

July 25, 2024

**RESCIND BOARD REPORT 88-0622-PO3, STUDENT ALCOHOL AND SUBSTANCE  
ABUSE PREVENTION AND INTERVENTION (K-12) POLICY AND ADOPT NEW POLICY ON  
COMPREHENSIVE STUDENT SUBSTANCE USE PREVENTION AND INTERVENTION (K-12)**

**THE CHIEF EXECUTIVE OFFICER RECOMMENDS:**

The Board of Education (“Board”) rescinds Board Report 88-0622-PO3, Student Alcohol and Substance Abuse Prevention and Intervention (K-12) policy, and adopts a new Comprehensive Student Substance Use Prevention and Intervention (K-12) policy.

**PURPOSE:**

The current Student Substance Abuse Prevention and Intervention (K-12) policy, Board Report 88-0622-PO3, provides non-universal guidance on substance use prevention or intervention and delegates action to school-level staff and administrators. The proposed Comprehensive Student Substance Use Prevention and Intervention (K-12) Policy ensures schools are in compliance with Illinois laws, ISBE standards, and best practice strategies for prevention education, student substance use intervention, and school opioid intervention procedures. Further, the proposed Policy establishes a comprehensive, universal approach to substance use prevention education and intervention for substance use. Universal procedures promote a safe, equitable and supportive environment that supports the well-being of students and staff including physical, psychological, and emotional health.

**EQUITY STATEMENT:**

The Board is committed to supporting the Whole Child through policies and programs that holistically address the physical, mental, and social-emotional health and wellbeing of every student. This Policy seeks to advance health equity by establishing a comprehensive framework of action for students with alcohol and substance use in the school setting. The approach outlined in this Policy is healing-centered and trauma-engaged for students and families with alcohol and substance use concerns. The Office of Student Health and Wellness (“OSHW”) is engaging in ongoing work to align to the Whole School, Whole Community, Whole Child (WSCC) model to operationalize the CPS Equity Framework through this Policy within the locus of its control.

**POLICY TEXT:**

**I. SCOPE:**

This Policy provides required responses and guidelines for all staff responding to all students in all schools regardless of age, grade level, or school governance. This Policy covers events that take place in the school, on CPS property, at CPS-sponsored functions and activities, on school buses or vehicles and at bus stops, and at CPS-sponsored out-of-school events where CPS staff are present. Student substance use encompasses substances such as alcohol, cannabis in all forms, nicotine and tobacco in all forms, opioids, stimulants, any “look-alikes” of these drugs, and other drug use. School administration must adhere to the CPS Student Code of Conduct when responding to student possession of substances and drug paraphernalia.

**II. DEFINITIONS**

**School-Based Behavioral Health Professionals:** A state-licensed or state-certified school counselor, school psychologist, school social worker, or other state-licensed or certified mental health professional qualified under state law to provide behavioral health services to children and adolescents.

**Behavioral Health Team (BHT):** A school-based team, established by the principal, that is responsible for delivering Tier II and III interventions to students. BHT's are composed of Administrator(s), School Counselor(s), and Social Worker(s), and may include the Nurse, School Psychologist, SEL Coordinator, Dean, Case Manager, and other relevant stakeholders or community-based organizations when available.

**Harm-Reduction approach:** A transformative approach based in community public-health strategies that is aimed at reducing the negative consequences associated with drug use.

**Healing-Centered:** The framework for transforming CPS into a trauma-engaged, culturally responsive district to foster individual and collective wellbeing.

**Naloxone:** An opioid antagonist medication used to rapidly reverse the effects of opioid overdose. It works by binding to the same receptors in the brain that opioids target, blocking their effects and restoring normal breathing. Naloxone is available in various formulations, including nasal sprays and injectable forms.

**Narcan:** A brand name for a specific naloxone nasal spray. It is a user-friendly and widely recognized form of naloxone that can be administered nasally, making it accessible to individuals who are not trained medical professionals.

**Opioid Antagonist:** A type of medication that counteracts the effects of opioids in the body. By binding to opioid receptors in the brain, antagonists block the effects of opioids, such as respiratory depression, and can reverse the potentially life-threatening effects of an opioid overdose.

**Opioid Overdose:** The consumption of an excessive amount of opioids, leading to a dangerous level of opioid intoxication. Opioid overdoses can result in severe respiratory depression, unconsciousness, and, in some cases, death.

**Overdose Response:** The actions and interventions taken when an opioid overdose occurs. It includes recognizing the signs of an overdose, promptly seeking medical assistance, administering naloxone, performing rescue breathing, and providing support until professional medical help arrives.

**Restorative Practices:** A continuum of school-based alternatives to exclusionary discipline that contribute to maintaining school safety, protect the integrity of a positive and productive learning climate, teach students the personal and interpersonal skills they will need to be successful in school and society, serve to build and restore relationships among students, families, schools, and communities, and reduce the likelihood of future disruption by balancing accountability with an understanding of students' behavioral health needs.

**Substance Misuse:** The use of illegal substances and/or the inappropriate use of legal substances such as alcohol and tobacco. Preferred terminology over substance "abuse"

**Substance Use:** The use of selected substances, such as alcohol, cannabis in all forms, nicotine and tobacco in all forms, inhalants, opioids, stimulants, or any "look-alikes" of these drugs that can be consumed, inhaled, injected, or otherwise absorbed into the body with possible dependence and other detrimental effects.

**Whole Child Approach:** The holistic approach that prioritizes physical, mental, and social-emotional health to ensure that every student in every school is healthy, safe, supported, challenged, and engaged.

**Whole School, Whole Community, Whole Child (WSCC) Framework:** A model for supporting the Whole Child, established by the CDC and ASCD, that identifies 10 key components for addressing health in schools.

### III. INTRODUCTION

In alignment with the Whole School, Whole Community, Whole Child (WSCC) Framework, CPS acknowledges that addressing student substance use holistically is critical to caring for students in CPS. Data indicates that certain circumstances are correlated with increased risk of substance use among adolescents. These include but are not limited to: a family history of substance use, parental substance use, familial rejection of sexual orientation or gender identity, substance use among peers, lack of school connectedness, low academic achievement, childhood sexual abuse, and mental health issues.<sup>1</sup> Further, social determinants of health such as economic disadvantage, food insecurity, and housing instability have been associated with youth experiencing mental health and substance use addiction.<sup>2</sup> The Office of Student Health and Wellness must work with relevant CPS departments to ensure students have access to the supports they need related to these and other areas so that they may be healthy, safe, supported, challenged, and engaged.

### IV. PREVENTION

As outlined in Public Act 103-0399, comprehensive skills-based health education is inclusive of age-appropriate, reality-based, safety-focused, medically accurate, and evidence-informed substance use prevention education that reduces substance-use risk factors and promotes protective factors. Schools must offer health education programming in accordance with the Illinois School Code and the CPS Local School Wellness Policy, as overseen and administered by the Office of Teaching and Learning. Substance use prevention education is recommended by the Office of Teaching and Learning to be included in health education coursework, but can be included in any regular course of study.

In order to establish a standardized substance use prevention education, schools must provide health education that adheres to the following framework.

Each school Principal must select curricula that:

- A. Aligns with the National Health Education Standards (NHES), Health Education Scope and Sequence, Illinois Standards for Health and Physical Education, and Illinois Instructional Mandates.
- B. Focuses on skills-based health education, as recommended by the National Health Education Standards (NHES), which ensures age-appropriate development and practice of health skills, attitudes, and functional knowledge to support the health and well-being of oneself and others.
- C. Follows grade-appropriate guidelines for inclusion of substance education that covers state-mandated<sup>3</sup> criterion, frequency, and grade-level requirements for the following at minimum: alcohol, cannabis in all forms, nicotine and tobacco in all forms, opioids, stimulants, anabolic steroids, and any “look-alikes” of these drugs.
- D. Complies with curriculum adoption guidelines provided by the Office of Teaching and Learning.

### V. SUBSTANCE USE RESPONSE AND INTERVENTION

The Illinois House Bill 3428 amends Public Act 103-0348 School Code, and requires that a school district, public school, charter school, or nonpublic school shall maintain a supply of an opioid

<sup>1</sup> CDC. (2022, September 29). High Risk Substance Use in Youth. Centers for Disease Control and Prevention. <https://www.cdc.gov/healthyyouth/substance-use/index.htm>

<sup>2</sup> Settapani, C. A., Hawke, L. D., Virdo, G., Yorke, E., Mehra, K., & Henderson, J. (2018). Social Determinants of Health among Youth Seeking Substance Use and Mental Health Treatment. *Journal of the Canadian Academy of Child and Adolescent Psychiatry = Journal de l'Academie canadienne de psychiatrie de l'enfant et de l'adolescent*, 27(4), 213–221.

<sup>3</sup> Illinois Instructional Mandates 2023-24 School Year. (n.d.). <https://www.isbe.net/Documents/IL-Mandated-Units-of-Study.pdf>

antagonist in any secure location where an individual may have an opioid overdose. The Office of Student Health and Wellness will provide access to opioid antagonists, specifically Naloxone nasal spray also known as Narcan, education and training at every school, as authorized by the Administration of Medication Policy. All school based staff must complete the annual Overdose Prevention and Narcan Administration training provided by the Office of Student Health and Wellness. When a Nurse or trained school personnel administers stock opioid antagonist to a student whom the Nurse or trained school personnel in good faith believes is having an opioid overdose, the District and its employees and agents, are to incur no liability or professional discipline, except in cases of willful and wanton conduct (actual or deliberate intention to cause harm or which, if not intentional, shows an utter indifference for the safety of others), as a result of any injury arising from the use of stock opioid antagonist regardless of whether authorization was given by the student's parent/guardian or by the student's medical provider.

#### A. STUDENT HEALTH INTERVENTION GUIDELINES

For student incidents of substance use and overdose, administration must also adhere to existing guidelines outlined in the Crisis Manual and the Student Code of Conduct. Staff can reference Appendix A of this Policy to distinguish the differences in opioid high versus opioid overdose.

If a student is showing signs of an overdose (e.g. non-responsive, slow or absent breathing, slow pulse, making choking or gurgling sounds, blue or darker brown areas around lips/nails, cool or sweaty skin, and pinpoint pupils), trained staff must respond immediately with opioid overdose response protocol:

1. Administer Narcan: Do not test the Narcan prior to use. Lay person on their back. Tilt their head back. Gently insert the tip of the nozzle into either nostril. Press plunger firmly.
2. Call 9-1-1 to request emergency medical assistance. An overdose is a safety emergency. Administrators must make reasonable efforts to notify parents/guardians immediately after contacting 9-1-1. Then, contact Student Safety and Security at 773-553-3335.
3. Staff responding to the overdose should begin rescue breathing. If there's still no response from the student after 2-3 minutes, give the student a second dose of Narcan.
4. A staff member must remain with the student until EMS arrives. If they start breathing on their own but do not wake up, roll them on their side into the recovery position.
5. When EMS arrives, an administrator/designee must accompany the student to the hospital if no parent/guardian is present.
6. Document the incident in Aspen as soon as possible, but absolutely within 24 hours. Staff that administered Narcan must notify administration immediately. School administrators should notify nursing staff.
7. School-based behavioral health professionals must contact parents/guardians within 24 hours of the incident to establish a meeting to identify needs and plans for supportive intervention.

If a student is showing signs of being high on opioids (e.g. slowed or slurred speech, pinpoint pupils) but they are awake, breathing on their own, and responsive, assume an opioid emergency has not yet occurred.

1. Call 9-1-1 to request emergency medical assistance. Administrators must make reasonable efforts to notify parents/guardians immediately after contacting 9-1-1. Then, contact Student Safety and Security at 773-553-3335.
2. A staff member must remain with the student until EMS arrives. Staff should continue to assess for responsiveness and breathing until help arrives. It is important that you monitor their condition and try to keep them awake and alert. Continue to respond to the incident with the health-centered approach outlined for student intoxication in this Policy.
3. If the person stops responding to stimuli (e.g., calling their name or shaking them), assume they are experiencing an opioid emergency and respond immediately with opioid overdose response protocol.

If a student is not showing signs of an overdose but is showing signs of being intoxicated or impaired by another substance (e.g. reddened eyes, may stumble or have poor motor coordination, slowed speech and reaction times), staff must respond immediately with a health-centered approach:

1. A school nurse must assess the student's health and determine if there is a need for emergency medical services. If there is no nurse in the building, staff must follow the Sick Student Protocol to determine if there is a need for EMS. If EMS is not required, the student's parents/guardians must be notified and the student should be picked up from school. Remain with the student and continue to assess for responsiveness and breathing until the parent/guardian arrives. Administrators must complete the Verification of Emergency Conference: Substance Use form with parents/guardians when they pick up the student from school.
2. If a nurse or a staff member determines a need for EMS, staff must call 9-1-1 to request emergency medical assistance. A staff member must remain with the student until EMS arrives.
3. Administrators must make reasonable efforts to notify parents/guardians immediately after contacting 9-1-1. Then, contact Student Safety and Security at 773-553-3335.
4. When EMS arrives, an administrator/designee must accompany the student to the hospital if no parent/guardian is present.
5. If the student is taken from the school via EMS or if a parent/guardian picks up a student due to intoxication or impairment on the day of the incident, health-related attendance codes should be used in Aspen.
6. Document the incident in Aspen as soon as possible, but absolutely within 24 hours.
7. School-based behavioral health professionals must contact parents/guardians within 24 hours of the incident to establish a meeting to identify needs and plans for supportive intervention.
8. School administrator or designee may complete steps outlined in the Requirements and Guidelines (Section 2) of the CPS Student Code of Conduct and should make all possible efforts to complete due process requirement and issue consequences after the above health protocol steps are completed, the student is physically safe, and no longer determined to be impaired or intoxicated.

## **VI. RESTORATIVE ENGAGEMENT AND BEHAVIORAL HEALTH INTERVENTION**

Student use of alcohol and substances for the purpose of intoxication are a violation of the CPS Student Code of Conduct. When responding to substance use or possession, schools must prioritize providing for the health needs of students and preventing future use. If a student is under the influence, the health and safety of the student should be managed via guidance outlined in Section V of this Policy prior to the use of any action outlined in the Student Code of Conduct.

School staff should respond to substance use using a healing-centered, collaborative approach with students, parents and caregivers, and community partners that prioritize the use of trauma-engaged, evidence-based practices and connections to supportive adults and resources in the community when indicated. Central Office will provide school administrators and staff with health-related response resources such as professional learning, evidence-based strategies, and guidance related to Screening, Brief Intervention and Referral to Treatment (SBIRT), an evidence-based approach that screens adolescents for substance use that can be implemented by members of the school's BHT when responding to student substance use.

The use of school exclusion, including suspensions, may only be used as a last resort when the imminent endangerment of students or staff remains present and only after all requirements of the CPS Student Code of Conduct have been met. School staff must follow restorative procedures when returning to school from absences related to substance use.

## **VII. RESOURCES**

- A. The Office of Student Health and Wellness will provide local substance use resources and support including, but not limited to, substance use treatment referral assistance to students, parents, staff, and administrators through the [mentalhealth@cps.edu](mailto:mentalhealth@cps.edu) email. This email should not be used for support during medical emergencies or crisis management. During medical emergencies, 9-1-1 should be called to request emergency medical assistance. Administrators responding to substance use on school property should adhere to existing procedures outlined in section V of this Policy and the Student Code of Conduct.
- B. Schools should be aware of the public resources found in Appendix B of this Policy, and refer students, families, and staff to them as needed.

## **VIII. POLICY SUPPORT AND OVERSIGHT**

The Office of Student Health and Wellness ("OSHW") will oversee the implementation and compliance of this Policy and will:

- A. Provide the CPS community with access to educational resources and technical assistance related to substance use, including but not limited to local substance use treatment referral lists and training opportunities for staff on Professional Development days. Schools can request support from OSHW, including opportunities for staff workshops and parent/guardian workshops in collaboration with parent universities, as needed.
- B. Collaborate with the Office of Social and Emotional Learning, the Office of Diverse Learner Supports and Services, the Office of School Counseling and Postsecondary Advising, the Office of Safety and Security, and the Office of Teaching and Learning to ensure full implementation of this Policy through school support services.
- C. Ensure support structure outlined in this Policy is fully implemented within the Whole Child approach and healing-centered framework.

- D. Establish a cross-departmental team to annually assess the efficacy and Equity impact of this Policy, including how the policy is implemented in relation to schools most impacted by inequity and determine targeted universalist support for these schools.

**APPENDIX A: DISTINGUISHING AN OPIOID HIGH AND OPIOID OVERDOSE**

| Opioid High                            | Opioid Overdose  |
|--|--|
| Normal skin tone                       | Pale, clammy skin<br>Blue or ashy lips or fingernails                                  |
| Breathing appears normal               | Infrequent or absent breathing<br>Respiratory rate <8 breaths/min<br>Shallow breathing |
| Normal heart rate                      | Slow or irregular heartbeat  |
| Looks sleepy                           | Unconscious or unable to wake  |
| Speech slurred or slow                 | Deep snoring, gurgling, or choking sounds (death rattle)                               |
| Responsive to stimuli                  | Not responsive to stimuli  |
| Pinpoint pupils (with some exceptions) | Pinpoint pupils  |

**APPENDIX B: PUBLIC RESOURCES FOR STUDENTS AND FAMILIES**

| Resource   | Description   | Contact Information |
|--|---|---------------------|
| <a href="#">Substance Abuse and Mental Health Services Administration (SAMHSA)</a> | An agency within the U.S. Department of Health and Human Services offering resources to find support, training, and more.   | 877-726-4727        |
| <a href="#">FindTreatment.gov</a>  | Operated by SAMHSA, this is a confidential and anonymous resource for individuals seeking treatment for mental and substance use disorders in the United States and its territories.        | 800-662-HELP (4357) |
| <a href="#">National Suicide and Crisis Hotline</a>                                | Provides 24/7, free and confidential support for people in distress, prevention and crisis resources for you or your loved ones, and best practices for professionals in the United States. | 988                 |

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| <a href="#">Illinois Helpline</a>  | The only statewide public resource to navigate substance use treatment and recovery services in Illinois. The helpline is a 24/7 free and confidential service that will connect you or a loved one to treatment and recovery providers across Illinois. | Call 833-234-6343 or text "HELP" to 833234   |
| <a href="#">Overcome Opioids</a>   | A City of Chicago resource that provides opioid use education, prevention, response, and recovery resources.   |  |
| <a href="#">City of Chicago Mental Health</a>                              | A City of Chicago resource that provides mental health education and assistance to find support. Also includes stories from individuals who have dealt with mental health conditions.  | Clinics (free mental health services available regardless of income, insurance, or legal status): 312-747-1020   |
| <a href="#">211 Metro Chicago</a>  | A free, easy-to-access helpline that serves as an information and referral resource, helping connect individuals to a variety of services.   | 211  |
| <a href="#">National Institute on Drug Abuse (NIDA)</a>                    | Offers the latest research on drug use and addiction. Also provides screening and assessment tools.  | 301-443-6441<br><i>NIDA is a biomedical research organization and does not provide personalized medical advice, treatment, counseling, referral services, social services, drug test review services, or legal consultation.</i> |
| <a href="#">National Institute on Alcohol Abuse and Alcoholism (NIAAA)</a> | Offers the latest research on the adverse impacts of alcohol use on human health and well-being.   | 301-443-3860   |



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