

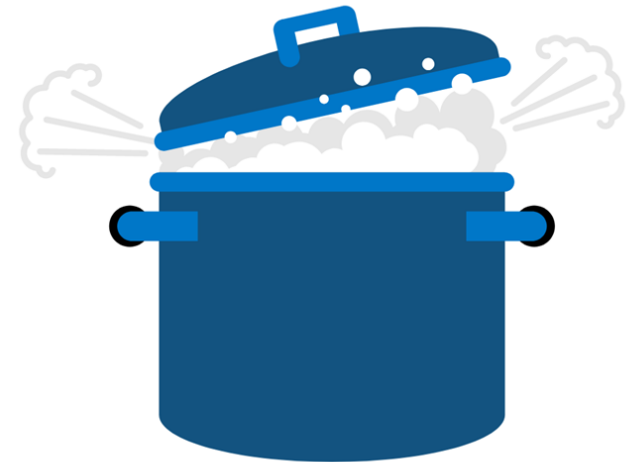
Prevention Overview

SOORP Meeting

January 3, 2023

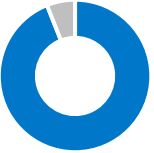
WA State HCA Prevention and Promotion System

- ▶ To reduce youth and young adult substance use and misuse, the prevalence of substance use disorder, and promote mental health and wellbeing across the lifespan.
- ▶ Accomplished through our shared commitment to:
 - ▶ Engage State, Tribal, and local partners
 - ▶ Serve communities with higher risk and need
 - ▶ Utilize research and evidence-based practices
 - ▶ Measure outcomes



HCA Prevention Programs Demonstrate Prevention Works!

▶ Decreased Substance Use Indicators:

94%  of CPWI sites had **significant decreases or remained neutral** across most substance use outcomes (>80%)

73%  of CPWI sites showed reductions in **heavy drinking** among youth

53%  of CPWI sites showed reductions in youth **access to alcohol**

76%  of CPWI sites showed reductions in youth **access to cigarettes**

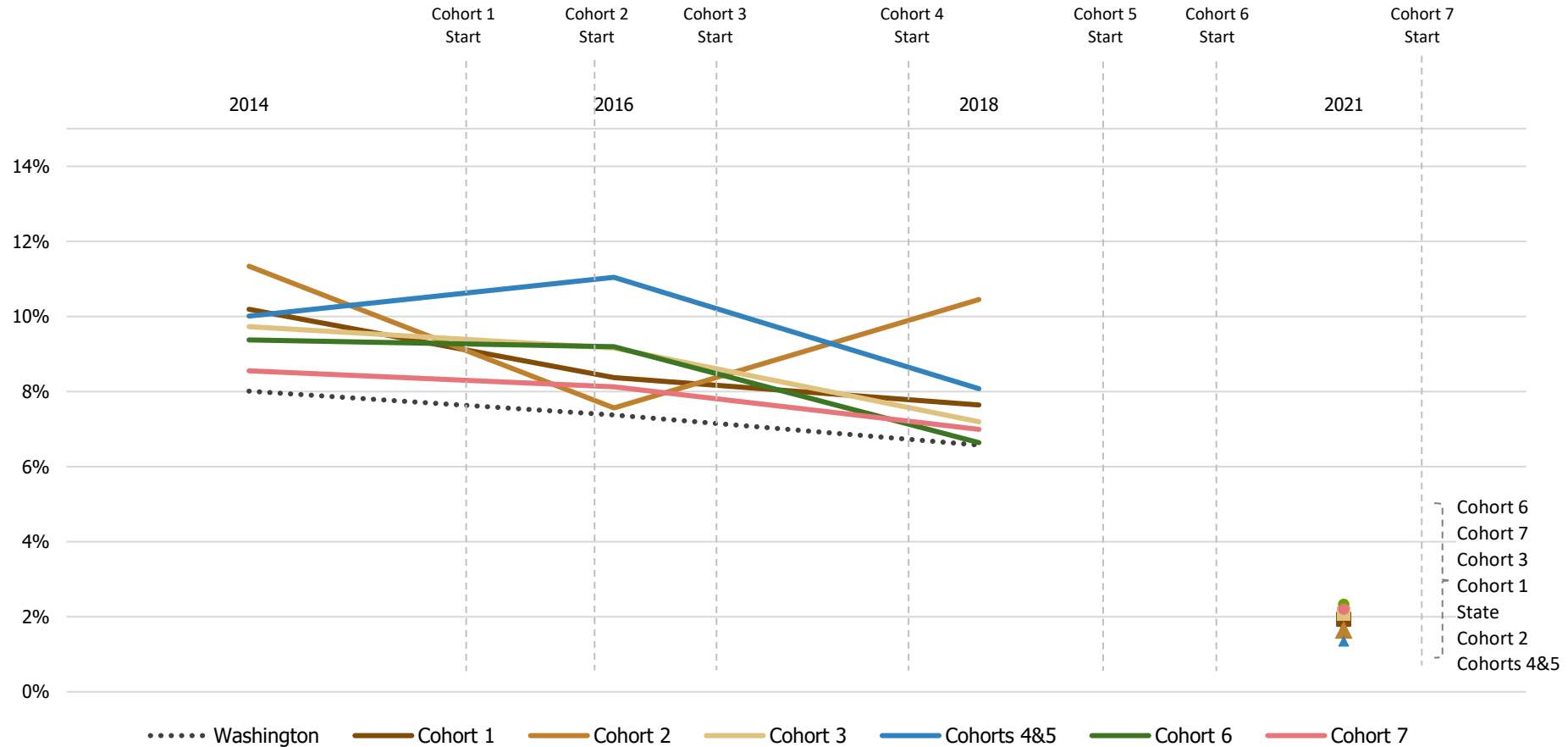
Improved School Outcomes

- Improved graduation rate
- Decreased dropout out rate
- Improved grades

Effectively Delay the Onset of Substance Use Between 6th Grade and 12th Grade

Proven Cost Beneficial

CPWI Communities Following WA State Trends: 10th Grade Rates of Prescription Drug Misuse in Past 30 Days are Decreasing



Data Source: HYS

The Statewide 5-Year Strategic Plan



Mission, Vision, and Key Values

Mission: The SPE Policy Consortium, through partnerships and collaboration, will strengthen and support an integrated, statewide system of community-driven SUD prevention, behavioral and mental health promotion, and related themes.

Vision: A state where all individuals, families, youth, and communities can be as healthy as possible in a safe and nurturing environment.

Key Values :

- Work collaboratively to produce a collective impact.
- Address health disparities and promote health equity.
- Make data-informed decisions.
- Support community-level initiatives.
- Consider the entire lifespan of the individual.

Key Principles:

- We work to prevent youth access to alcohol and other drugs.
- We implement programs that further positive youth development.
- We support public policies that promote public behavioral health and safety, including reducing/limiting access for products.

SPE Partners

▶ SPE Consortium Co-Chairs:

- ▶ Department of Health: Allen Christensen, Office of Healthy and Safe Communities Director
- ▶ Health Care Authority: Sarah Mariani, Substance Use Disorder Prevention and Mental Health Promotion Section Manager

SPE Consortium Member Agencies:

- ▶ Department of Children, Youth, and Families
- ▶ Department of Health
- ▶ Department of Social and Health Services
- ▶ Drug Enforcement Agency WA Office
- ▶ Foundation for Healthy Generations
- ▶ Liquor and Cannabis Board
- ▶ Mentor WA
- ▶ Northwest High Intensity Drug Trafficking Area
- ▶ Office of Superintendent of Public Instruction
- ▶ University of WA
- ▶ Washington Poison Center (WAPC)
- ▶ Washington State Department of Labor and Industries (L&I)
- ▶ Washington State Hospital Association (WSHA)
- ▶ Washington State Institute for Public Policy (WSIPP)
- ▶ Washington State Patrol (WSP)
- ▶ Washington State University (WSU)
- ▶ Washington Traffic Safety Commission (WTSC)

SPE Advising Groups:

- ▶ College Coalition for Substance Use Disorder Prevention (CCSAP)
- ▶ Prevention Certification Board (PSCBW)
- ▶ Prevention Research Subcommittee (PRSC)
- ▶ State Board of Health (SBOH)
- ▶ State Epidemiological Outcomes Workgroup (SEOW)
- ▶ WA Association Substance Use Disorder and Violence Prevention (WASAVP)
- ▶ Washington Healthy Youth Coalition (WHY)

Assessment: Priority Areas

- ▶ Underage drinking
- ▶ Cannabis/marijuana misuse
- ▶ Opioids, both prescribed and illicit, other prescription drugs, and stimulants misuse
- ▶ Commercial tobacco misuse
- ▶ Young Adult/Adult – Alcohol misuse
- ▶ Depression and anxiety
- ▶ Suicide ideation
- ▶ Vaping
- ▶ Problem gambling

Health Equity

- ▶ Significant mental disparities among female sex assigned at birth
- ▶ LGB students show disparities across all major indicators
- ▶ Students who self identify as disabled have significantly higher risk factors for problem behaviors
- ▶ Students who are unhoused are more than twice as likely to have attempted suicide
- ▶ Resource assessment shows that programs designed for LGB and disabled students are rare

Health disparities data

Health Disparities Data by Gender at Birth, Sexual Orientation, Disability Status, and Housing Insecurity, Washington State 10th Grade Students
Subpopulation, 2021

Red highlighted data indicates a statistically significant difference at the p<0.05 level

Behavioral health problem	Gender at birth ¹		Sexual orientation (LGB) ²		Disability status ³		Housing insecurity ⁴	
	Female	Male	LGB	Hetero-sexual	Disability	No disability	Insecure housing	Secure housing
Smoked cigarettes in past 30 days	2.3%	1.6%	4.9%	1.1%	3.8%	0.8%	10.2%	1.7%
Drank alcohol in past 30 days	9.7%	7.0%	13.5%	7.2%	15.8%	6.3%	15.1%	8.1%
Used marijuana or hashish in past 30 days	7.9%	6.4%	13.9%	5.8%	11.5%	5.4%	16.6%	6.7%
Binge drinking in past 2 weeks	6.0%	4.9%	9.3%	4.8%	8.4%	4.7%	11.5%	5.1%
Pain killer use in past 30 days	1.2%	0.8%	2.3%	0.7%	3.0%	0.4%	4.0%	0.8%
Sad/hopeless in past 12 months	50.2%	25.4%	65.9%	29.0%	61.2%	28.5%	52.8%	36.5%
Suicide ideation	26.2%	12.6%	46.3%	11.5%	38.2%	13.0%	36.5%	18.5%
Suicide plan	20.8%	10.3%	34.8%	9.2%	30.5%	10.0%	26.0%	14.7%
Suicide attempt	11.6%	4.5%	20.9%	4.3%	18.2%	4.2%	16.3%	7.2%
Bullied in the past 30 days	16.3%	10.1%	23.1%	10.2%	25.7%	8.6%	21.7%	12.7%
Anxiety ⁵	55.0%	23.1%	67.5%	29.7%	61.8%	36.0%	47.2%	38.9%

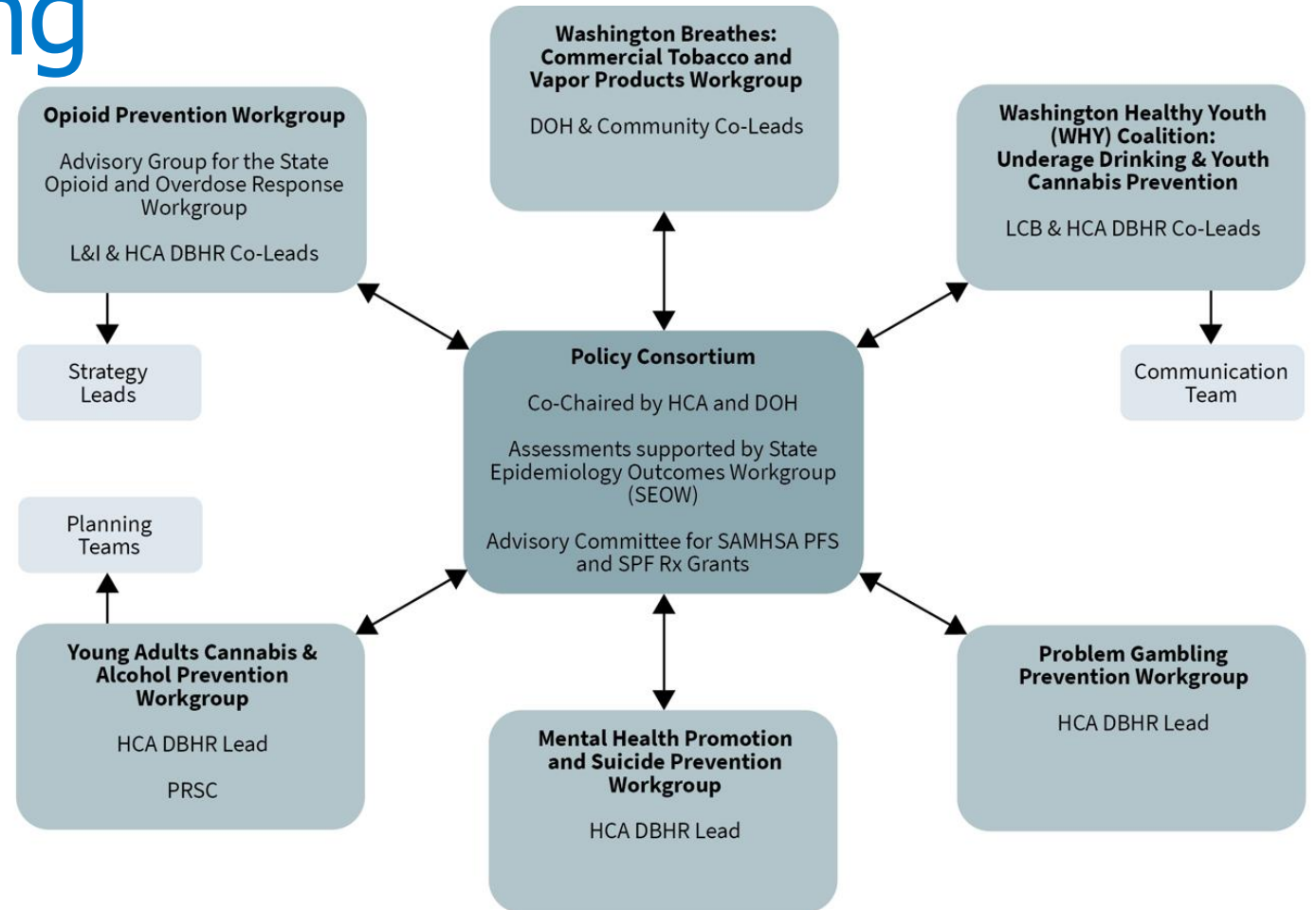
SPE Consortium Action Plan & Strategic Objectives

Strategic Objectives

- ▶ **Strategic Objective One:** Strengthen state collaboration to prevent initiation of substance use and promote mental health.
- ▶ **Strategic Objective Two:** Utilizing needs assessment data in Washington State, create and disseminate communication plans, campaigns, trainings, and resources to better serve populations in need.
- ▶ **Strategic Objective Three:** Implement environmental strategies to: reduce access and availability of substances; change community and social norms of substance use; and reduce stigma in accessing behavioral health services.
- ▶ **Strategic Objective Four:** Commit and dedicate efforts to implementing SUD prevention and mental health promotion programs to strengthen protective factors and reduce risk factors.
- ▶ **Strategic Objective Five:** Strengthen the long-term sustainability of the behavioral health promotion and SUD prevention workforce.

Workgroup Planning

- ▶ The SPE work is part of a larger effort



Opioid Prevention Workgroup

(Prevent opioid and substance misuse, and associated harms)

▶ Goals:

- ▶ Prevent misuse of opioids and other substances in communities, particularly among youth and young adults.
- ▶ Promote use of opioid prescribing best practices among health care providers.
- ▶ Increase the use of the Prescription Drug Monitoring Program
- ▶ Educate the public about the risks of opioid use, including overdose.
- ▶ Promote safe home storage and appropriate disposal
- ▶ Decrease the supply of illegal opioids

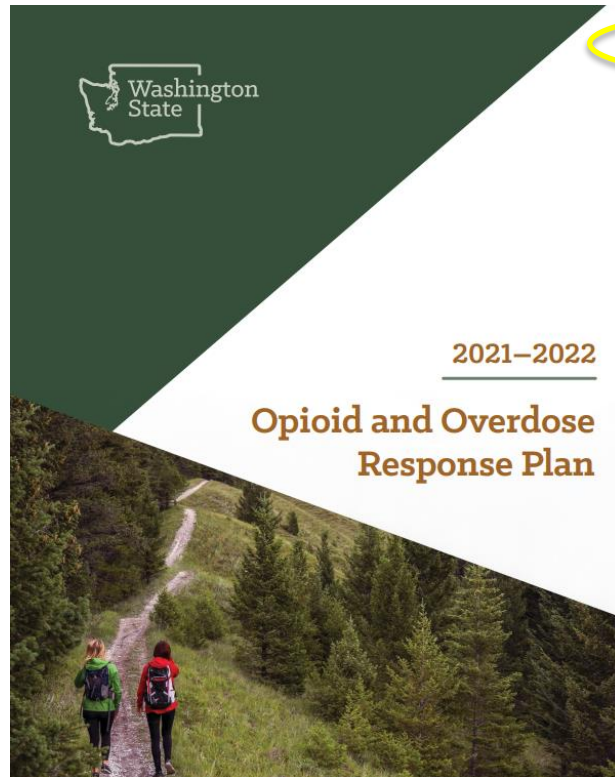
▶ Data Measures:

- ▶ Any opioid/prescription drug misuse – 30-day use. HYS
- ▶ Painkiller use – past 30 days. HYS.

▶ Strategies:

- ▶ Implement CPWI/SAPISP
- ▶ Fund CBO's in implementing EBPs
- ▶ Fund Tribes in providing culturally attuned programs
- ▶ Safe prescribing and utilization of PMP
- ▶ Public Education Campaigns

Washington State Opioid and Overdose Response Plan



- ▶ Goal 1 – Prevent opioid and other drug misuse
- ▶ Goal 2 – Identify and treat opioid misuse and stimulant use disorder
- ▶ Goal 3 – Ensure and improve the health and wellness of people who use opioids and other drugs
- ▶ Goal 4 – Use data and information to detect opioid misuse, monitor drug user health effects, analyze population health, and evaluate interventions.
- ▶ Goal 5 – Support individuals in recovery

Abatement Guidelines Recommend Upstream Prevention Work

- ▶ Guidelines recommend focusing on the necessary upstream work that is critical in schools and communities to delay the onset of use and to **“reduce the flow”** of people needing more intense services.
- ▶ Final Distributor Settlement Agreement describes the first priority:
 - ▶ to support community coalitions, community-based organizations, Tribal communities, school districts, and a continuum of providers that serve OUD-affected families, in implementing evidence-based programs (EBPs) and culturally-adapted prevention/early intervention programs.

Primary prevention efforts—which are designed to stop use before it starts—can interrupt the pathways to SUD and overdose.

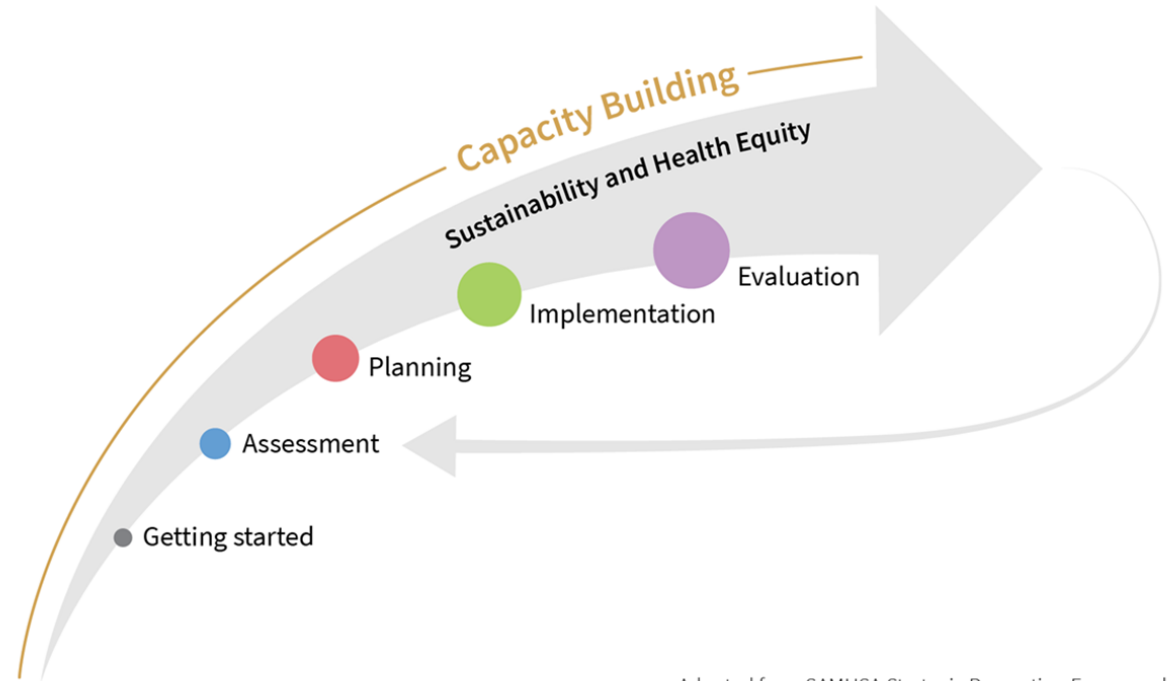
Strategy	Metric	When	Data Source	Lead Organization
1.2, 1.3	Patients on high-dose chronic opioid therapy > 90 mg MED	Quarterly	DOH Opioid Dashboard	DOH/LNI
1.2, 1.3	New opioid patients who become chronic users	Quarterly	DOH Opioid Dashboard	DOH/LNI
1.2, 1.3	Chronic opioid patients with concurrent sedative use	Quarterly	DOH Opioid Dashboard	DOH/LNI
1.2, 1.3	Days of opioids supplied to new client	Quarterly	DOH Opioid Dashboard	DOH/LNI
1.2, 1.3	Opioid Access: Patients with any opioid prescriptions per 1,000	Annually	DOH Opioid Dashboard	DOH, WSHA, WSMA
1.1, 1.2, 1.3	Opioid Access: Youth and young adults prescribed an opioid per 1,000.	Annually	DOH Opioid Dashboard	DOH, WSHA
1.1, 1.2, 1.3	Opioid Access: Older adults prescribed an opioid per 1,000.	Annually	DOH Opioid Dashboard	DOH, WSHA
1.1, 1.4	Number of youth that report using pain killers to get high	Bi-Annually	Healthy Youth Survey	HCA
1.1, 1.4	Number of youth that report using prescription drugs not prescribed to them	Bi-Annually	Healthy Youth Survey	HCA
1.1, 1.4	Number of young adults that report using pain killers to get high	Annually	Young Adult Health Survey	HCA/UW
1.5, 1.4	Number of adults that report safely storing medication	Annually	CPWI Community Survey	HCA
1.5, 1.4	Number of adults that report knowing how to safely return unused medication	Annually	CPWI Community Survey	HCA
1.5, 1.4	Number of lbs of prescription medication collected	April/Oct, Annually	MED-Project, Minerva	DOH, HCA
1.1, 1.2, 1.3	Opioid Related Deaths/Injury per 100,000	Quarterly	DOH – Opioid Dashboard	DOH
1.1, 1.2, 1.3	Opioid Related Hospitalizations	Quarterly	DOH – Opioid Dashboard	DOH

Specific Primary Prevention Activities under Goal 1

Community Prevention and Wellness Initiative Model (CPWI)

- ▶ A health equity approach to behavioral health services.
- ▶ Provides *locally-driven* solutions to *local* issues.
- ▶ Leverages limited public resources.
- ▶ Rooted in evidence-based practices and informed by local data.
- ▶ CPWI distributes prevention services to highest need communities across Washington State.

CPWI Planning Framework



Adapted from SAMHSA Strategic Prevention Framework

Community Prevention and Wellness Initiative Model (CPWI)

Community-based services include a multi-tiered approach:

- ▶ Local decision-making to address needs
- ▶ Community involvement
- ▶ Community awareness building
- ▶ Public education campaigns
- ▶ Direct services (i.e. parenting/caregiver education and support; mentoring; youth groups)
- ▶ Policy and environmental efforts

School-based services include a multi-tiered approach:

- ▶ Schoolwide universal prevention
- ▶ Classroom education
- ▶ Problem identification and referral
- ▶ Early intervention and support groups to selected/indicated students
- ▶ Parent/guardian engagement
- ▶ Training and education to school staff
- ▶ Focuses on secondary grade levels (6–12).

Education and Media Campaigns

- ▶ Starts with One
- ▶ Friends for Life
- ▶ For Our Lives
- ▶ WSHA – SWO Collaboration

HOW TO REFUSE DRUGS

Teaching teens refusal skills can help them respond to pressure they may face to try drugs.

- Send a signal
- Agree on a code the teen can text or call you to come pick them up ASAP.
- Pass the blame
- "I'd be grounded for life if my parents (caregivers) found out."
- Offer an alternative
- "I'd rather get a bite to eat instead."
- Make an excuse
- "I can't, I have a huge test tomorrow."
- Be honest
- "No, thanks, I'm not interested."
- Avoid the situation
- Avoid going places where drugs are likely to be present.

FRIENDS FOR LIFE
PREVENT OVERDOSE

TALK TO TEENS ABOUT FENTANYL

culture is prevention

Opioid misuse is preventable
We all play a part

Connecting to our culture and each other makes us stronger, especially when times are challenging.

STARTS WITH ONE
a guide to responsible opioid use

Opioid pain medication like oxycodone, hydrocodone, codeine, and morphine can be highly addictive. Before you take opioids, know how to take them responsibly.

...gatively affect the brain over time, ...s highly addictive.2 ...ion might not be a viable ...d overall health. Talk to your ...t alternative ways to manage

...f taking opioids.

... U.S. Department of Veterans Affairs
National Institute on Drug Abuse for Teens

Washington State Health Care Authority | Washington State Hospital Association

act of courage

STOP OPIOID MISUSE
Your choices matter

- If you are prescribed an opioid, talk with your doctor about other options.
- Nearly half of people misusing pain relievers, including prescription opioids, get them from a friend or family member. Never share an opioid prescription with someone else.3
- Treatment works. If you think you need help, call Washington Recovery Help Line at 1(866) 789-1511.

Opioids negatively affect the reward center in the brain. This makes them highly addictive.4

You can make a difference. Help a friend. Share the facts.

Learn more at GetTheFactsRx.com

Evaluations and Outcomes

▶ SOR III CPWI, CBO, Tribes

- ▶ Last year, 129,515 people were reached through prevention efforts.

▶ Impact Over Time Report (WSU)

- ▶ Prevalence of all substance use outcomes decreased for all cohorts.
- ▶ CPWI communities closed many gaps in prescription drug misuse
- ▶ CPWI communities are trending towards looking more like Washington State as a whole for most outcomes.

▶ Starts With One Campaign Evaluation

- ▶ Campaign delivered over **86,385,797** impressions
- ▶ Locking up medication increased from 25-30% to over 50%
- ▶ People getting opioids from friends/family decreased from 75% to 47%
- ▶ 311,000 lbs. of medication have been safely disposed of since 2016
- ▶ Pharmacist spoke to 855 people and 615 locking bags were distributed

Questions?

Where to learn more:

www.TheAthenaForum.org/spe

Contact Information

► SPE Co-Chairs:

Sarah Mariani – sarah.mariani@hca.wa.gov
and Allen Christensen -
allen.christensen@doh.wa.gov

► SPE Staff:

Alicia Hughes – alicia.hughes@hca.wa.gov
Isaac Wulff – isaac.wulff@hca.wa.gov
Erika Jenkins – erika.jenkins@hca.wa.gov

