

Evidence-Based Approaches to Prevention

Iowa Regional Summit

Christina Boyd, LSCSW, LCAC



Opioid
Response
Network



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Agenda for Today!

- Stigma
- SBIRT implementation and/or expansion
- Naloxone distribution programs
- Media Campaigns
- EBPs for school-based and youth-focused prevention approaches
- Drug disposal /take back events
- First responders pre-arrest diversion, Post overdose response teams
- Expand SSP's and other harm reduction approaches
- How ORN can help!
- 😊 Questions



**Think about this question:
How comfortable are you talking
about substance use with others?**



Why are we looking at all of this? Why are you here?



Are Overdose Rates Higher in Rural Areas?

Higher rates of overdose are found in rural areas than in urban areas for particular substances like methamphetamines

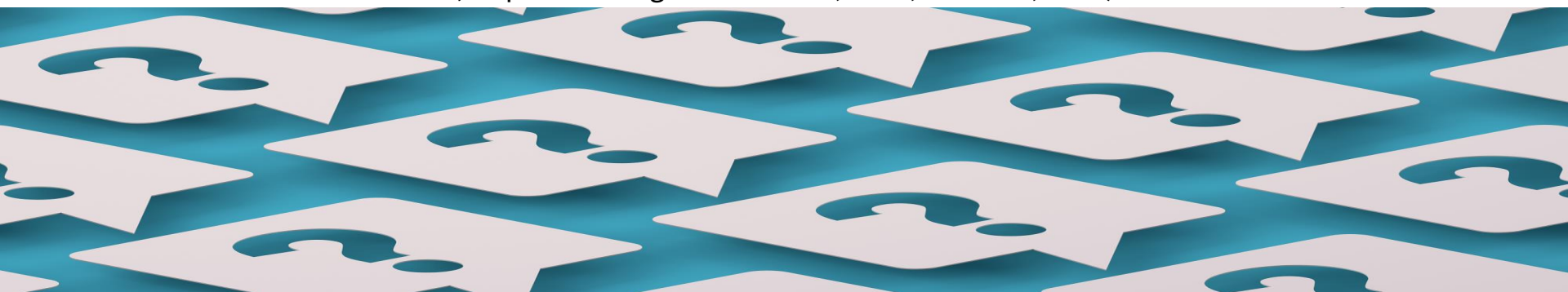
(Centers for Disease Control and Prevention-Rural Overdose Deaths, 2017; Hedegaard & Spencer, 2021)



Are the risk factors higher when living in Rural Areas?

Access, availability, and acceptability issues include greater distances to services, lack of specialty care, provider shortages, and a lack of culturally competent service provision can impact behavioral health services in rural areas

(Carpenter-Song & Snell-Rood, 2017; SAMHSA, 2016)



Words are important

Creating a non-judgmental atmosphere for people



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Stigmatized Language

WORDS MATTER



National Institute on Drug Abuse
Advancing Addiction Science

<https://nida.nih.gov/nidamed-medical-health-professionals/health-professions-education/words-matter-terms-to-use-avoid-when-talking-about-addiction>

Use...	Instead of...	Because...
<ul style="list-style-type: none">• Testing positive (on a drug screen)	<ul style="list-style-type: none">• Dirty• Failing a drug test	<ul style="list-style-type: none">• Use medically accurate terminology the same way it would be used for other medical conditions.• These terms may decrease a person's sense of hope and self-efficacy for change.



Small Group

Are the conversations about Substance USE different in Rural Areas?

- ❖ What kinds of things do you hear from those living in rural areas about substance use?
- ❖ Is there stigma present about substance use in rural and frontier areas?





**SBIRT-One way
to start talking
about substance
use with people**

When should we try to do something?

When it is an EMBER?



When the entire house is ablaze?



SBIRT: It's ALL about PREVENTION!

Screening

- Standardized tools to quickly assess risk level
 - Pre-screen - universal
 - Full Screen - targeted

Brief Intervention

- Help patients understand their substance use and health impact; motivate behavior change.

Referral to Treatment

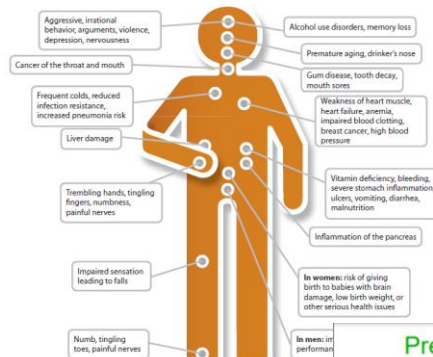
- Help patients showing signs of a substance use disorder to access specialty care.



Tell People how
Substances
affect them so
that they can
make informed
decisions about
their use.

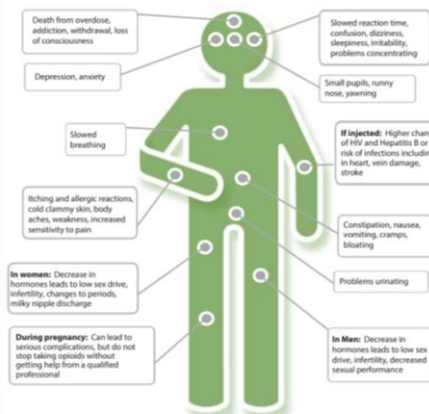
RISKY AND HARMFUL ALCOHOL USE

Effects on the Body



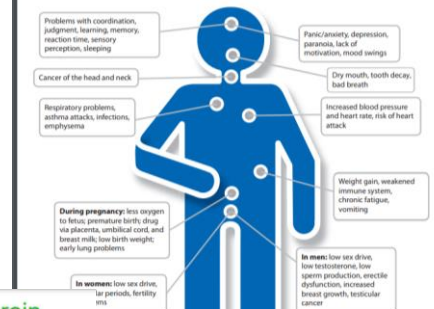
Prescription Opioids and Heroin

Effects on the Body



MARIJUANA

Effects on the Body



<http://sbirt.care/education.aspx>





- ✧ **High-risk drug use** refers to any use by adolescents of drugs with a high risk of adverse outcomes, such as injury, criminal justice involvement, school dropout, and loss of life. This includes:
- Misuse of prescription drugs
 - Use of illegal drugs like cocaine, heroin, methamphetamines, inhalants, hallucinogens, or ecstasy
 - Use of injection drugs, which have a high risk of transmitting HIV and hepatitis

(CDC 2019)



Outcomes

In a large study of SBIRT outcomes,

Over 5 years

Over 1 million People

- Provided early identification efforts for hazardous use of alcohol and illicit drugs.
- SBIRT is an innovative way to integrate the management of substance use disorders into primary care and general medicine.
- Screening, Brief Intervention and Referral to Treatment implementation was associated with improvements in treatment system equity, efficiency and economy

(Babor 2017)



Iowa Resources IDPH SBIRT Tools

<https://idph.iowa.gov/sbirt/project>

<https://idph.iowa.gov/sbirt/tools>

What is SBIRT Iowa?

We know that 30 percent of Americans use alcohol and drugs at a level that increases their risk for physical, mental and social harm. That's 3 in 10 people. The problem is, we don't know who they are. The answer is screening. If we can identify Iowans who are at risk, we can help them set health goals, highlight behavior change, offer brief treatment, or refer them to specialty treatment services. That's SBIRT – Screening, Brief Intervention and Referral to Treatment.

The Iowa Department of Public Health (IDPH) received a five-year SAMHSA cooperative agreement in 2012 to implement SBIRT within community health centers and the Iowa National Guard (IANG). SBIRT IOWA is currently a joint partnership between local substance abuse agencies and Federally Qualified Community Health Centers (FQHC's) in Polk, Woodbury, Blackhawk and Scott counties and at Camp Dodge, home to Iowa's National Guard.



**Blood pressure? Check.
Cholesterol? Check.
Alcohol and drug use? Check.**

We ask all our patients all the right questions.

Everyone's different. We each have our own set of health issues. Some people have great blood pressure. Some have diabetes. Some people get enough exercise. Some can't sleep at night.

To help our patients, we first need to ask all the right questions. That includes questions about alcohol and drug use. We ask everyone, because we want to help everyone.



<https://idph.iowa.gov/Portals/1/Files/SBIRT/Poster%20Final.pdf>



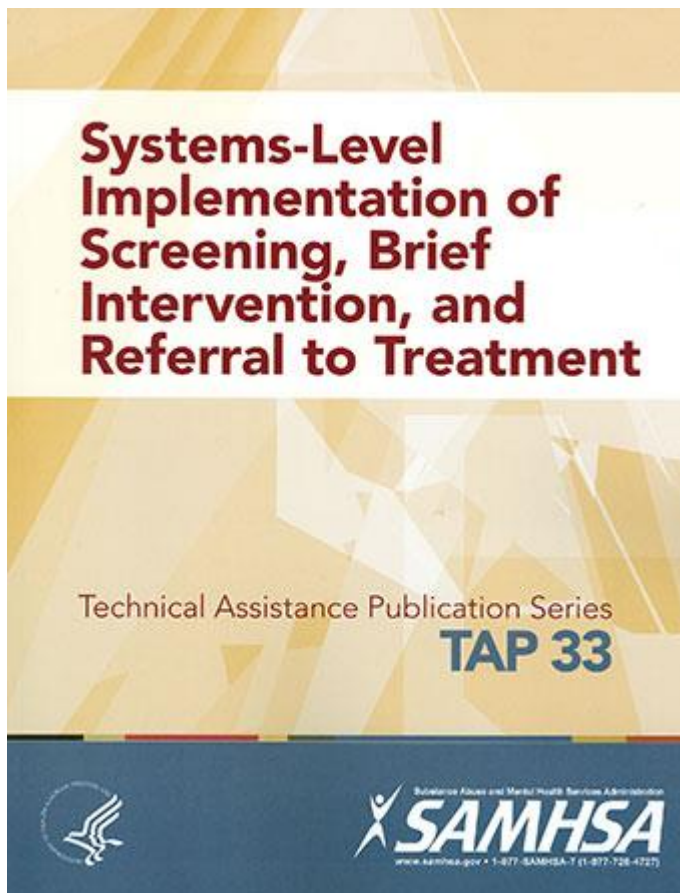
<https://sbirt.uiowa.edu/>



UNIVERSITY OF IOWA
SBIRT PROJECT
SCREENING, BRIEF
INTERVENTION, AND REFERRAL
TO TREATMENT (SBIRT)



Tap #33



This guide describes core elements of screening, brief intervention, and referral to treatment (SBIRT) programs for people living with or at risk for substance use disorders

<https://www.samhsa.gov/resource/ebp/tap-33-systems-level-implementation-screening-brief-intervention-referral-treatment>



Getting Candid Toolkit

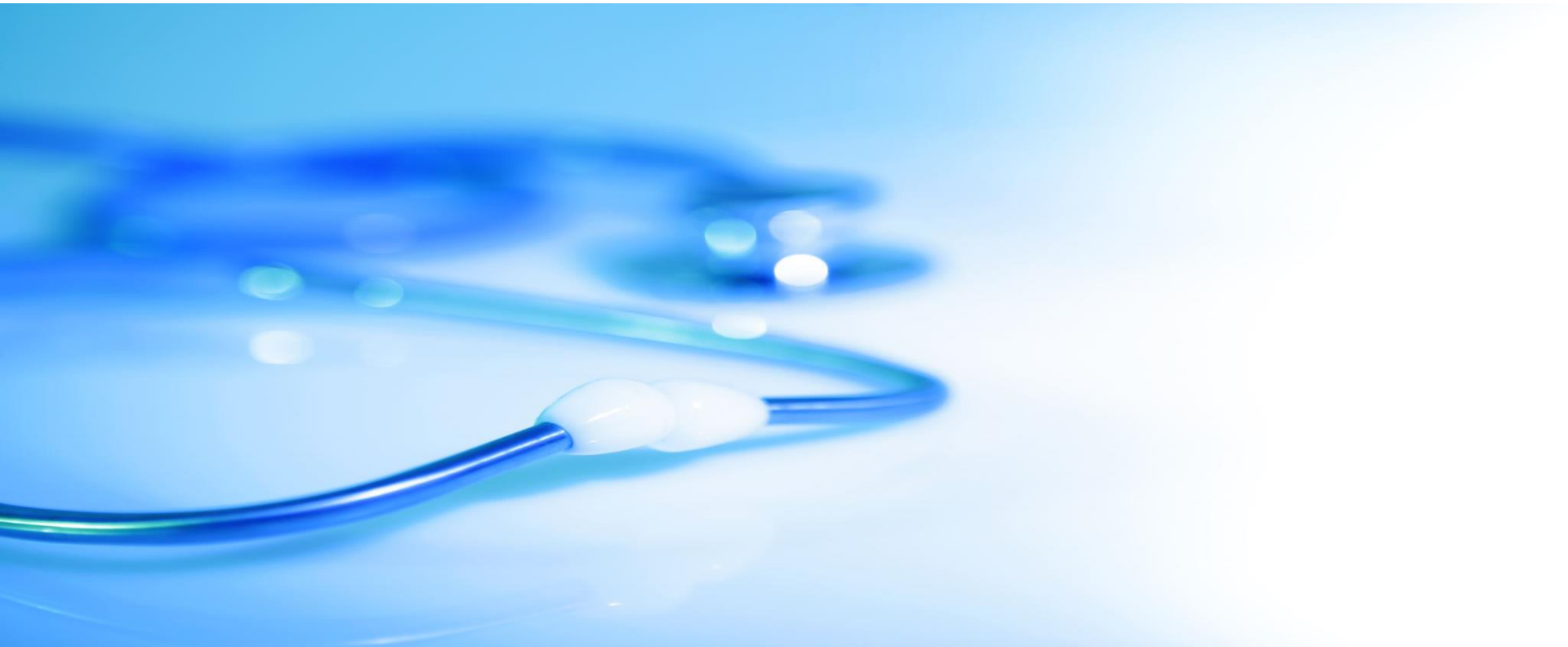
National Council for Mental Wellbeing

✧ <https://www.youtube.com/watch?v=dfc9kMNMg9I&t=19s>



SBIRT and Billing

https://www.cms.gov/outreach-and-education/medicare-learning-network-mln/mlnproducts/downloads/sbirt_factsheet_icn904084.pdf



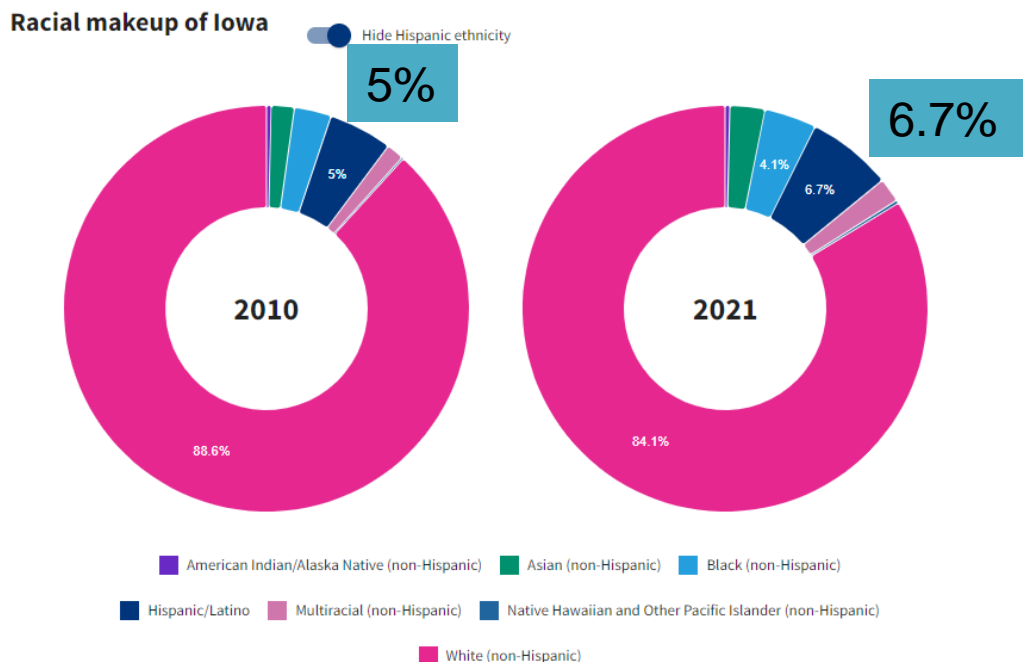
Changes in the population in Iowa

The largest growth is in Hispanic/Latino populations

How has the racial and ethnic makeup of Iowa changed?

In **2021**, Iowa was more diverse than it was in 2010. In **2021**, the **white (non-Hispanic)** group made up **84.1%** of the population compared with **88.6%** in 2010.

Between **2010** and **2021**, the share of the population that is **Hispanic/Latino** grew the most, increasing **1.7** percentage points to **6.7%**. The **white (non-Hispanic)** population had the largest decrease dropping **4.5** percentage points to **84.1%**.



Source: [Census Bureau](#)

SHARE THIS



<https://usafacts.org/data/topics/people-society/population-and-demographics/our-changing-population/state/iowa/>

Cultural Implications...

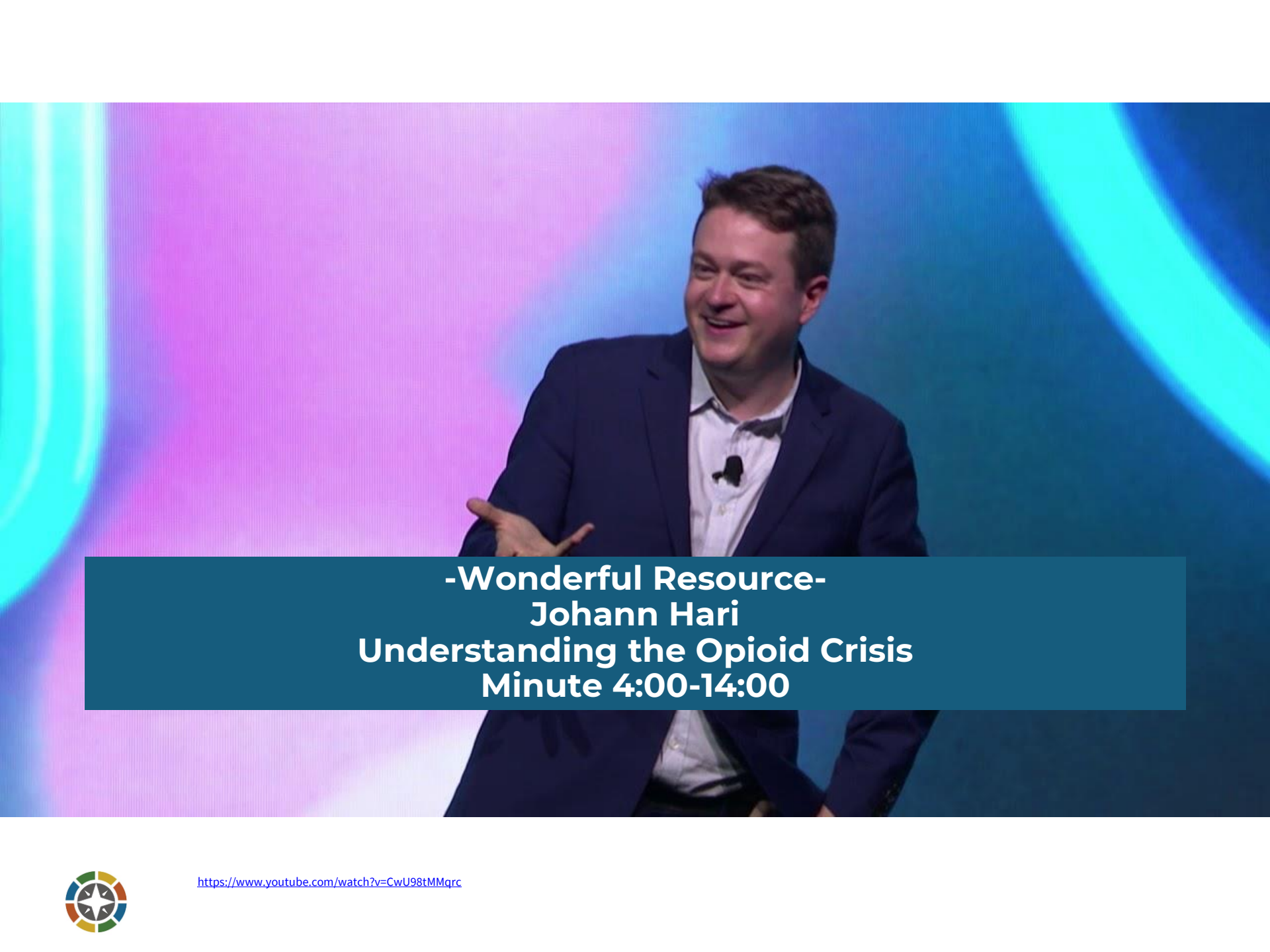
It is important to remember that a significant component of entrenched beliefs comes from cultural experience. Specific racial and ethnic groups hold beliefs that are rooted in their cultural experience and are completely valid in that context, although they may appear “dysfunctional” if one doesn’t understand the cultural context –
(SAMSHSA-TIP 48)



BEFORE HANDING OUT THE FIRST SCREEN....

How have you created an
open environment to
talk about it?



A man with short brown hair, wearing a dark blue blazer over a light-colored shirt, is speaking on a stage. He is gesturing with his right hand. The background is a large screen displaying abstract blue and purple light patterns.

**-Wonderful Resource-
Johann Hari
Understanding the Opioid Crisis
Minute 4:00-14:00**



<https://www.youtube.com/watch?v=CwU98tMMqrc>



Naloxone Distribution Programs



Naloxone Iowa

- ✧ Naloxone Iowa aims to help Iowans who want or need to have naloxone on hand get the tools they need to save a life.
- ✧ Individuals can get **free naloxone without a prescription** from a **local community-based pharmacy** or talk with a pharmacist from the University of Iowa's **Tele-Naloxone** program and have **free naloxone** sent to you at home



<https://www.naloxoneiowa.org/directory#:~:text=Individuals%20can%20get%20free%20naloxone,sent%20to%20you%20at%20home.>

Naloxone for Iowa Organizations, Businesses, & Schools

- ✧ The Bureau of Substance Abuse recently became authorized to purchase and distribute **free naloxone** under the statewide standing order to eligible Iowa organizations, businesses and schools for on-site or work-related purposes only.
- ✧ For more information and to fill out a form to receive free naloxone, use the following link:
- ✧ [Iowa Organizations, Businesses, & Schools—Naloxone Request Form](#)
- ✧ **Law enforcement agencies and non-EMS regulated fire departments should fill out the [Law Enforcement & Non-EMS Fire—Naloxone Request Form](#).**
- ✧ **Note: All EMS-regulated first responder entities** should receive training and naloxone (available in multiple formulations) from the Bureau of Emergency and Trauma Services at the Iowa Division of Public Health.



New App for Support

The free overdose prevention and response tool that complements Naloxone distribution and use.
Available for Android and iPhone



<https://www.rxapp.link/>



Overdose Education & Naloxone Distribution

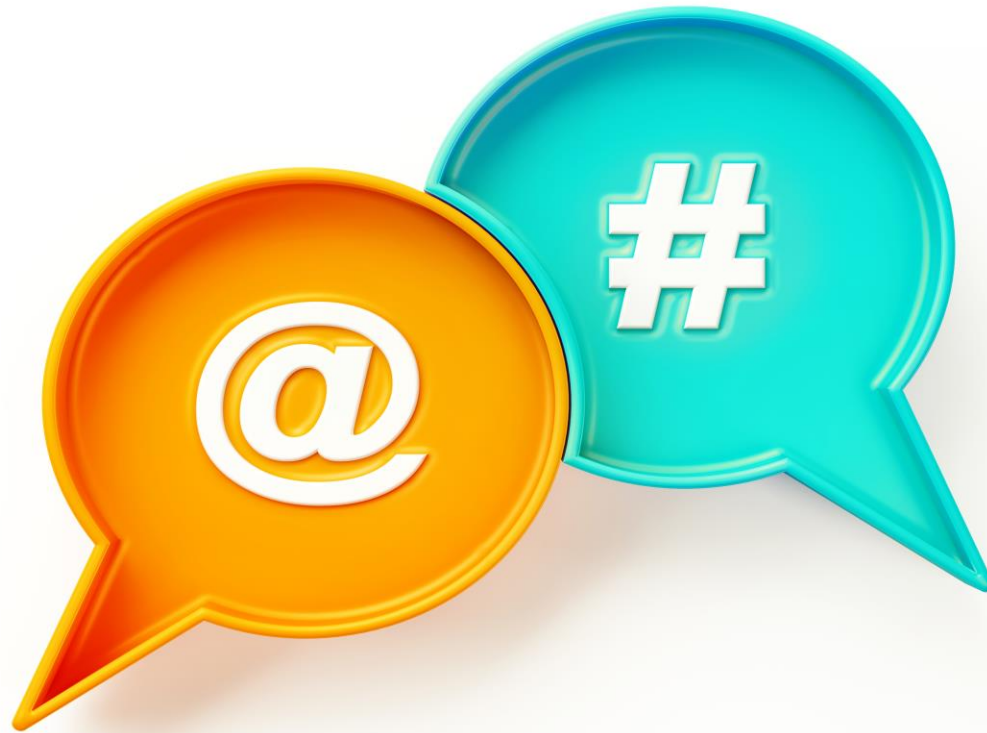
Iowa Harm Reduction Coalition provides education and training to individuals and organizations across Iowa in order to prevent opioid overdose fatalities and distribute naloxone, the opioid overdose antagonist medication.

IOWA HARM REDUCTION COALITION

**Train the trainer & community
naloxone distribution training**

**Overdose prevention and
naloxone administration training**





Media Campaigns



FDA's

"Real Cost" Campaign

The e-cigarette and cigarette prevention campaigns focus on educating youth about the negative health effects and risks of vaping and smoking.

<https://www.fda.gov/tobacco-products/public-health-education-campaigns/real-cost-campaign>



Real Deal on Fentanyl

In 2020, 76% of
drug deaths in
people ages
14-23 involved
fentanyl.
(CDC)



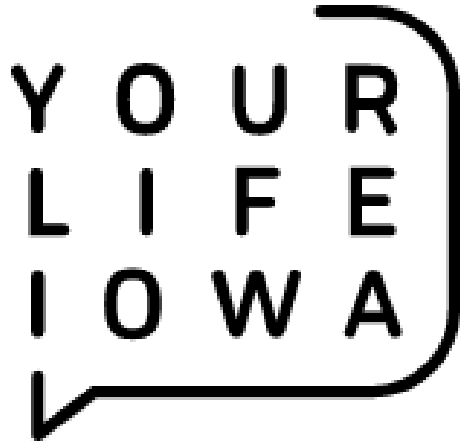
<https://realdealonfentanyl.com/>

SAMHSA Talk They Hear You Campaign

<https://www.samhsa.gov/talk-they-hear-you/parent-resources>



Your Life Iowa Campaign



Videos, Social Media Content, Print Signs

SEE THE PERSON, NOT THE ADDICTION

https://www.youtube.com/watch?v=7wPcm9_CGHI

BE PREPARED TO SAVE A LIVE

https://www.youtube.com/watch?v=zZVT0nT_xZI



<https://yourlifeiowa.org/prevention/media-center>



Risk and Protective Factors for Substance USE/ Mental Illness

Risk Factors Substance Use

- Family history of substance use
- Favorable parental attitudes towards the behavior
- Poor parental monitoring
- Parental substance use
- Family rejection of sexual orientation or gender identity
- Association with delinquent or substance using peers
- Lack of school connectedness
- Low academic achievement
- Childhood sexual abuse
- Mental health issues



Protective Factors

Substance Use (CDC.gov)

- Parent or family engagement
- Family support
- Parental disapproval of substance use
- Parental monitoring
- School connectedness

Mental Illness (O'Connell 2009)

- Engagement and connections in two or more of the following contexts: school, with peers, in athletics, employment, religion, culture
- Family provides structure, limits, rules, monitoring, and predictability
- Supportive relationships with family members
- Opportunities for engagement within school and community



Risk Factors for Substance Use and Mental Illness



“Targeting only one context when addressing a person’s risk or protective factors is unlikely to be successful, because people don’t exist in isolation.”





EBPs for school-based and youth-focused prevention approaches



Rural Health Information Hub

Examples of Evidence-Based and Promising Prevention Programs for Youth

Fast Track is a comprehensive, long term prevention program for children entering kindergarten that continues through tenth grade. Intervention components change as children age and include components such as a teacher-led classroom curriculum, parent training groups, home visits, and child tutoring. One study showed that the Fast Track intervention reduced the likelihood of alcohol use and binge drinking as well as the probability of individuals developing serious SUDs. This intervention has been rated effective by the National Institute of Justice and is listed in The Surgeon General's Report on Alcohol, Drugs, and Health as an evidence-based prevention program.



Examples of Evidence-Based and Promising Prevention Programs for Youth

- ✧ The [LifeSkills Training \(LST\) Program](#) is a universal, classroom based prevention program implemented among middle school students. The program consists of a three-year curriculum that teaches drug resistance skills along with general social skills. An LST booster program can be offered after students enter high school. Curriculum materials are available for a fee and are available in Spanish. LST has been shown to reduce the prevalence of both alcohol and illicit drug use. LST is recommended by the National Institute on Drug Abuse (NIDA) and listed in [The Surgeon General's Report on Alcohol, Drugs, and Health](#) as an evidence-based prevention program. Learn more about the [benefits and costs of the LifeSkills Training program](#).



Examples of Evidence-Based and Promising Prevention Programs for Youth

- ✧ **All Stars** is a school and community-based intervention that targets middle school students. Key components include promoting positive norms, planning a future free of risky behaviors, and positive interactions with parents and trusted adults. This intervention consists of 13 45-minute sessions delivered weekly by teachers, prevention specialists, or other community-based staff. All Stars is considered a promising program by the Substance Abuse and Mental Health Services Administration (SAMHSA) for reducing SUDs. Learn more about the [benefits and costs of the All Stars program](#).



Rural Health Information Hub

Examples of Evidence-Based Prevention Programs for Parents and Families

The [**Strengthening Families Program: For Parents and Youth 10–14 \(SFP 10–14\)**](#) is a universal, family-centered program that includes seven two-hour sessions and four optional booster sessions where youth and parents attend the first hour separately and the second hour together. Parent sessions focus on education about the risk factors for developing SUD, as well as managing family conflict and encouraging positive child involvement in family activities. Children receive education on resisting peer pressure and drug resistance skills. Curriculum materials are available for a fee, and are available in Spanish. SFP 10-14 is recommended by NIDA and SAMHSA and is listed in [The Surgeon General's Report on Alcohol, Drugs, and Health](#) as an evidence-based prevention program. Learn more about the [benefits and costs of the Strengthening Families for Parents and Youth 10-14 program](#).



Examples of Evidence-Based Prevention Programs for Parents and Families

- ✧ **Strong African American Families (SAAF)** is a seven-week program targeting rural African American families with children from 10 to 14 years old. It is a parental training program that works to strengthen attachments between parents and children, ultimately reducing alcohol and drug use. SAAF has been rated as an effective program for reducing child alcohol use and other youth risk behaviors by the [National Institute of Justice](#).



Examples of Evidence-Based Prevention Programs for Parents and Families

- ✧ **Guiding Good Choices** is a universal, parent-focused intervention (formerly Preparing for the Drug-Free Years) consisting of five two-hour sessions that teach parents about setting clear expectations, monitoring children, teaching children how to cope with peer pressure, adopting positive conflict management strategies, and enhancing family bonding. Curriculum materials are available for a fee, and are available in Spanish. Good Choices is recommended by the National Institute on Drug Abuse, SAMHSA, and the National Institute of Justice and is listed in [The Surgeon General's Report on Alcohol, Drugs, and Health](#) as an evidence-based prevention program. Learn more about the [benefits and costs of the Guiding Good Choices program](#).



SBIRT in Schools

Example: Massachusetts



In March, 2016, the Massachusetts Legislature enacted an Act relative to substance use, treatment, education and prevention (STEP Act) which outlines the requirements for public schools in the Commonwealth to engage in substance use screening and education. Legislation can be found at <https://malegislature.gov/Laws/SessionLaws/Acts/2016/Chapter52> (see Sections 15, 63, 64, 66).



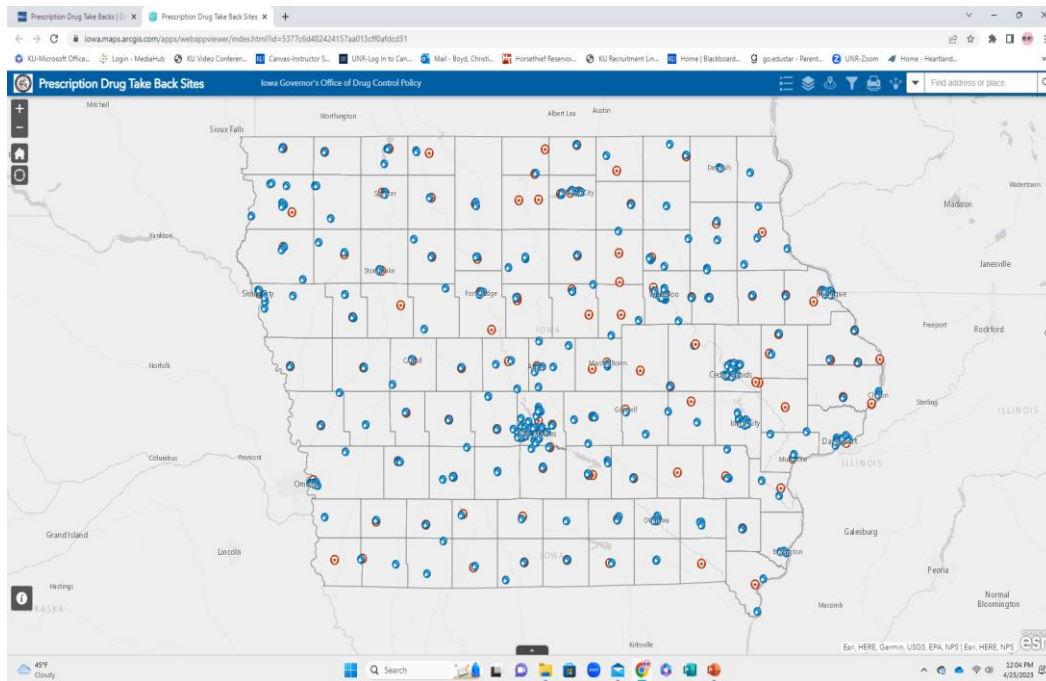
<https://www.masbirt.org/schools>



Drug Disposal and Take Back Events



Take Back Kiosks



- ✧ Over 400 local law enforcement centers and community pharmacies have established permanent Take Back collection boxes, and the number of sites is growing. Please check with the host organization for hours of operation.



Take Back Events DEA



Twice each year, on a Saturday in the Spring and Fall, law enforcement agencies team up with local pharmacies and other organizations in over 100 Iowa communities to sponsor a special one-day collection of unused medicines.



AN OVERVIEW OF DEFLECTION AND PRE-ARREST DIVERSION

To Prevent Opioid Overdose



October 2021

NATIONAL
COUNCIL
for Mental
Wellbeing

Punitive approaches to stop substance use have largely failed to improve public health and public safety outcomes.

To better assist people who use drugs (PWUD), including people with substance use disorders (SUDs), a public health approach rooted in harm reduction principles, evidence-based treatment and support and racial equity, including centering the experiences of Black, Indigenous and people of color, should be implemented in lieu of criminalization.

Communities across the U.S. are developing systems to respond more effectively to people with SUDs through innovative deflection and pre-arrest diversion (DPAD) programs. DPAD models link people with SUDs at risk of criminal justice system involvement to community-based treatment and support instead of arrest and incarceration.

First Responder Pre-Arrest Diversion



First responders pre-arrest diversion

Conducted assessments of diversion
policies and practices in four Iowa
counties

IOWA PRE-CHARGE DIVERSION TOOLKIT



<https://humanrights.iowa.gov/sites/default/files/media/iowa%20Diversion%20Toolkit%20-%20Final%205-29-2019.pdf>



Story County will offer three phases of arrest diversion, In order to qualify for the program individuals must have a Substance Use Disorder (SUD) and be a risk for involvement with the criminal justice system, or already be involved with the criminal justice system.

- Pre-Arrest Diversion - This is aimed at individuals who are at risk of Justice System involvement because of their substance use. Individuals may be referred by law enforcement, community partners, or through self-referral.
- Pre-arrest Law Enforcement Diversion - This is for those individuals who have a SUD and who, if not diverted, would otherwise be charged with a non-violent, simple misdemeanor.
- Law enforcement may divert to Alternatives in lieu of arrest. Participation is voluntary. If diverted to Alternatives no charges are filed.
- Post-Arrest Prosecutor Diversion - This is for individuals who were not diverted by law enforcement, or declined diversion when offered by law enforcement. The prosecutor may, after review of the case information and in consultation with the defense attorney (if applicable), decide it is in the best interest of justice to offer diversion. Participation is voluntary. If diverted to Alternatives the participant is expected to achieve the initial participation goals before these charges would be dismissed



Post Overdose Response Teams



Post overdose response teams

Rural Case Example

Post-overdose outreach teams have emerged as one way to reduce overdose risk for individuals who use drugs. Often people with lived experience meet with an individual to assist in support and connection to resources

Factors that facilitated implementation included:

- Use of a person-centered and non-coercive approach
- Establishment of team role boundaries
- Multi-disciplinary collaboration
- Empathy
- Buy-in across agencies and town leadership.

Barriers included:

- Stigma among citizens
- Lack of an evaluation plan
- Difficulty providing outreach to individuals who have unstable housing
- Difficulty following up with service agencies.



(Canada 2022)

Post Overdose Response Team Toolkit-Rural North Carolina



NCDHHS Division of Public Health // Injury and Violence Prevention Branch

POST-OVERDOSE
RESPONSE TEAM (PORT) TOOLKIT

A post-overdose response team (PORT) is an overdose follow-up program that allows agencies to visit a person who has recently overdosed (e.g. within 24-72 hours). The North Carolina Harm Reduction Coalition (NCHRC) explains that “a follow-up visit conducted within days of a naloxone reversal provides multiple opportunities such as an:

- Opportunity to direct people to harm reduction services for active drug users and treatment services for drug users looking to reduce or stop their substance use;
- Opportunity to provide naloxone, overdose prevention training and overdose prevention materials; and
- Opportunity for stakeholders in the opioid response to work together to reduce overdose mortality.”



<https://injuryfreenc.dph.ncdhhs.gov/preventionResources/docs/PostOverdoseFINAL.pdf>

Syringe Services Programs (SSPs) provide low-barrier access to sterile supplies for safer substance use, naloxone and overdose prevention tools like fentanyl test strips and drug checking services. SSPs also provide a range of other services, such as options for safe syringe disposal, overdose recognition and response training and help accessing services for HIV, substance use disorders and more

Expand SSP's and other harm reduction approaches

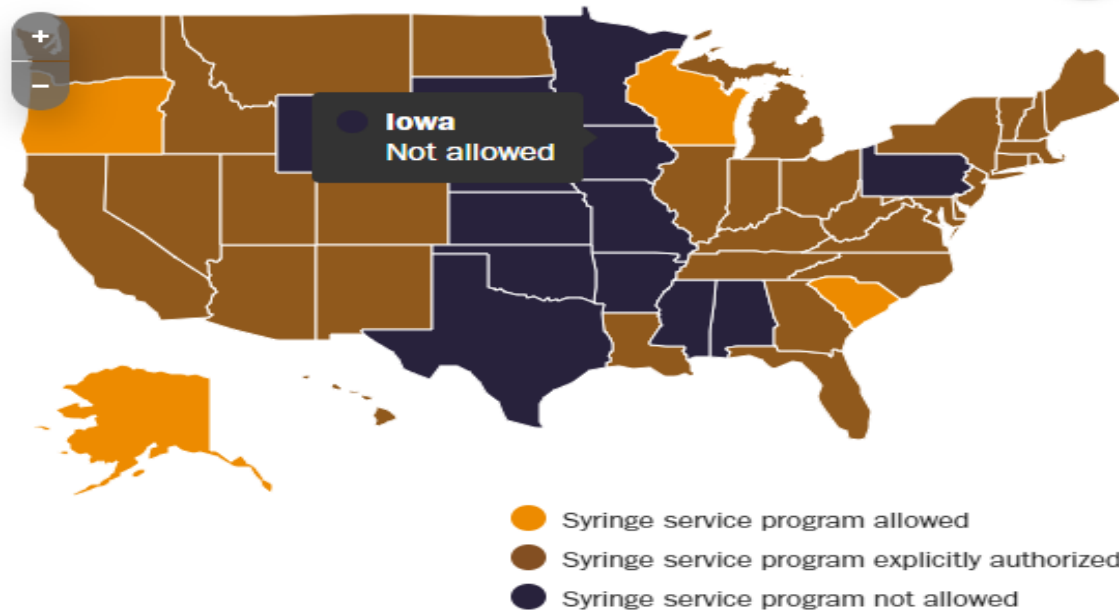


<https://www.naco.org/resources/opioid-solutions/approved-strategies/ssps>

Opportunity for Advocacy Syringe Service in Iowa

Figure 3

Some states in the United States offer syringe service programs, 2021



States with a syringe service program allowed	States with a syringe service program explicitly authorized	States with a syringe service program not allowed
AK, OR, SC, WI	AZ, CA, CO, CT, DE, DC, FL, GA, HI, ID, IL, IN, KY, LA, ME, MD, MA, MI, MT, NV, NH, NJ, NM, NY, NC, ND, OH, RI, TN, UT, VT, VA, WA, WV	AL, AR, IA, KS, MN, MS, MO, NE, OK, PA, SD, TX, WY
4	33 (plus DC)	13

Source: See Appendices A, B, and C.





**What is one thing that
stands out for you so far
today?**



**Remember,
Change is
Hard...
for ALL of us!!**



Questions?



Thank you... **YOU ROCK!**



Wrap up this session in **ACTION!**

What is one thing that you are committed
to do to support prevention efforts in
your community at this point?

Please Write it Down!



**Opioid
Response
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