



An Assessment of School-Based Substance Use Prevention Needs in Vermont's Prevention Region 1



Summary of Findings

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Executive Summary

Overview and Methods

The United Way of Northwest Vermont, Lead Prevention Organization (LPO) for Vermont Prevention Region 1, partnered with the Pacific Institute for Research and Evaluation (PIRE) to assess school-based substance use prevention capacity, needs, and opportunities across the region's Supervisory Unions and School Districts (SUs/SDs). The assessment was conducted in spring 2026 to inform future investments in prevention services and supports as oversight of school-based prevention funding transitions to the regional prevention model.

As part of this assessment, PIRE conducted 16 semi-structured key informant interviews with staff representing 15 SUs/SDs. Participants included Student Assistance Professionals, school counselors, student support staff, grant administrators, principals, curriculum directors, superintendents, and lead school nurses.

Findings

Analysis of interview data found that schools across Region 1 were making meaningful progress in creating supportive, prevention-oriented environments for students. A notable strength was the building of trusting relationships between students and support staff. Schools also reported growing efforts to integrate mental health supports, social-emotional learning, and early intervention strategies into their prevention approaches.

Despite these strengths, respondents identified several significant challenges. Schools described a rapidly evolving substance use landscape characterized by new nicotine and cannabis products that were increasingly difficult to detect and readily accessible to youth. Prevention efforts were further complicated by the normalization of substance use within some communities, influenced by factors such as family exposure, trauma, poverty, social media, and cannabis legalization. Capacity limitations were identified as a widespread concern. Many districts reported insufficient staffing that often limited schools' ability to provide consistent prevention programming, early intervention services, and relationship-based supports. Respondents expressed concern that schools are being asked to address increasingly complex behavioral health needs without sufficient staffing, funding, or community resources.

Respondents reported considerable variation in how substance use policies were developed, interpreted, and implemented across districts and schools, with tension between punitive and restorative approaches. Limited staffing, time, and resources resulted in variation across districts and schools. Further, participants emphasized that policies alone were insufficient without adequate support systems.

Several priority areas for training and technical assistance to strengthen prevention and early intervention efforts were identified by respondents, including:

- Training on emerging substances and youth addiction
- Parent and caregiver engagement strategies
- Training on mental health, trauma, and self-regulation

- Prevention education skills for teachers and staff
- Policy clarification, cross-district learning, professional connection, and shared practices

Overall, participants called for stronger prevention education, expanded mental health supports, dedicated staffing, stable funding, and coordinated community-wide approaches to address youth substance use.

Conclusions and Recommendations

Findings from interviews across LPO Region 1 demonstrated a strong commitment among schools to preventing youth substance use and supporting student well-being. Districts have made meaningful progress through relationship building, student-centered approaches, mental health integration, and prevention efforts that promoted healthy development and resilience. However, substantial challenges remain. Schools continue to face rapidly changing substance use trends, community normalization of substance use, staffing shortages, fragmented prevention systems, limited family engagement, and insufficient access to youth-focused treatment and support services.

The findings suggest that effective prevention requires more than isolated programs or one-time interventions. Successful school-based prevention depends on sustained investments in dedicated personnel, comprehensive prevention education, integrated mental health services, strong family and community partnerships, clear and consistent policies, coordinated regional infrastructure, and stable, flexible funding that builds capacity and ensure long-term impact.

Together, these strategies can help create a more comprehensive, coordinated, and sustainable approach to preventing youth substance use and supporting healthy adolescent development throughout LPO Region 1.

Introduction

Substance use among adolescent populations remains one of the most pressing public health challenges in rural and semi-rural American communities. In the state of Vermont, the establishment of the Vermont Prevention Lead Organization (VPLO) regional prevention model reflects a structural shift designed to enhance prevention infrastructure, empower regional systems, and address the specific, localized vulnerabilities within geographic regions in the state. United Way of Northwest Vermont is the Lead Prevention Organization for Vermont's Prevention Region 1 (LPO Region 1), which includes most of Chittenden, Franklin, Grand Isle, and Washington Counties. LPO Region 1 encompasses a diverse network of school districts, supervisory unions, community health, substance use treatment, and mental health providers, early childhood programs, and local recovery services. The role of Supervisory Unions/School Districts (SUs/SDs) has been expanding, and schools are expected to address unmet psychosocial needs that prevent students from learning. With respect to substance use, this means that school and district staff need to navigate the evolving pharmacological trends among youth, most notably the exponential rise of highly concentrated nicotine and cannabis vaping, but also the deep-seated socioeconomic determinants that drive early substance use.

For the 2026 – 2027 school year, DSU has transitioned the role of overseeing funding for school-based prevention activities in Region 1 to the United Way of Northwest Vermont as the Lead Prevention Organization for the region. To ensure they could best support SUs/SDs across the Region, they partnered with Pacific Institute for Research and Evaluation (PIRE) to assess current prevention activities, capacity, needs, and resource gaps.

Methods

This qualitative study protocol was reviewed and deemed exempt from review by the PIRE Institutional Review Board (IRB). Interview guide topics were developed in collaboration with the United Way and included questions about interviewee background and professional roles and experiences, thoughts on current substance use prevention efforts in their schools and community (e.g. what is working well, what could be improved), key partnerships and collaborations, gaps and additional needs, and ideas for the use of additional funding if available.

A list of contacts at each of the 20 SU/SD in the region was provided by United Way of Northwest Vermont. Prevention health and educational professionals overseeing and/or implementing school-based substance use prevention, student support, and early intervention initiatives from all twenty SUs/SDs in the region were invited to participate in a 45–60 minute online Microsoft Teams interview with PIRE staff. At least three attempts were made to contact potential participants at each SU/SD via email. An incentive was offered by the United Way for each SU/SD that participated in the assessment. Interviews were conducted between April 1 and May 15, 2026. With the participants' permission, interviews were audio-recorded and automatically transcribed. These transcripts were used to verify handwritten notes to ensure accuracy.

In all, sixteen semi-structured key informant interviews with staff from fifteen SUs/SDs were conducted. Interviewees included Student Assistance Professionals (SAPs), licensed school and student support counselors, grant administrators, principals, curriculum directors, superintendents, and lead school nurses. Of the fifteen SDs/SUs interviewed, three were not currently funded by DSU. Information from recent DSU qualitative interviews was used to supplement information for SUs/SDs when available. A brief survey asking for some basic information on current prevention programming, gaps, and needs was shared with SUs/SDs that did not participate in interviews, though no completed surveys were received.

The analysis process involved two PIRE staff reviewing the interview notes and transcripts to extract key themes. Themes were reviewed by both for consistency and alignment, and any discrepancies were resolved through discussion. These key themes and findings are presented below, grouped by topic.

Strengths and Successes of Current Prevention Programming

Respondents were asked to describe aspects of the school-based substance use prevention work that were going well, accomplishments, success stories, and innovations. Across SUs/SDs, schools were making meaningful progress in building stronger, more supportive, and more prevention-oriented environments for students. A central strength was the deep emphasis on relationship-building, with multiple districts noting that ensuring every student had a trusted adult is foundational to prevention.

"With more time, my relationships with students grow stronger... allowing the time for that is irreplaceable."

Some schools had also expanded mental health and counseling supports, adding embedded social workers, psychologists, and SAPs who could provide confidential, outpatient-level services without insurance barriers. For example, in one case, this allowed about 50 students to receive therapeutic services in one district who would otherwise have been unable to obtain such services. Prevention education was another bright spot, with several districts implementing early, comprehensive, and developmentally appropriate curricula, including K–6 wellness instruction and 5th–8th grade health programs that emphasized healthy decision-making and brain development.

Many districts also highlighted student leadership and youth voice as powerful drivers of change, from social norms campaigns that students were talking about to youth-led community dialogue nights where people really lean in and listen when kids are talking. Schools were also strengthening policy implementation and supportive responses, utilizing tools like vape detectors while prioritizing counseling, harm reduction, and continued participation in protective activities such as sports and clubs. Finally, several districts reported strong collaboration and administrative support, including partnerships with state agencies, active Student Action

Committees, and cross-SAP learning networks that brought new ideas and reinforce shared practice.

Together, these successes demonstrated that when schools invested in relationships, early education, mental health integration, and student empowerment, prevention efforts became more effective, more equitable, and more deeply embedded in school culture.

Gaps, Barriers and Missing Resources

Overview

Respondents were asked where they observed the biggest gaps in addressing substance use and related problems in their schools and school districts. Across all respondents, school staff identified substantial gaps that limited their ability to prevent, identify, and respond to student substance use. These gaps spanned emerging substance trends, family and community conditions, staffing and capacity constraints, inconsistent prevention education, and fragmented systems of support.

Our findings illustrated a prevention landscape marked by high need and low capacity. Schools were contending with increasingly complex patterns of youth substance use, shaped by community norms, trauma, and easy access. At the same time, prevention systems remained fragmented, underfunded, and inconsistently implemented. Staff across districts expressed a clear desire for earlier, more comprehensive prevention education; stronger mental health supports; stable staffing and funding; and coordinated, community-wide approaches that extended beyond the classroom.

In the sections below, we take a deeper dive into the identified gaps and needs noted during our interviews.

Emerging Substances and Increasingly Discreet Use

Districts reported that the landscape of youth substance use was shifting rapidly, with new products appearing faster than schools could respond. Several school staff noted that many new substances and products were constantly emerging, emphasizing how the tobacco industry in particular was constantly finding new ways to target youth. Districts described difficulty detecting discreet nicotine and cannabis devices. Respondents emphasized that products such as ZYNs and vapes were easy for students to hide, limiting the schools' ability to intervene.

Easy Access to Substances and Community Normalization

Many districts described widespread access to vapes, alcohol, and cannabis, particularly in rural and economically disadvantaged communities. Respondents reported that students had easy access and exposure to various substances through family members, friends, and local stores. In communities marked by generational trauma, substance use, and poverty, respondents shared that drugs and alcohol were normalized coping mechanisms. Respondents emphasized that social media had a significant impact on the normalization of underage substance use, which was exacerbated by cannabis legalization and mixed public messages about youth safety.

Policy and Legislative Barriers

Some barriers stemmed from broader policy and community contexts. One respondent described difficulty communicating needs to policymakers and noted that legislative support often came without financial support, rendering it ineffective. Several respondents expressed frustration with the lack of political action on flavored nicotine, noting that a proposed ban would have been a huge relief for the school system. Several districts also cited the impact of cannabis legalization, noting that legalization occurred without simultaneous supportive education, contributing to confusion about risks for youth and the normalization of use.

Family Stress, Trauma, and Limited Engagement

Families often lacked the support to address their own trauma, as well as youth substance use at home. One respondent shared that parents needed ways to address substance use and other problems with their children, and respondents described the lack of trust and shame from parents/caregivers as a barrier to engagement.

Family-level challenges, including distrust of systems, poverty, and parental substance use, were frequently cited as barriers to prevention. One respondent noted that parents' and caregivers' own challenges were bigger than the school could address. Respondents commonly described difficulty engaging with parents and families. These conditions reduced the effectiveness of school-based prevention and limited opportunities for partnership with caregivers.

Insufficient Staffing, Time and Role Clarity

A major gap across districts was the lack of adequate staffing to support prevention, early intervention, and relationship-building. Several respondents reported that the SAPs did not have a clearly defined role. One respondent emphasized that limited staffing meant that the SAP did not have enough time on campus to reach all students, and that without consistent presence, students did not know these individuals well enough to trust them. Respondents emphasized that relationship building was key to gaining buy-in from students. Several respondents shared frustration with budget cuts that removed or limited SAP and counselor roles. Districts also highlighted the absence of prevention staff and education at the elementary level. Insufficient staffing often led to inconsistent prevention education.

Many districts lacked consistent, developmentally appropriate prevention programming. Staff described gaps in early prevention, limited curriculum coverage, and insufficient exposure before students were older and at higher risk. Some districts described a lack of continuity, noting that students might receive one prevention class as a freshman and nothing after that. One respondent added that schools lacked a structured system to conduct a comprehensive needs assessment for substance use, unlike academic areas where data systems were well established. Districts also highlighted the absence of a coordinated, district-wide prevention model, expressing a desire for a unified approach. One respondent noted that every school wanted to do things differently, making consistency difficult.

Staffing Needs and Lack of Specialized Support

Many districts had only one prevention-focused staff member, if that. Respondents often discussed that staff had to wear many hats. When asked about staffing needs, respondents reported the need for a full-time SAP at the middle and high school levels. Respondents described having more supportive staff or SAPs in the building as invaluable and that funding for consistent, full-time positions needed to be prioritized. Several districts emphasized the significant need for quality and accessible clinical supervision for SAPs. Some schools that did have SAPs described the need for administrative support and better integration of SAPs into school culture.

Increased Substance Use Without Adequate Supports

Districts described substance use (specifically vaping and cannabis use) as widespread. One respondent indicated that, despite vape detectors and increased supervision, their perception was that substance use had resurged in recent years. Several respondents expressed concern about early substance use initiation and the absence of youth-appropriate cessation supports.

"There is a lack of nicotine cessation resources available to youth... nicotine replacement therapies... do not exist for youth."

Across districts, respondents frequently reported gaps in community-based prevention, mental health, and treatment resources, noting long waitlists and limited adolescent-specific services. Several respondents highlighted the need for stronger local prevention organization partnerships in Region 1.

Fragmented Collaboration and Siloed Systems

Several districts described limited coordination across schools, districts, and community partners. SAPs commonly reported feeling that they were on their own island and lacked structured opportunities for professional connection and development. Some respondents described schools within the same district as very separate and siloed, complicating collaboration and productivity.

Insufficient Mental Health Infrastructure and Integration with Prevention

Respondents consistently emphasized that mental health challenges were deeply intertwined with substance use, yet schools lacked the resources to address both simultaneously.

"All of our students who have dropped out have struggled with both mental health challenges and substance use."

Several schools noted that, while they believed that small-group counseling or cessation groups were effective, they lacked the capacity to offer such programs. As one respondent explained,

"Group counseling is very effective... but it is difficult to implement due to scheduling and staffing constraints."

Training and Technical Assistance Needs

Overview

Across districts, staff identified clear training and technical assistance (TTA) needs to strengthen prevention, early intervention, and schoolwide capacity to address youth substance use. These needs fell into several core areas: emerging substances, parent engagement, mental health and trauma-informed practice, schoolwide prevention skills, policy and procedural clarity, and cross-provider learning.

Training on Emerging Substances and Youth Addiction

Districts emphasized the need for up-to-date training on new and evolving products, and the impact of these new products on students' health and wellbeing. Respondents also wanted guidance on how to encourage students to stop using substances and to ask for help without experiencing shame.

Parent and Caregiver Engagement Strategies

Schools reported significant challenges engaging parents and caregivers around substance use, even when barriers such as childcare and meals were removed. Districts needed TTA on effective parent engagement models, culturally responsive communication, and strategies for addressing low awareness of youth substance use risks.

Training on Mental Health, Trauma, and Self-Regulation

Respondents expressed a need for training that aimed to reduce stigma by integrating mental health and trauma-informed practice with substance use prevention. Respondents emphasized the need for training on the value of self-regulation spaces and how this related to decreased substance use, and professional development for staff of all grades on trauma and general health. This sentiment reflected a need for cross-training that links trauma, mental health, and substance use in practical, school-based ways.

Prevention Education Skills for Teachers and Staff

Respondents across districts wanted more training on how to deliver prevention content effectively, both universally and in small-group or one-to-one settings. Several respondents wanted training on risk and protective factors, and guidance on implementing evidence-based Social Emotional Learning (SEL) and prevention curricula with fidelity.

"We know social and emotional wellness is best practice, but how do you actually teach these skills?"

Policy Clarification, Cross-District Learning, Professional Connection, and Shared Practice

Several districts described confusion around roles, responsibilities, and procedures related to substance use incidents. Districts needed TTA on policy implementation, consistent protocols,

and administrator-level training to ensure alignment across schools. Staff expressed a desire for more opportunities to learn from peers and share effective strategies. Additionally, some districts noted that community-based providers also needed training to better support youth substance use needs. This reflected the need for regional learning collaboratives, peer consultation models, and shared professional development across districts and community partners.

Policies Related to Student Substance Use

Overview

Participants noted discrepancies between policies developed at the district levels but implemented at the individual school levels. Further, there was a tension in policy enforcement between those who wanted to emphasize punitive approaches vs. those who wanted to focus on more restorative ones. In the sections below, we highlight some of the key themes that emerged from our interviews about school and district substance use policies.

Policy Structure

Interviewees suggested there was a disconnect in that policy development often occurred at the district level, often developed by the school board, while school-level protocols that guided day-to-day implementation were developed by the individual schools.

"At the district level, we regularly review policy and we just updated our tobacco prevention policy (changed the language from tobacco to nicotine). These policies did not cover the procedures / what the discipline or consequences were."

Policies and expectations were usually included in student/parent and staff handbooks. Policies were typically reviewed on a regular cycle, such as annually or every five years, though policy development and revision processes might take multiple years and may not be consistent.

Inconsistency and Lack of Clarity in Procedures

Procedures were not always consistent, and there was often a lack of clear standards. Schools often lacked capacity and resources, in part because of limited staffing and time, to consistently implement policies and interventions. Some districts reported that policy implementation varied across schools, leading to confusion. In addition, some districts noted that policies did not always clearly define procedures or consequences.

"The procedures are not consistent and fair. Sometimes we do not want to accuse kids because if we are wrong the parents might be mad. Out of school [suspension] usually does not exceed 2 days but this is also unclear and lacks standards."

Further, some policies involved mandated counseling, although follow-through was inconsistent.

Disciplinary Responses and Consequences

There were inconsistencies throughout the SUs/SDs in how policy violations were enforced. For example, in some districts, policy violations might result in suspension, even though suspension is not considered best practice. Many districts reported that they were shifting from punitive approaches toward restorative and supportive responses that focused on wellness and prevention.

"Policies support restorative, human-centered decision-making and professional judgment."

In addition, some respondents noted that policies and enforcement need to account for students' substance use and underlying needs. Participants reported that some students begin using substances at a young age and may be experiencing nicotine dependence. Many students were described as not being ready to change their behavior, and some had developed a high tolerance. Substance use was often closely linked to mental health challenges and trauma.

"In the high school, we definitely see students self-medicating throughout the day. Some students tell me it's the first thing they do in the morning."

Differentiated Responses by Substance Type

Policies often varied by substance type. Nicotine use in particular was often treated differently from other substances, with less severe consequences. Students using nicotine might receive in-school suspension and a referral for support services. For substances other than nicotine, students might be sent home if they were impaired or face suspension. Further, enforcement challenges exist because students might use substances that were difficult to detect.

"They have separate policies for nicotine and for drugs and alcohol. Nicotine is handled in a non-punitive, educational way. Students' devices are confiscated, parents are notified, and they receive counseling. Even repeat offenses mainly result in continued counseling. Alcohol, cannabis and other drugs are handled more punitively. Students must complete a substance use assessment and may receive suspensions. Repeated offenses can lead to expulsion hearings, especially for distribution."

Resource Gaps and External Factors

Many noted that policies alone were insufficient without access to community-based support services. Lack of transportation, access, and proximity to services impacted the feasibility of care. There was often a gap between policy expectations and available resources.

"Community seems more ready to address adult substance use, rather than understanding that youth use of 'lesser' drugs may lead to more problems in adulthood."

In addition, parent/caregiver denial of student substance use problems limits the effectiveness of policies and enforcement of consequences. Some families are supportive of substance use prevention efforts, while others denied substance use issues or were reluctant to engage.

Funding Priorities

Overview

In the sections below, we highlight some of the key themes that emerged from our interviews about funding priorities. Respondents discussed where they would prioritize funding if they were given additional grant dollars. Generally, across districts, the most consistent priorities centered on staffing, funding stability, and coordination and infrastructure, with prevention seen as most effective when it was initiated early, integrated with mental health, and supported by strong community partnerships.

Dedicated Staffing and Expanded Capacity

One of the most consistent funding gaps noted in the interviews was the lack of having dedicated full-time SAPs. Interviewees reported challenges with SAPs having part-time roles, including difficulty hiring (i.e., potential candidates were not interested in part-time jobs). Further, an SAP might feel that their impact was insufficient if they only worked part-time. In addition to wanting full-time SAPs, respondents said that additional counselors, clinicians, and coordinators would be helpful.

"Another person in the district doing prevention work and prevention specific after school programming [would be really helpful]."

Stable and Increased Funding

Another common theme was the need for stable funding. Insufficient and unstable funding (especially grants) limited planning and sustainability. Consistent budgets could support prevention, programming, and staffing to increase student engagement and participation. Conversely, funding gaps limited the ability to launch prevention programs, cessation supports (e.g., nicotine replacement), and after-school and enrichment opportunities.

"Grant dollars are always in jeopardy and this makes it difficult to plan and to serve the students."

"In the past, we had an additional full-time person at the high school and a part-time person at the middle school doing only prevention work. We could be doing more if we had more capacity and funding."

Access to Training, Technical Assistance and Best Practices

Some respondents reported that increased funding could be dedicated towards centralized TTA in LPO Region 1. Some also suggested it would be helpful to channel funding towards hiring a designated point person for coordination, paying for access to evidence-based practices, and finding ways to reduce duplication and increase collaboration. Finally, participants stated that there was a need for money to pay for ongoing, high-quality training for staff and administrators.

"There are so many types of products now, students are easily able to hide them. So what are the signs and what should we be looking for? What kind of questions can we ask students if we suspect that they might be doing some of these things right? How can we address concerns when students are worried about their peers using?"

Strengthening Prevention Programming and Student Engagement/Integrating Substance Use and Mental Health

Respondents said that increased funding could target consistent, comprehensive prevention efforts.

"[We should] consistently offer prevention and have a budget that supports that."

Specific suggestions for how increased funding could be used included:

- Initiate prevention earlier (i.e., before middle school)
- Provide engaging, evidence-based curricula
- Offer schoolwide programming and support prevention-oriented student groups and activities
- Integrate substance use and mental health
- Expand mental health services and support programs
- Target prevention efforts towards less engaged and higher-risk students
- Incorporate youth perspectives into substance use prevention program design and delivery
- Provide positive enrichment activities, such as after-school and out-of-school programs
- Enhance school–community partnerships, including developing community-based services, resource sharing events, and coordinated systems of support, recognizing the importance of positive communities as protective factors
- Support parent/caregiver substance use education

Funded vs. Unfunded Districts

We extended our analyses by examining the needs and priorities of those SU/SDS that are currently funded by DSU compared to those that are currently unfunded. Since our sample size of unfunded districts was small (n=3), our results should be interpreted with caution.

Nonetheless, the trends that emerged from these analyses highlighted the difference that funding might make in reducing and preventing student substance use.

Generally, we found that funded districts not only saw stronger programming but enhanced system building and policy coherence. Funded districts showed more structured systems, greater implementation consistency, stronger prevention orientation, and more integration across services. In contrast, unfunded districts showed greater reliance on the efforts of a single individual within a certain SU/SD, rather than systems. Further, unfunded districts tended to rely on reactive approaches, and showed limited capacity to operationalize known best practices. We provide more specific thematic analyses below.

Strength of Systems and Policy Infrastructure

Funded districts tended to have clearer, more formalized policy structures and processes. Moreover, they were more likely to describe regular policy review cycles, updates, or recent improvements. In contrast, unfunded districts were more likely to describe gaps in structure, including unclear procedures or limited formalization. Policies were still present but were less consistently operationalized or prioritized. Instead, there was a greater reliance on informal practices or individual staff effort rather than system-level consistency.

Policy Implementation Capacity

Funded districts were more likely to report consistent implementation of policies and procedures, even when challenges remained. They were more likely to describe specific multi-step processes (e.g., referrals, follow-ups, structured interventions). Moreover, they indicated capacity to operationalize policies into action (e.g., meetings, counseling, structured responses). In contrast, unfunded districts not uncommonly noted inconsistent implementation or inability to follow through. Importantly, implementation often depended on individual staff bandwidth rather than systems.

Orientation Toward Prevention vs. Reaction

Funded districts were more likely to describe proactive, prevention-oriented approaches, including wellness policy integration, early intervention, and structured student engagement. Further, they were more likely to utilize restorative and educational responses as opposed to punitive ones.

Integration of Mental Health and Substance Use Programming

We generally found that funding enabled integration, not just the implementation of isolated interventions. To this end, funded districts frequently connected substance use to mental health and wellness systems. Their policies tended to emphasize holistic approaches (e.g., wellness campaigns, integrated supports). In contrast, while unfunded districts recognized the connection between substance use and mental health, they often lacked infrastructure to act on this understanding because supports were often fragmented and/or insufficient.

Staffing and Expertise

Funding was central to having dedicated staffing to implement key substance use programming efforts. Funded districts were more likely to have institutionalized systems that include dedicated SAPs, structured support roles, and defined processes involving multiple staff. In contrast, unfunded districts reported a lack of dedicated staff and over-reliance on limited staff who had to play multiple roles. Because of this, prevention and intervention depended heavily on individual initiative.

Ability to Engage Families and Communities

Funding supported not just internal systems, but external contexts in which students operated. Funded districts were more likely to describe intentional family engagement strategies. Further, they noted having the capacity to coordinate messaging and outreach. In contrast, unfunded districts reported greater challenges with family engagement and access to external partners, creating more isolation from broader systems and supports.

Responsiveness to Emerging Trends

Funding enhanced adaptability in a rapidly evolving substance use landscape. Funded districts were more likely to update policies, address emerging substances, and adapt programming in response to emerging trends. In contrast, unfunded districts were more likely to be behind emerging trends and constrained response capacity due to limited time and resources.

Conclusions and Opportunities for Strengthening School-Based Prevention

Overall, findings from interviews across LPO Region 1 indicate that schools are deeply committed to preventing youth substance use and have made meaningful progress through relationship-building, student-centered approaches, mental health integration, and early prevention efforts. However, districts continue to face significant challenges, including rapidly evolving substance use trends, community normalization of substance use, staffing shortages, fragmented prevention systems, limited family engagement, and insufficient access to youth-focused treatment and support services. The results demonstrate that effective prevention requires more than isolated programs; it depends on sustained investment in dedicated personnel, comprehensive prevention education, integrated mental health services, strong family and community partnerships, consistent policies and procedures, and coordinated regional infrastructure. Differences observed between funded and unfunded districts further underscore the critical role of stable funding in building prevention capacity, strengthening systems, and supporting proactive rather than reactive responses. Moving forward, there is a significant opportunity to develop a more coordinated, equitable, and sustainable prevention system that addresses local needs, strengthens protective factors, and supports the health and well-being of youth across the region.

Based on these findings, we identified a number of potential enhancements and supports that participants suggested could strengthen substance use prevention, early intervention, and systems of support across LPO Region 1.

Strengthen Prevention Staffing Supports

- Support schools and community partners in developing clearer role definitions for SAPs and prevention staff to promote consistency and integration within school systems.
- Facilitate access to clinical consultation, peer learning opportunities, and professional development for SAPs and prevention staff.
- Advocate for increased funding and resources to support dedicated SAP and prevention staff positions in middle and high schools.

Expand Early and Comprehensive Prevention Education

- Support the adoption and implementation of developmentally appropriate, evidence-based prevention education that addresses substance use, decision-making, and social-emotional skills from elementary through high school.
- Promote consistent implementation of evidence-based prevention programs while allowing flexibility to meet local district needs.
- Encourage integration of substance use prevention into broader health, wellness, and social-emotional learning efforts.
- Support stronger referral pathways and partnerships between schools, prevention providers, and treatment services.

Enhance Parent and Caregiver Engagement

- Support schools and community partners in identifying and implementing evidence-based, trauma-informed family engagement strategies that reduce barriers to participation and meet families where they are.
- Provide or help disseminate resources, tools, and messaging that support parents and caregivers in talking with youth about substance use.

Strengthen Policies, Procedures, and Staff Capacity

- Provide technical assistance, model resources, and opportunities for shared learning to support districts in reviewing and strengthening policies, procedures, and response protocols.
- Promote restorative and supportive approaches to addressing student substance use.
- Support ongoing training for school staff on emerging substance use trends, including nicotine pouches, high-potency cannabis products, and evolving vaping devices.
- Support training on trauma-informed practices, youth mental health, and the relationship between mental health and substance use.

Invest in Youth Engagement

- Support student-led prevention initiatives, including peer education, youth leadership opportunities, and social norms campaigns that incorporate youth voice into program design and implementation.
- Promote strategies that engage youth who may be at higher risk or less connected to school and community activities.

Build Coordinated, Cross-System Prevention Infrastructure That Addresses Environmental Risk Factors

- Strengthen regional prevention networks and learning collaboratives that bring together schools, health districts, community organizations, and state partners to share resources and coordinate efforts.
- Support collaborative efforts to reduce youth access to substances and address social norms that contribute to the normalization of substance use.
- Facilitate data-informed planning by supporting needs assessments, training on Youth Risk Behavior Survey (YRBS) data, and opportunities for districts to use data to guide prevention efforts.

Promote Sustainable and Flexible Funding

- Advocate for stable, long-term investments in prevention infrastructure and supports.
- Encourage funding approaches that allow districts and communities flexibility to address local needs and priorities.
- Promote funding that supports sustainable systems, workforce development, and collaboration in addition to individual programs.