



GROWING HEALTHY MINDS

A VIRTUAL LEARNING COLLABORATIVE

Supporting Student Mental Health

Substance Use in Students, Athletes and Beyond

May 22, 2025

Acknowledgements & Disclosures

This Project ECHO® is made possible through a grant from the New Jersey Department of Children and Families and collaboration with:



New Jersey State
School Nurses Association
Leading, Teaching, Caring.



St. Joseph's Health
ST. JOSEPH'S CHILDREN'S HOSPITAL



None of the faculty, planners, and staff for this educational activity have relevant financial relationships with ineligible companies whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients



NJAAP Accreditation Statement

Accreditation Statement:

This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Medical Society of New Jersey. New Jersey Chapter, American Academy of Pediatrics is accredited by the Medical Society of New Jersey to provide continuing medical education for physicians.

AMA Designation Statement:

New Jersey Chapter, American Academy of Pediatrics designates this live internet activity for a maximum of 1.25 *AMA PRA Category 1 Credits*™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

ABP MOC Part II:

Successful completion of this CME activity, which includes participation in the evaluation component, enables the learner to earn up to 1.25 MOC points in the American Board of Pediatrics' (ABP) Maintenance of Certification (MOC) program. It is the CME activity provider's responsibility to submit learner completion information to ACCME for the purpose of granting ABP MOC credit.

Continuing Nursing Education Credits

No one with the ability to control content of this activity has a relevant financial relationship with an ineligible company.

Requirements:

- Participation in the full duration of each Growing Healthy Minds session for which you are seeking contact hours
- Completion of a Growing Healthy Minds session evaluation for each session for which you are seeking contact hours, which will be sent to the email you used to register following each session

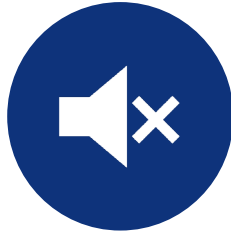
This continuing education activity was approved by the Ohio Nurses Association, an Ohio Board of Nursing approver. (OBN-001-91) Expiration date: 10/1/2026



Housekeeping



We encourage you to turn on your camera while engaging in the session.



Kindly remain on mute to reduce background noise when you are not speaking.



By participating in these ECHO sessions, you are consenting to being recorded.



To protect patient privacy, please refrain from sharing any protected health information (PHI).



Please unmute or use the chat function to engage in discussion with fellow participants and hub faculty.

Share your full name, role, and district in the chat!

Meet our Hub Faculty Members

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42 CFR Part 2 Exceptions

- Substance Use disorder treatment programs that receive federal funding
- All information concerning a student's involvement in a school intervention or treatment program for alcohol or other drug abuse shall be kept strictly confidential, according to the requirements of 42 CFR Part 2, N.J.S.A. 18A:40A-7.1 and 7.2 and N.J.A.C. 6A:16-3.2.
- Public Schools are covered entities under 42 CFR Part 2
- There are a few limited exceptions when providers can make disclosures without a patient's written consent, including:

Internal communications

Medical emergencies

Reports of alleged child abuse or neglect (if required by state law)

Reports of a crime on program premises or against program personnel

Qualified audits or evaluations of the program

Research

Qualified service organization agreement

Pursuant to a Part 2-specific court order

Student Confidentiality Protections

Applies to:

- Participation in drug/alcohol counseling
- Information shared about personal drug use and family member use
- Students or adults who voluntarily turn over CDS, drug paraphernalia

HOWEVER, important to understand limitations on confidentiality

NJ Statutes Addressing Substance Use

- N.J.S.A. 18A:40A-1 through 20 Governing how public schools respond to issues of substance use by students, including: » Curriculum and Instruction (18A: 40A-1 and 2
- In-Service and Pre-Service (18A:40A-3 and 4)
- Evaluation of program (18A:40A-6)
- Confidentiality (18A:40A-7)
- Comprehensive program (18A:40A-10)
- Policies (18A:40A-11)
- Addressing Students Suspected of Being Under the Influence of CDS OR Using Steroids (18A:40A-12)
- Liability protections (18A:40A-13 and 14)
- In-service, Parent Education, Outreach (18A:40A-15 through 17)
- Student Assistance Coordinator (18A:40A-18)
- Random Drug Testing (18A:40A-22 through 25)

Suspicion of Under Influence Medical Exam

- See N.J.S.A. 18A:40A-12a
- Staff member must report as soon as possible to school nurse, school physician or SAC AND to the principal or designee
- Nurse cannot be asked to make final determination and cannot overrule others – ALL STAFF have duty to report suspicion
- Must be MD or DO for medical exam for suspected under the influence. NOT PA or APN
- Must arrange for immediate medical exam – window should be small (e.g. 2 hours)
- Drug testing requirement must be spelled out in district policy (not automatic under state law)
- NOTE from doctor must be provided to district within 24 hours (If exam took place and note is delayed then must allow to return to school)

Suspicion of Anabolic Steroid Use

- See N.J.S.A. 18A:40A-12b
- Staff member must report as soon as possible to school nurse, school physician or SAC AND to the principal or designee
- Arrange for medical examination by a doctor selected by the parent OR the school physician
- Purpose of exam to determine if student has been using steroids
- If student determined to be using steroids, SAC or other trained employee interviews and other information gathered to determine extent of issue and possible need for treatment
- May include reasonable investigation, interviews with staff, parents
- See [NJSIAA STEROID TESTING POLICY](#)

Permissible Disclosure to Protect Health and Safety

- FERPA permits disclosure of personally identifiable information in connection with an emergency if knowledge of the information is necessary to protect the health or safety of the student or other individuals.
- What constitutes an “emergency”?
 - Based on the “totality of the circumstances” is there “an articulable and significant threat to the health or safety of a student or other individuals”?
- School officials are given the benefit of the doubt!
 - “If, based on the information available at the time of the determination, there is a rational basis for the determination, the Department will not substitute its judgment for that of the educational agency or institution in evaluating the circumstances and making its determination.” See 34 CFR 99.36.

FERPA and Information Sharing

- Key Test - Legitimate Educational Interest
- Not “all or nothing”
- Coach/club/activity advisor may need some information regarding a student’s physical and mental health, including some information on medications and side affects
- Coach/club or activity advisor may receive information from student that needs to be shared with others
 - Be careful not to over-promise confidentiality

Opioid Antidotes in Schools

- P.L. 2018, Chapter 106 – Requires Opioid Antidotes in Schools and Permits Emergency Administration by School Nurse or Trained Employee

-Effective date – December 1, 2018

- [NJDOE Guidelines](#) issued in May 2019
- Board policy required for emergency administration of Opioid Antidote to students, staff or others
- Requires all schools with any of grades 9 – 12 to obtain a standing order for these antidotes and to maintain a supply in a secure, unlocked, easily accessible location
- Board determines quantities and types of antidotes in consultation with DOE and DOH

NJDOE Mental Health Resource Guide

- See NJDOE Mental Health Resource Guide
 - 200+ page guide, uses MTSS approach as framework
- **Chapter 8 Addresses Substance Use and Mental Health Connection**
- Guide establishes expectations for best practice, which raises potential legal liability if districts fail to consider those best practices

Sports Pre-Participation Physical

- Schools are Generally Getting Less Information!
- See May 22, 2024 NJDOE Broadcast memo
- There has been a change in the requirements for submission of the updated PPE. The History Form and the Physical Examination Form within the packet do not need to be submitted to the student's school. The History Form and the Physical Examination Form should be kept by the healthcare provider who completes the PPE. Only the completed Medical Eligibility Form should be submitted to the school.
- The Medical Eligibility Form provides space for the healthcare provider to share relevant health information with the school if necessary and includes a recommendation regarding the student's ability to participate in athletics.
- It is important to note that the PPE must be conducted by a licensed physician, advanced practice nurse, or physician assistant who has completed the student athlete cardiac assessment professional development module developed by the NJDOE.
- See also NJSIAA [Sports Medical Clearance Information](#) page



The chicken or the egg?





SUBSTANCE USE

during adolescence can harm
development of abilities like:

- Extended reasoning
- Impulse control
- Delaying gratification

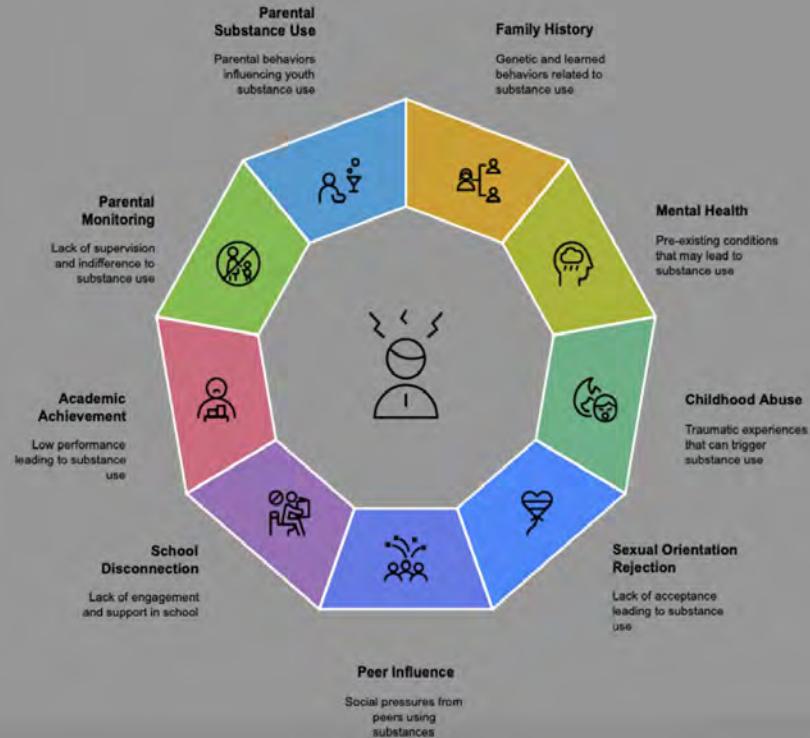
Prefrontal cortex is one of the last regions of the brain to reach maturity. All addictive drugs, including alcohol and marijuana, have especially harmful effects on the adolescent brain.

Hanson, K. L., Medina, K. L., Padula, C. B., Tapert, S. F., & Brown, S. A. (2011). Impact of adolescent alcohol and drug use on neuropsychological functioning in young adulthood: 10-year outcomes. *Journal of Child and Adolescent Substance Abuse*, 20(2), 135-154. Giedd, J. N., Blumenthal, J., Jeffries, N. O., Castellanos, F. X., Liu, H., Zijdenbos, A., Rapoport, J. L. (1999). Brain development during childhood and adolescence: A longitudinal MRI study. *Nature Neuroscience*, 2(10), 861-863. Squeglia, L. M., Tapert, S. F., Sullivan, E. V., Jacobus, J., Meloy, M. J., Rolling, T., & Pfefferbaum, A. (2015). Brain development in heavy-drinking adolescents. *American Journal of Psychiatry*, 172(6), 532-542.

#FacingAddiction

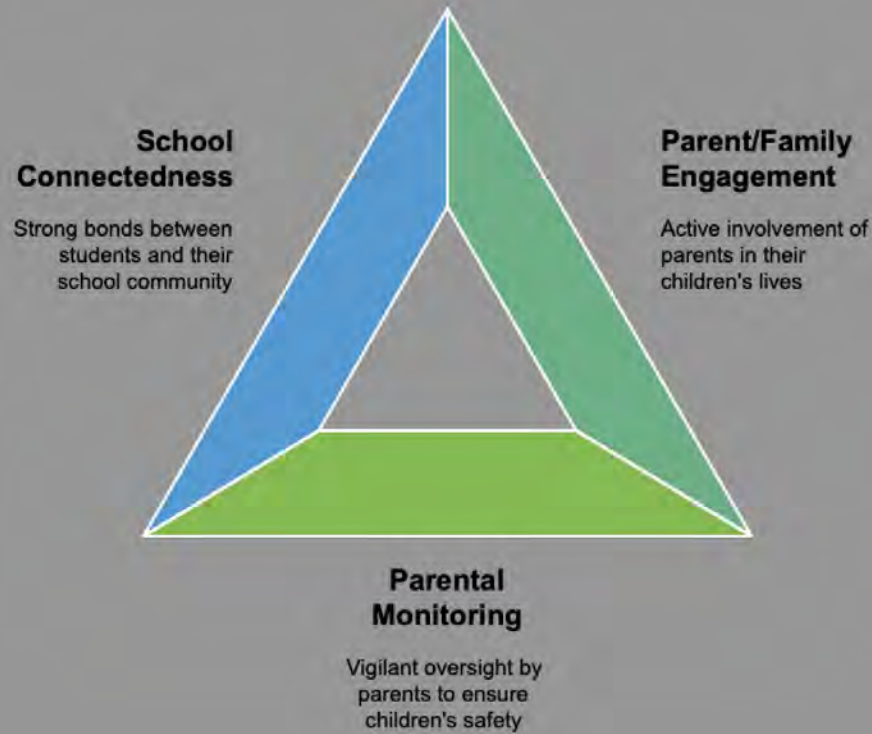


Risk factors in Adolescent Substance Use



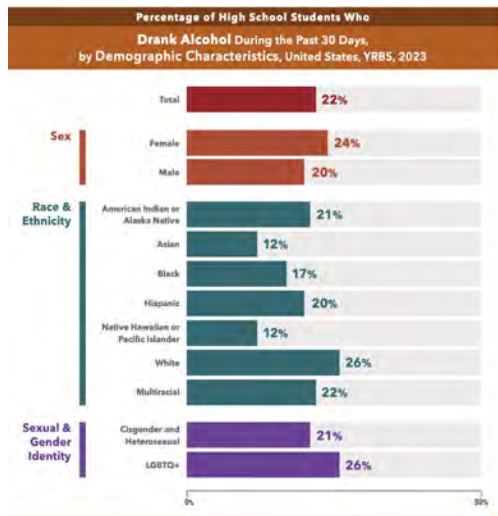


Protective Factors for Substance Use

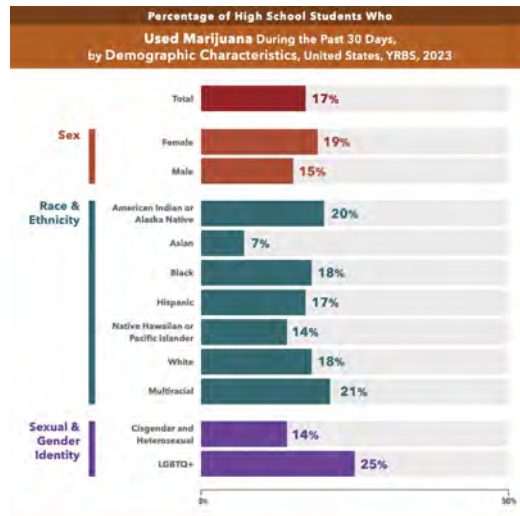


2023 Youth Risk Behavior Survey Data

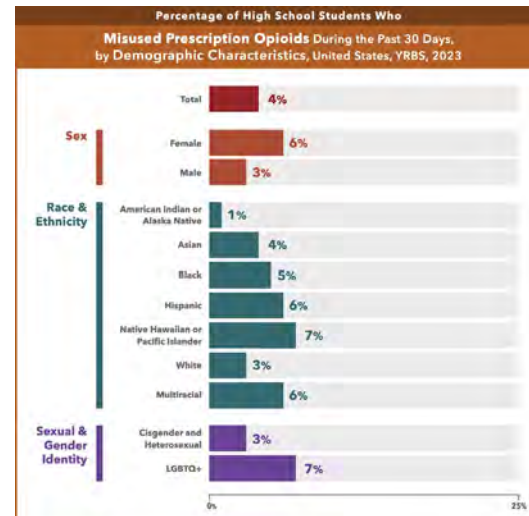
ALCOHOL



MARIJUANA



OPIOID

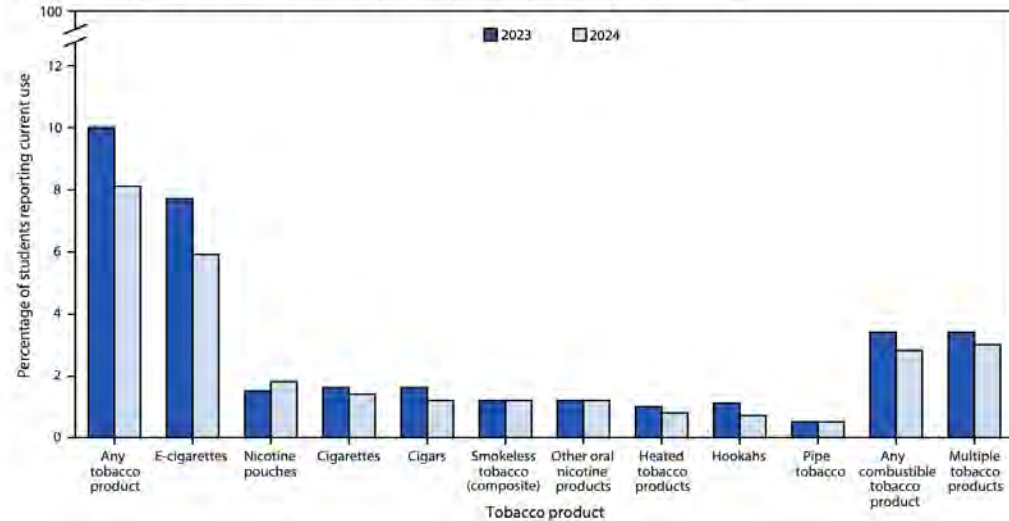


Ref. 1 <https://www.cdc.gov/yrbbs/dstr/index.html>



Middle School and High School Tobacco Use 2023

FIGURE. Current use of selected tobacco products,* any tobacco product,[†] any combustible tobacco product,[‡] and multiple tobacco products[§] by middle and high school students — National Youth Tobacco Survey, United States, 2023 and 2024**



Ref. 7: Jamal A, Park-Lee E, Birdsey J, et al. Tobacco Product Use Among Middle and High School Students — National Youth Tobacco Survey, United States, 2024. *MMWR Morb Mortal Wkly Rep* 2024;73:917–924. DOI: <http://dx.doi.org/10.15585/mmwr.mm7341a2>

Alcohol use in Teenagers

Lifetime prevalence of alcohol dependence:

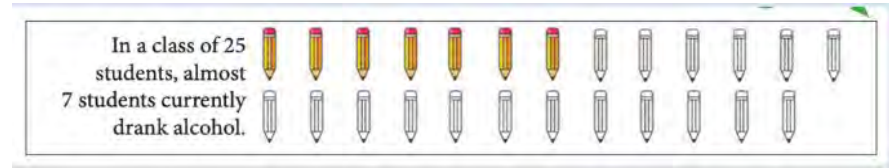
- Start drinking < 12 yrs of age: ~ 40%
- Start drinking < 18 yrs of age: ~ 16.6%
- Start drinking < 21 yrs of age: ~ 10.6%

Hazards of underage drinking:

- Adverse effects on normal brain development & cognitive function,
- Risky sexual behaviors
- Physical and sexual assaults
- Blackouts
- Alcohol overdose & death

Ref 3. Alcohol Use by Youth Tech Report Pediatrics July 2019

New Jersey Statistics - Alcohol



26% of high school students had at least one drink before being surveyed

12% of high school students had first drink before age 13

15% Hispanic/Latinx students had their first drink before age 13

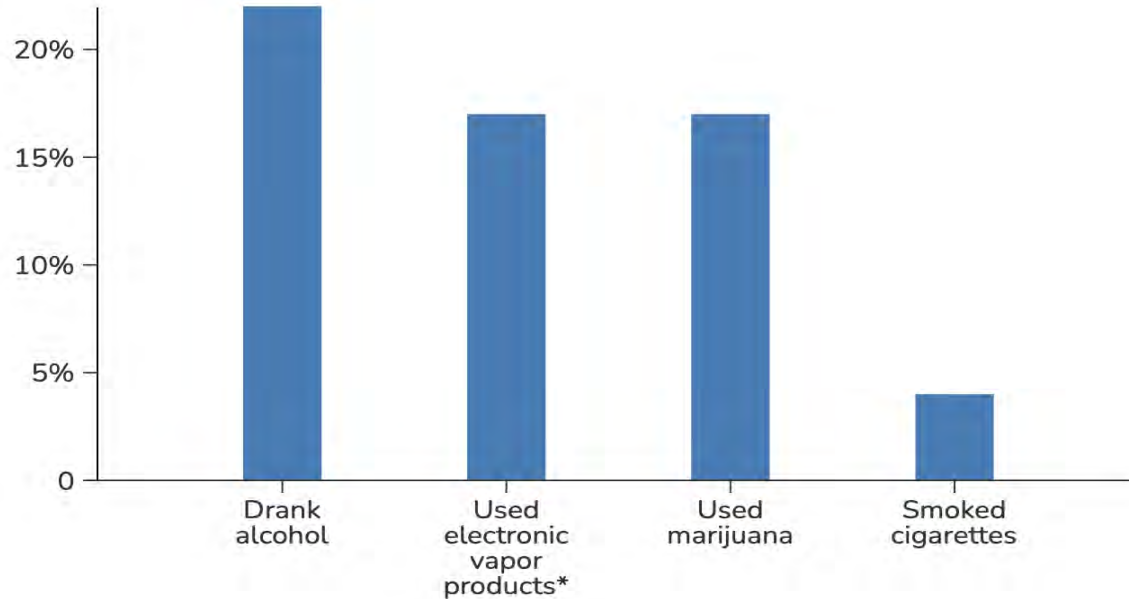
10% of high school students attended school under the influence of alcohol



Image Credit: Groton Police Department



Drug use among high school students during the past 30 days



https://www.cdc.gov/alcohol/underage-drinking/?CDC_AAref_Val=https://www.cdc.gov/alcohol/fact-sheets/underage-drinking.htm

Cannabis (Marijuana)



- What do they look like?
 - o Leaves
 - o Flowers
 - o Edibles (ie, gummies, brownies)
 - o Creams, lotions
 - o Oils
 - o Oral Mucosal sprays
 - o Tinctures
- How are they used?
 - o Smoked
 - o Vaporized
 - o Eaten

Ref 12. Drug & Alcohol Foundation. What is Cannabis?

Why do youth vape?

Advertising



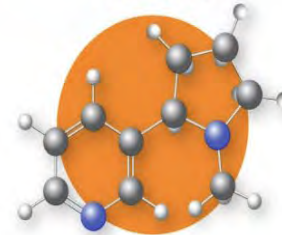
Flavors



Social
influences



Nicotine



[CDC.gov/Vaping](https://www.cdc.gov/Vaping)



Nicotine Pouches



RICHARD B. LEVINE/IMAGN IMAGES

<https://www.phillyvoice.com/nicotine-pouches-teenagers-zyn-tobacco/>

THE DIRTY TRUTH

These are the **NEWEST** products to get **YOUR KIDS ADDICTED** to **FLAVORED NICOTINE** already being sold in local stores.

For more information on this and other youth substance related info www.cranstonsatf.org

CRANSTON SUBSTANCE ABUSE TASK FORCE

a program of:

CCAP
COMPREHENSIVE COMMUNITY ACTION PROGRAM

The poster features a large red warning triangle with an exclamation mark. Below the title, it shows images of various nicotine pouch products like ZYN, ROGUE, and FRE. The text is bold and uses red and black colors to draw attention. The Cranston Substance Abuse Task Force logo is in the bottom right corner.

Delta-8, Delta-10, THC-O

- Loophole in federal farm hemp bill and are legal in NJ
- Contain psychoactive ingredients similar risks as cannabis products
- Often sold as edibles
- Legally sold to minors in corner stores, smoke shops, and grocery stores
- Not FDA regulated and often manufactured with potentially unsafe household chemicals during the synthesization and coloring processes
- Between January 2021 and February 2022, 40% of delta-8 poison control calls were the result of accidental exposure, with 82% of those cases being pediatric patients under 18

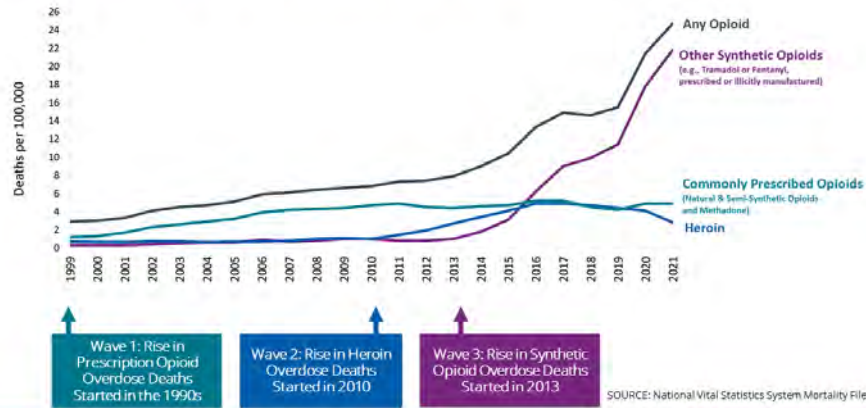
Ref. 14: U.S. Food & Drug Administration. *5 Things to Know about Delta-8 Tetrahydrocannabinol.*



Image Credit: Chemical & Engineering News

Opioid Overdose Facts

Three Waves of Opioid Overdose Deaths



- CDC reported decrease in opioid deaths in 2024
- Fewer teens are using drugs, but more are dying from them
- An average of 22 adolescents ages 14 to 18 years old died each week in the U.S. from drug overdoses in 2022
 - Many of these are due to fentanyl poisonings from counterfeit pills

Ref 15. Friedman J, Hadland SE. The overdose crisis among U.S. adolescents. *New England Journal of Medicine* (2024).

Can you spot the fake?





Case Study

17 year female athlete with no PMH, an above average student, an athlete, and in performing arts. Prior to the start of school, school nurse was notified by parents that student was hospitalized with Evali. The prominent symptom was intractable vomiting and dehydration. Parents concerned about the start of the school year and missing time and do not want anyone to know of diagnosis. Parents did not know that the student was vaping. She went to the nurses office with infrequently as well as in the guidance office.

Student was hospitalized for a week and returned to school soon after. She lost 10 lbs and was fatigued but in good spirits and happy to return to school.

- Are you surprised by this story?
- What would you do as a counselor, school nurse, social worker?

Substance use in Adolescents

Athletes- More Likely To Use:

- Nicotine (smokeless tobacco)
- Alcohol
- Performance Enhancing Drugs
- Opiate Misuse

Non-Athletes-More Likely To Use:

- Cigarettes and E-Cigarettes
- Marijuana
- Other Illicit Substances

Performance Enhancing Drugs

Legal

- Nutritional Supplements
- Stimulants
- Caffeine

Illicit

- Steroids
- Human Growth Hormone

“Nutritional Supplements”

- No FDA regulation
- Many found to have impurities
- Have found to contain steroids and stimulants
- Buyer beware



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Banned Substances 2025-2026

The NJSIAA bans the following drug classes:

1. Stimulants
2. Anabolic agents
3. Beta-blockers
4. Diuretics and other masking agents
5. Narcotics
6. Peptide hormones, growth factors, related substances and mimetics
7. Hormone and metabolic modulators
8. Beta-2 agonists

Note: This is not a complete or exhaustive list. Any substance chemically/pharmacologically related to any of these classes is also banned. Student-athlete shall be held accountable for all drugs within the banned-drug classes regardless of whether they have been specifically identified. There is no complete list of banned substances.

Substances and Methods Subject to Restrictions:

1. Blood and gene doping.
2. Local anesthetics (permitted under some conditions).
3. Manipulation of urine samples.
4. Beta-2 agonists (permitted only by inhalation with prescription).
5. Tampering of urine samples.

NJSIAA Nutritional/Dietary Supplements:

1. There are no NJSIAA-approved nutritional or dietary supplements.
2. Nutritional/dietary supplements, including vitamins and minerals, are not well regulated and may cause a positive drug test.
3. Student-athletes have tested positive and lost their eligibility using nutritional/dietary supplements.
4. Many nutritional/dietary supplements are contaminated with banned substances not listed on the label.
5. While third-party tested and low-level risk products may be options, complete elimination of risk is impossible.
6. All nutritional/dietary supplements are taken at the student-athlete's own risk.

Note: Before consuming any nutritional/dietary supplement product, review the product and its label with your school's athletics department staff.

FROM THE AMERICAN ACADEMY OF PEDIATRICS | CLINICAL REPORT | JUNE 01 2019

Organized Sports for Children, Preadolescents, and Adolescents



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<https://doi.org/10.1542/peds.2019-0997>

Questions?

Evaluation

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Please be sure to complete the session evaluation at:
<https://www.surveymonkey.com/r/WGRYZP7>



Thanks for Joining!



THANK YOU!