

Center for Substance Abuse Prevention (CSAP)

Dona Dmitrovic
Director

Center for Substance Abuse Prevention
Substance Abuse and Mental Health Services Administration
U.S. Department of Health and Human Services

NASADAD Annual Meeting
CSAP Leadership Summit
June 7, 2021



SAMHSA
Substance Abuse and Mental Health
Services Administration

Center for Substance Abuse Prevention (CSAP)

Provide national leadership in the development of policies, programs, and services to prevent the onset of illegal drug use, prescription drug misuse and abuse, alcohol misuse and abuse, and underage alcohol and tobacco use.

Promote effective substance abuse prevention practices that enable states, communities, and organizations to apply prevention knowledge effectively.

Current Structure and Staffing

Office of Planning, Analysis & Coordination
Onaje Salim, Director

Division of State Programs
Torrance Brown, Director

Division of Workplace Programs
Ron Flegel, Director

Office of the Director

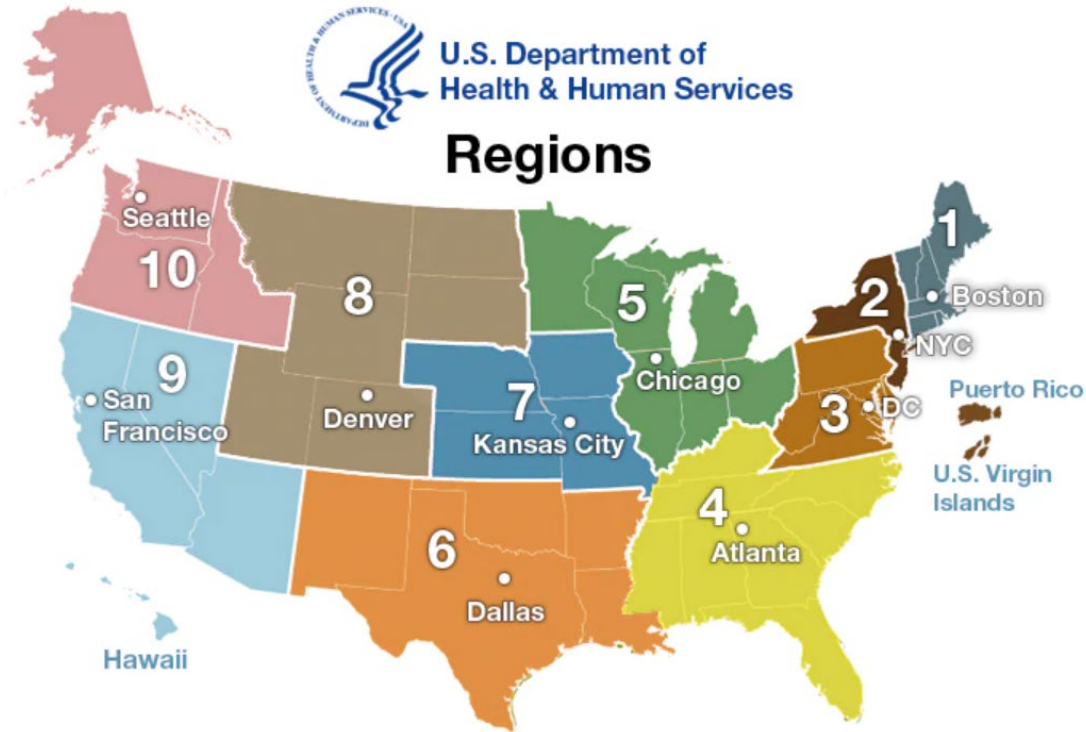
Dona Dmitrovic, Director
Christopher O'Connell, Deputy Director
Aida Balsano, Special Assistant
CAPT Arlin Hatch, Clinical Psychologist

Division of Community Programs
Cara Alexander, Director

Division of Systems Development
CAPT Josefine Haynes-Battle, Director

Office of Prevention Innovation
Ingrid Donato, Director

HHS Regions – SAMHSA Regional Offices

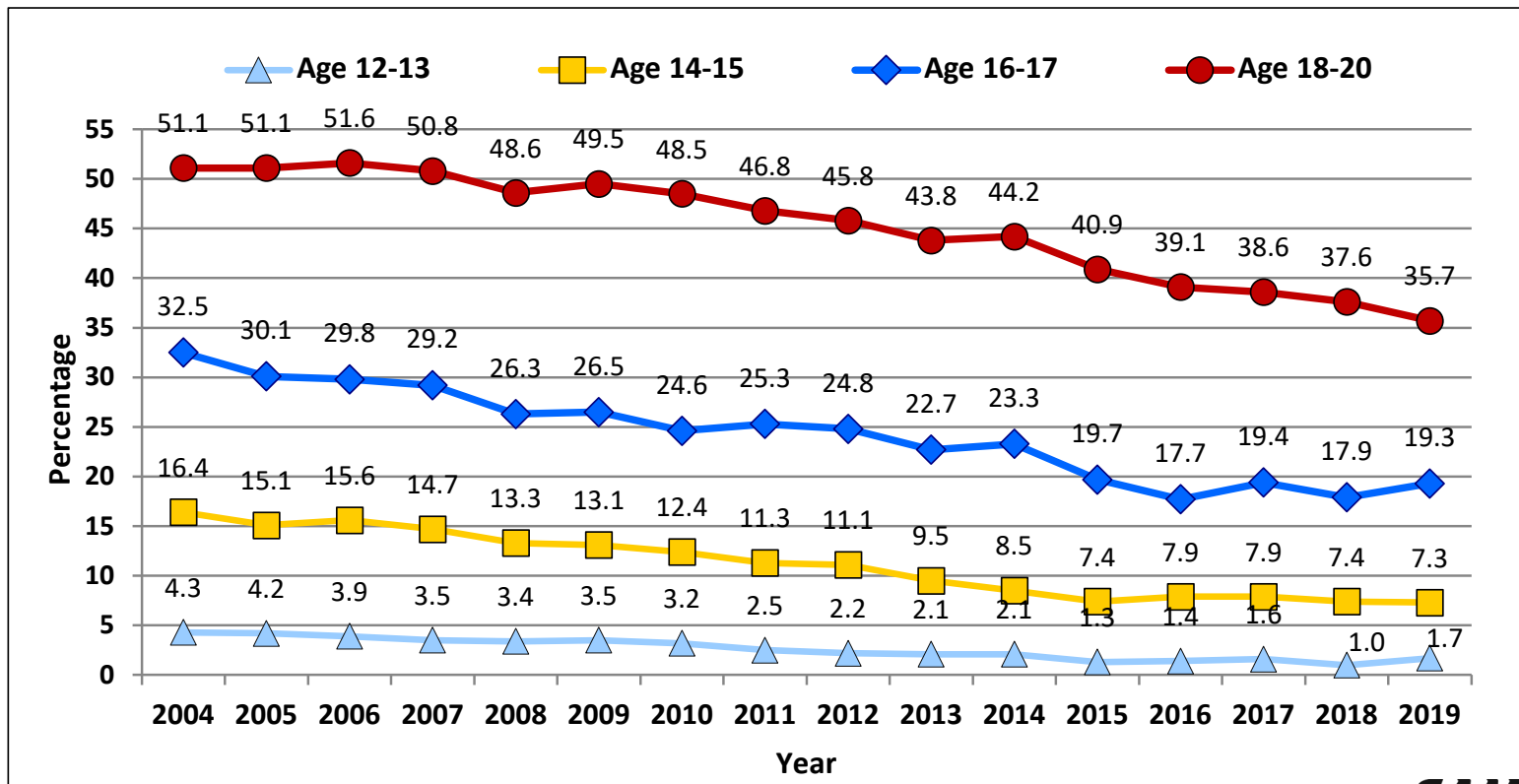


<https://www.samhsa.gov/about-us/who-we-are/regional-administrators>

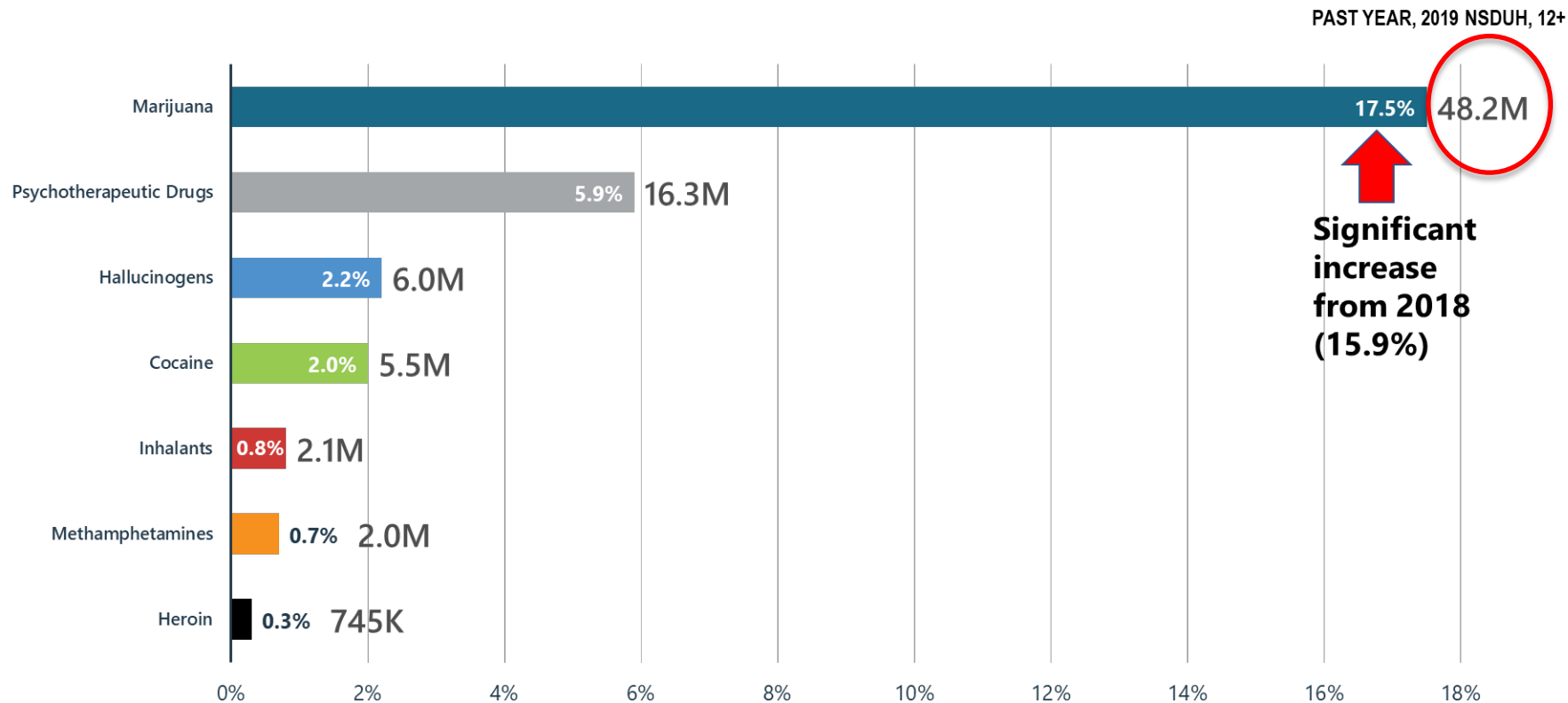


CAPT Jeffrey Coady
Region 5 Administrator

Past-Month Alcohol Use for 12- to 20-Year-Olds: NSDUH Data 2004–2019

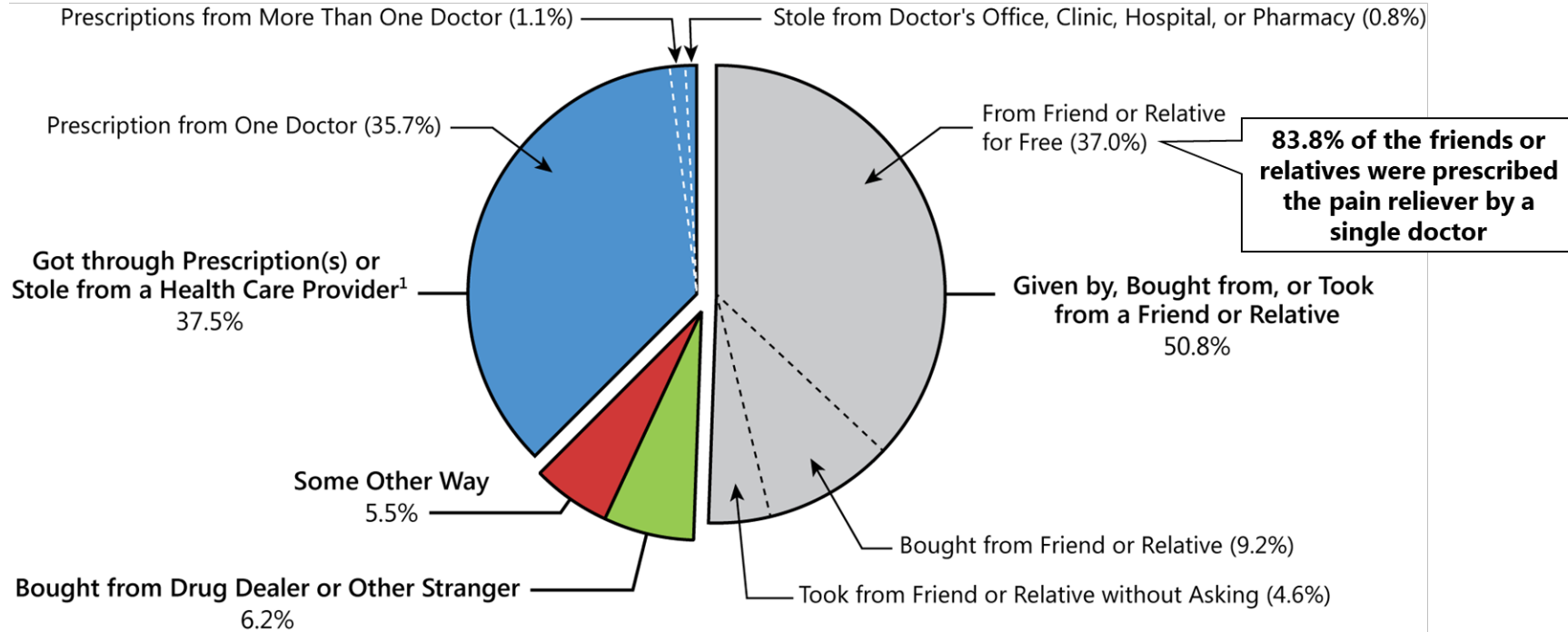


Illicit Drug Use: Major Concerns: Opioids, Marijuana, Methamphetamines



Sources Where Pain Relievers Were Obtained for Most Recent Misuse among People Who Misused Prescription Pain Relievers

PAST YEAR, 2019 NSDUH, 12+



9.7 Million People Aged 12 or Older Who Misused Prescription Pain Relievers in the Past Year

Sample of Frameworks that Inform CSAP's Response

The Environmental Model



Strategic Prevention Framework



Social Determinants of Health

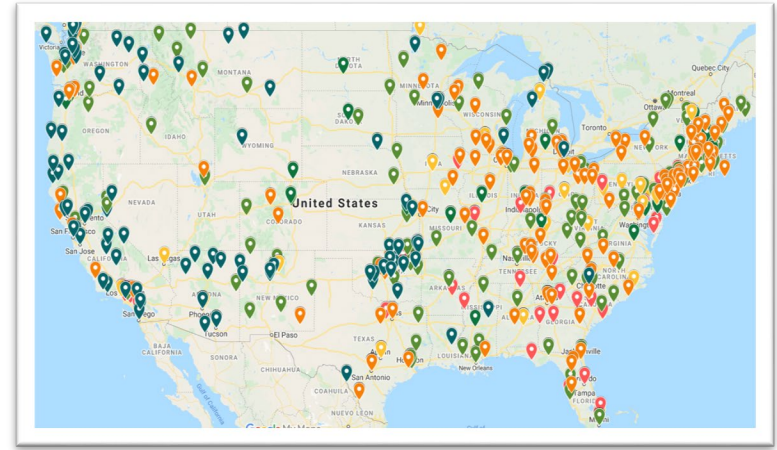
SAMHSA Substance Abuse Prevention System

GOAL: PREVENTION OF SUBSTANCE ABUSE AND MENTAL ILLNESS

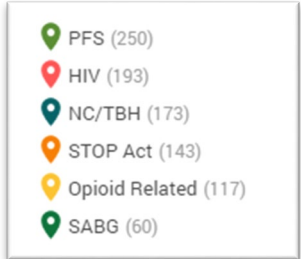


SAMHSA's Prevention Grant Portfolio

- Support communities to implement locally-driven substance use prevention programs across the U.S.
- Fund 936 grants, reaching thousands of communities, and hundreds of thousands of people with direct programs, and millions of people through public messaging campaigns.
- Support prevention programs targeting youth as well as adults, focusing on alcohol, marijuana, prescription drugs and other opioids, and other illicit drugs. Also, integrate HIV prevention and suicide prevention.



*Not Pictured: Alaska,
Hawaii, Puerto Rico, US
Virgin Islands, Guam,
American Samoa,
Marshall Islands, Northern
Marianas*



SAMHSA's Prevention Grant Portfolio (continued)

State formula funding

- Substance Abuse & Treatment Block Grants
 - Synar Program (youth tobacco use prevention)

Tribal discretionary funding

- Tribal Behavioral Health (Native Connections)

States and communities (discretionary)

- STOP Act Program (Sober Truth on Preventing Underage Drinking)
- Strategic Prevention Framework – Partnerships for Success (PFS)
- Drug Free Communities Support Program moved to CDC – 10/1/20

HIV discretionary programs

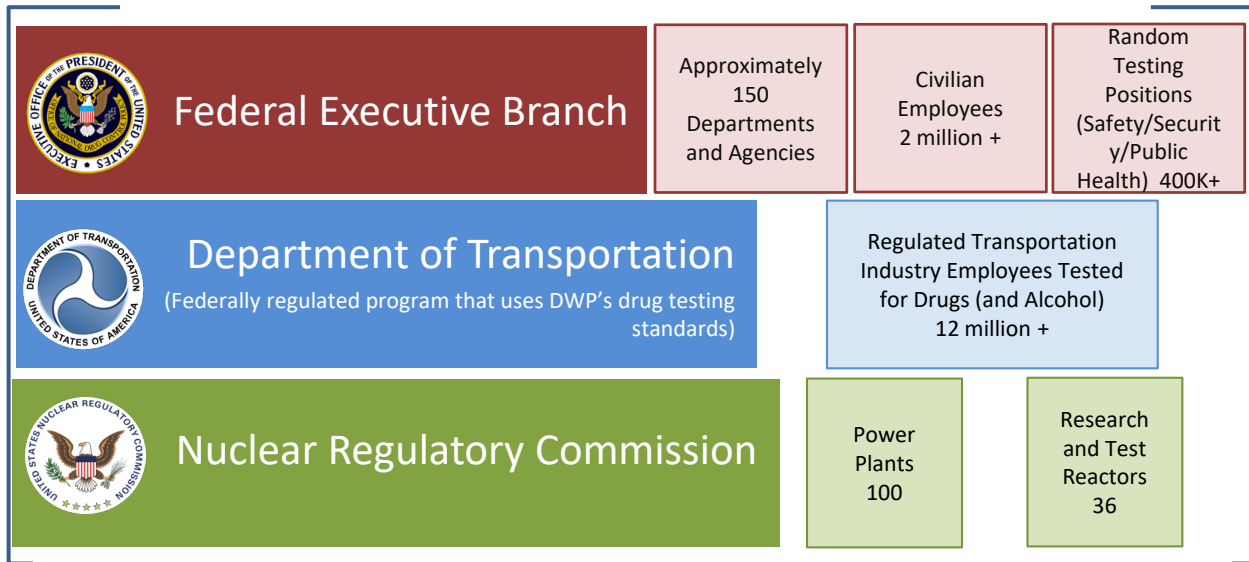
- HIV Prevention Navigator Program for Racial and Ethnic Minorities
- Minority AIDS Initiative (Substance misuse and HIV prevention to at-risk minority populations)

Opioid discretionary programs

- Strategic Prevention Framework for Prescription Drugs (SPF-Rx)
- Grants to Prevent Prescription Drug/Opioid Overdose Related Deaths
- First Responders (FR-CARA)
- Improving Access to Overdose Treatment (OD-Tx)

Drug-Free Workplace Program

Impacts 14 million+ employees



HHS-Certified Laboratories



Ensures standardization and consistency throughout the laboratory drug testing program

Drug Testing Advisory Board

- 10 Member Advisory Committee
- Provides advice to the DFWP on ongoing review of the direction, scope, balance, and emphasis of the Agency's drug testing activities and the drug testing laboratory certification program.
- Meets on a quarterly basis

DRUG-FREE
workplace
HELPLINE
800-967-5752
dwp@samhsa.hhs.gov



Supporting States





“Talk. They Hear You.”[®]

The campaign aims to **reduce underage drinking and other substance use among youths under the age of 21** by helping parents and caregivers learn how to turn common situations into opportunities to talk with their children about alcohol, drugs, and other substances.

“By Your Side” PSA for Parents and Caregivers





Communities Talk 2021

Purpose

- Educate the larger community about underage drinking.
- Support the mobilization of community action to prevent underage drinking.

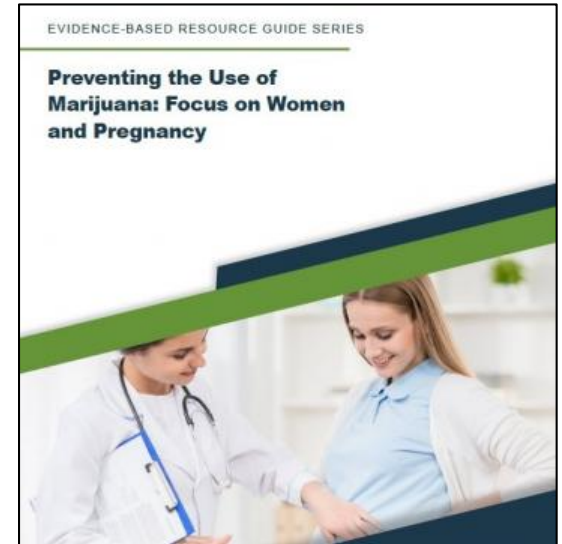
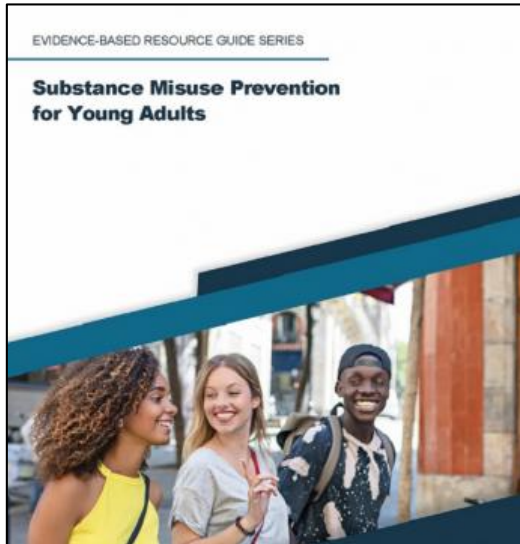
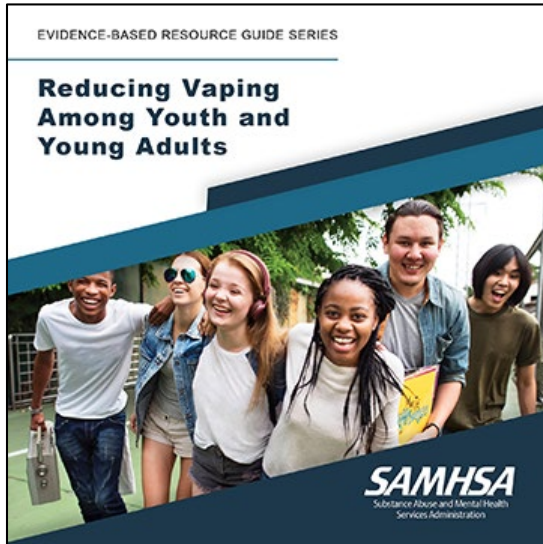
SAMHSA's 2021 *Communities Talk* stipend cycle is now open! Email INFO@STOPALCOHOLABUSE.NET if you would like to participate. Please note that invitations will be sent on a rolling basis.

www.stopalcoholabuse.gov



EVIDENCE-BASED PRACTICES RESOURCE CENTER

<https://www.samhsa.gov/ebp-resource-center>



SAMHSA's mission is to reduce the impact of substance abuse and mental illness on America's communities.



1-877-SAMHSA-7 (1-877-726-4727) • 1-800-487-4889 (TDD)

Reducing Youth Access to Alcohol During the Pandemic

Alcohol-to-Go – Keep A Lid On It

Patti M. Clark, Ed.D., MBA, CPS



PREVENTION PROMOTION
BEHAVIORAL HEALTH

Project Overview



PREVENTION PROMOTION
BEHAVIORAL HEALTH

- Statewide initiative
- Partner with local restaurants selling alcohol-to-go
- Utilize prevention labels to “seal” the cup during transport
- Response to Executive Order to support businesses during pandemic
- Executive Order became law in March 2021
- Focus on reducing youth access



Senate Bill 67



PREVENTION PROMOTION
BEHAVIORAL HEALTH

- Alcohol must be purchased in conjunction with food
- Only in quantities “reasonable” for the amount of food purchased
- Establishment must have a food license
- Those delivering must be 21
- Delivery prohibited in dry communities and to minors
- Bulk quantities prohibited
- Requires tamper-resistant seal
- Transport in locked glove compartment or trunk, not passenger area
- ID checks or server training not included in legislation language



Keep A Lid On It



PREVENTION PROMOTION
BEHAVIORAL HEALTH

- Two label designs provided free of charge to participating restaurants
 - Stop sign label can seal straw hole in cup
 - Tamper resistant seal connects lid to cup
 - Quick Response (QR) code on seal links to a website for information and safety tips
 - Disseminated through community coalitions
 - Provides a visible indicator to law enforcement should an individual be stopped during transport



Project Goals



PREVENTION PROMOTION
BEHAVIORAL HEALTH



- Prevent accidental alcohol consumption
- Prevent youth social access to alcohol
- Prevent impaired driving

Talking Points



PREVENTION PROMOTION
BEHAVIORAL HEALTH

- The most common place for youth to get alcohol is through friends and family
- Seal discourages consuming alcohol while driving
- Labels reduce risk of accidental consumption
- No cost to participate
- Confirms a business's commitment to preventing youth access and impaired driving in their community



Implementation Plan



PREVENTION PROMOTION
BEHAVIORAL HEALTH



- Local coalition members identify potential participating restaurants
- Coalition members reach out directly to the restaurant owner/manager
- One pager provided to explain project
- In-person follow-up encouraged
- Stickers provided with Block Grant funds (KY's Block Grant Performance Indicator = reduce youth alcohol use)
- Follow-up suggested after two weeks to replenish supply, check on progress
- Press release provided for use in local media
- Social media campaign encouraged (focus on whys of project, highlight participating restaurants)



KENTUCKY
REGIONAL
PREVENTION
CENTERS

Next Steps



PREVENTION PROMOTION
BEHAVIORAL HEALTH

- Project has just started
- Have requests for 5,000 seals
- 4/14 regions are participating
- Great opportunity for youth engagement



Patti Clark, Ed.D., MBA, CPS

Program Manager, Prevention & Promotion

*Ky Dept. for Behavioral Health,
Developmental & Intellectual Disabilities*

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PREVENTION PROMOTION
BEHAVIORAL HEALTH



“Innovations in Primary Prevention During COVID”

Virginia Department of Behavioral Health Office of Behavioral Health Wellness

**Gail Taylor, Director , NPN
Prevention Leadership Academy (PLA)
June 7, 2021**

SAMHSA Strategic Prevention Framework (SPF) - Outcome Based Planning model



Prevention is nimble.....Prevention is innovative

COVID-19 IMPACTS ON PREVENTION WORK

How Virginia communities are adapting prevention amid the COVID-19 pandemic

WHAT IS WORKING

CSBs and communities across Virginia have transitioned some in-person strategies to work remotely. There has been significant amounts of trial and error in adapting strategies, including trainings, which continue to evolve and develop into virtual sessions. New opportunities have also presented themselves during this difficult time. New partnerships of all kinds have developed, fresh media campaigns on new platforms have launched, and staff are able to devote more time to important tasks typically overshadowed.

See the areas below where CSBs have seen some small – and large! – successes recently.



Strengthening Families Program

The Strengthening Families Program (SFP) serves school age children ages 6-11 or 12-16 and their families in 14 family training sessions to increase resilience and reduce risk factors. The program consists of three life skills courses – parenting skills, youth's social/life skills, and family life skills. Families attend 14 weekly sessions, beginning with a meal, followed by separate parents and youth groups, and ending with a family group. Outcomes include increased family strengths and resilience and reduced risk factors for behavioral problems as well as emotional, academic and social problems. SFP is widely used as a universal primary prevention intervention in schools, churches, and communities. SFP builds on protective factors by improving family relationships, parenting skills, and improving the youth's social and life skills.



FDA issues Benadryl warning as it investigates reports of teen injuries and deaths linked to TikTok challenge.



Virginia COVID-19 Impacts Report

2019-2020

April 2021

This report was developed by OMNI Institute for the Virginia State Epidemiological Outcomes Workgroup (SEOW), which is supported by the Virginia Department of Behavioral Health and Developmental Services.



Virginia COVID-19 Impact Report

Executive Summary
April 2021

This document summarizes observational trends for each topic area of the Virginia COVID-19 Impact Report. This report was compiled by the OMNI Institute in partnership with Virginia's State Epidemiological Outcomes Workgroup (SEOW), which is supported by the Virginia Department of Behavioral Health and Developmental Services.

Introduction

Almost a year after the start of the pandemic, we are continuing to experience the effects of COVID-19 and explore how the pandemic has affected community members' health and wellness beyond the virus itself. This summary includes an overview of preliminary trends in data around youth impacts, behavioral health, substance use and overdoses, and the criminal justice system since the onset of COVID-19 in March 2020.

OMNI's team worked with the SEOW to access multidisciplinary data sources. Data was included in this report if:

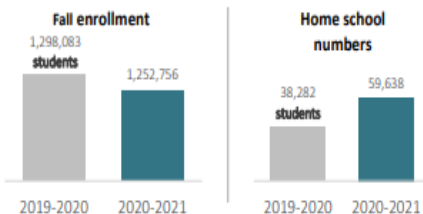
Data sources were specific to Virginia

Data from both 2019 and 2020 were included

Youth Impacts

Remote learning, school closures, and stressors associated with COVID-19 have impacted the social and educational environment for youth. Data from Virginia's Department of Social Services show slightly less children reported as possible victims of child abuse and neglect in 2020, but **the percentage of founded cases in 2020 has remained stable.**

Changes in education have also impacted youth. **Fall enrollment has dropped in the 2020-2021 school year**, while home schooling rates for the school year have increased.



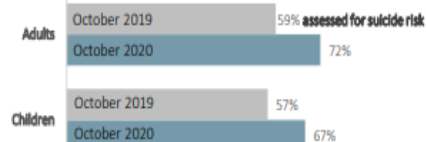
Youth Impacts Data Sources

- Performance-Based Prevention System
- Department of Social Services
- Virginia Sexual & Domestic Violence Action Alliance
- Department of Education

Behavioral Health

Behavioral health data trends vary across sources. The number of licensed behavioral health professionals remained steady, which will be important to address ongoing behavioral health needs. Additionally, the number of people receiving services from Community Services Boards (CSBs) has **grown since its initial drop at the start of the pandemic**, likely due to virtual appointments.

The percentage of patients who received a suicide risk assessment at the same visit where they were diagnosed with a Major Depressive Disorder (MDD) was higher after the pandemic began than before.



Behavioral Health Data Sources

- VDH Office of the Chief Medical Examiner
- Department of Behavioral Health and Developmental Services
- Department of Health Professions

Substance Use and Overdose

With an **increase in the amount of alcohol purchases and number of various drug prescriptions**, there have been several negative impacts on Virginians. There were more fatal alcohol-related car crashes, drug related ED overdose visits, and fatal overdoses in 2020 than in 2019.

In 2020 there was a 26% increase in overdose hospital visits from 2019.



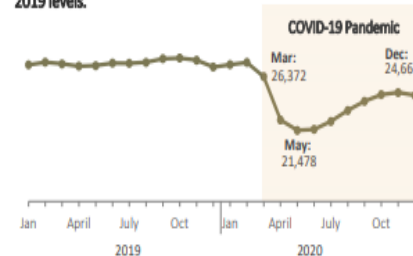
Substance Use and Overdose Data Sources

- Alcoholic Beverage Control (ABC)
- Bureau of Law Enforcement
- State Police
- Virginia Department of Health (VDH) Office of Epidemiology
- VDH Office of the Chief Medical Examiner
- Prescription Monitoring Program

Criminal Justice

When the pandemic began, the data show a decrease in jail populations, drug and alcohol arrests, and drug seizures. Conversely, the data also show an uptick in Peer Recovery Specialists in justice settings and inmate early releases at the beginning of the pandemic.

The total average daily jail population decreased nearly 20% from March to May 2020, after which the population remained below 2019 levels.



Criminal Justice Data Sources

- Compensation Board
- Department of Corrections
- Uniform Crime Report
- Department of Forensic Science
- Department of Corrections

Conclusion

The 2020 data included in this report is preliminary and should be used to make initial observations as opposed to a definitive analysis of effects across the state. Some key limitations of the report include:

Unavailable Data Sources
Many data resources and tools are not currently available to provide a larger-scale or more comprehensive report around COVID-19 impacts.

Timing
Until enough time has passed to look back and compare data pre- and post-COVID-19 thoroughly, this report can only offer a snapshot of trends starting to develop.

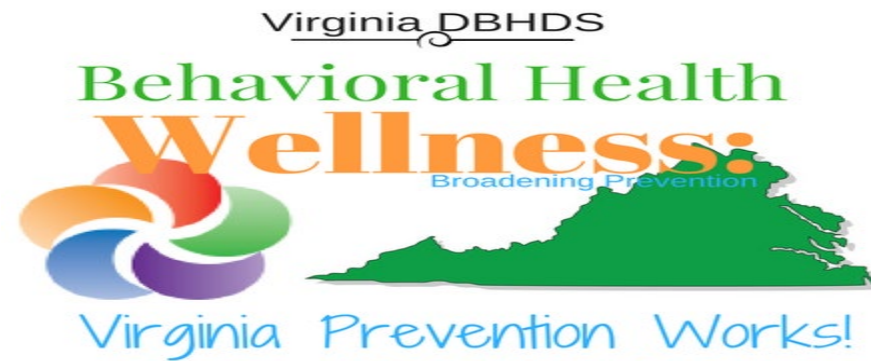
State-Level Reporting
More nuanced data may be available in specific counties or communities and should be used to understand more focused geographic impacts.

Capturing Disparities
The current data are reported at a broader level and do not break down impacts by sub-population to examine disparities.

Contact Information

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DBHDS Office of Behavioral Health Wellness

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www.viriginiaseow.org





Promotion, prevention, and early intervention

Sarah Mariani
Section Manager
SUD Prevention and
MH Promotion

Promotion and prevention

Our main goal is to:

- ▶ Reduce youth substance use and misuse, reduce prevalence of substance use disorder, and promote mental health.
- ▶ Prevent problems from “boiling over.”

▶ We do this through our commitment to:

- ▶ High-need communities.
- ▶ State, Tribal, and local partners.
- ▶ Research and evidence-based practices.
- ▶ Diversity, Equity and Inclusion
- ▶ Outcomes.



Innovation/Primary Prevention

- ▶ Addressing Equity
- ▶ Strategic planning
- ▶ Data collection and use
- ▶ Service delivery
 - ▶ The Community Prevention and Wellness Initiative (CPWI): Two-pronged approach: community coalitions and school-based prevention/intervention services.
 - ▶ Integrating with Mental Health Promotion - Dual outcomes
- ▶ Workforce

Innovation/Primary Prevention

▶ **Addressing Equity**

- ▶ Strategic planning

- ▶ Data collection and use

- ▶ Service delivery

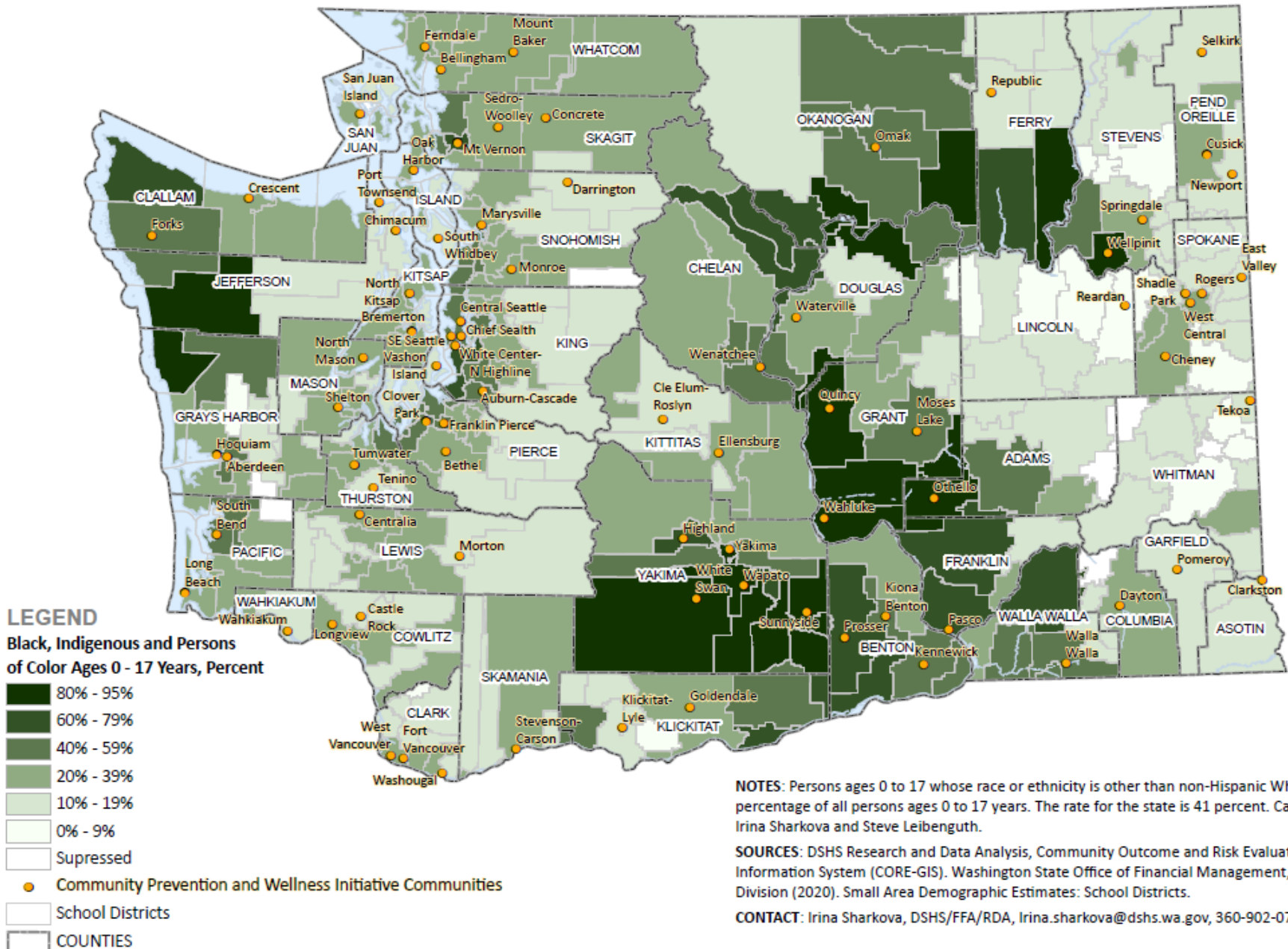
 - ▶ The Community Prevention and Wellness Initiative (CPWI):
Two-pronged approach: community coalitions and school-based prevention/intervention services.

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- ▶ Workforce

Black, Indigenous and Persons of Color, Ages 0 - 17 Years

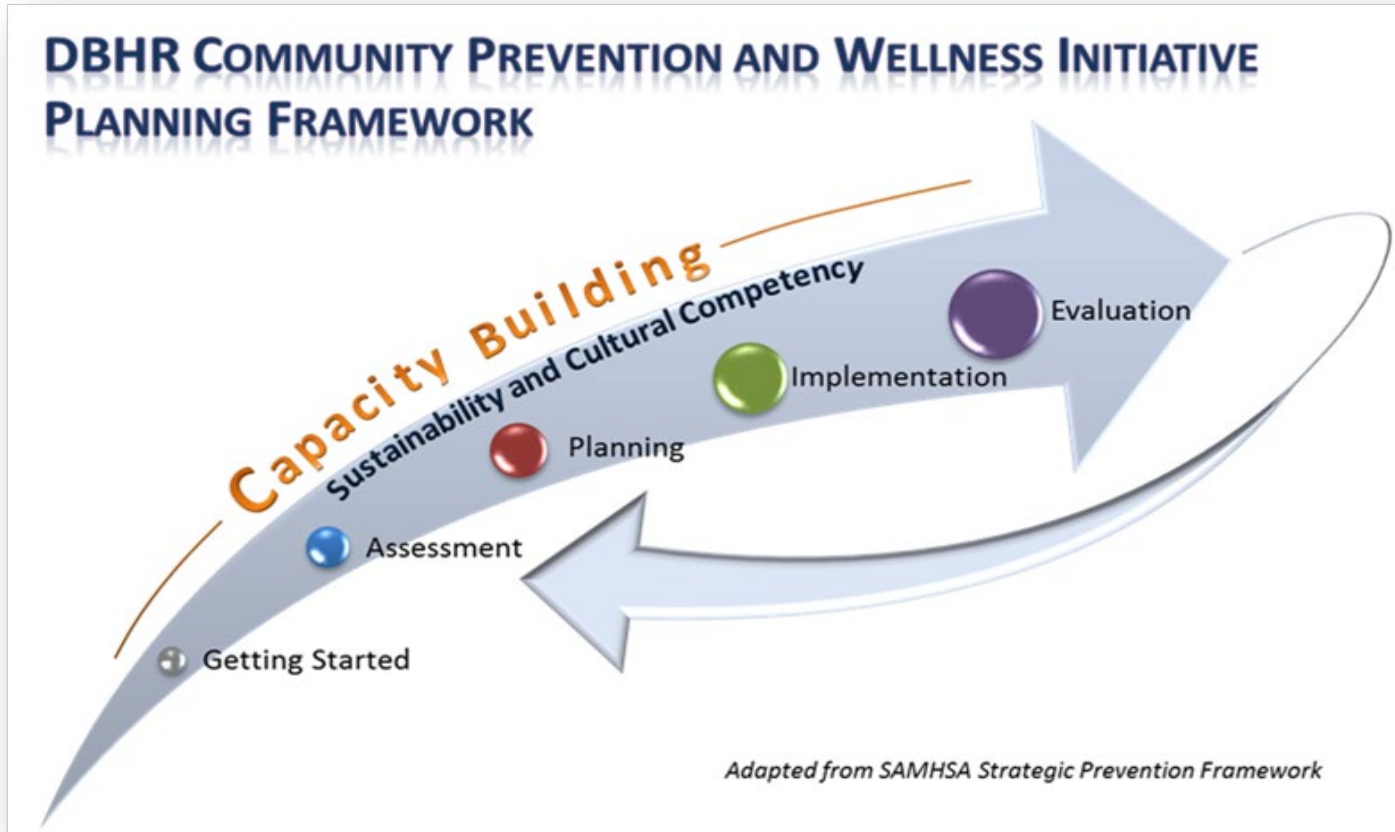
as a Percentage of All Persons Ages 0 to 17 by School District, 2020



Innovation/Primary Prevention

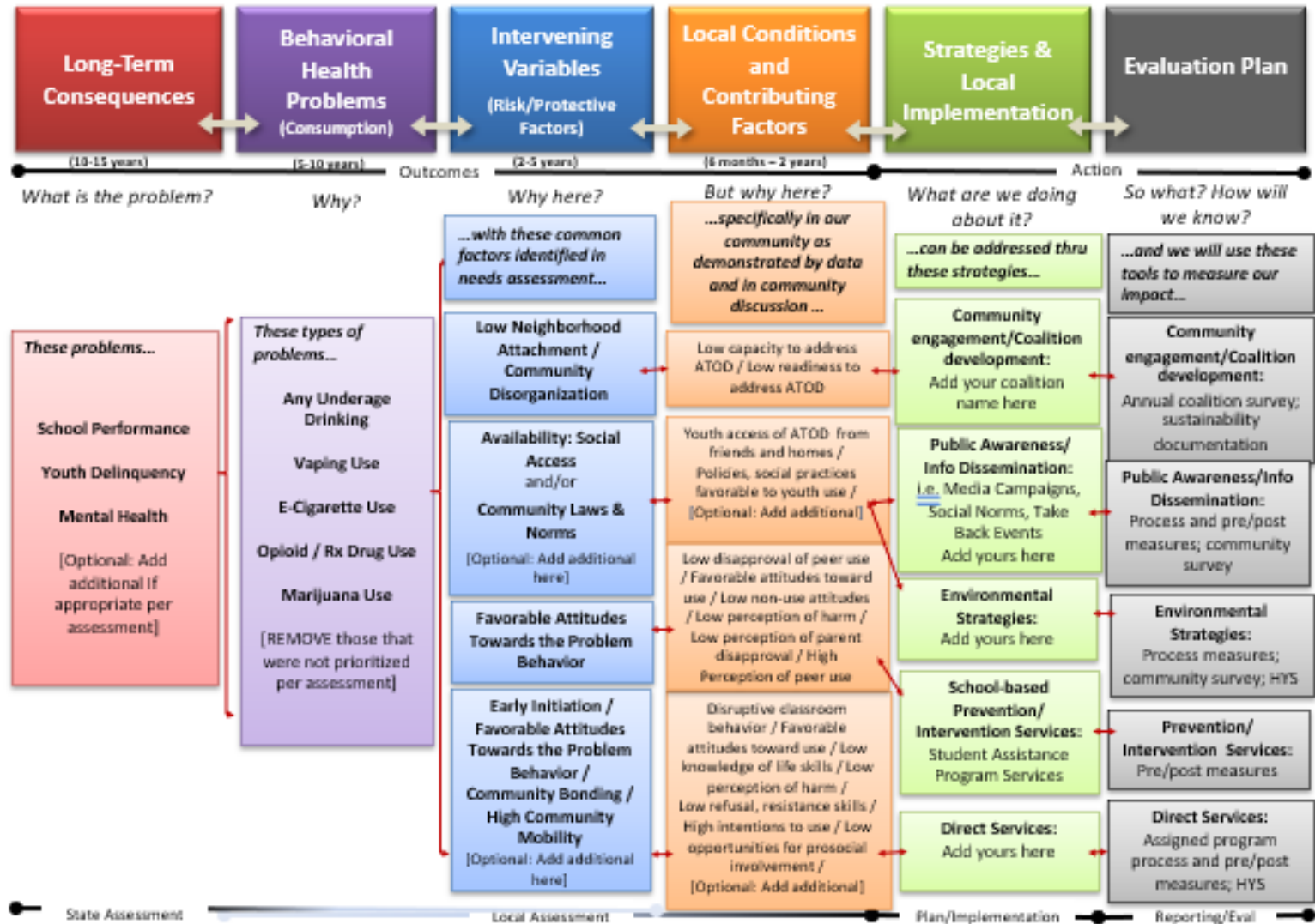
- ▶ Addressing Equity
- ▶ **Strategic planning**
- ▶ Data collection and use
- ▶ Service delivery
 - ▶ The Community Prevention and Wellness Initiative (CPWI): Two-pronged approach: community coalitions and school-based prevention/intervention services.
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Strategic Framework for CPWI



Logic models

[Name] Coalition Logic Model




Innovation/Primary Prevention

- ▶ Addressing Equity
- ▶ Strategic planning
- ▶ **Data collection and use**
- ▶ Service delivery
 - ▶ The Community Prevention and Wellness Initiative (CPWI): Two-pronged approach: community coalitions and school-based prevention/intervention services.
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Using data

2020 Community Risk Profile Summary
King County
February 2020

Indicators associated with substance use prevention and mental health promotion.
Presented at the State, County, and School District level for use by communities in directing their resources and in seeking additional funding.



CONTRIBUTORS
DSHS Research and Data Analysis Division: Aaron Starks, MA | Grace Hong, PhD | Irina Sharkova, PhD
In collaboration with the HCA Division of Behavioral Health and Recovery, Substance Use Disorder Prevention and Mental Health Promotion Section:
Kasey Kates, MSW, Policy and Program Supervisor | Sandy Salivaras, MSc, MPH, Epidemiological Prevention Research and Evaluation Manager | Sarah Mariani, CPP, Section Manager

Washington State
Department of Social
& Health Services
Transforming lives

Washington State
Health Care Authority

Using data

KING COUNTY		RISK RANKING		RISK CATEGORY RANK		CONTEXTUAL INDICATORS	
School District	Population: Age 10-17*	Rank for Variable	Indicators with Data	ATMO Consumption	Consequence	Economic Deprivation	Troubled Family
Auburn	10,871	39	22	Average	Average	Average	Average
Bellevue	12,628	3	22	Very Low	Very Low	Very Low	Very Low
Enumclaw	3,212	50	22	Average	Average	Low	Low
Federal Way	16,404	48	22	Average	Average	Average	Average
Highline	13,148	54	22	Average	Average	Average	Average
Issaquah	13,283	1	22	Very Low	Very Low	Very Low	Very Low
Kent	20,374	36	22	Average	Average	Average	Average
Lake Washington	18,330	6	22	Low	Very Low	Very Low	Very Low
Mercer Island	3,057	5	22	Low	Very Low	Very Low	Very Low
Northshore	14,857	4	22	Very Low	Very Low	Very Low	Very Low
Renton	11,305	37	22	Average	Average	Average	Low
Riverview	2,562	17	22	Low	Low	Very Low	Very Low
Shoreline	6,403	20	22	Average	Low	Low	Low
Skykomish	34	.	1	No Data	No Data	Average	Very High
Snoqualmie Valley	4,621	14	22	Average	Very Low	Very Low	Very Low
South Central-Tukwila	1,875	28	22	Low	Average	Very High	No Data
Tahoma	5,515	15	22	Low	Low	Very Low	Low
Vashon Island	1,141	19	22	Average	Very Low	Very Low	Low

NOTES:

This risk profile reflects the risk levels of this county as of February 2020. School districts with no high schools are not included in this summary. Please note risk levels and risk rankings may change over time. The ATMO consumption risk score is calculated from prevalence of alcohol, tobacco, marijuana, and prescription opioids use. The consequence risk score is calculated from school performance, youth delinquency, and mental health indicators. The overall risk ranking is not computed if either consumption or consequence score is missing.

- A Risk Category Rank of "Very High" indicates the referenced School District Risk Score was in the top 10% of School Districts in the risk category.
- A Risk Category Rank of "High" indicates the referenced School District Risk Score was in the top 25% of School Districts in the risk category.
- A Risk Category Rank of "Average" indicates the referenced School District Risk Score was between 25% and 75% of School Districts in the risk category.
- A Risk Category Rank of "Low" indicates the referenced School District Risk Score was in the bottom 25% of School Districts in the risk category.
- A Risk Category Rank of "Very Low" indicates the referenced School District Risk Score was in the bottom 10% of School Districts in the risk category.

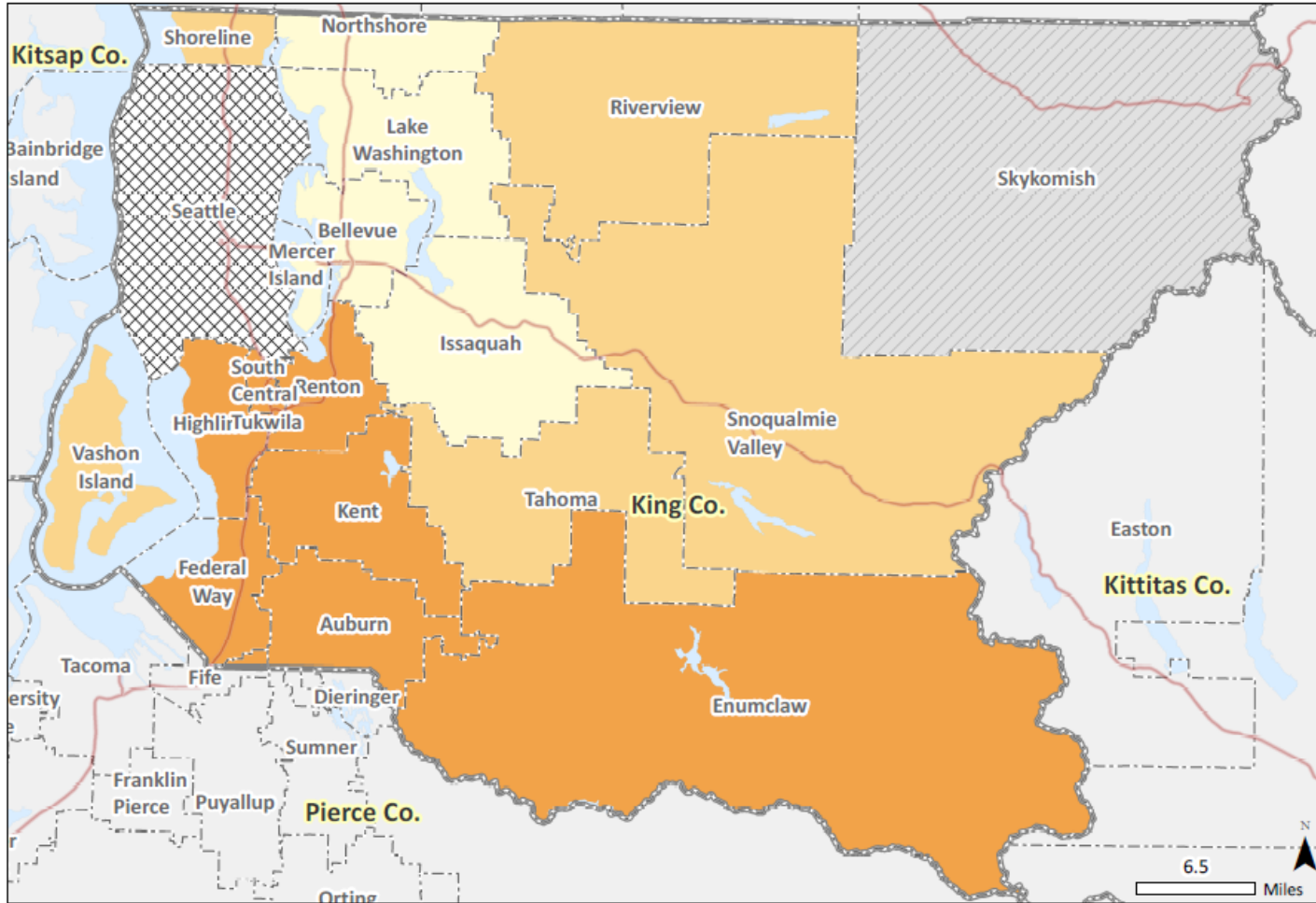
Review Considerations

- 1) To get an overall sense of risk severity for both consumption and consequence, examine the "Risk Percentile". It reflects what % of School District had a Risk Score LOWER than the referenced School District.
- 2) To ensure that the risk score is meaningful, examine the "Indicators with data" column. Risk scores based on few indicators should be interpreted with caution. In total, 21 indicators were used.
- 3) To consider other contextual information, examine the "Population: Age 10-17", "economic deprivation" indicator, and the "troubled family" indicator. Note the "Population 10-17 year olds" value may be greater than district enrollment as it accounts for kids not in school as well as those in private schools.

* This is a 5-year average value.

Alcohol, Tobacco, Marijuana and Prescription Opioids Composite Ranking

by School District, King County

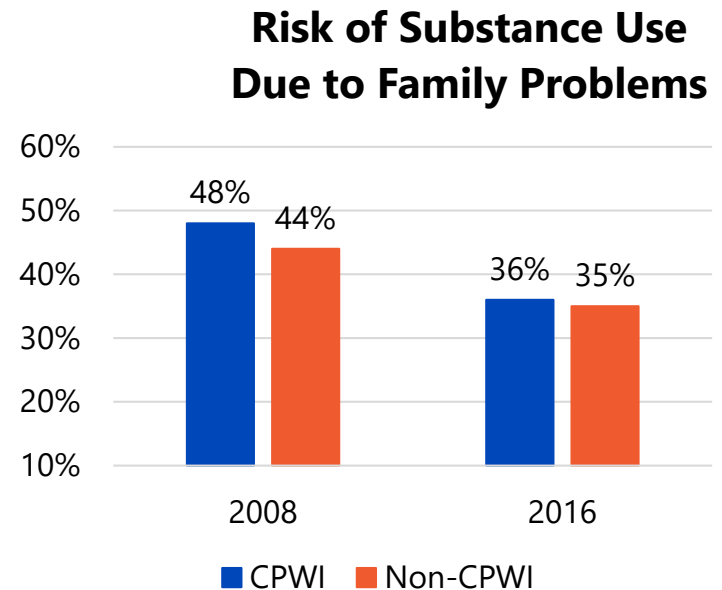
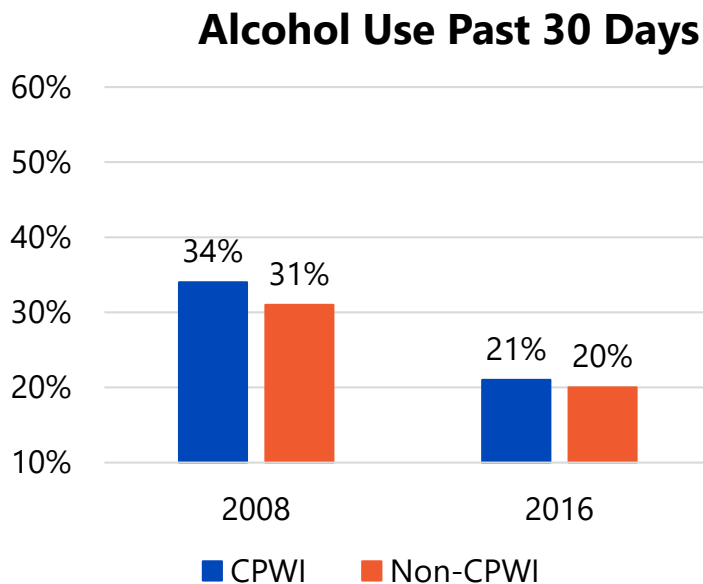


Composite Risk Ranking

Very High 90 - 99	High 75 - 89	Average 25 - 74	Low 10 - 24	No data	See HSAA maps	School Districts	Highways and Major Roads
			Very Low 0 - 9	Counties	Water Bodies		

CPWI evaluation

- ▶ Community Prevention and Wellness Initiative (CPWI) communities were at higher risk, but they closed the gap.



Innovation/Primary Prevention

- ▶ Addressing Equity
- ▶ Strategic planning
- ▶ Data collection and use
- ▶ **Service delivery**
 - ▶ The Community Prevention and Wellness Initiative (CPWI): Two-pronged approach: community coalitions and school-based prevention/intervention services.
 - ▶ Integrating with Mental Health Promotion - Dual outcomes
- ▶ **Workforce**

Questions?



Improving Overdose Prevention and Naloxone Availability in Arkansas' Higher Education Setting

Tenesha Barnes, AR Prevention Director

Steven Gray, Collegiate Program Coordinator

DHS - Division of Aging, Adults & Behavioral Health Services
Arkansas State Drug Director's Office

Arkansas Substance Abuse Prevention Efforts

- ▶ Prevention goes beyond “Just Say No” slogans and knowledge of the negative effects of drugs. Effective prevention strategies work to engage, inform, and empower communality leaders.
- ▶ In 2019, DHS - Division of Aging, Adults & Behavioral Health Services and the Arkansas Drug Director’s Office develop a network to interconnect all institutions of higher education to combine collegiate preventions efforts in addressing substance misuse - known as Arkansas Collegiate Network. (ACN)

Arkansas Collegiate Network (ACN)



- ❑ Arkansas Collegiate Network (ACN) is Arkansas' official collegiate coalition committed to addressing substance misuse in every institution of higher education in Arkansas.
- ❑ ACN's vision is to be a coalition led by students, faculty, and institution staff leaders networking and communicating with a shared goal of addressing substance misuse.
- ❑ The mission of the Arkansas Collegiate Network is to empower campus leaders to be effective in their efforts addressing substance misuse in order to create a healthier Arkansas.

ACN Core Team Members

The Arkansas Collegiate Network core team is comprised of 28 representatives from 8 institutions laying the coalition's foundation.

- ▶ University of Arkansas
- ▶ University of Arkansas at Little Rock
- ▶ Northwest Arkansas Community College
- ▶ Southern Arkansas University
- ▶ University of Arkansas at Pine Bluff
- ▶ University of Central Arkansas
- ▶ Cossatot Community College of U of A
- ▶ Henderson State University

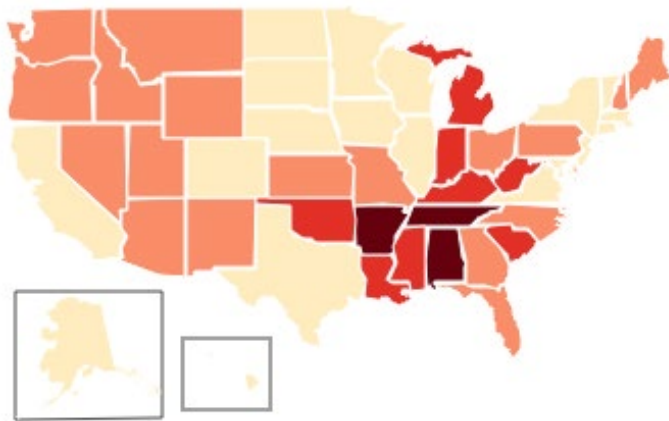
Evidence Based Prevention (EBP)



- Prevention is not about chasing funding.
- Evidence-based practice (EBP) is the objective, balanced, and responsible use of current research and the best available data to guide policy and practice decisions.
- According to Community Anti-Drug Coalition of America, for each dollar invested in an evidence-based prevention program, there can be a reduced cost between \$2 to \$20 in treatment and other health related expenses.

U.S. State Opioid Prescribing Rates, 2018

- The United States dispensed 168,158,611 opioid prescriptions at a rate of 51.4 per 100 persons.
- Arkansas dispensed opioid prescriptions at a rate of 93.5 per 100 persons, which is 42.1 above the U.S. prescription rate.
- Arkansas has the 2nd HIGHEST opioid prescribing rate in the country.



State	Prescribing Rate
Alabama	97.5
Arkansas	93.5
Tennessee	81.5
Kentucky	79.5
Louisiana	79.4

Scope of the Drug Problem in College Students

Young Adults 18-25 at Highest Risk (24.2%) for Illicit Drug Abuse

- Source: Centers for Disease Control and Prevention (CDC)

Young Adults 18-25 has the Highest prescription opioid pain relivers drug misuse.

- Source: Substance Abuse & Mental Health Services Administration (SAMHSA)

2.4% of College students are abusing Ritalin compared to 1.6% Non-College adults

- Source: National Institute on Drug Abuse; National Institutes of Health; U.S. Department of Health and Human Services.

Good Samaritan Law Joshua Ashley-Pauley Act

- ❑ (a) A person shall not be arrested, charged, or prosecuted for possession of a controlled substance in violation of § 5-64-419 if the evidence for the arrest, charge, or prosecution of the possession of a controlled substance in violation of § 5-64-419 resulted solely from seeking medical assistance if:
 - ▶ (1) The person in good faith seeks medical assistance for another person who is experiencing a drug overdose; or
 - ▶ (2) The person is experiencing a drug overdose and in good faith seeks medical assistance for himself or herself.

What will we do to help the
institutions of
higher education in Arkansas?

Collegiate NARCAN CAMPAIGN Phase 1

**DON'T RUN.
CALL 911.**

**RECOGNIZE.
REACT.
RECOVER.
TRAINING.**

As a student representative at your respective college/university, you have the ability to make a positive impact on your peers and community. The Collegiate NARCAN® Training offers college students, faculty and staff the ability to learn about the dangers of misusing unused or expired prescriptions, including opioids.

The training will equip you with knowledge on:

- How to recognize an opioid-related overdose
- How to react to someone suffering from an overdose
- How to help someone recover from an overdose by properly administering naloxone

This training is completely free and a certificate will be emailed to you upon completing the course and filling out the form at the end. We encourage all training participants to provide a certificate of completion to the appropriate school officials.

Take the training today: ARTakeBack.org

- ❑ Scheduled to Launch by June 2021
- ❑ Phase 1 will focus on promoting education and training to equip people with knowledge on:
 - ▶ How to **Recognize** an opioid-related overdose
 - ▶ How to **React** to someone suffering from an overdose
 - ▶ How to help someone **Recover** from an overdose by properly administering naloxone
 - ▶ Relevant Polices and Laws

Collegiate NARCAN Training Information

- ▶ Will be available on Arkansas Drug Take Back Website under Opioid Education.
- ▶ Front Facing SCORM Training Module no login required.
- ▶ 5 to 10 questions at the end of the training module.
- ▶ Provide basic information to received training competition certificate from UALR MidSOUTH.

The screenshot shows the top navigation bar of the Arkansas Drug Take Back website. The navigation items are: Take Back, Arkansas Opioid Dashboard, R.A.A.D., Community, Wellness, Opioid Education (highlighted in red), and Media Center. Below the navigation bar is a dark banner with the text 'COLLEGIATE NARCAN TRAINING IS COMING SOON' and 'There will be more information coming within the next few weeks, stay tuned!'. A red button with the text 'FOR QUESTIONS, CONTACT US HERE.' is centered on the banner. Below the banner is a section with a bar chart titled 'National Drug Take Back Day Regional Results - DEA HIDTA'. The chart shows the number of items returned from 2010 to 2020 for Arkansas, Alabama, Louisiana, and Mississippi. The y-axis ranges from 0 to 75,000. The x-axis shows dates from 10/26/2010 to 10/26/2020. The chart shows a general upward trend in returns over the period. To the right of the chart is a section titled 'Protocol Naloxone' with a 'WATCH VIDEO' button.

ARKANSAS TAKE BACK
Monitor Secure Dispose

Take Back Arkansas Opioid Dashboard R.A.A.D. Community Wellness Opioid Education Media Center

COLLEGIATE NARCAN TRAINING IS COMING SOON

There will be more information coming within the next few weeks, stay tuned!

FOR QUESTIONS, CONTACT US HERE.

National Drug Take Back Day
Regional Results - DEA HIDTA

2020 U.S. Census State Population

Arkansas 3,013,000
Alabama 5,000,000
Louisiana 4,662,000
Mississippi 2,970,000

Protocol Naloxone

Naloxone is a temporary aid in a life-threatening situation that can save lives. Learn how to use it!

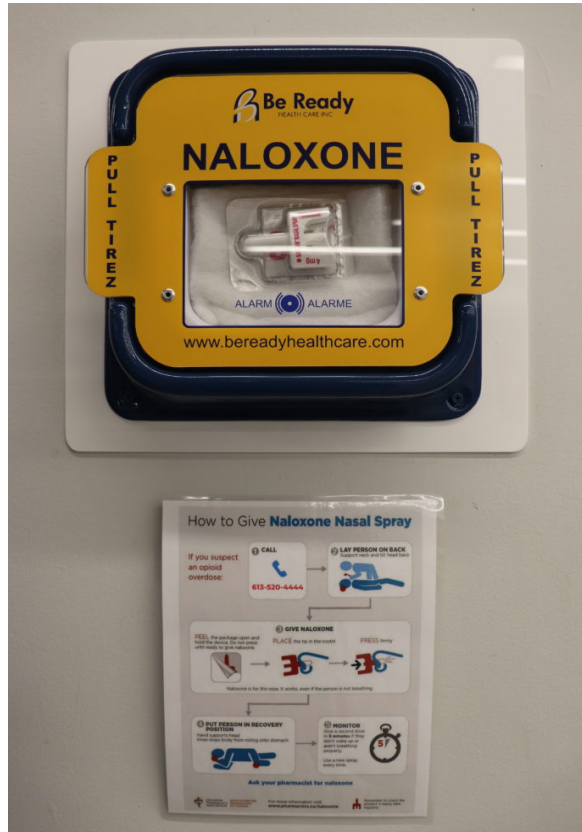
WATCH VIDEO

Who should be Trained?

- ▶ Students
- ▶ Residential Staff
- ▶ Campus Law Enforcement
(Criminal Justice Institute)
- ▶ Campus Security
(Criminal Justice Institute)
- ▶ Health/Wellness/Counseling
Staff
- ▶ Athletic Training
- ▶ Collegiate Recovery
Program Staff
- ▶ Faculty and Staff



Collegiate NARCAN CAMPAIGN Phase 2



- ❑ Scheduled to Launch by November 1, 2021
- ❑ Phase 2 will focus on procurement and dissemination of NARCAN and Boxes. Initially targeting:
 - ACN 8 Core Team Members' Institutions
 - High Risk institutions as implicated by data.
 - Institutions with Collegiate Recovery Programs
- ❑ NARCAN Box
 - Available and Accessible (e.g., each floor of campus housing, Greek housing, student center etc.)
 - Silent Alert to Campus Security and EMT
 - Infographic and Maps

Next Steps to NARCAN Campaign

- ▶ Scaling up overdose prevention plans and training and naloxone distribution programs
- ▶ Ensuring that campus security is involved in a smart way
- ▶ Outreach to the collegiate community stakeholders to gauge interest
- ▶ One-on-one discussion with student organizations
- ▶ Dept. of Higher Education Partnership
- ▶ Integrating overdose prevention in school alcohol and drug prevention programming and plans
- ▶ Familiarize decision makers (i.e., science, safety, and simplicity)

Spring 2021 Save AR Students Week
April 19 - April 23, 2021



Spring 2021 Save AR Students Kickoff

April 19, 2021



Save AR Students Public Officials Support



Asa Hutchinson
Arkansas Governor



Leslie Rutledge
Arkansas Attorney General



Dr. Gregory Bledsoe
Arkansas Surgeon General



Kirk Lane
Arkansas State Drug Director



Frank Scott Jr.
Mayor of Little Rock, Arkansas

DHS - Division of Aging, Adult Behavioral Health Services Prevention Team



Tenesha Barnes, M.A.
Substance Abuse Prevention Director



Kymala Calloway
Prevention Services
Grant Analyst



Joycelyn Pettus
PFS Project Director



Virginia Stanick, Ph.D
SOR Project Director



Gregory Myles
Research &
Statistics Manager



Steven Gray
Collegiate Program
Coordinator



Jamal Williams
FR-CARA Grant Manager



Lynetta Dickerson
SABG Program Coordinator



Amanda Hubbard
SOR II Program Manager

Partnerships



SAMHSA
Substance Abuse and Mental Health
Services Administration

UA LITTLE ROCK
MidSOUTH CENTER FOR
PREVENTION AND TRAINING

UofA
UNIVERSITY OF ARKANSAS SYSTEM
CRIMINAL JUSTICE INSTITUTE

Questions??

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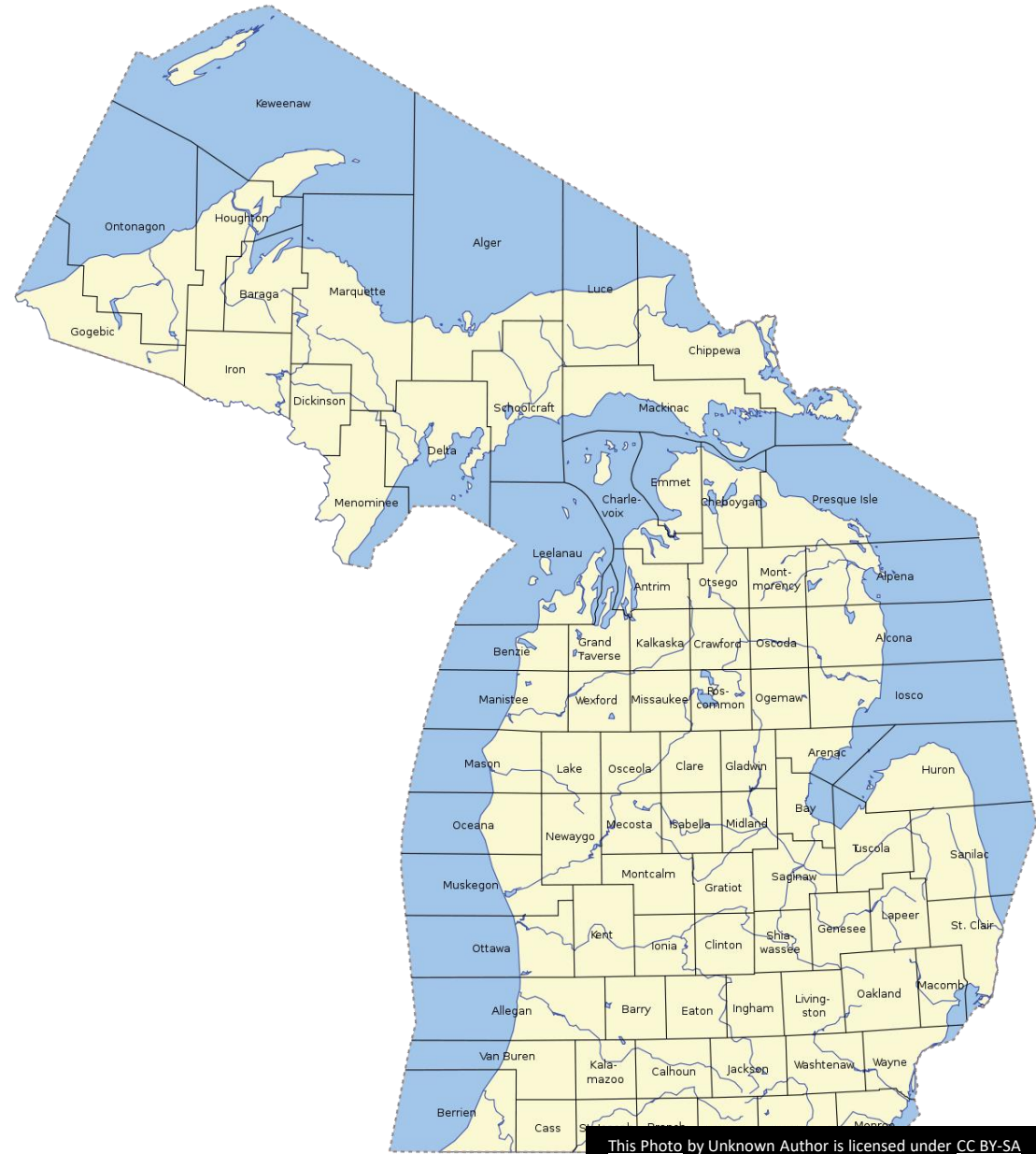
steven.gray@dhs.arkansas.gov

Reference Page

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- Centers for Disease Control and Prevention, 2019. U.S. State Opioid Dispensing Rates, 2018. Retrieved on May 08, 2021 from <https://www.cdc.gov/drugoverdose/maps/rxstate2018.html>
- Community Anti-Drug Coalition of America. 2016. Substance Abuse & Mental Health Data Archive. 2019. Pain Relievers Misuse in the Past Year in the United States, by Age Group. Retrieved on May 8, 2021 from <https://pdas.samhsa.gov/saes/state>

SAPT Block Grant
MDHHS/OROSC

Michigan Higher Education Network (MIHEN)



This Photo by Unknown Author is licensed under [CC BY-SA](https://creativecommons.org/licenses/by-sa/4.0/)

MIHEN Story

- Prevention Network (statewide prevention organization) – Michigan's network to support and expand community substance use disorder prevention
- MIHEN Coordinator – national, state, and local connections

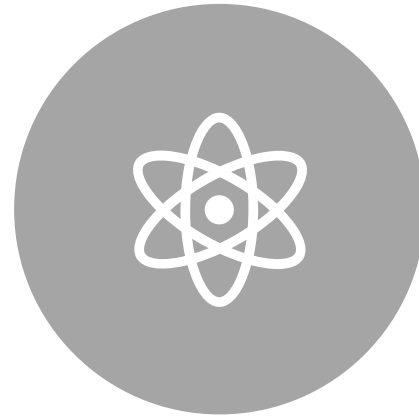
MIHEN Purpose

- The Michigan Higher Education Network provides colleges and universities the tools, resources, and support to launch alcohol and drug misuse prevention and recovery programs on their campuses.
- The goal is to create a community of professionals from Michigan colleges, universities, and partner organizations interested in connecting and networking about underage drinking, prescription drug misuse, and other drug prevention.

MIHEN Activities



QUARTERLY TOPIC CALLS



PERIODIC WEBINARS



ANNUAL CONFERENCE

MIHEN Activities cont.



Resource
Documents



Pilot Projects



Website



Members Portal

Additional Information

Lisa Coleman, NPN Michigan

PFS Project Coordinator/Departmental Prevention Specialist

Michigan Department of Health and Human Services, Office of
Recovery Oriented Systems of Care

ColemanL7@michigan.gov



**Office of Addiction
Services and Supports**

ANDREW M. CUOMO
Governor

ARLENE GONZÁLEZ-SÁNCHEZ, M.S., L.M.S.W.
Commissioner

Partnership and Collaboration with Higher Education

June 25, 2021

NYS OASAS System Overview

- The New York State Office of Addiction Services and Supports (OASAS) oversees one of the nation's largest Substance Use Disorder systems of care with approximately 1,700 prevention, treatment and recovery programs serving over 680,000 individuals per year.
- Our mission is to improve the lives of New Yorkers by leading a comprehensive system of addiction services for prevention, treatment, and recovery.



NYS Network of Prevention Services



- 323 contracted programs –community based and school districts.
- Six (6) Prevention Resource Centers
- Ten (10) Regional Addiction Resource Centers
- Eight (8) State Funded Community Coalitions (SOR)
- 150 DFC and unfunded coalitions
- Twenty (20) College Coalitions



Partnership and Collaboration with Public Higher Education



- College Coalitions
- Implementation of Screening Brief Intervention Referral to Treatment
- Liaison with State University of New York System
- Toolkit for College Prevention



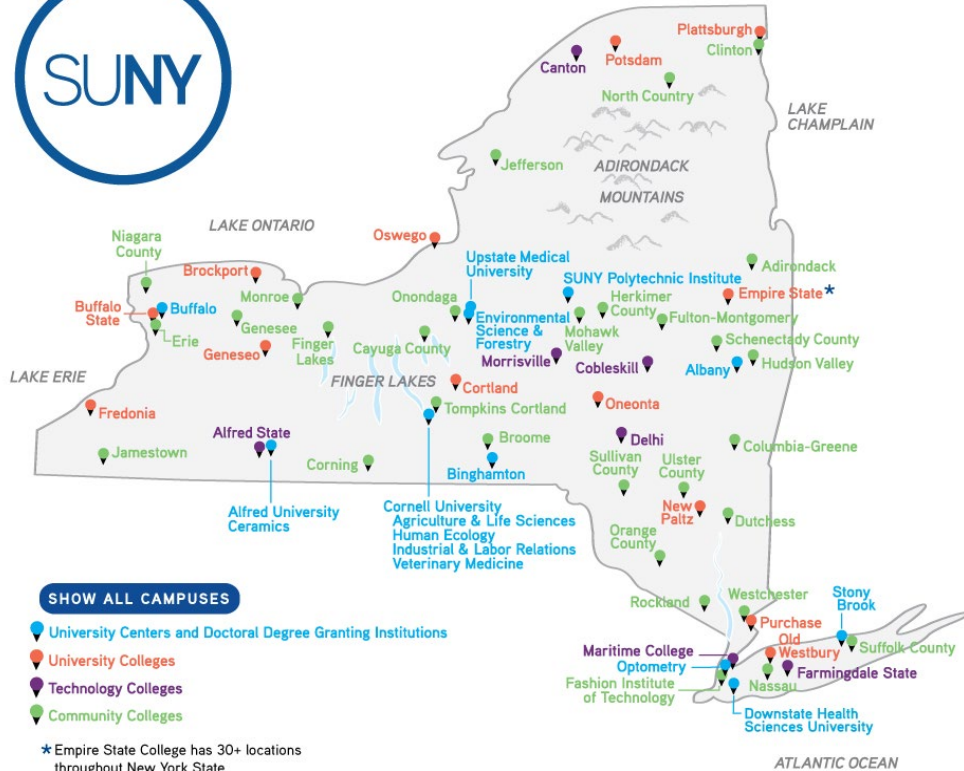
College Coalition Initiative



In 2017, dedicated \$2.5 million annually for five (5) years towards the College Coalition Initiative. (Total investment: \$12.5 million)

- Through a competitive process RFA process OASAS funded 20 public higher education institutions colleges (15 SUNY, 5 CUNY) to each receive \$125,000 annually for five years.
 - 15 State University of New York campuses
 - 5 City University of New York campuses





As of Fall 2019, more than 415,500 students were enrolled in a degree-granting program at a SUNY campus. In total, SUNY serves about 1.3 million students in credit-bearing courses and programs, continuing education, and community outreach programs.

- 10 universities and college campuses
- 5 community college campuses





- As of 2018, CUNY is the United States' largest urban public university, with an enrollment of over 274,000 students.
- 5 college coalitions; campuses across New York City





Primary focus of college coalition initiative was address alcohol use on campuses

- Decrease in 30-day alcohol and drug use (e.g. cannabis)
- Decrease in binge drinking
- Positive change in attitudes/beliefs on campus regarding AOD
- Decrease in AOD related consequences of substances by college students





College Coalition Initiative


- All college coalitions are required to participate in the AOD Prevalence Survey administered Year 1, 3 and 5 by the Research Institute on Addictions, University at Buffalo
- Implement SBIRT with the goal of institutionalizing the practice
 - SUNY and CUNY Implementation of Brief Alcohol Screening and Intervention for College Students (BASICS)



Environmental Change Strategies; Learning Institutes and Coalition Stakeholders

- Environmental Change Strategies to prevent and delay underage and binge drinking on campuses and in the surrounding communities.
 - Prevention Resource Centers & National Guard
 - Learning Institutes: Dr. Jason Kilmer; Amelia Arrias and Dr. Wes Perkins
 - Coalition stakeholders: landlord; bar and tavern owners; alcohol outlets






PROTECT THE GREATNESS

83% OF UALBANY STUDENTS

Believe their peers should follow public health guidelines when they party



Summer 2020 Anonymous Student Well-Being Survey of a Randomly Selected Representative Sample of 618 UAlbany Students.

University at Albany Coalition COVID 19 Social Norms Campaign

“UAlbany students should follow public health guidelines (physical/social distancing, hygiene practices, etc.) when they party.” (n = 618)

	Totally Agree	Moderately Agree	Mildly Agree	Don't Care	Mildly Disagree	Moderately Disagree	Totally Disagree
Students	58.7%	12.9%	11%	7.1%	2.6%	3.1%	4.5%
Social Norm Stat	83% (82.6)						



Campus Campaigns – College Coalitions

66% OF UALBANY STUDENTS
had 0-4
alcoholic drinks
last time they
drank

SPRING 2020 STUDENT WELL-BEING ANONYMOUS SURVEY OF A RANDOMLY SELECTED REPRESENTATIVE SAMPLE OF 1,204 UALBANY STUDENTS.

91% OF UALBANY STUDENTS
don't use
prescription
stimulants not
prescribed to
them

SPRING 2020 STUDENT WELL-BEING ANONYMOUS SURVEY OF A RANDOMLY SELECTED REPRESENTATIVE SAMPLE OF 1,204 UALBANY STUDENTS.

WE ASKED, & YOU SPILLED THE TEA

84% of SUNY New Paltz students do not use vaping products on a 30-day basis.

INFORMATION FROM THE 2019 COLLEGE PREVENTION SURVEY

#beinthekNow

FOR RESOURCES AND MORE INFO: NEWPALTZ.EDU/ADD

WE ASKED, & YOU SPILLED THE TEA

92% of SUNY New Paltz students do not use a fake ID to buy alcohol.

INFORMATION FROM THE 2019 COLLEGE PREVENTION SURVEY

#beinthekNow

FOR RESOURCES AND MORE INFO: NEWPALTZ.EDU/ADD



Office of Addiction Services and Supports

Partnership and Collaboration



Partnership and Collaboration

- Liaison with State University of New York and City University of New York
- Participation in monthly SUNY AOD Coordinator Meetings
- Naloxone training for campus police and security
- Best Practice Guidance Document
- Training and implementation of evidence-based practice (EBP)
- Prevention strategies – EBP, SBIRT, Environmental Change Strategies



Questions

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