

Preventing Opioid Misuse Among Girls Ages 10 to 17

Community of Practice (CoP)



What are opioids?

OPIOIDS AND MORPHINE DERIVATIVES



Opioids are drugs that act on the nervous system to relieve pain. Continued use and abuse can lead to physical dependence and withdrawal symptoms. They come in tablets, capsules or liquid.

Some of the well-known brand and street names:

STREET NAMES

BRAND NAMES

Fiorinal with Codeine

Robitussin A-C

Tylenol with Codeine

Empirin with Codeine

Roxanol

Duramorph

Demerol

STREET NAMES

Captain Cody

Cody

Schoolboy

Doors & Fours

Pancakes & Syrup

Loads

M

Miss Emma

Monkey

White Stuff

Demmies

Pain killer

BRAND NAMES

Actiq

Duragesic

Sublimaze

OxyContin

Percodan

Percocet

Tylox

Dilaudid

STREET NAMES

Apache

China girl

Dance fever

Goodfella

Murder 8

Tango and Cash

China white

Friend

Jackpot

TNT

Oxy 80

Oxycat

Hillbilly heroin

Percs

Perks

Juice

Dillies

Why focus on opioid misuse?

- Drug overdoses caused more deaths in 2014 than in any year in recorded history, the majority (over 60%) involving opioids.
- 91 Americans die *daily* from opioid overdoses, including from:
 - synthetic opiates such as fentanyl,
 - misused prescription opiates such as Oxycodone, and
 - Illicit opiates such as heroin (75% new users started with prescribed opioids)
- Prescribed pain relievers, not taken as directed, and prescription medication acquired illegally have aided in quadrupling opioid-based overdose deaths since 1999 for a total of 165,000 people lost.

Why girls 10 to 17 years of age?

- Adolescent girls 12 to 17 are more likely than boys in that age group to use all psychotherapeutics, including pain relievers, for nonmedical reasons.
- Among nonmedical users, girls in this age range are more likely to become dependent.
- Between 1999 and 2010, overdose deaths from prescription painkillers increased more than 400% among women, compared to an increase of 237% among men.

Why girls 10 to 17 years of age?

- Although nonmedical use of prescription opioids among women has generally been decreasing since then, heroin use among women has been increasing, and increasing faster among women than among men.
- For example, between 2002 and 2013, heroin use among women increased 100% compared to an increase of 50% among men.

Why girls 10 to 17 years of age?

- Women are more likely to experience chronic pain and use prescription opioid pain medications for longer periods and in higher doses than men.
- Women who use opioids not only progress to dependence more quickly than men, but also experience more cravings than men.
- Psychological and emotional distress have also been identified as risk factors for hazardous prescription opioid use among women, but not among men.

Why girls 10 to 17 years of age?

- People with a substance use disorder may transition to injection drug use; thereby putting themselves at risk for viral hepatitis and HIV.
- Notably, new cases of hepatitis C among women increased more than 260% from 2010 to 2014, likely increasing the risk of perinatal hepatitis C transmission to their infants.
- Finally, women who are caregivers may face additional barriers to treatment for substance.

Community of Practice Goal

Develop, implement and evaluate a Preventing Opioid Misuse Among Girls Community of Practice (CoP) to:

- educate healthcare professionals in Region 13 schools and Travis County clinics about opioid misuse among girls ages 10-17, especially pregnant and parenting girls, and
- enhance knowledge of relevant prevention policies and practices in their respective organizations.

Key Points

Who?

**U.S. Dept. of Health and Human
Services - Office on Women's Health**

How Long?

**Three Years
(July 1, 2017 – June 30, 2020)**

How Much?

\$300,000 over three years

Key Points

**Target population
for prevention**

Healthcare professionals that serve girls ages 10-17, especially pregnant and parenting teens

What will we do?

Create a Community of Practice (CoP) of healthcare professionals in ESC Region 13 schools and Travis County clinics (mostly FQHCs) to enhance awareness, knowledge, policies and practices relevant to preventing opioid misuse among girls ages 10 to 17.

**How will we
implement?**

- Identify key informants (20 health professionals)
- Baseline assessment of prevention policies/practices
- Develop YSAPC (and CoP) listserv
- Identify existing resources and training needs/topics
- Quarterly calls with technical assistance
- Webinars with CNE/CME/CE (6 over 3 years)
- Evaluate and share results (at end of each year)

Possible Topics for Webinars and TA Calls

- data and trends on opioid misuse among girls;
- evidence-based prevention interventions;
- ways to integrate prevention into primary care including;
- how and when to screen for misuse;
- gender-responsive and trauma-informed approaches;
- unique factors related to women's health and opioid misuse among girls 10 to 17 years of age; and
- ways to address barriers to prevention and treatment such as fear of criminalization of substance abuse, negative stigma associated with substance abuse.

Possible Topics for Webinars and TA Calls cont.

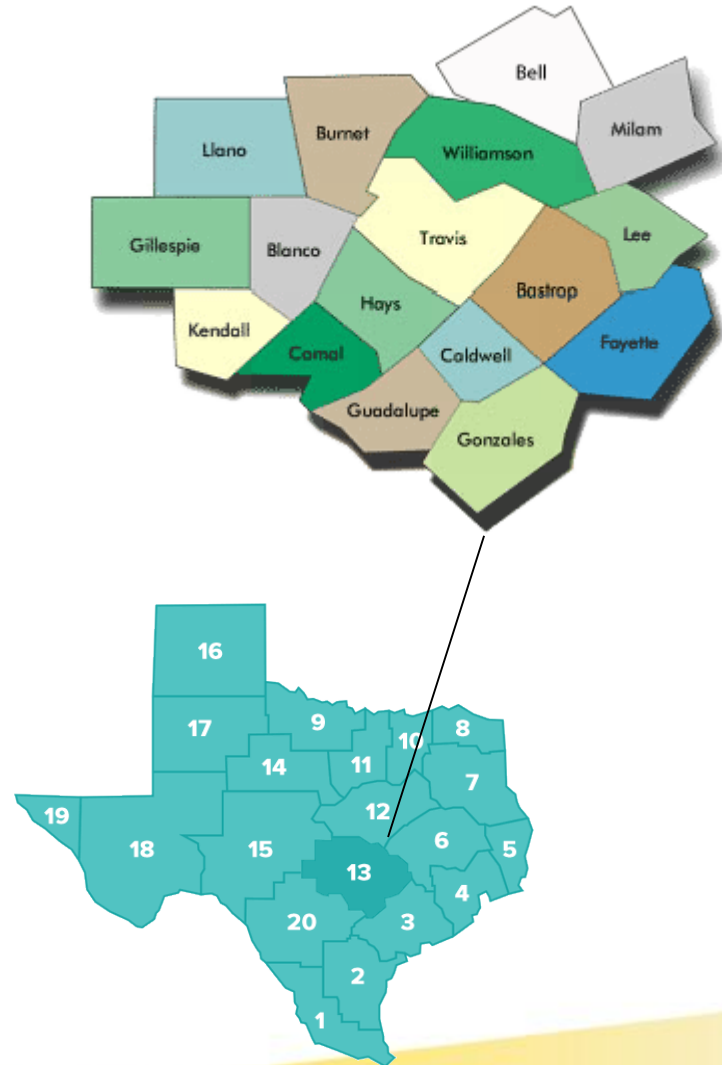
- information on local community substance misuse prevention, intervention and treatment resources;
- overdose prevention techniques with naloxone;
- safe ways to discard unused opioids;
- resources for parents, guardians, and family members;
- organizational assessment tools;
- implicit and system bias of health; and
- other information to address identified educational needs.

Where?

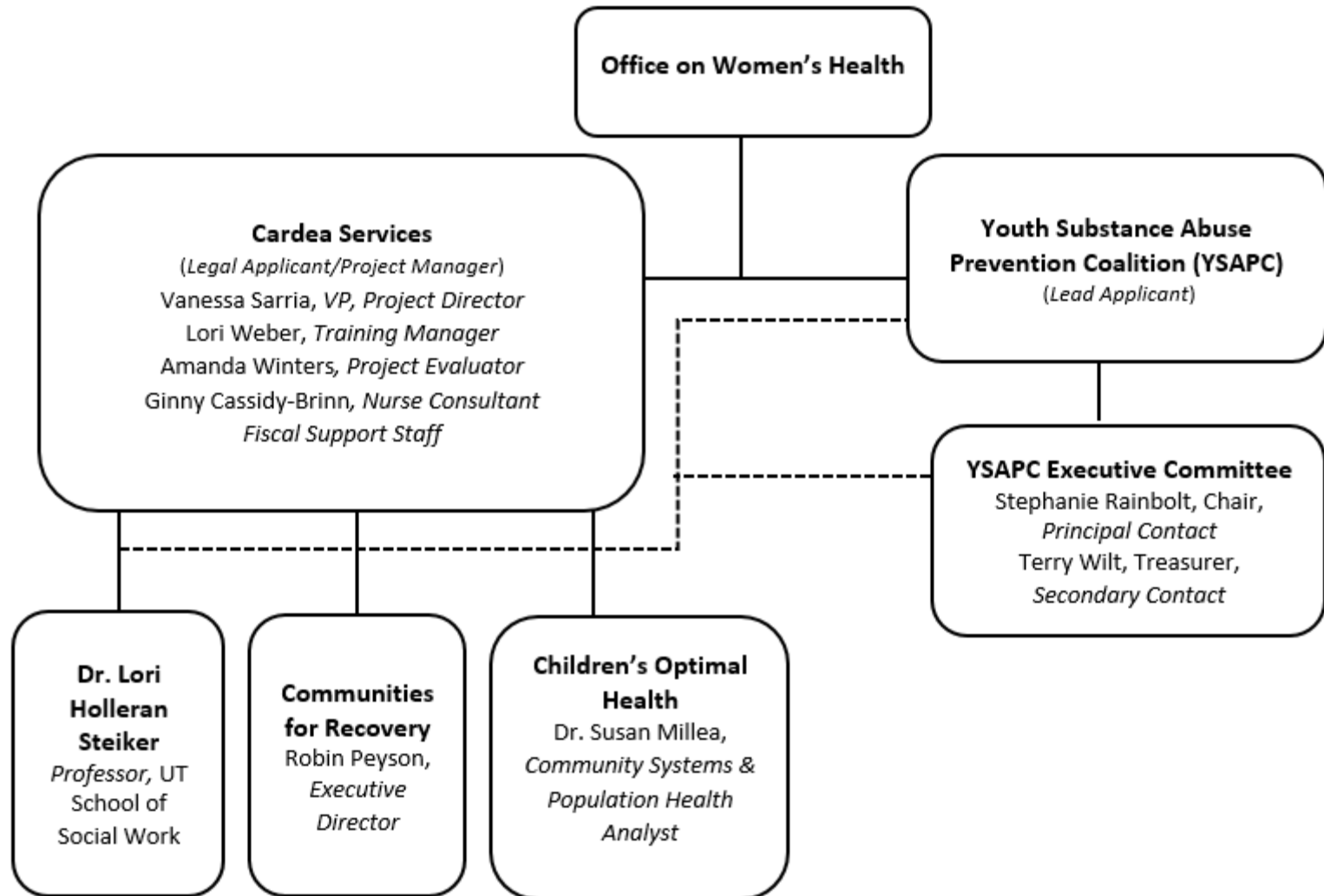
Travis County FQHCs



Schools in TEA Region 13



Organizational Chart



Partners

Lead Applicant	Legal Applicant, Project Manager	Sub- contractor	Sub- contractor	Sub- contractor,
Travis County Youth Substance Abuse Prevention Coalition (YSAPC)	Cardea	Lori K. Holleran Steiker, UT Austin School of Social Work	Children's Optimal Health	Communities for Recovery
Stephanie Rainbolt, Terry Wilt	Vanessa Sarria, Lori Weber, Amanda Winters, Ginny Cassidy Brinn, and fiscal staff	Lori K. Holleran Steiker	Dr. Susan Millea	Robin Peyson
<i>Role:</i> Oversight, approve expenditures, plans, provide website to host materials, host social media tools / messages	<i>Role:</i> Manage project, funds, contracts, subcontractors, quarterly calls, develop webinars, provide CE/CME/CNEs, evaluation, reporting	<i>Role:</i> Subject matter expertise (key speaker on webinars, calls)	<i>Role:</i> Outreach and engagement of school nurses in Region 13	<i>Role:</i> Community resources, inform educational materials developed

Partners Who Signed Letters of Support

- Austin ISD
- Austin Public Health
- Central Health /
CommUnityCare /
CommunityCare Collaborative /
Sendero Health Plans
- Children's Optimal Health*
- Communities for Recovery*
- Dell Children's Medical Center
of Central Texas
- El Buen Samaritano
- Integral Care
- LifeWorks
- Manor ISD
- Operation Naloxone
- People's Community Clinic
- Region 13 Education Service
Center
- Texas Overdose Naloxone
Initiative
- UT School of Social Work*

COP Summary of Desired Outcomes

Increase in CoP participants engaged in webinars and quarterly calls:

- Year 1 – 50 participants
- Year 2 – 75 participants
- Year 3 – 100 participants

80% of CoP Participants will report (per end of year / annual survey):

- ✓ *Increased awareness and knowledge about:*
 - Opioid misuse among girls
 - Educational materials that are gender and age-appropriate
 - Local efforts and resources to prevent opioid misuse
 - Relevant prevention policies and practices
 - Organizational assessment tools to review and revise prevention policies and practices
- ✓ *More accepting and non-discriminating attitudes.*

Contact Information

Vanessa Sarria

Cardea

Vsarria@cardeaservices.org

512-470-7316 (cell)

www.cardeaservices.org

@CardeaServices

Stephanie Rainbolt

YSAPC Chair

LifeWorks

stephanie.rainbolt@lifeworksaustin.org