BHC Behavioral Health Commission

Substance use services and supports in Virginia schools



November 4, 2026

BHC briefing

Study mandate

- In December 2025, BHC members directed staff to study substance use services and supports in Virginia's public schools
- Staff were directed to identify:
  - the types of substance use services and supports offered
  - the extent to which they are accessible by the student population
  - options to better meet student needs

Research activities

- Interviews with VDOE[1], OAA[1], ABC[1], school and school division personnel
- Site visits to 6 schools and divisions across Virginia
- Statewide survey of all school counselors
- Review of research literature on adolescent substance use identification, public health and fiscal impacts, and effective intervention models
- Analysis of YRBS[1] and NSDUH[1] data on adolescent substance use trends

[1]DOE: Department of Education; OAA: Opioid Abatement Authority; ABC: Alcoholic Beverage Control Authority; YRBS: Youth Risk Behavior Survey; NSDUH: National survey on Drug Use and Health; YRBS: Youth Risk Behavior Survey; NSDUH: National Survey on Drug Use and Health

In brief

- The scope and effectiveness of substance use services and supports varies across Virginia schools
- Many schools and divisions lack sufficient bandwidth and resources to offer comprehensive prevention programs and early intervention services
- VDOE could provide more centralized support and assistance, but schools and divisions will need more resources to provide effective services and supports
- New retail cannabis tax revenue could be used to support substance use prevention and services in Virginia's public schools

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Background

Education and prevention

Early intervention

Treatment and referrals

Recommendations and funding

Substance use services and supports in schools are shaped by state requirements and local implementation

- Board of Education sets regulatory standards that require schools to integrate substance use education and prevention in health instruction
  - Schools must also train staff, form community partnerships, foster peer-led efforts
- VDOE sets Health SOL[1] standards, which include substance use education
- Local school boards retain significant control over substance use services and supports

[1]SOL: Standards of Learning

Youth substance use is in long-term decline, but absolute consumption and potency are concerning

- Substance use is in an overall long-term downward trajectory, with VA generally lower than U.S. average
- Tens of thousands of middle and high schoolers are still using alcohol, vapes, marijuana, and tobacco
- Potency of substances has increased over time
  - Nicotine content of vapes
  - THC[1] content of marijuana

[1]THC: Tetrahydrocannabinol, the primary psychoactive chemical compound in cannabis

Nicotine and THC vapes represents primary substance use challenge in schools

- In-school use of vapes is the most prevalent concern among school staff and is a burden on administrators
  - Manufactured to be easily concealed
  - Easy to access because of lax age verification
- 2026 legislation created new regulatory framework for enforcing retail tobacco products, including vapes
  - ABC manages permits and enforces age-verification
  - OAG[1] manages Liquid Nicotine Vape Directory and enforces product legality

[1]OAG: Virginia Office of the Attorney General

Adolescent substance use negatively impacts individuals, schools, and the state

- Harms brain development, increases lifetime addiction risk, elevates depression and anxiety, and lowers lifetime educational and earning potential
- Student impairment and vaping disrupt teaching, while investigating drug violations and managing crises exhaust administrative bandwidth
- Untreated youth substance use fuels recurring public costs across Medicaid, justice systems, and child welfare

Proactive investment in effective school-based substance use services mitigates negative impacts on individuals and schools

- Proactive school prevention halts addiction before healthcare, justice, and welfare costs compound
- Universal school prevention programs deliver substantial economic returns, generating significant lifetime cost savings
- Screening and diversion programs decrease acute medical crises, significantly reducing hospitalizations and public healthcare spending

Substance use services and supports in schools are funded by multiple sources

- Standards of Quality provide funding for positions involved in substance use services, including school counselors
- Virginia Foundation for Healthy Youth awards grants to school divisions, CSBs[1], and nonprofits to deliver evidence-based classroom curricula
  - Also runs marketing campaigns and funds research
- Opioid Abatement Authority issues grants to local governments and state agencies that can pass funding through to schools

[1]CSBs=Community Services Boards

Retail cannabis market will provide a new and ongoing funding stream for efforts to address substance use

- Revenues from new 6-8% state tax predicted to grow over time
  - $11.3M in FY28, $74M by FY32
- Portion of new revenue is designated for K-12 and substance use prevention and treatment programs at CSBs
  - Also Cannabis Equity Reinvestment Fund and public health programs
- Joint Commission to Oversee the Transition of the Commonwealth into a Cannabis Retail Market tasked with recommending specific uses of funding

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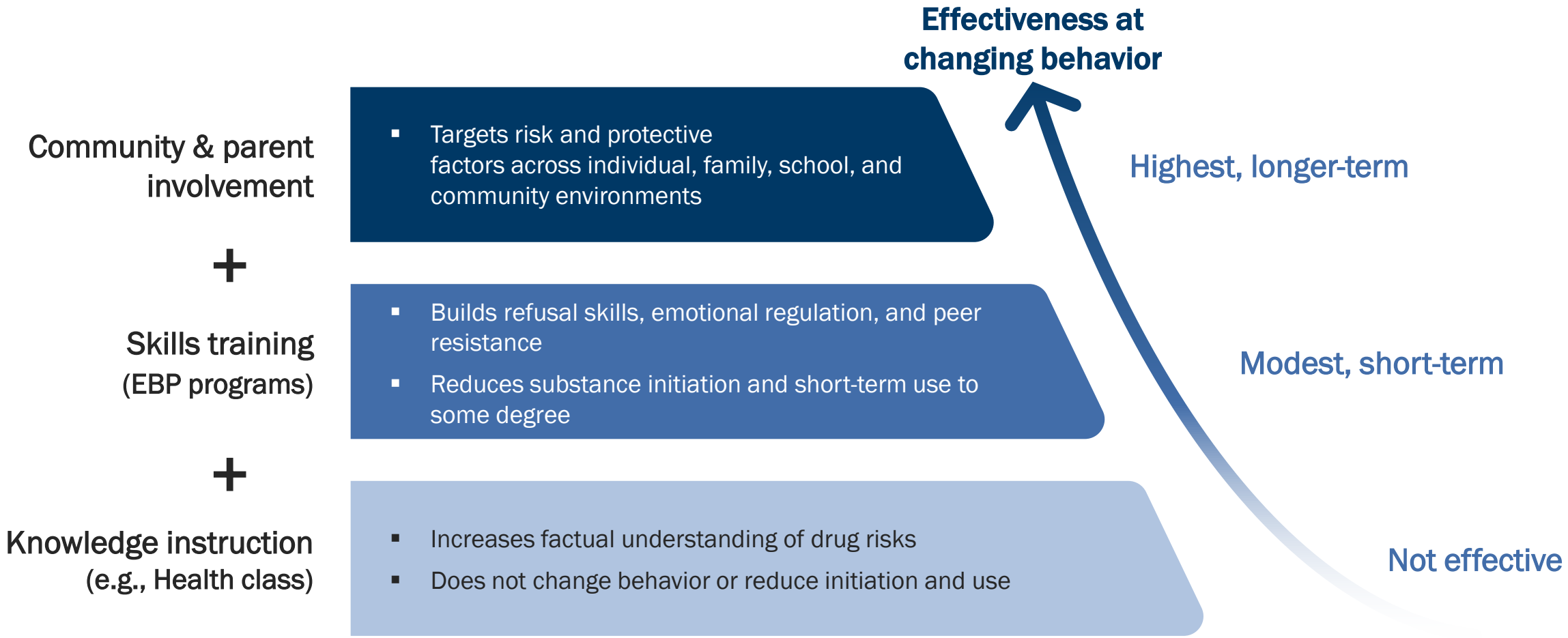
Treatment & referrals

Recommendations and funding

Elementary and secondary education and prevention are fundamentally different

- SOLs provide foundational knowledge in K-10 but focus differs based on age
- Elementary schools emphasize social emotional learning, wellness, and medication safety over explicit drug education
  - Substance use is uncommon in elementary grades
- Secondary schools shift to explicit instruction on experimentation, use, and dependence
- Elementary and secondary schools engage different community partners
  - Secondary schools are more likely to have partnerships with service providers

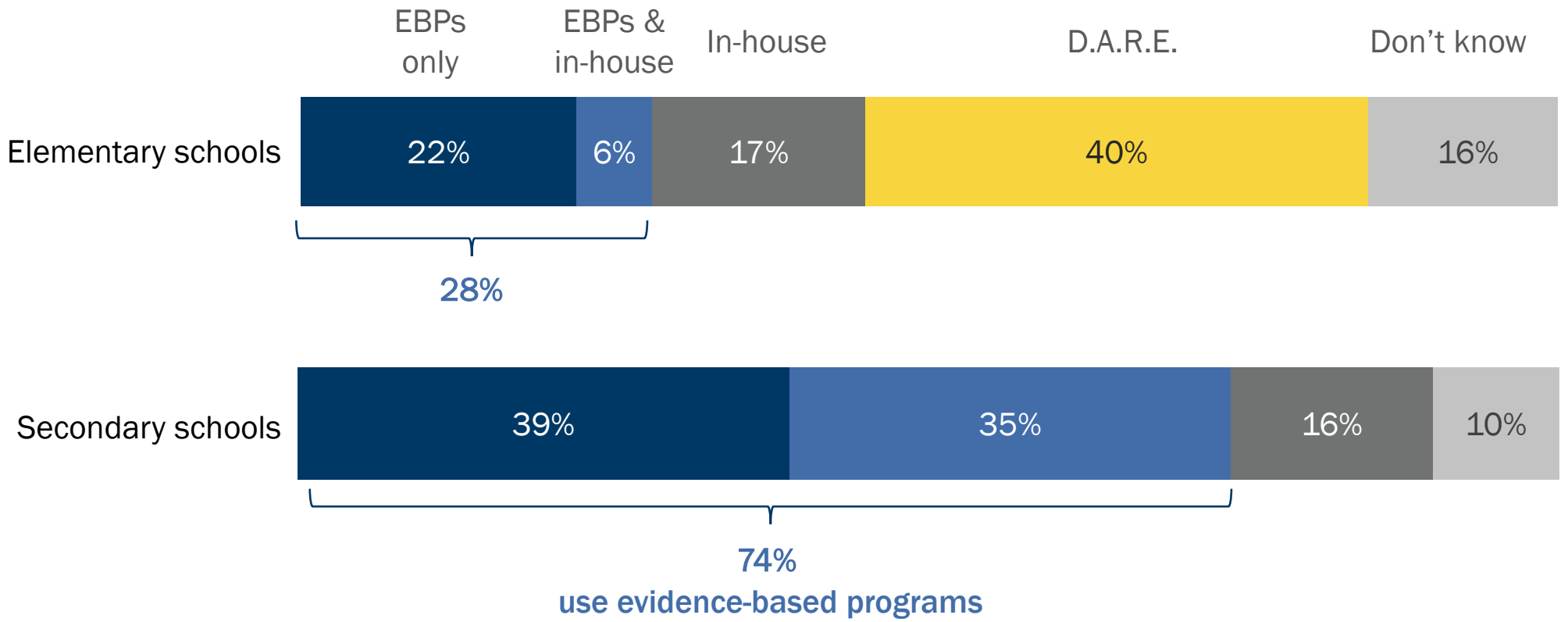
Most effective prevention efforts combine knowledge instruction, skills training, and community involvement



Finding

- Most schools offer some, but not all elements of effective substance use education and prevention

~1/2 of schools have adopted substance use programs, but those are not consistently evidence-based

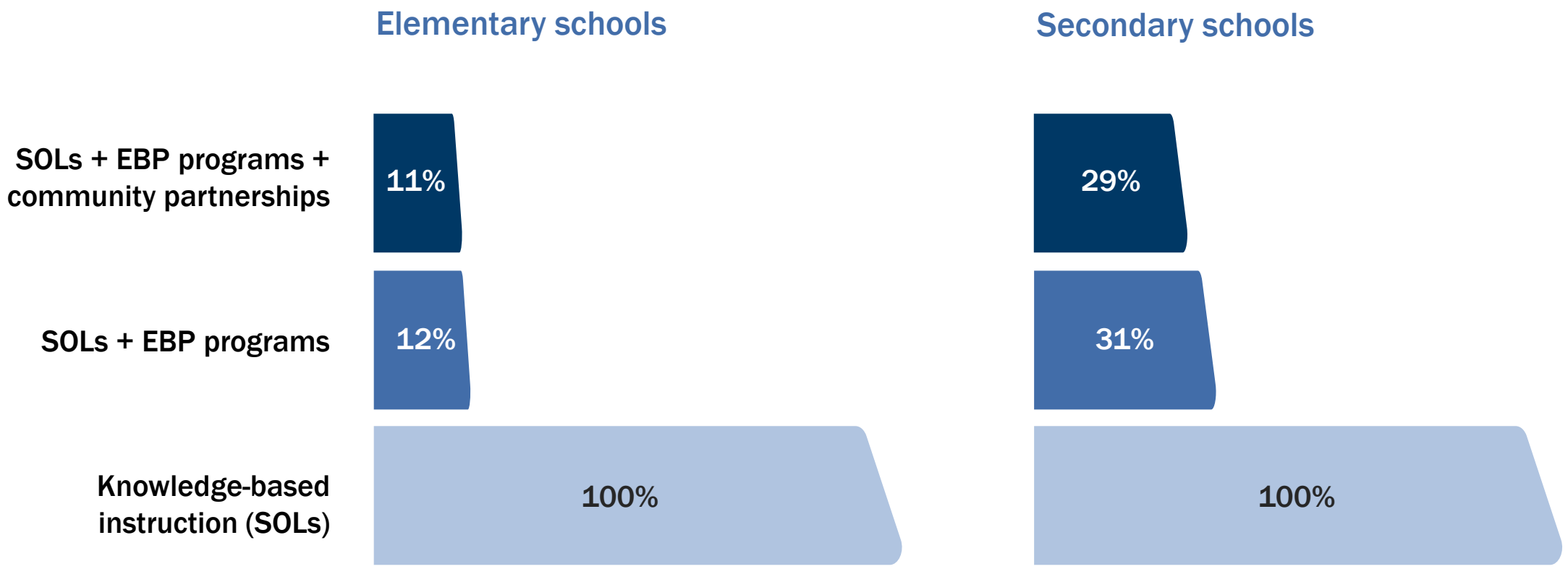


Note: n=108 elementary schools; n=93 secondary schools
Source: BHC staff analysis of statewide survey of school counselors (September 2026)

Most school have community partnerships, but parental engagement is less common

- School-based education and prevention is reinforced when schools build coalitions with community partners and parents
- Most schools maintain at least one partnership with community organizations
- Parental engagement is relatively low, with 6% of elementary and 31% of secondary schools engaging parents
- Some schools have neither community nor parental engagement
  - 21% of elementary schools
  - 9% of secondary schools

Most effective prevention efforts combine knowledge instruction, skills training, and community involvement



Note: n=247 elementary schools; n=221 secondary schools
Source: BHC analysis of statewide survey of school counselors (September 2026)

Implementing comprehensive substance use education and prevention requires financial and staffing resources

- Evidence-based programs can carry high upfront purchasing expenses, initial staff training costs, and recurring licensing or maintenance fees
- Vetting, selecting, and rolling out EBPs demands substantial division staff time and oversight
- Establishing and sustaining community coalitions and parental involvement requires dedicated, ongoing coordination by division or school staff
- Most schools and divisions lack specialized personnel and rely instead on overburdened school counselors and division counterparts

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Early intervention bridges substance use education and prevention, and acute clinical care

- Serves as the critical bridge connecting universal classroom prevention to acute clinical care
- Targets students with emerging risk factors, experimentation, or self-identified needs
- Interrupts use during a critical developmental window and prevents experimentation from escalating to dependency
- Early detection allows intervention before experimental or casual substance use escalates into a substance use disorder

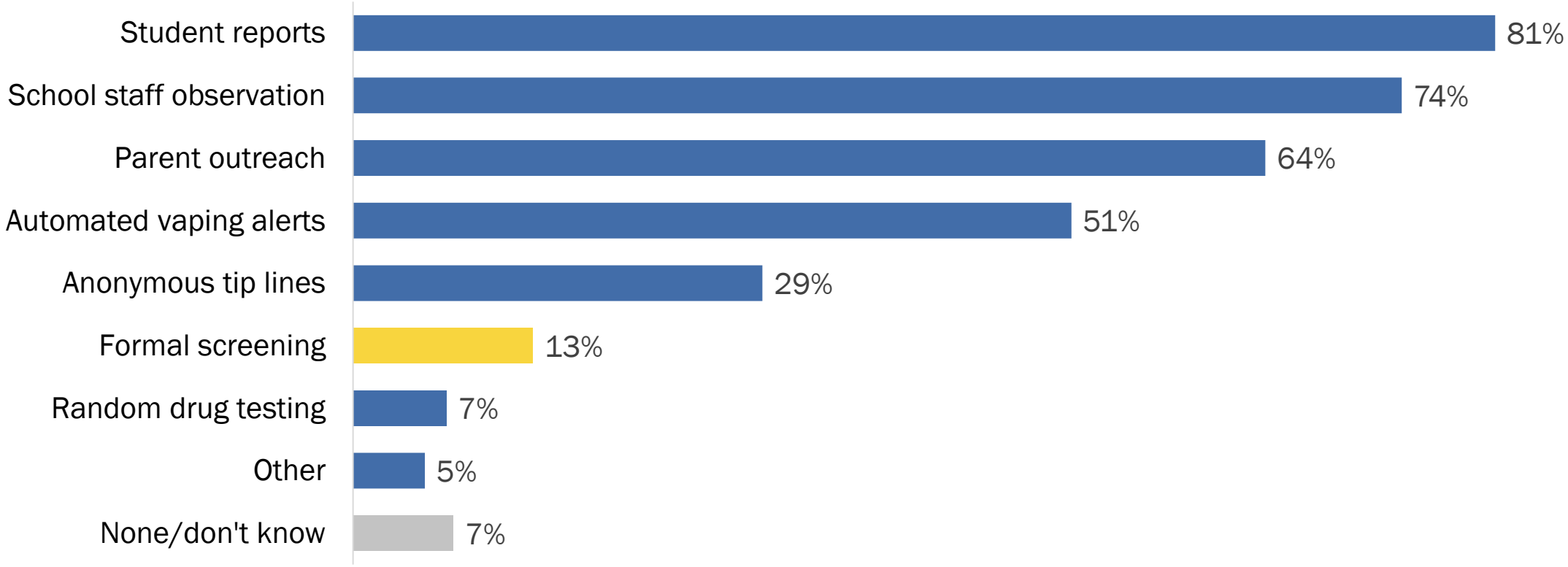
Universal screeners are more effective means of early identification of students at risk of substance use compared to informal methods

- Validated universal screeners detect more than twice as many at-risk students as informal methods like teacher observation
- Validated screeners are quick and highly accurate, integrating easily into nurse and school counselor workflows
- Screeners catch early use in non-disruptive students, revealing subtle risks that staff observation may miss

Finding

- Identification of at-risk students seldom relies on universal screening in Virginia secondary schools

Universal screeners are not commonly used to identify at-risk students in Virginia secondary schools



Note: n=220 secondary schools
Source: BHC staff analysis of statewide survey of school counselors (September 2026)

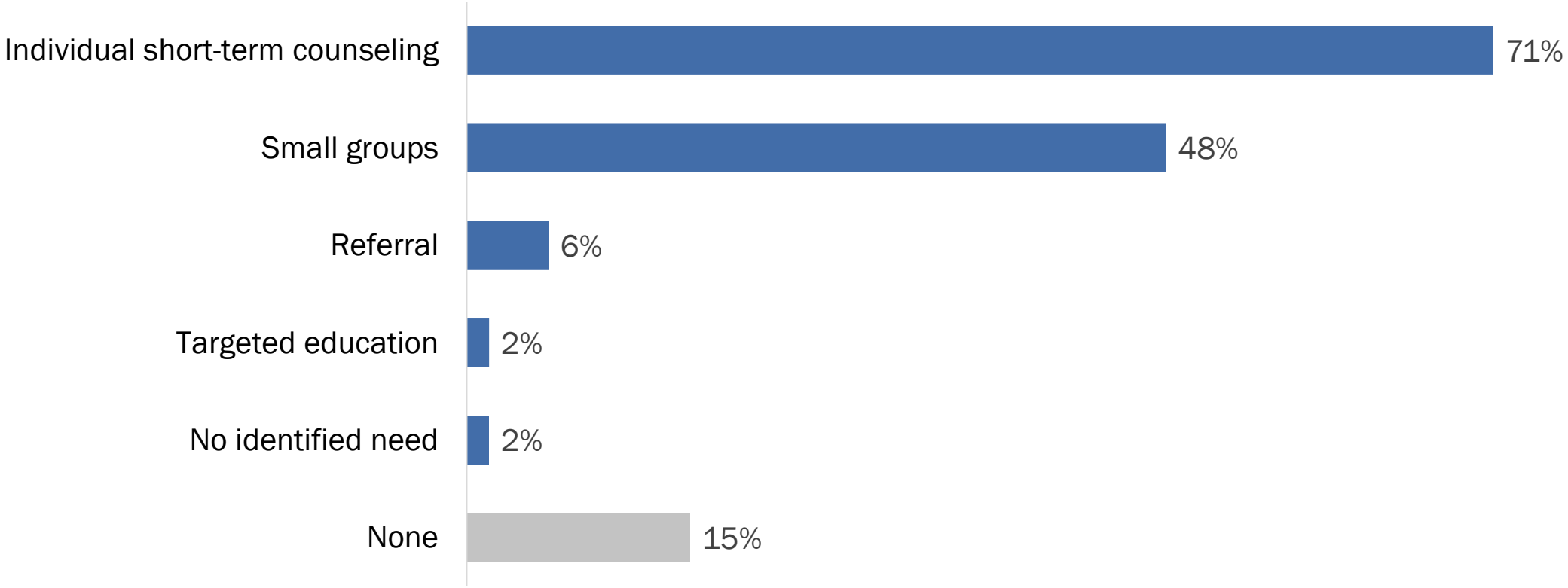
Schools face resource constraints to implementing universal screeners

- School staff fear universal screening will reveal student need that overwhelms school counseling and community capacity
- Low adoption of formal screeners stems from administrative hurdles in searching for, evaluating, and implementing appropriate instruments

Finding

- Access to school-based early intervention is varied and limited across divisions

Most schools provide some early intervention services, a minority provide none



Note: n= 195-secondary schools
Source: BHC staff analysis of statewide survey of school counselors (September 2026)

School staff lack bandwidth and expertise to provide effective early intervention

- School counselors serve as the primary frontline response, but other duties restrict their bandwidth
- School counselors often lack specialized substance use training
- Dedicated substance counselors augment early intervention capabilities
- Only ~20% of secondary schools that responded to BHC staff survey have substance abuse counselors
  - Located primarily in localities with high median income

Research shows negative impacts of exclusionary school responses to student substance use violations

- Out-of-school suspensions fail to deter substance use and actively increase the risk of continued use
- Exclusionary discipline increases dropout rates by disconnecting students from school without addressing root cause
- Major medical, psychological, legal, and public health organizations condemn zero-tolerance policies in favor of health-based diversion and restorative practices
- Supportive and remedial responses reduce future drug use and court involvement, and increase graduation rates

Findings

- New statutory provisions would prioritize restorative practices over suspensions and expulsions, but carve out some substances
- Many schools lack restorative programs as alternatives to exclusion

New code changes create different disciplinary paths for different substances

- House Bill 298 (2026) requires schools to consider evidence-based restorative discipline alternative to exclusion, starting July 1, 2027
- HB 298 carves out certain drug offenses, including marijuana and other illicit drugs
- Split disciplinary pathways between drugs and other substances is inconsistent and confusing
  - Exclusionary discipline carries uniform harm regardless of the substance involved
- School boards will retain broad authority over individual decisions

Recommendation 1

The General Assembly may wish to consider amending subsection B of § 22.1-279.6:1, effective July 1, 2027, to remove the exception for drug offenses listed in §22.1-277.08 from the requirement that no public elementary or secondary school student shall be suspended, expelled, or excluded from attendance at school unless the school first considers at least one evidence-based restorative disciplinary practice.

Restorative programs are not widely available in Virginia secondary schools

- ~1/4 secondary schools use diversion in lieu of suspensions, based on responses to BHC staff survey
- Diversionary programs cut subsequent drug use, increase graduation rates, and reduce juvenile felony rates
- Availability of diversionary programs is constrained by a lack of administrative bandwidth and specialized staffing

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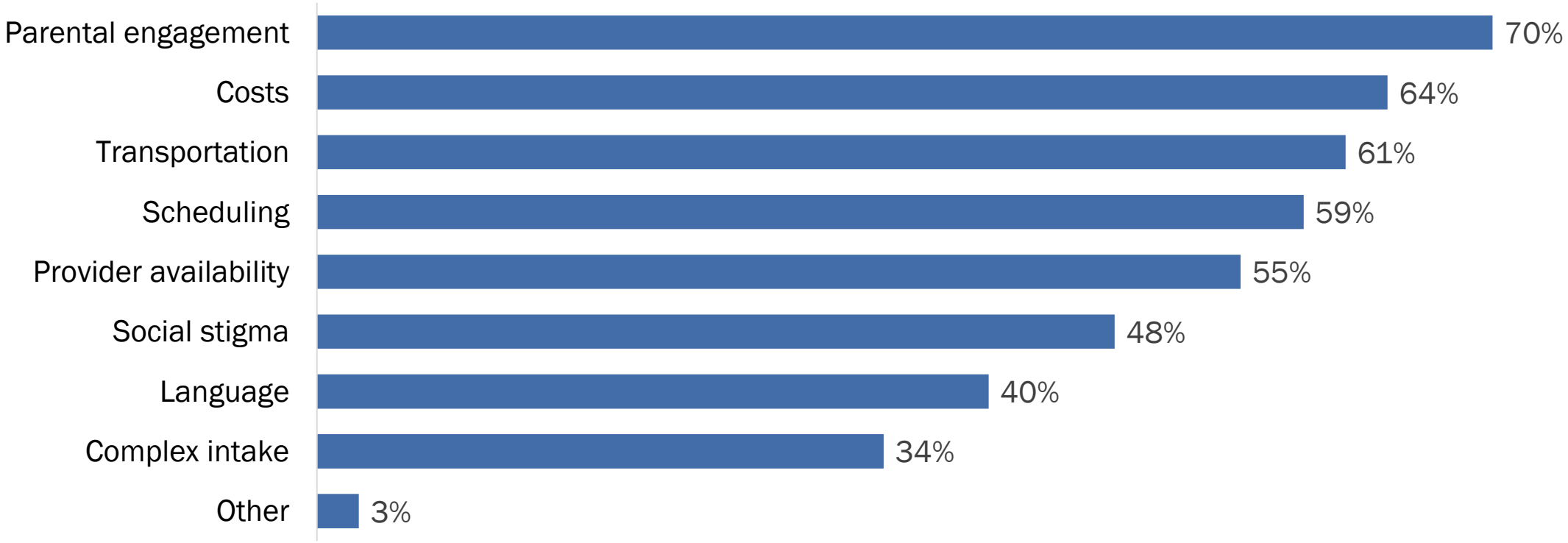
Schools often rely on referrals to community providers for clinical substance use care

- Schools do not have necessary expertise, licensure, or infrastructure to provide specialized treatment
- Schools can make referrals to community providers for outpatient services and more intensive treatment
- Formal agreements streamline referrals, saving counselors time and enabling coordinated care
- 60% of secondary schools partner with outpatient providers (mostly CSBs), based on responses to BHC staff survey

Finding

- Students face significant barriers to accessing clinical substance use treatment

Parental engagement, cost, and logistics are most common barriers that undermine student access to community providers



Note: n=80 secondary schools
Source: BHC staff analysis of statewide survey of school counselors (September 2026)

Embedding clinicians directly within public schools circumvents major practical barriers

- Having clinicians inside of schools circumvents many logistical barriers to access
  - Scheduling conflicts, transportation
- About 1/3 of secondary schools have community partnerships to embed clinical providers into their buildings, based on BHC staff survey respondents
- Embedding clinicians can be challenging because of provider shortages and turnover, unstable funding sources, and a lack of school division bandwidth

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Recommendations and funding

Many schools and divisions face barriers around staff bandwidth and funding

- Administrative bandwidth to identify, vet, and implement comprehensive, research-based programs and practices
- On-the-ground staff to coordinate efforts and partnerships, and run programs
- Funding to hire specialized staff to deliver early intervention services and diversion programs
- Resources to support EBPs, universal screening tools, and training

Recommendations would help improve efficiency, establish baseline for local needs, and inform funding decisions

1 Augment local bandwidth with centralized support

- **Clearinghouse** with vetted research-based programs, tools, and practices
- **Technical assistance & training** on selecting and implementing programs and practices

2 Understand local needs and target resources

- **Detailed needs assessment** to estimate baseline number & cost for local staff and resources
- **Biennial survey** to monitor changes

3 Provide resources

- **Inform retail cannabis funding** to address school and division needs

Recommendation 2

The General Assembly may wish to consider including language and funding for one FTE in the 2027 Appropriation Act for the Virginia Department of Education (VDOE) to create a formal structure to support school divisions with school-based substance use prevention and early intervention efforts, and referrals to treatment. VDOE, with assistance from agencies with relevant expertise, should (i) establish and maintain a clearinghouse of research-based programs and practices, implementation toolkits, and training resources, and (ii) provide technical assistance and training to assist divisions with the selection and implementation of research-based programs and practices, and facilitate the sharing of best practices. VDOE should report to the BHC by December 1, 2027 and 2028 on implementation, extent of the support provided, and impact on new programs and practices adopted by school divisions.

Recommendations 3 and 4

- The General Assembly may wish to Direct VDOE to conduct a detailed needs assessment to determine the number and types of positions and other resources needed by school divisions to offer comprehensive and effective supports and services for substance use prevention and early intervention, and to facilitate access to treatment with community providers. VDOE should report on findings and recommendations to BHC and Joint Commission to Oversee the Transition of the Commonwealth into a Cannabis Retail Market by December 1, 2027.
- The General Assembly may wish to Direct VDOE biennially survey school divisions starting in 2028 regarding mental health and substance use services, and report findings to the Behavioral Health Commission by November 1 of each survey year.

New retail cannabis funding could be used to address findings from needs assessment

- VDOE assessment will provide specific funding amount required to meet need ahead of 2028 session
- Forthcoming clarity around how much retail cannabis tax revenue will be available for substance use services and supports in schools
  - Joint Committee to Oversee the Transition of the Commonwealth into a Cannabis Retail market expected to recommend specific revenue apportionment

Takeaways

- The scope and effectiveness of substance use prevention, early intervention, and treatment referrals varies significantly across Virginia's school divisions
- Smaller and less well funded divisions face staffing and funding barriers to implementing a full range of effective substance use services and supports
- VDOE could provide centralized support and assistance, as well as a comprehensive needs assessment to help direct state funding
- New retail cannabis tax revenue could be used to support initiatives to improve substance use supports and services in Virginia's public schools

Staff for this report

John Barfield, Associate Policy Analyst