

STRENGTHENING SCHOOL RESPONSE TO YOUTH OPIOID USE

Goal #1: Prevent opioid use among adolescent and transitional aged youth (TAY) across California through peer-to-peer health education in schools.

Goal #2: Identify and treat adolescent and TAY using opioids by providing schools and school-based health care providers with tools to screen for substance use, provide brief interventions and link to effective treatment, including MAT.



WHAT WE DID

Referral to Treatment/MAT

- [SBIRT: 'RT' is for Referral to Treatment](#) webinar
- [Medication Assisted Treatment \(MAT\) for Opioid Use Disorder \(OUD\)](#) conference workshop
- [Stemming the Tide: Training & Certification of Naloxone for Overdose Prevention](#) conference workshop

Brief Intervention

- [SBIRT: 'BI' is for Brief Intervention](#) webinar
- [Responding to Adolescent Substance Use through SBIRT & Peer Health Education](#) conference workshop

Screening

- [Youth Opioid Overview](#) webinar
- [SBIRT: 'S' is for Screening](#) webinar

Prevention

- Youth Board and school-based health provider identified opioid prevention education web resources
- Opioid prevention/SBIRT Youth Health Worker peer health education module

Consent & Confidentiality

- [HIPAA/FERPA Refresher](#) webinar focusing on substance use case studies

School Policy

- Policy brief highlighting how schools can replace punitive discipline practices with recovery-focused approaches to youth substance use
- [Advocacy Day](#) engaged students and school-based health providers to advocate for policies that strengthen school-based supports to intervene early in youth substance use

OUR RESULTS

Referral to Treatment/MAT

- 67 school health professionals registered for the SBIRT: 'RT' is for Referral to Treatment webinar, 86% of attendees strongly agreed or agreed that the training content would be useful in their work
- 23 school health professionals attended the MAT for OUD conference workshop, 80% of attendees were very satisfied or satisfied with the workshop
- 47 school health professionals attended the Stemming the Tide: Training & Certification of Naloxone for Overdose Prevention conference workshop, 86% of attendees were very satisfied or satisfied with the workshop
- [SBIRT Referral to Treatment Quick Guide](#)
- [Opioid Use Disorder Quick Guide](#)

Brief Intervention

- 82 school health professionals registered for the SBIRT: 'BI' is for Brief Intervention webinar, 100% of attendees strongly agreed or agreed that the training content would be useful in their work
- 184 school health professionals attended the Responding to Adolescent Substance Use through SBIRT & Peer Health Education conference workshop, 97% of attendees were very satisfied or satisfied with the workshop
- [SBIRT Brief Intervention Quick Guide](#)

Screening

- 94 school health professionals registered for the webinars, 100% of attendees strongly agreed or agreed that the training content would be useful in their work
- [SBIRT Screening Quick Guide](#)

Prevention

- <https://www.justthinktwice.gov/>
- <https://www.paopioidprevention.org/>
- 14 staff trained who will train youth leaders at six high schools in the Central Valley, Emerald Triangle, and Inland Empire using the opioid prevention/SBIRT Youth Health Worker module

Consent & Confidentiality

- 57 school health professionals registered

School Policy

- [Policy brief](#)
- 50 advocates, 16 of whom were youth, participated in Advocacy Day

WHAT WE'LL DO NEXT

Prevention

- Youth leaders at six high schools in the Central Valley, Emerald Triangle, and Inland Empire will reach students at their schools through outreach events

Consent & Confidentiality

- Create guidelines for school-based health providers addressing issues of consent and confidentiality regarding substance use treatment for youth
- Host training webinar on consent and confidentiality regarding substance use treatment for youth

School Policy

- Host a virtual policy hearing on effective school-based practices and policies to address youth substance use

School-Based Health SBIRT Quick Guide Substance Use Screening

Screening, Brief Intervention, and Referral to Treatment (SBIRT) is an evidence-based approach to the screening and identification of individuals engaged in substance use, the delivery of early brief interventions in order to reduce use, and the referral to treatment for high-risk use. The California School-Based Health Alliance (CSHA), with funding from the California Youth Opioid Response Grant, created this quick guide for SBIRT in school-based health centers (SBHCs) in an effort to reduce youth opioid use. This quick guide focuses on screening.

Why screen for substance use?

- Nationwide, 8.6 percent of youth age 12-17 report having used alcohol in the previous month, and 8.8 percent report past-month drug use.
- Fourteen percent of high school students have misused an opioid prescription.¹
- The majority of people with a substance use disorder (SUD) started using before age 18 and developed their disorder by age 20.²

Because of their early initiation, youth who use substances are at increased risk for health, educational, and social challenges related to alcohol and drugs. SBHCs are ideal places to identify these youth and provide evidence-based services that inform them about the health risks associated with alcohol and drug use, motivate them to change their behaviors, and support them in addressing the concerns that may be underlying their substance use.



This service is supported by a federal grant under the State Opioid Response program, with funding provided by the California Department of Health Care Services, The California School-Based Health Alliance, and the University of California, Los Angeles Integrated Substance Abuse Programs (UCLA ISAP) adapted in accordance from UCLA ISAP Adolescent SBIRT Brief that were part of the Central N. Hillen Foundation's Substance Use Prevention initiative.



School-Based Health SBIRT Quick Guide Brief Interventions for Substance Use

Screening, Brief Intervention, and Referral to Treatment (SBIRT) is an evidence-based approach to the screening and identification of individuals engaged in substance use, the delivery of early brief interventions in order to reduce use, and the referral to treatment for high-risk use. The California School-Based Health Alliance (CSHA), with funding from the California Youth Opioid Response Grant, created this quick guide for SBIRT in school-based health centers (SBHCs) in an effort to reduce youth opioid use. This quick guide focuses on brief interventions.

Why adopt brief interventions for substance use?

- Nationwide, approximately 2.4 million youth age 12-17 report having used alcohol in the previous month, and 2.2 million report past-month illicit drug use.³
- Opioid poisoning and mortality has significantly increased among both teens and young adults.⁴
- The vast majority of youth using substances do not have a substance use disorder (SUD) and therefore specialty SUD treatment would be clinically inappropriate.⁵ However, not addressing substance use increases the risk for serious health, educational, and social problems.⁶

Brief interventions are structured conversations designed to address alcohol and/or drug use among youth who are using substances, but do not need specialty SUD treatment. They are intended to be used when a young person screens positive for substance use or the need to discuss substance use emerges some other way.

The goal of brief interventions is to have a discussion aimed at reinforcing a youth's self-determination to reduce their risky behavior. Brief interventions are designed to be delivered in non-SUD treatment settings such as SBHCs.

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School-Based Health SBIRT Quick Guide Referral to Treatment for Substance Use

Screening, Brief Intervention, and Referral to Treatment (SBIRT) is an evidence-based approach to the screening and identification of individuals engaged in substance use, the delivery of early brief interventions in order to reduce use, and the referral to treatment for high-risk use. The California School-Based Health Alliance (CSHA), with funding from the California Youth Opioid Response Grant, created this quick guide for SBIRT in school-based health centers (SBHCs) in an effort to reduce youth opioid use. This quick guide focuses on referral to treatment, including referral to medication-assisted treatment in response to opioid use disorder (OUD).

Why adopt referral to treatment for substance use?

- Nationwide, 30% of high school students report having used alcohol in the previous month.⁷
 - Fourteen percent of high school students report illicit drug use.⁸
 - Between 1991 and 2012, the rate of non-medical use of opioids by youth, and the rate of OUD, more than doubled.⁹
- Referral to treatment is intended for youth who have a substance use disorder (SUD) and therefore need specialty SUD treatment that is typically beyond the scope of primary care settings such as SBHCs.



What are the different types of treatment for SUD treatment?

- There are many different types of treatment for youth with SUDs. The treatment types can fall into these general categories:
- Behavioral approaches – Psychosocial approaches address the underlying causes and impacts of OUD, ranging from individual counseling to group therapy. One common approach to OUD and other SUDs is Cognitive Behavioral Therapy (CBT). Short-term behavioral treatment is sometimes provided by trained and qualified behavioral health providers at SBHCs.

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School-Based Health SBIRT Quick Guide Opioid Use Disorder

The California School-Based Health Alliance (CSHA), with funding from the California Youth Opioid Response Grant, is creating quick guides for school-based health centers (SBHCs) in an effort to reduce youth opioid use. While our goal is to prevent youth opioid use, we recognize that adolescent experimentation and risk-taking is normative and prevention is not always successful. Therefore, it is important that health care providers are ready with age-appropriate screenings, brief interventions, and referrals to treatment (aka "SBIRT"). This quick guide focuses on opioid use disorder (OUD) and its impact on youth.

Young People Are Increasingly Impacted by Opioids

- About 4% of California high school students report using opioids each year.¹
 - Between 1991 and 2012, the rate of non-medical use of opioids by youth and their rate of opioid use disorders more than doubled.²
 - The rate of overdose deaths among youth is increasing. In 2016, half of the 4,235 overdose deaths among 15-24 year-olds were attributable to opioids.³
 - For every young adult overdose death, there are 119 emergency room visits and 22 treatment admissions.⁴
- Youth often start experimenting with opioids such as cough syrup with Codeine (AKA "Oxycod" or "Purple Drank"). One of the greatest risks facing youth who use opioids is that deaths from fentanyl – an extremely potent opioid – more than quadrupled in California between 2014 and 2017. Early evidence supports the notion of a pending "wave" as fentanyl enters more and broader pockets of the drug supply. Deaths are increasingly seen among individuals using substances other than opioids, including marijuana, that are laced with fentanyl.

Youth and OUD

The adolescent brain is uniquely primed for substance use disorder (SUD), including OUD. Biologically, youth are at greater risk of initiating substance use and progressing to OUD. Adolescent substance use is also highly predictive of adult substance use because the adolescent brain is still developing, making it more susceptible to addiction. Nine out of ten people meeting the clinical criteria for a SUD began using addictive substances before the age of 18.⁵ At the same time, youth are at higher risk of experiencing more severe short- and long-term harms of substance use. The developing adolescent brain puts youth at greater risk of substance use because:

- Adolescent brains are primed for novelty and risk taking. The limbic system – like the engine of a car – is very strong and active, while the prefrontal cortex – like the brake – is still developing. Opioids also form the prefrontal cortex, which can increase impulsivity.

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