among-youth.html>

An aerial photograph of a rugged mountain range during the golden hour. The peaks are illuminated with a warm, golden light, while the valleys and lower slopes are in deep shadow, creating a dramatic play of light and dark. The sky is filled with soft, wispy clouds, some of which are also lit from below. The overall mood is serene and majestic.

**Thank You**