

# Preventing Opioid Misuse Among Girls Community of Practice (CoP)

## *Project Overview*



Travis County Youth Substance Abuse  
Prevention Coalition



# Opioids and Women



# Why focus on girls?

- 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.



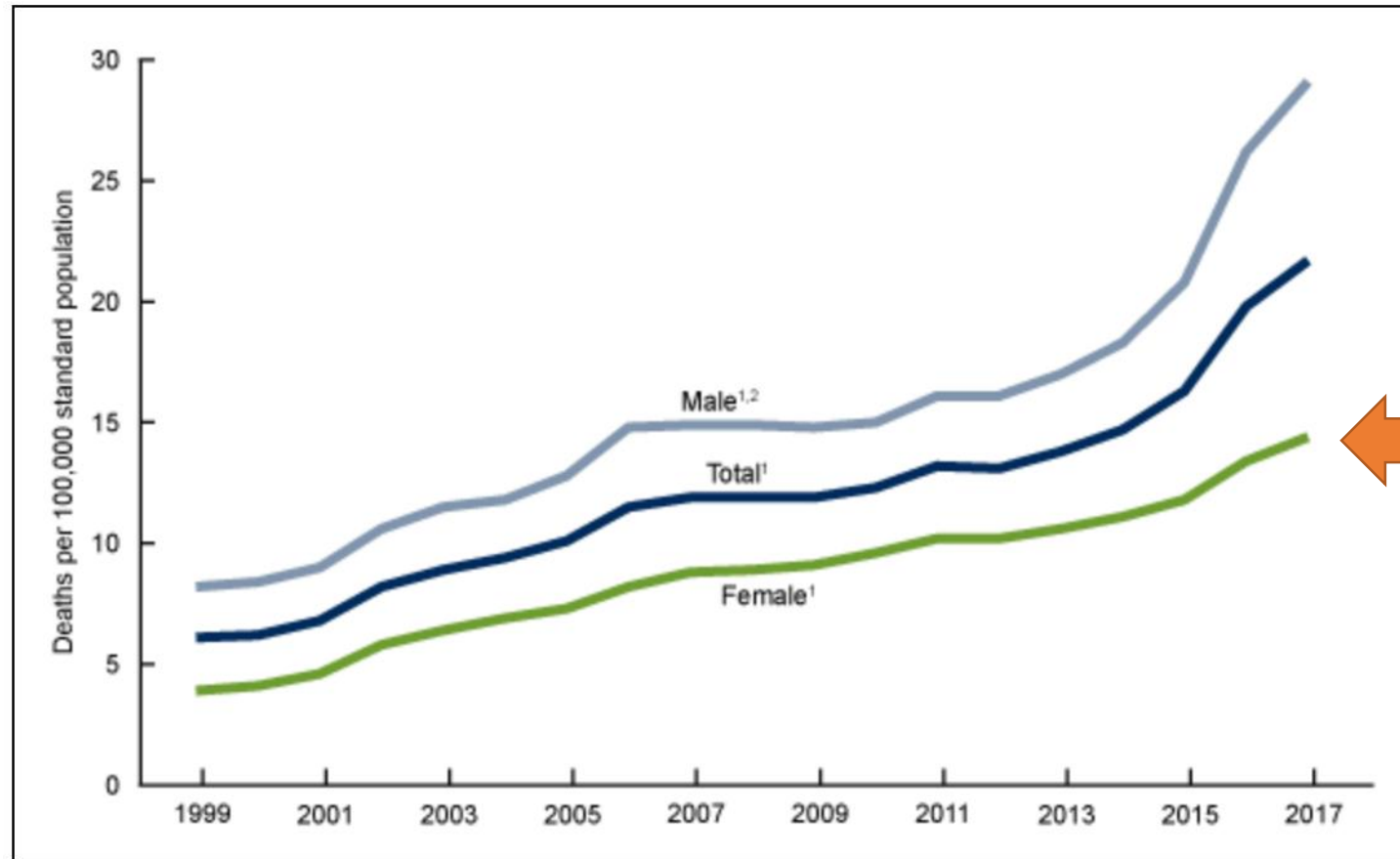
# Women – Unique Considerations

- Girls are more likely than boys to be depressed, to have eating disorders, or to experience anxiety. <sup>(1)</sup>
- Girls frequently begin to use substances to make or maintain connections, and to try to feel connected, energized, or loved. <sup>(2)</sup>
- Women are more likely than men to experience chronic pain and use prescription opioid pain medications for longer periods and in higher doses. <sup>(3)</sup>
- Women are just as likely as men to develop a substance use disorder. <sup>(4)</sup>
- Women may be more susceptible to craving and relapse, which are key phases of the addiction cycle. <sup>(5)</sup>

Sources: 1. Center for Addiction, 2003; 2. Anthony, et. al., 2000; 3. OWH, Final Report: Opioid Use, Misuse and Overdose in Women, 2017; 4. Center for Behavioral Health Statistics and Quality. Treatment Episode Data Set, SAMHSA, 2016); 5. (NIH, Substance Use in Women, 2018)

# Drug Overdose Death Rates Rising among Women

Age-adjusted drug overdose death rates: United States, 1999–2017



SOURCE: NCHS, National Vital Statistics System, Mortality. Figure 1. Age-adjusted drug overdose death rates: United States, 1999–2017

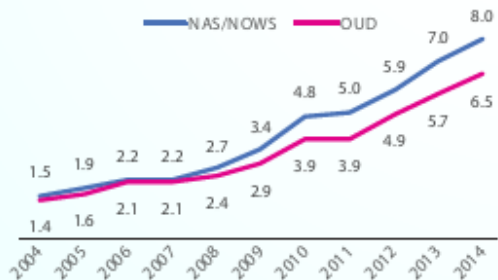
# DRAMATIC INCREASES IN MATERNAL OPIOID USE DISORDER AND NEONATAL ABSTINENCE SYNDROME

Opioid use during pregnancy can result in a drug withdrawal syndrome in newborns called **neonatal abstinence syndrome**, or **neonatal opioid withdrawal syndrome (NAS/NOWS)**, which causes **costly** hospital stays. A recent analysis showed that an estimated **32,000** babies were born with this syndrome in the United States in 2014, a more than **5-fold increase** since 2004.

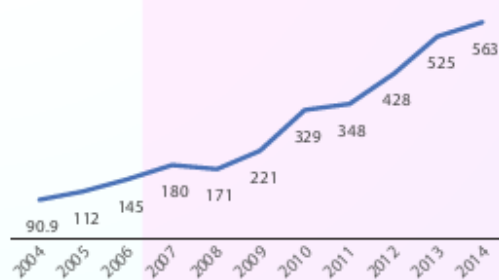


**EVERY ~ 15 MINUTES,  
A BABY IS BORN SUFFERING  
FROM OPIOID WITHDRAWAL.**

**NAS/NOWS and Maternal Opioid Use Disorder on the Rise**  
Rates per 1,000 Hospital Births



**Growing Hospital Costs for Treatment of NAS/NOWS**  
Inflation-Adjusted U.S. Dollars (millions)



## Opioid Use Disorders among Pregnant Women Increased

The rate of women with Opioid Use Disorder at labor and delivery **tripled** from 2004 - 2014.

The rate of babies born with NAS/NOWS **quadrupled** during the same time period.

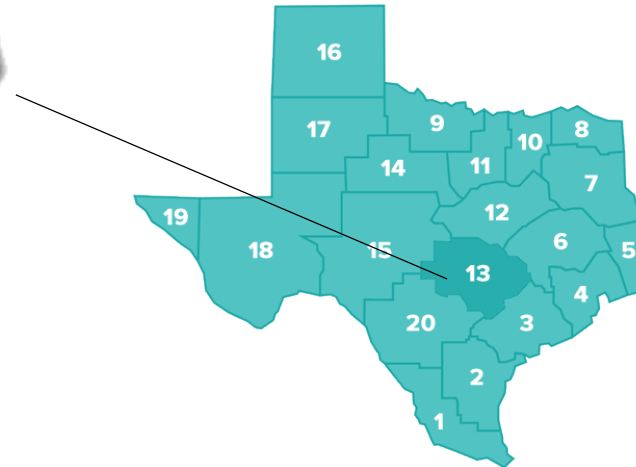
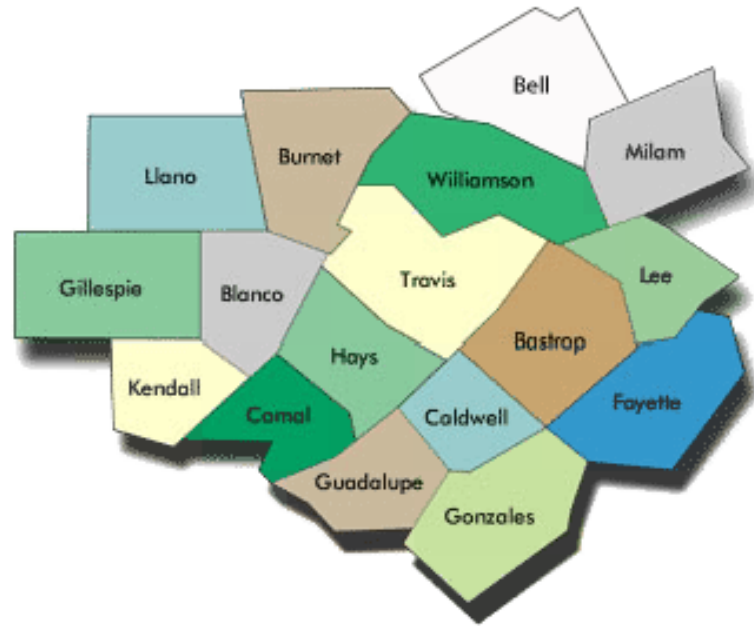


## Project Goals

- Develop, implement and evaluate a *Preventing Opioid Misuse Among Girls Community of Practice (CoP)*.
- Educate healthcare professionals about opioid misuse among girls ages 10 to 17, including pregnant and parenting girls.
- Enhance knowledge of relevant prevention policies and practices in their respective organizations.



# Central Texas Region





# Our Approach



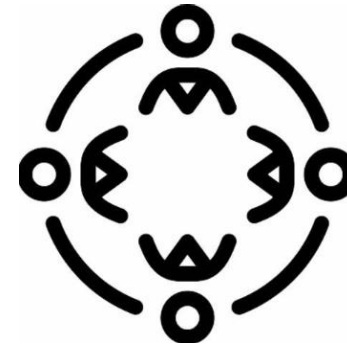
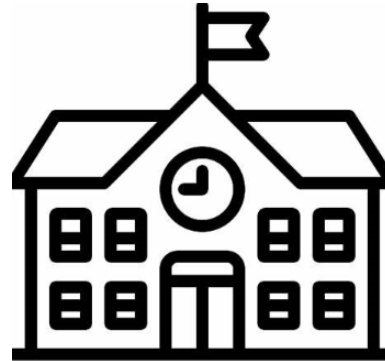
- stakeholder interviews / meetings
- TEA Educational Service Center Region 13 and other state/local agencies
- adolescent-focused coalitions, substance use experts and providers
- think tanks / institutes
- policy makers / advocates

- webinars\*
- face to face trainings\*
- virtual meetings/calls with practitioners
- regional policy summit\*
- conferences\*

\* CMEs, CNEs, CEs



# Health Professionals Engaged in Project



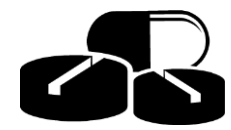
Targeting adolescent-serving health professionals that provide services/supports on **school campuses, community health centers**, and other **community-based settings** that serve at-risk youth. Including health professionals that serve girls ages 10-17, especially pregnant and parenting teens.



# Types of Professionals Engaged

- Behavioral Health Specialists, Therapists and Wellness Coaches
- Information and Outreach Specialists
- LCDCs/ LPCs
- Managed Care Administrators
- Mentors
- Nurses
- Parent Educators
- Peer Recovery Support Specialists
- Physicians
- Policy Advocates
- Practice/SBIRT Managers
- Prevention Coalition Coordinators
- Prevention Specialists
- Student Support Counselors
- Social Workers
- WIC Nutritionists / Breastfeeding Counselors

# Training Topics



Opioids



Data/trends



Risk factors, signs of misuse, dangers



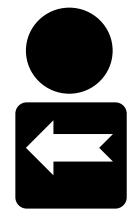
Affects on adolescent brain



Protective Factors



Screening Tools



How & when to make a referral



Navigating Resources  
MAT Naloxone



Bias / Motivational Interviewing



Impacts on girls, women, babies



# 724 participants (duplicated)

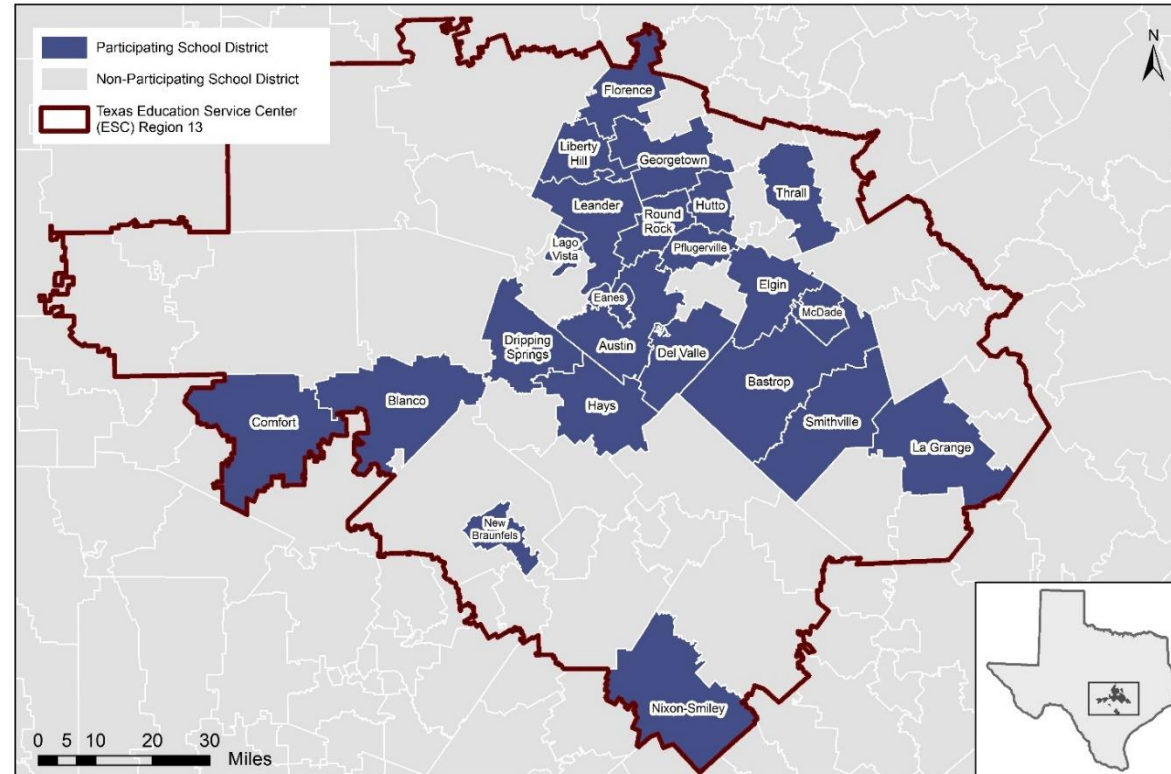
Year 1	Year 2	Year 3
July 2017 - June 2018	July 2018 - June 2019	July 2019 - June 2020
<b>276</b>	<b>448</b>	<b>To come!</b>

webinars/webcasts - face to face trainings - conference sessions - policy summit - meetings/calls



# Over 24 School Districts Engaged

School Districts that Participated in Preventing Adolescent Opioid Misuse Webinars in 2018





# Desired Outcomes for Project

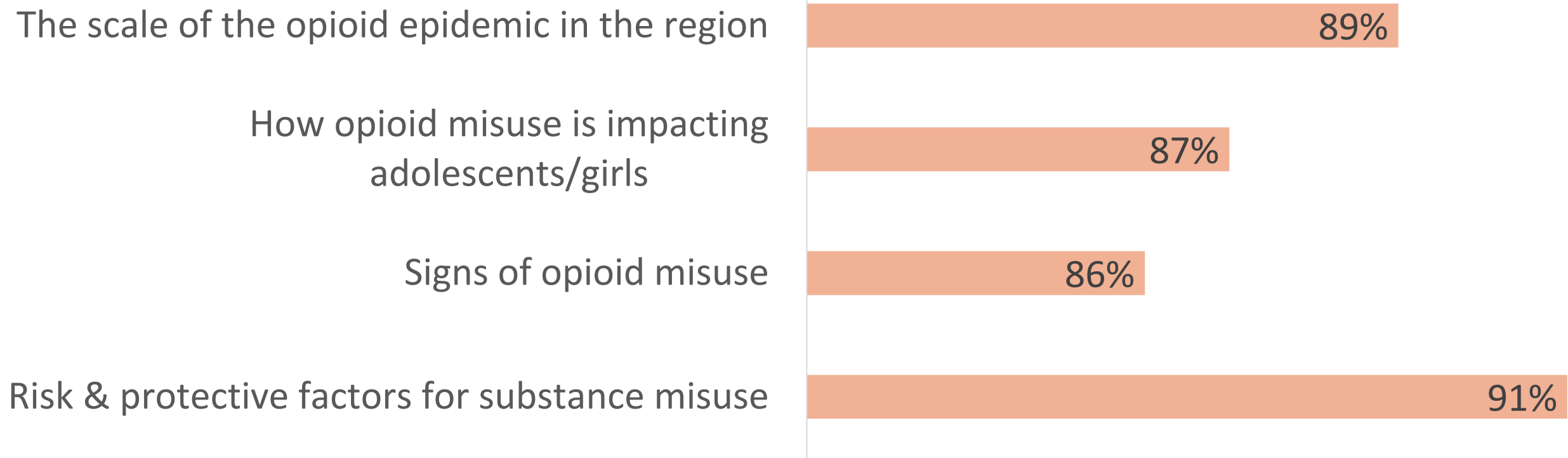
80% of CoP Participants report increases in *awareness and knowledge* about:

- 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/practices
- More accepting and non-discriminating attitudes



# Enhanced Awareness & Knowledge

## Participant reported ability to describe...

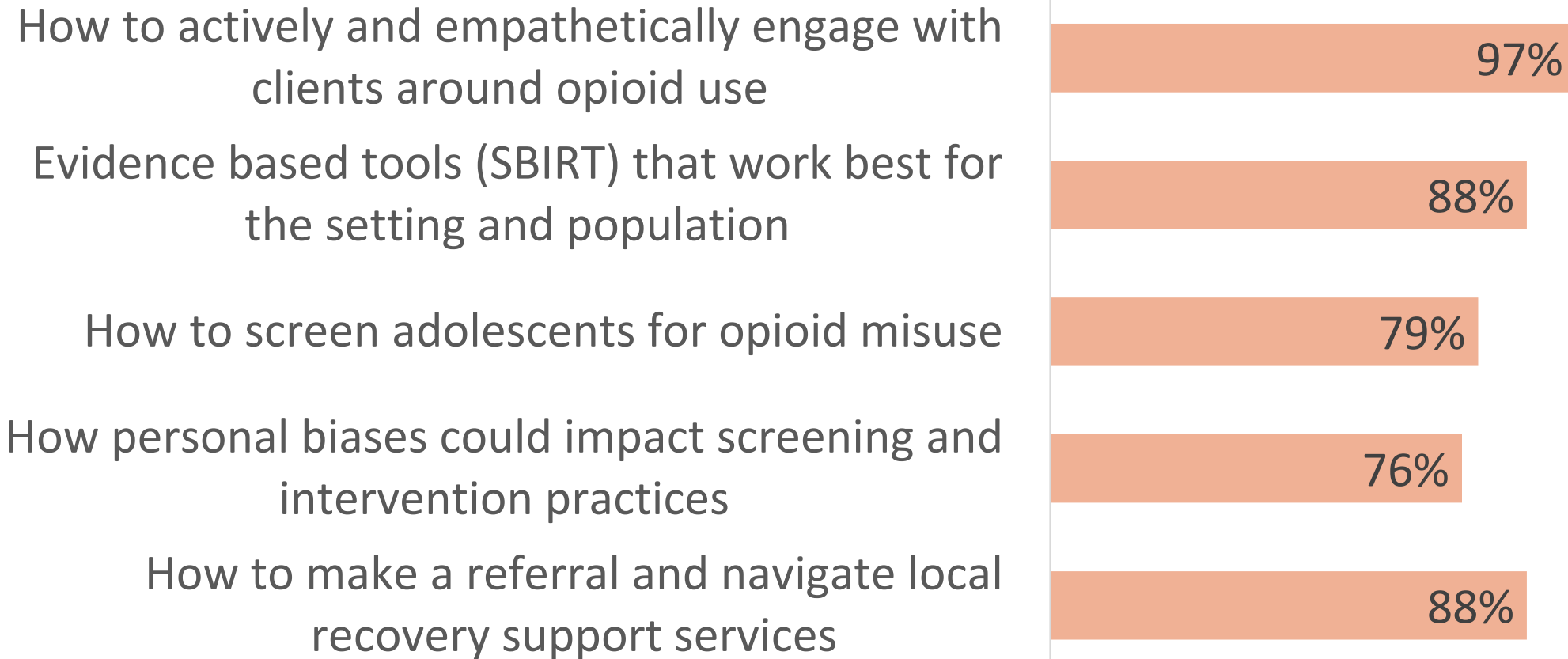






# Enhanced Awareness & Knowledge

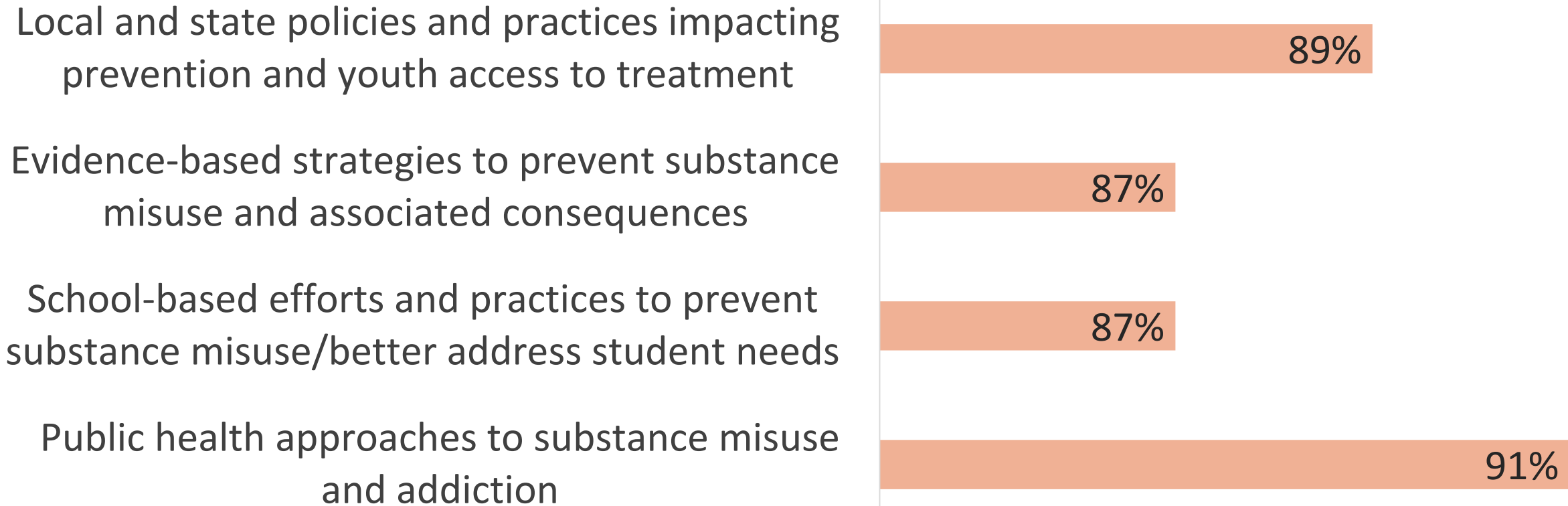
## Participant reported ability to describe...





# Enhanced Awareness & Knowledge

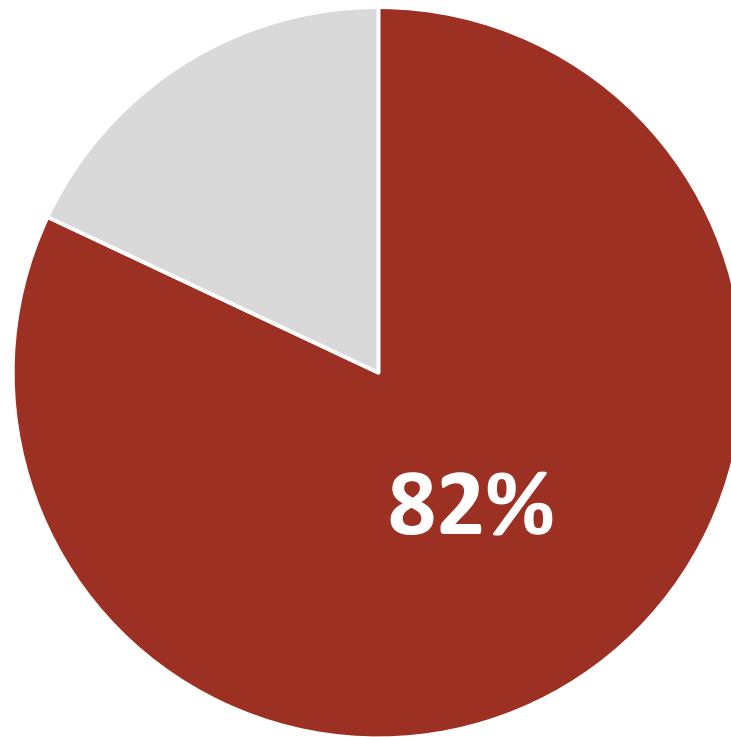
## Participant reported ability to describe...





# Intent to Change Practices

Most participants (82%) reported intentions to make changes to their practice as a result of the training.





# Intent to Change Practices (as reported by participants)

- Raise awareness
- Provide refresher trainings to staff
- Listen more, be non-judgmental
- Be more aware of personal biases
- Change communication style with youth
- Use age-appropriate MI techniques
- Use evidence-based screening tools (CRAFFT) that work best for setting, adolescents, girls, pregnant and post-partum
- Monitor for signs of misuse
- Use MAT and naloxone
- Connect to OSARs

“Start conversations about our referral processes.”

“Change my words so that they are not excusatory/labeling.”

“Ask more open ended questions.”



# Website – Hub for Resources - Brief Webcasts

## Travis County Youth Substance Abuse Prevention Coalition

*Strengthening collaboration among community partners that support efforts to prevent or reduce youth substance abuse*



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## Opioid Misuse Prevention in Adolescents Series

Opioid Misuse Prevention in Adolescents Series

### Opioid Misuse in Women and Girls

Speaker: Lari Holleran Steiker, PhD  
Topics: Opioid and Substance use in girls and women, intervention strategies, communication strategies

Excerpt from a 2018 recording  
A collaboration between Travis County Youth Substance Abuse Prevention Coalition

05:56

Opioid Misuse Prevention in Adolescents Series

### Talking With Adolescents About Substance Use

Speaker: Lari Holleran Steiker, PhD  
Topics: Communication tips

Excerpt from a 2018 recording  
A collaboration between Travis County Youth Substance Abuse Prevention Coalition and Carle

07:38

# Creating Tool Box Online



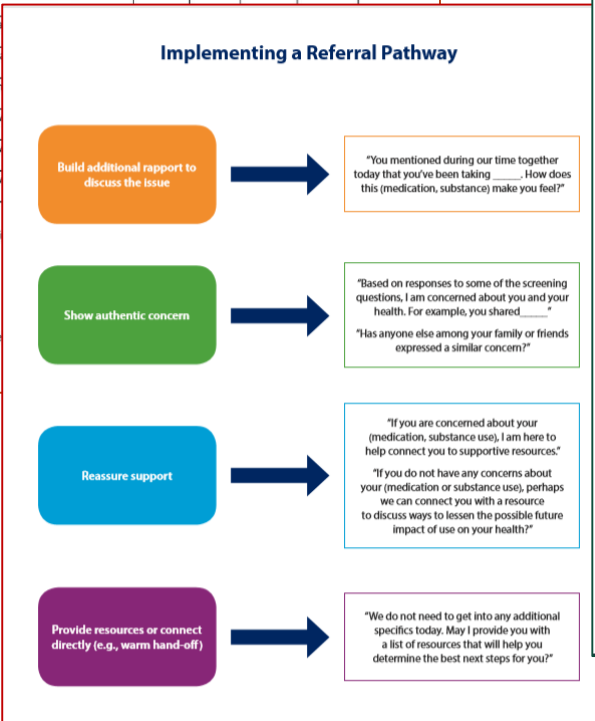
**Engaging Individuals with a Substance Use Challenge: Brief Self-Assessment**

Instructions: Please take a few minutes to complete the brief assessment below. If you are comfortable doing so, process your responses with a neighbor.

Statement	Strongly Agree	Agree	Disagree	Strongly Disagree
Although I don't necessarily agree with them, sometimes I have prejudiced feelings (like gut reactions or spontaneous thoughts) toward persons with substance use challenges that I don't feel I can prevent.				
I understand the experience of being stigmatized as a person with a substance use challenge. It is not appropriate for me to talk about substance and alcohol use with clients.				
I trust persons with a substance use challenge just as much as I trust persons without a substance use challenge.				
If a woman is pregnant, she has a right to take drugs.				
I know how to avoid language that stigmatizes persons with substance use disorder.				
Although it is hard to admit, I sometimes use language that stigmatizes persons with substance use disorder.				
When interacting with a person with a substance use disorder, I feel worried.				
When interacting with a person with a substance use disorder, I feel threatened.				
When interacting with a person with a substance use disorder, I feel uncertain.				


What observations did you make?

Based on your responses, how prepared are you to engage in a more unbiased manner?



### Postpartum Woman's Health History Opportunities for Intervention and Referral to Resources

Assessment Question	Action(s)	Potential Opportunities for Intervention
1. How do you feel you and your baby are doing?	Listen, Observe	<b>Listen for:</b> <ul style="list-style-type: none"> <li>Indications of stress, struggles, traumatic events</li> <li>Unstable family structure</li> <li>Relationship challenges</li> <li>Criminal justice involvement</li> </ul> <b>Observe:</b> <ul style="list-style-type: none"> <li>Signs of agitation, confusion, hyperactivity, anxiety, delusions</li> </ul>
2. Where do you go to receive healthcare?	Ask	<ul style="list-style-type: none"> <li>Pain management clinic</li> <li>Behavioral health facility</li> </ul>
3. With this or any other pregnancy, did you have any complications or special conditions?	Ask	<ul style="list-style-type: none"> <li>C-section that included prescriptions for pain medication</li> </ul>
4. Have you recently had any surgeries and/or has your healthcare provider diagnosed any health problems or medical concerns?	Ask	<ul style="list-style-type: none"> <li>Chronic pain</li> <li>Behavioral health challenges</li> </ul> <b>If yes, tell me more about:</b> <ol style="list-style-type: none"> <li>How your chronic pain is being managed?</li> <li>Support that you are receiving to address your behavioral health challenges?</li> </ol>
5. Tell me about any medications that you are taking?	Ask, Listen	<b>Ask:</b> <ul style="list-style-type: none"> <li>Pain medication</li> <li>Any prescribed medications?</li> <li>Medication assisted treatment</li> <li>Medications or substances to help deal with stress</li> <li>(If yes to these, have you discussed taking them with your provider?)</li> </ul> <b>Listen for:</b> <ul style="list-style-type: none"> <li>Use of pain medications such as codeine</li> </ul>
8. Have you seen a dentist in the last year?	Ask, Listen	<b>Ask:</b> <ul style="list-style-type: none"> <li>Medication that may have been prescribed</li> <li>Challenge and frequency of use</li> </ul> <b>Listen for:</b> <ul style="list-style-type: none"> <li>If pain medication has been prescribed</li> <li>Comparison in previous responses regarding pain management (i.e., listening for multiple prescription drugs)</li> </ul>
12. Do you currently... (Note: Consider that the current option asking about "use of any illegal drugs" may be stigmatizing. Consider other ways to ask about potential substance use/misuse. See the last column)	Ask	<ul style="list-style-type: none"> <li>About past and current substance use</li> <li>About use of other substances not on the list</li> <li>About use of drugs other than those prescribed</li> <li>Misused prescription drugs (for example, "get high")</li> <li>Frequency of use</li> <li>If not asked or previously discussed, inquire about use of medications</li> </ul>



### Five Basic Motivational Interviewing Skills & Role Plays

Ask Open Ended Questions	Practice Reflective Listening	Encourage Self-Motivational Statements	Affirm	Summarize Statements
Tell me a bit about... What do you know about... What happens when...	It sounds like... It seems as if... What I hear you saying...	Its clear that you are trying to... It sounds like you have made real progress in... By sharing, it appears that you are ready to...	You showed a lot of strength by.... You demonstrated a lot of courage by... Your coming back today reflects....	It sounds like you are concerned about....because it is... You mentioned a number of things about your current lifestyle... You spoke of....

### ADDRESSING POST-PARTUM OPIOID MISUSE THROUGH AN INTEGRATED APPROACH

**Suggested Screening Tools**

Screening Tool	Description	Languages	Pregnancy-Specific	Links
<b>ASSIST</b> In-Person Interview	ASSIST is an eight-item questionnaire, developed for use in a primary care setting.	Available in nine languages	Not specific to pregnant women	<ul style="list-style-type: none"> <li>ASSIST Screening Tool</li> <li>ASSIST Screening Tool in multiple languages</li> <li>ASSIST Manual</li> </ul>
<b>CAGE-AID</b> In-Person Interview or Self-Administered	CAGE-AID is a five-question screening tool for adults and adolescents.	English only	Not specific to pregnant women	<ul style="list-style-type: none"> <li>CAGE Screening Questions</li> </ul>
<b>CRAFFT Screening Tool</b> In-Person Interview	The CRAFFT Screening Tool is for adolescents ages 12-21. It consists of a 6 simple questions using the CRAFFT mnemonic and was developed to screen adolescents for high risk alcohol and other drug use disorders simultaneously.	Translated into 20 different languages	Not specific to pregnant women	<ul style="list-style-type: none"> <li>CRAFFT Screening Tool</li> <li>CRAFFT Manual</li> </ul>
<b>DAST-10</b> Self-Administered	This 10-item instrument is designed for clinical screening and treatment evaluation. The tool can be used with adults and youth.	English only	Not specific to pregnant women	<ul style="list-style-type: none"> <li>DAST-10 Questionnaire</li> </ul>
<b>Institute for Health and Recovery's Integrated SPS Screening Tool</b> Self-Administered	This six-item questionnaire asks a pregnant woman about her own use of alcohol. For women at risk for use or not yet ready to report their own use, the SPS asks about alcohol and other drugs by other people in a woman's life.	English and Spanish	Designed specifically for pregnant women	<ul style="list-style-type: none"> <li>Screening Tool and Protocol</li> </ul>
<b>NIDA Quick Screen</b> In-Person Interview	The NIDA Quick Screen is a short four question tool. If the client screens positive, then the Modified ASSIST will be used. This tool supports clinicians in also arranging for specialty care, when necessary.	English and Spanish	Not specific to pregnant women but some research suggests it may be the most valid and accurate for this population.	<ul style="list-style-type: none"> <li>Electronic Version</li> <li>Paper Version</li> </ul>
<b>Substance Use Risk Profile-Pregnancy Scale</b> Self-Administered	The Substance Use Risk Profile-Pregnancy scale is a simple tool, comprised of three questions for use with pregnant women.	English only	Designed specifically for pregnant women	<ul style="list-style-type: none"> <li>Substance Use Risk Profile-Pregnancy Scale</li> </ul>



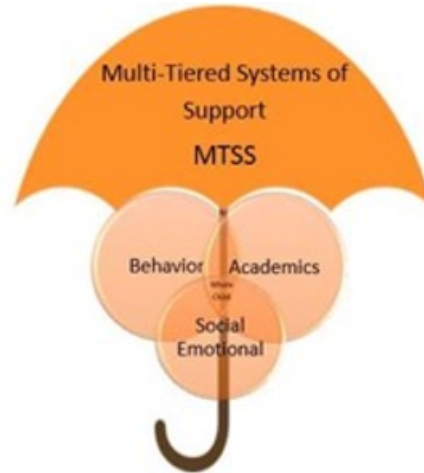


# Looking Ahead – Year 3

## Safe and Supportive School Program

Districts required to develop and implement a program using research-based practices that provides for: - SB 11 by Sen. Larry Taylor

- Physical and **psychological safety**
- A multiphase and multihazard approach to **prevention**, mitigation, preparedness, response, and recovery in a crisis situation
- **Multi-tiered support system** that addresses school climate, the social and emotional domain, and behavioral and mental health
- Assess risks and threats in schools and **provide appropriate interventions**



<https://txchildren.org/>


- Use June 2019 YSAPC Policy Summit as springboard for conversations with school-based health professionals (and administrators) about enhancing policies and practices.
- Leverage new legislation requiring school districts to develop and implement plans, training, and programs to better address mental and substance use needs of students.
- Continue training organizations that serve adolescents, especially those at-risk and pregnant, parenting teens.
- Continue building hub of resources for sustainability.



# Join the CoP Listserv!

**Travis County Youth Substance Abuse Prevention Coalition**

strengthening collaboration among community partners that support efforts to prevent or reduce youth substance abuse



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Organization

Interests

- Events
- Webinars
- Meetings


**Projects**

- Preventing Opioid Misuse Among Girls
- Upcoming Webinars
- Subscribe to Opioid Project
- YSAPC Presentation at CLEAT Meeting 2019
- Opioids in Travis County
- YSAPC Summit 2019
- 2019 PSA Contest



Coalition members include representatives from youth substance abuse prevention, treatment, recovery, law enforcement, business, healthcare, public education, non-profit, research, local government, students, parents, and youth-serving organizations.

**Don't Miss our Upcoming Webinars on Opioids!**



To join the listserv for the **Community of Practice** visit: [www.tcysapc.org](http://www.tcysapc.org)





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