

Adolescent Substance Use: Legislation, Prevention Practices, and Organizational Preparedness



Travis County Youth Substance
Abuse Prevention Coalition



Introductions and Overview of Community of Practice

Vanessa Sarria, MPA

Chief Program Officer, Cardea



Preventing and Addressing Youth Substance Use: 86th Texas Legislature

Josette Saxton, MSSW

Director of Mental Health Policy, Texans Care for Children



Understanding Youth Substance Use from a Public Health Perspective: What can we do?

Jessica Duncan Cance, MPH, PhD

Agency Analytics Unit Manager at the Texas Department of State Health Services



Key Considerations for Assessing Organizational Preparedness to Address Student Needs

Lori Holleran Steiker, PhD, D

Professor of Addiction, Recovery and Substance Use Services at UT Steve Hicks School of Social Work

Director of Instruction, Engagement and Wellness at the School of Undergraduate Studies



**Preventing Opioid Misuse among
Girls and Adolescents
Community of Practice**

Vanessa Sarria, MPA
Chief Program Officer
Cardea

Community of Practice

Travis County Youth Substance Abuse Prevention Coalition

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



Opioid Misuse Prevention in Adolescents Series

www.tcysapc.org



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 and Carle

05:56

Opioid Misuse Prevention in Adolescents Series

Talking With Adolescents About Substance Use

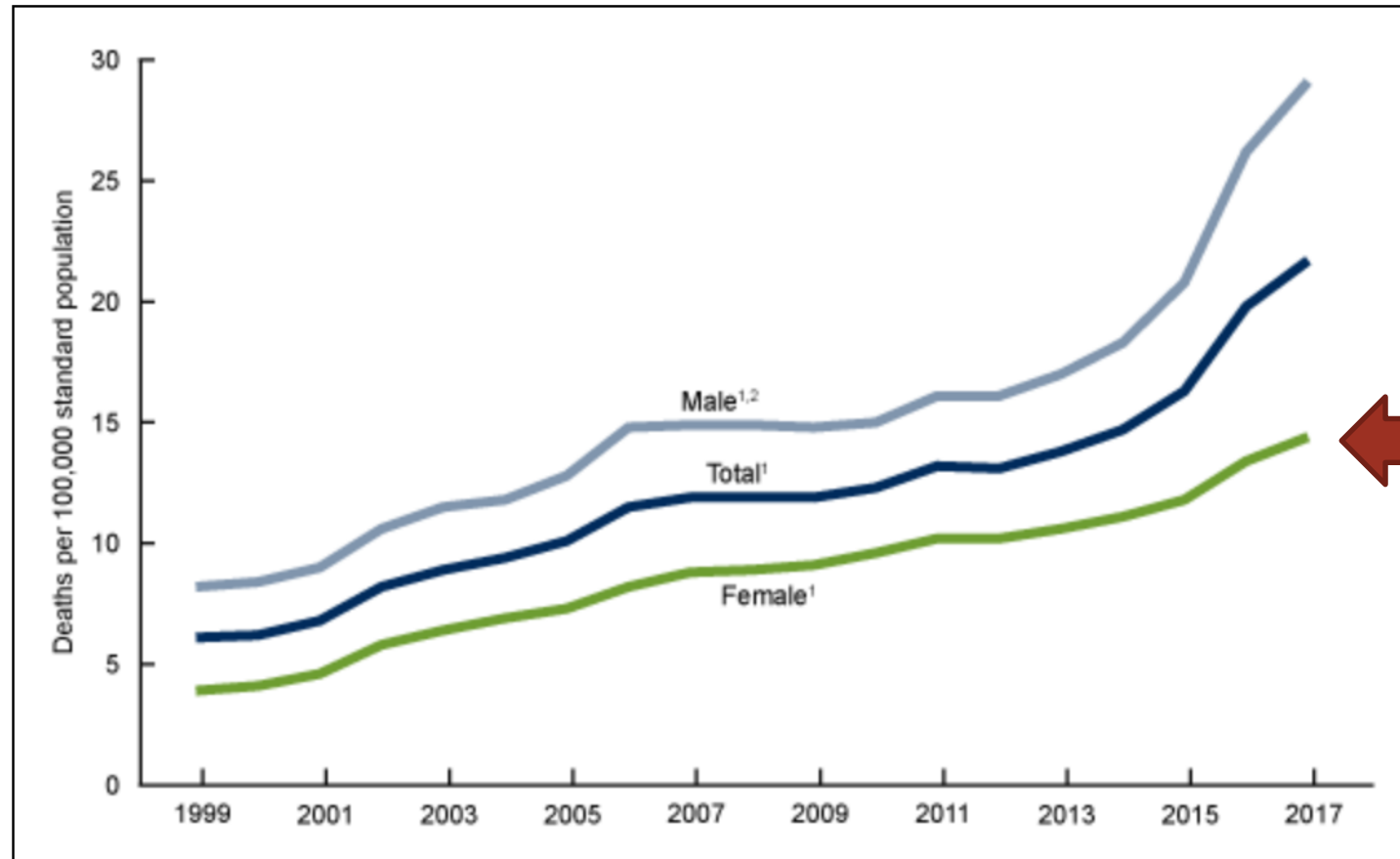
Speaker: Lari Holleran Steiker, PhD
Topics: Communication tips

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

07:38

Drug Overdose Death Rates Rising among Women

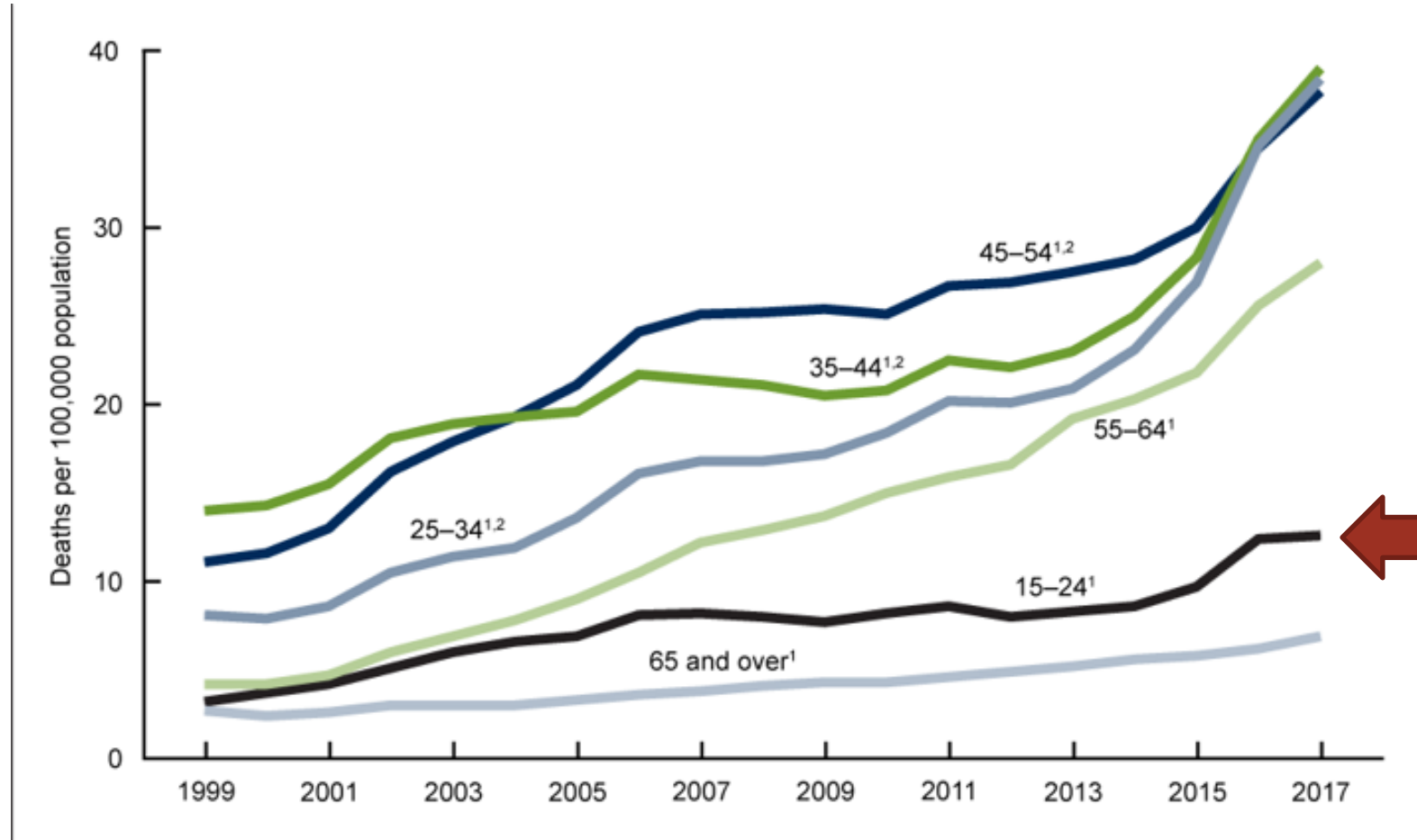
Age-adjusted drug overdose death rates: United States, 1999–2017



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



Drug Overdose Death Rates By Age Groups



¹Significant increasing trend from 1999 through 2017 with different rates of change over time, $p < 0.005$.

²2017 rates were significantly higher for age groups 25-34, 35-44, and 45-54 than for age groups 15-24, 55-64, and 65 and over, $p < 0.05$. The rate for age group 35-44 was significantly higher than the rate for age group 45-54 and statistically the same as the rate for age group 25-34.

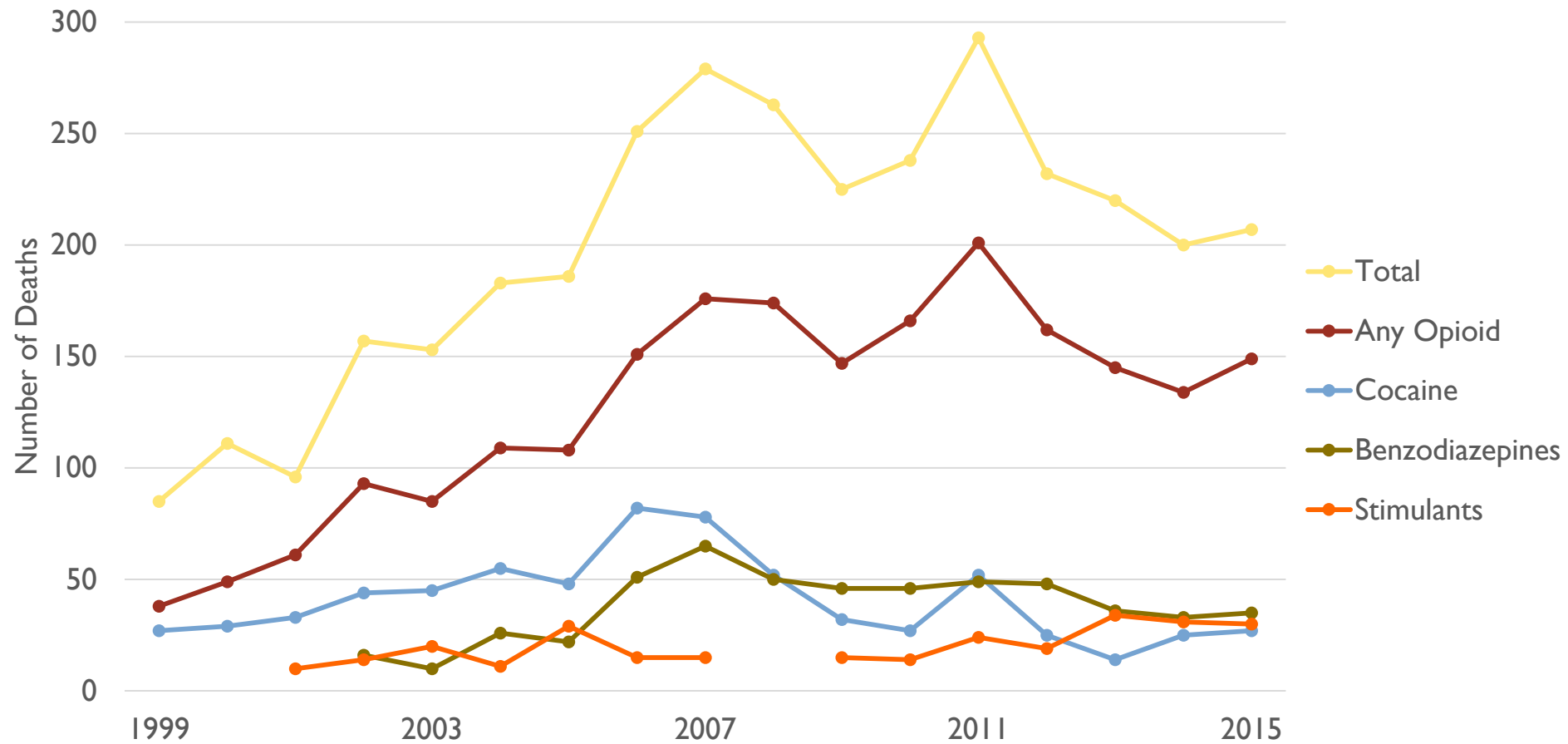
NOTES: Deaths are classified using the *International Classification of Diseases, 10th Revision*. Drug-poisoning (overdose) deaths are identified using underlying cause-of-death codes X40-X44, X60-X64, X85, and Y10-Y14. Access data table for Figure 2 at:

https://www.cdc.gov/nchs/data/databriefs/db329_tables-508.pdf#2.

SOURCE: NCHS, National Vital Statistics System, Mortality.



Accidental Poisoning Deaths among 15 -24 Year Olds in Texas: 1999-2015



Source: Texas Death Certificates
Accidental Poisonings based on County of Occurrence
Prepared by Texas Department of State Health Services, Center for Health Statistics 3/6/2018



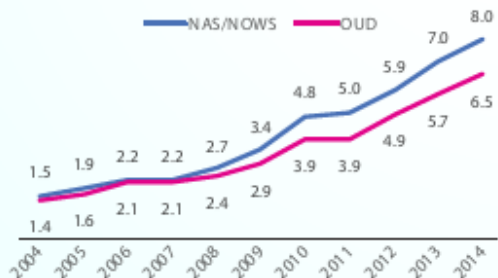
DRAMATIC INCREASES IN MATERNAL OPIOID USE DISORDER AND NEONATAL ABSTINENCE SYNDROME

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.

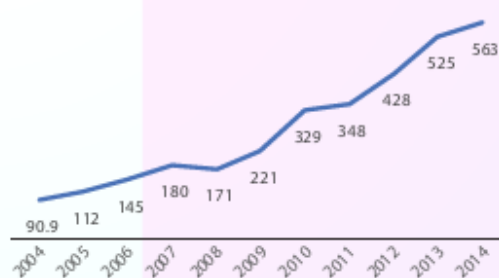


**EVERY ~ 15 MINUTES,
A BABY IS BORN SUFFERING
FROM OPIOID WITHDRAWAL.**

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.

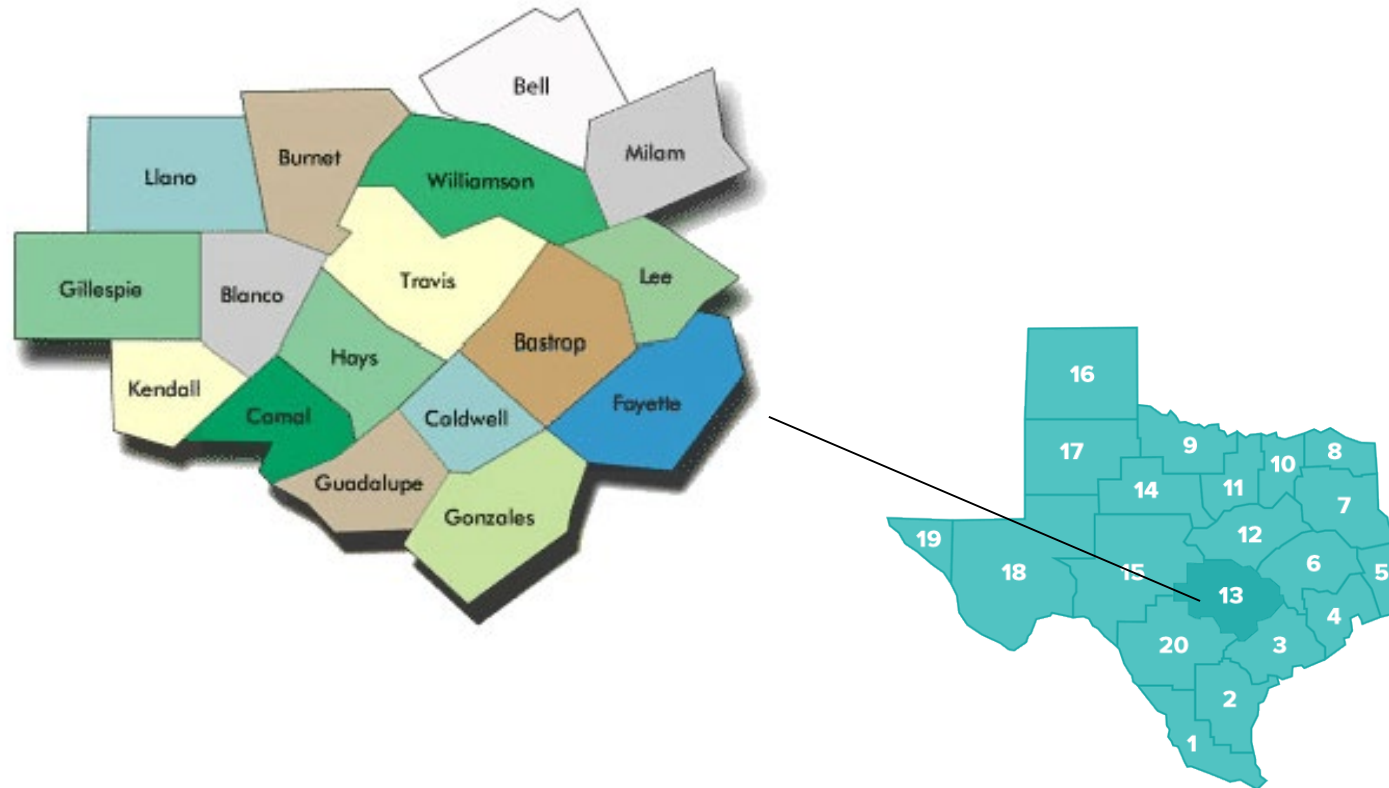


Community of Practice Goals

- Educate healthcare professionals about opioid misuse among adolescents and girls ages 10 to 17, including pregnant and parenting girls.
- Enhance knowledge of relevant prevention policies and practices in their respective organizations.



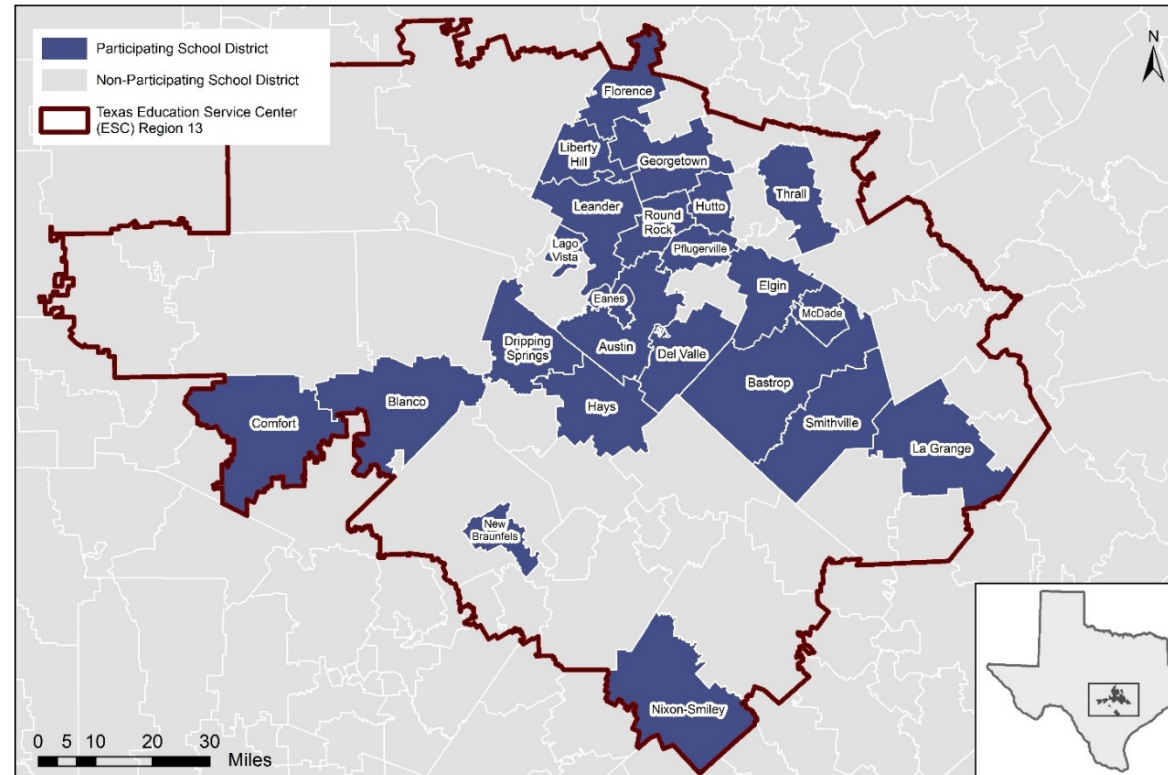
Central Texas Region – TEA ESC Region 13



Over 24 School Districts Engaged



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



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Cartographic Sources: TEA 2017; TEA 2015
Map created by Ashley Levuett, January 2019

COH maps display visual correlations among layered datasets. They do not necessarily represent causal relationships.

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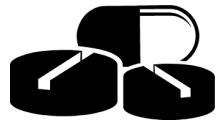
Types of Professionals Engaged (724 duplicated)

- 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



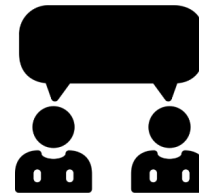
Screening Tools



How & when to make a referral



Navigating Resources
MAT Naloxone



Bias / Motivational Interviewing



Impacts on girls, women, babies



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.”

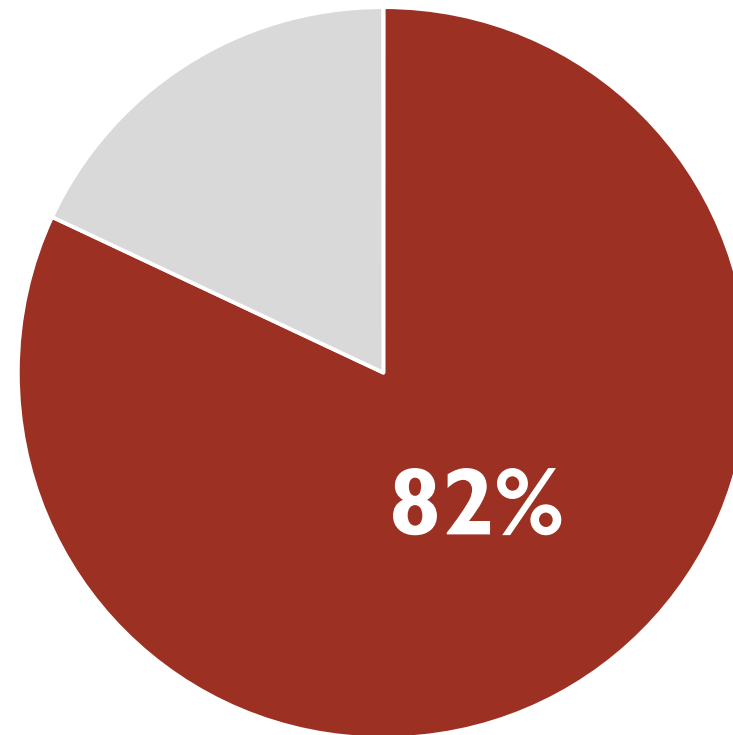
“Change my words so that they are not excusatory/labeling.”

“Ask more open ended questions.”



Intent to Change Practices

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





Vanessa Sarria
vsarria@cardeaservices.org



Dr. Lori Holleran Steiker
lorikay@mail.utexas.edu



Dr. Jessica Duncan Cance
Jessica.Cance@dshs.texas.gov



Josette Saxton
jsaxton@txchildren.org

Thank You!

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