Preventing Youth Opioid Misuse & Addiction

Alaska School Health & Wellness Institute, October 2017

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DHSS Office of Substance Misuse & Addiction Prevention
Learning Objectives

• To improve knowledge about the opioid crisis in Alaska.
• To increase knowledge about resources available for schools to address this crisis.

Image Source: https://www.resumetarget.com/blog/wp-content/uploads/2013/05/objective-marketer1.jpg
What is an Opioid?

- heroin
- morphine
- codeine
- methadone
- oxycodone
- hydrocodone
- fentanyl
- hydromorphone
- buprenorphine
- others

Sources:
Centers for Disease Control and Prevention (CDC):
https://www.cdc.gov/drugoverdose/opioids/index.html
How do opioids work?

• Bind to receptors in the:
  - brain
  - spinal cord
  - gastrointestinal tract

• Effects:
  - mood
  - blood pressure
  - breathing

Image Source: NIDA
What is the magnitude of opioid misuse in the United States?

Prescription Opioid Sales and OD Deaths, US, 1999-2013

Sources:

a Automation of Reports and Consolidated Orders System (ARCOS) of the Drug Enforcement Administration (DEA), 2012 data not available.

Percentage of the total heroin-dependent sample that used heroin or a prescription opioid as their first opioid of abuse. Data are plotted as a function of the decade in which respondents initiated their opioid abuse. Source: Cicero et al., 2014; NIDA: https://www.drugabuse.gov/publications/research-reports/relationship-between-prescription-drug-heroin-abuse/prescription-opioid-use-risk-factor-heroin-use
Opioid Epidemic in Alaska cont.

Alaska Disaster Declaration

Image source: https://vimeo.com/207349680

Figure 1. Drug overdose death rates for adolescents aged 15–19, by sex: United States, 1999–2015

<table>
<thead>
<tr>
<th>Year</th>
<th>Male</th>
<th>Total</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>1999</td>
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<td>2013</td>
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<tr>
<td>2015</td>
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</tr>
</tbody>
</table>

1Significant increasing trend for 1999–2007; significant decreasing trend for 2007–2014; rate for 2015 significantly higher than for 2014; p < 0.05.
2Significant increasing trend for 1999–2004; stable trend for 2004–2013; significant increasing trend for 2013–2015; p < 0.05.

NOTES: Drug overdose deaths are identified with International Classification of Diseases, Tenth Revision underlying cause-of-death codes X40–X44, X60–X64, X65, and Y10–Y14. In 2015, there were 772 total drug overdose deaths: 494 for males and 278 for females. Access data table for Figure 1 at: https://www.cdc.gov/nchs/data/databriefs/db262_table.pdf#1.

Drug Overdose Death Rates for Adolescents Aged 15-19 by Type of Drug

Figure 3. Drug overdose death rates for adolescents aged 15–19, by type of drug involved: United States, 1999–2015

NOTES: Drug overdose deaths are identified with International Classification of Diseases, Tenth Revision underlying cause-of-death codes X40–X44, X60–X64, X85, and Y10–Y14. Drug overdose deaths involving opioid analgesics include drug poisoning deaths with multiple cause-of-death codes, including T40.0, T40.1, T40.2, T40.3, T40.4, or T40.6 (2015 N = 506). Drug overdose deaths involving cocaine include code T40.5 (2015 N = 70); benzodiazepines include code T42.4 (2015 N = 120); and psychostimulants with abuse potential include code T43.6 (2015 N = 82). Deaths might involve more than one drug, so categories are not exclusive. Trends may have been affected by improvement in the reporting of specific drugs for drug overdose deaths during the reporting period; see Data source and methods. Access data table for Figure 3 at: https://www.cdc.gov/nchs/data/databriefs/db262_table.pdf#3.

More Youth Opioid Data

• In 2015, 276,000 adolescents were current nonmedical users of pain reliever and 21,000 adolescents had used heroin in the past year (5,000 current users).¹

• Most adolescents who misuse prescription pain relievers are given them for free by a friend or relative.²

• Prescribing rates for prescription opioids among adolescents and young adults nearly doubled from 1994 to 2007.³

Sources:
% of HS Students Who Ever Used Heroin

Source: AK YRBS (2009-2015)
% of HS Students Who Ever Took Prescription Drugs Without Doctor's Prescription

Source: AK YRBS (2009-2015)
Conceptual Framework

Public Health Approaches to Preventing Opioid Misuse and Addiction

1° Prevention
- Reduce the need to self-medicate
- Promote protective factors
- Control access to addictive substances

2° Prevention
- Diagnose and treat addictions and substance use disorders
- Understand Addiction as a Chronic Condition of the Brain
- Withdrawal Management and MAT
- Effective PDMPs and Use of Data
- Rational Pain Management
- Judicious Prescribing
- Drug Take-Back
- Integrated Behavioral Health Services
- Prevent and Mitigate ACEs
- Adolescent Risk Reduction
- Personal and Community Resiliency

3° Prevention
- Prevent life-threatening adverse outcomes
- Screening and Treatment
- Remove Stigma
- Naloxone
- Syringe/Needle Exchange

Public Health Practice Paradigms
- Acute health event control and prevention
- Chronic disease screening and management
- Environmental controls and social determinants

Foundation:
- Effective, Evidence-Based Education and Communication

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Key Components:
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Trauma-Informed Approaches Need to be Part of a Comprehensive Strategy for Addressing the Opioid Epidemic

EXECUTIVE SUMMARY
This policy brief reviews the evidence linking trauma and adverse childhood experiences to opioid addiction. It also provides examples of effective prevention and treatment programs, and describes innovative approaches being used by communities to address the current epidemic. The argument is made that efforts to address the opioid crisis will be effective only if we acknowledge the roots of addiction and make
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Risk & Protective Factors

## Risk & Protective Factors: Infancy/Early Childhood

<table>
<thead>
<tr>
<th>Persons</th>
<th>Risk Factor</th>
<th>Protective Factor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual</td>
<td>• Difficult temperament</td>
<td>• Self-regulation</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Secure attachment</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Mastery of communication and language skills</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Ability to make friends and get along with others</td>
</tr>
<tr>
<td>Family</td>
<td>• Cold and unresponsive mother behavior</td>
<td>• Reliable support and discipline from caregivers</td>
</tr>
<tr>
<td></td>
<td>• Parental modeling of drug/alcohol use</td>
<td>• Responsiveness</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Protection from harm and fear</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Opportunities to resolve conflict</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Adequate socioeconomic resources for the family</td>
</tr>
<tr>
<td>School, Peers, Community</td>
<td></td>
<td>• Support for early learning</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Access to supplemental services such as feeding, and screening for vision and hearing</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Stable, secure attachment to childcare provider</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Low ratio of caregivers to children</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Regulatory systems that support high quality of care</td>
</tr>
</tbody>
</table>

## Risk & Protective Factors: Middle School

<table>
<thead>
<tr>
<th>Persons</th>
<th>Risk Factor</th>
<th>Protective Factor</th>
</tr>
</thead>
</table>
| Individual | • Poor impulse control  
• Low harm avoidance  
• Sensation seeking  
• Lack of behavioral self-control/regulation  
• Aggressiveness  
• Anxiety, Depression, Hyperactivity/ADHD  
• Antisocial behavior  
• Early persistent problem behaviors  
• Early substance use | • Mastery of academic skills (math, reading, writing)  
• Following rules for behavior at home, at school, and in public places  
• Ability to make friends  
• Good peer relationships |
| Family | • Permissive parenting  
• Parent–child conflict  
• Inadequate supervision and monitoring  
• Low parental warmth  
• Lack of or inconsistent discipline  
• Parental hostility  
• Harsh discipline  
• Low parental aspirations for child  
• Child abuse/maltreatment  
• Substance use among parents or siblings  
• Parental favorable attitudes toward alcohol and/or drugs | • Consistent discipline  
• Language-based, rather than physical, discipline  
• Extended family support |

## Risk & Protective Factors: Middle School, cont.

<table>
<thead>
<tr>
<th>Persons</th>
<th>Risk Factor</th>
<th>Protective Factor</th>
</tr>
</thead>
<tbody>
<tr>
<td>School, Peers, Community</td>
<td>• School failure&lt;br&gt;• Low commitment to school&lt;br&gt;• Accessibility/ availability of substances&lt;br&gt;• Peer rejection&lt;br&gt;• Laws and norms favorable substance use&lt;br&gt;• Deviant peer group&lt;br&gt;• Peer attitudes toward drugs&lt;br&gt;• Interpersonal alienation&lt;br&gt;• Extreme poverty for those children antisocial in childhood</td>
<td>• Healthy peer groups&lt;br&gt;• School engagement&lt;br&gt;• Positive teacher expectations&lt;br&gt;• Effective classroom management&lt;br&gt;• Positive partnering between school and family&lt;br&gt;• School policies and practices to reduce bullying&lt;br&gt;• High academic standards</td>
</tr>
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### Risk & Protective Factors: Adolescence

<table>
<thead>
<tr>
<th>Persons</th>
<th>Risk Factor</th>
<th>Protective Factor</th>
</tr>
</thead>
</table>
| Individual       | • Behavioral disengagement coping  
• Negative emotionality  
• Conduct disorder  
• Favorable attitudes toward drugs  
• Rebelliousness  
• Early substance use  
• Antisocial behavior | • Positive physical development  
• Emotional self-regulation  
• High self-esteem  
• Good coping skills and problem-solving skills  
• Engagement and connections in two or more of the following contexts: at school, with peers, in athletics, employment, religion, culture |
| Family           | • Substance use among parents  
• Lack of adult supervision  
• Poor attachment with parents | • Family provides structure, limits, rules, monitoring, and predictability  
• Supportive relationships with family members  
• Clear expectations for behavior and values |
| School, Peers, Community | • School failure  
• Low commitment to school  
• Associating with drug-using peers  
• Not college bound  
• Aggression toward peers  
• Norms (e.g., advertising) favorable toward alcohol use  
• Accessibility/ availability | • Presence of mentors and support for development of skills and interests  
• Opportunities for engagement within school and community  
• Positive norms  
• Clear expectations for behavior  
• Physical and psychological safety |

Prevention Principle 6

Prevention programs can be designed to intervene as early as preschool to address risk factors for drug misuse, such as aggressive behavior, poor social skills, and academic difficulties.

Prevention Principle 7

Prevention programs for elementary school children should target improving academic and social-emotional learning to address risk factors for drug misuse, such as early aggression, academic failure, and school dropout.

Focus on skills such as: self-control, emotional awareness, communication, social problem-solving and academic support (especially reading).

Prevention Principle 8

Prevention programs for middle school/junior high and high school students should increase academic and social competence skills, such as: **study habits** and **academic support**, **communication**, **peer relationships**, **self-efficacy** and **assertiveness**, **drug resistance skills**, **reinforcement of anti-drug attitudes**, and **strengthening of personal commitments against drug misuse**.

Prevention Principle 13

Prevention programs should be long-term with repeated interventions (booster programs) to reinforce the original prevention goals.
Prevention Principle 14

Prevention programs should include teacher training on **good classroom management practices**, such as **rewarding appropriate student behavior**. Such teaching techniques help to foster students’ positive behavior, achievement, academic motivation, and school bonding.
Prevention Principle 15

Prevention programs are most effective when they employ interactive techniques, such as peer discussion groups and parent role-playing. These activities allow for active involvement in learning about drug misuse and reinforcing skills.
Action Box

Educators can:

• Strengthen learning and bonding to school by addressing aggressive behaviors and poor concentration—which are associated with later onset of drug misuse and related issues.

• Work with others in their school and school system to review current programs, and identify research-based prevention programs appropriate for their students.

• Incorporate research-based content and delivery into their regular classroom curricula.
Recommended Research-Based Curricula

• Fourth R Healthy Relationships
• Fourth R Healthy Relationships Plus
• The Great Body Shop, and
• Second Step

• The Substance Abuse and Mental Health Services Administration (SAMHSA)
• The Collaborative for Academic, Social, and Emotional Learning (CASEL)
Evidence-Based Curricula

http://nrepp.samhsa.gov/landing.aspx
National Institute on Drug Abuse Lessons

https://teens.drugabuse.gov/teachers/lessonplans#/questions
EED E-Learning Courses

https://education.alaska.gov/ELearning/
# EED E-Learning Courses

[Image: screenshot of the EED E-Learning Courses page]

## Training Courses

<table>
<thead>
<tr>
<th>Certified Employee Evaluation*</th>
<th>Mandated Reporters of Child Abuse and Neglect</th>
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<tbody>
<tr>
<td>Child Nutrition: CACFP: Administration Basics</td>
<td>Medication Administration: Training for Unlicensed School Staff</td>
</tr>
<tr>
<td>Child Nutrition: CACFP: Family Style Dining</td>
<td>New / Overcoming ACEs in Alaskan Schools</td>
</tr>
<tr>
<td>Child Nutrition: CACFP: Infant Meals of the Child &amp; Adult Care Food Program</td>
<td>Positive Behavioral Interventions and Supports (PBIS)</td>
</tr>
<tr>
<td>Child Nutrition: CACFP: Participant Enrollment and Income Eligibility</td>
<td>Precautions Against Blood-borne Pathogens</td>
</tr>
<tr>
<td>Child Nutrition: NSLP Community Eligibility Provision Training</td>
<td>Prenatal Alcohol and Drug Related Disabilities</td>
</tr>
<tr>
<td>Child Nutrition: NSLP: Eligibility of School Meals</td>
<td>Reading Foundational Skills Session 1: Print Concepts &amp; Phonological Awareness</td>
</tr>
<tr>
<td>Child Nutrition: NSLP: Fresh Fruit &amp; Vegetable Program</td>
<td>School Crisis Response Planning</td>
</tr>
<tr>
<td>Child Nutrition: NSLP: Meal Pattern Requirements</td>
<td>Special Education: Alaska Parent Guide</td>
</tr>
<tr>
<td>Child Nutrition: NSLP: Nutrition Standards for All Food Sold in Schools (Smart Snacks)</td>
<td>Special Education: An Introduction to Early Childhood Transition from Part C to Part B</td>
</tr>
<tr>
<td>Child Nutrition: NSLP: Offer vs. Serve</td>
<td>Special Education: Early Childhood Outcomes</td>
</tr>
<tr>
<td>Child Nutrition: NSLP: Production Records</td>
<td>Special Education: Eligibility Categories</td>
</tr>
<tr>
<td>Child Nutrition: NSLP: Program Pricing</td>
<td>Special Education: Evaluation Summary and Eligibility Review</td>
</tr>
<tr>
<td>Child Nutrition: NSLP: Point of Service &amp; Counting and Claiming</td>
<td>Special Education: Identifying Learning Theory</td>
</tr>
<tr>
<td>Child Nutrition: NSLP: Verification Edit Check</td>
<td>Special Education: Individualized Education Program</td>
</tr>
<tr>
<td>Child Nutrition: Physical Activity and Nutrition for Young Children*</td>
<td>Special Education: Monitoring Student Progress</td>
</tr>
<tr>
<td>Child Nutrition: Procurement Training - Food Service Management Companies</td>
<td>Special Education: Post-Secondary Transition Planning in the IEP</td>
</tr>
<tr>
<td>Child Nutrition: Procurement Training - Formal</td>
<td>Special Education: Roles and Responsibility</td>
</tr>
<tr>
<td>Child Nutrition: Procurement Training - Informal</td>
<td>Special Education: Strategies for Accommodating Individual Need</td>
</tr>
<tr>
<td>Child Nutrition: Procurement Training - Procurement Plans</td>
<td>Special Education: Supporting Student Learning Styles</td>
</tr>
<tr>
<td>Child Nutrition: USDA Civil Rights Requirements</td>
<td>Suicide Awareness</td>
</tr>
<tr>
<td>Child Nutrition: USDA Foods Program</td>
<td>Suicide Prevention</td>
</tr>
<tr>
<td>Domestic Violence and Sexual Assault Training for Educators</td>
<td>Suicide Intervention</td>
</tr>
<tr>
<td>Gender and Race Equity</td>
<td>Responding to Suicide - Postvention Guidelines</td>
</tr>
<tr>
<td></td>
<td>Three Instructional Shifts in Mathematics</td>
</tr>
</tbody>
</table>

## Website Information

- State of Alaska Homepage

## Department Links

- Alaska State Council on the Arts
- Alaska Commission on Postsecondary

[Source: https://education.alaska.gov/ELEarning/]
What Else Can Schools Do?
Talk Early, Talk Often
Scenarios for Parents
Think through these situations before they arise

- Got a light?
- A little (Rx) help from friends
- Party Emergencies

Parents, Talk To Your Children

AGES 9-13
AGES 14-17
AGES 18-20
How can I prevent my child from using alcohol or marijuana?

Talk early and often with your children and teens about the risks.

You have the greatest influence on your children's decisions about alcohol and other drugs.

Our research shows that kids who learn about the risks of drugs from their parents are 50% less likely to use drugs and alcohol than those who do not, yet, only 30% of teens report learning a lot from their parents.

Know how alcohol and marijuana affect the teen brain and body.

Alcohol and marijuana are the drugs most commonly used by young people. As a parent, there are steps you can take to prevent your child from using drugs and reduce the risk of them starting.

It is important to know how drugs and alcohol affect the teen brain and body so that you can teach your child the harms to their health and risks to their future.

Learn what you can do or say to prevent underage marijuana and alcohol use and practice those skills.

Remember to follow these parenting guidelines:

Create close bonds with your children.

Children are less likely to drink, use marijuana or other drugs when their parents are involved in their lives and when they feel close to their parents. Family conflict and lack of bonding increase the risk of drinking and marijuana use.
www.starttalking.ohio.gov
Opioid Misuse in Massachusetts: What Parents Need to Know

The number of annual deaths related to opioid use in Massachusetts more than quadrupled between 2000 and 2015, according to the Department of Public Health (DPH). Parents should be aware that young people are at high risk of becoming involved in this fatal epidemic. According to DPH and the Registry of Vital Records and Statistics, opioids were responsible for more than a quarter of all deaths in the 18–24 age group from 2013–2014.

With resources from DPH, start a discussion about opioid misuse with your children.

Young People and the Road to Addiction

Young people may be prescribed painkillers to help deal with pain from sports injuries or surgeries. If your child has serious pain, you and the physician should explore alternatives before opioids are prescribed. Commonly misused opioids include prescription painkillers like Vicodin, OxyContin, Percocet, and Codeine.

Prescription painkillers can be dangerous if misused, and some people who misuse painkillers turn to heroin as an alternative. In fact, according to the National Institute on Drug Abuse (NIDA), nearly 60 percent of people who use heroin had misused prescription opioids beforehand.

Data from the Centers for Disease Control and Prevention (CDC) shows heroin use among people ages 18–25 has more than doubled during the last decade in the United States. This trend is worrisome, as heroin use increases the risk of overdose and contracting diseases, including HIV and hepatitis.
Reducing Youth Access to Opioids

Source: SAMHSA, Opioids, 2016 (https://www.samhsa.gov/atod/opioids)
Encourage Adults to Control Access

https://www.youtube.com/watch?v=a1ce4DCOEL0
Encourage Adults to Control Access
Safe Disposal Options

• Drug Take-Back Events
• Do not crush tablets or capsules
• Mix medicines with an unpalatable substance such as dirt, kitty litter, or used coffee grounds
• Place the mixture in a container such as a sealed plastic bag
• Throw the mixture container in your household trash
• Scratch out all personal information on the prescription label of your empty medicine container, and
• Dispose of the container

Source: U.S. Food & Drug Administration:
Safe Disposal Options (Cont.)
What Can Be Done Summary

• Support and/or implement K-12 evidence-based programs.
• Increase students’ understanding of the potential harm of prescription pain medication use.
• Support and implement trauma/ACE prevention programs.
• Create safe, supportive, nurturing school environments where students feel connected to teachers, staff and peers.
• Be a safe and supportive place for young people to come to and ask questions.
• Encourage parents to have open, non-judgmental conversations.
• Educate parents about preventing youth access to prescription opioids (proper medication monitoring, safe storage and safe disposal).
Thank You & Questions

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