

Awareness, Education, and Collaboration: Promising School-based Opioid Prevention Approaches

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Introduction

As the rates of addiction and opioid-related deaths continue to rise, communities across the United States are working to implement effective strategies for addressing this epidemic. Much of the national focus has been on intervention and treatment, but opioid use reduction and opioid misuse prevention are critical for long-term change. Schools represent a crucial partner in educating and involving students and parents in opioid misuse prevention. For Project AWARE, the school-based screening, referral, and mental health programs that grantees are implementing can also help protect youth from future opioid misuse and addiction.

This issue brief focuses on school-based strategies to prevent youth opioid misuse. First, it provides an overview of national trends related to opioid misuse and overdose. Next, it explains opioid risk factors and routes to access for youth, with a focus on co-occurring mental health challenges. The remainder of the issue brief describes school-based and school-community initiatives to engage students in opioid prevention, promote positive social norms, and reduce student risk for developing opioid use disorders. This issue brief includes an extensive array of practical tools, educator resources, and state and local opioid prevention examples to help drive your efforts in this urgent area.¹



National Trends of the Opioid Epidemic

Opioid misuse, addiction, and overdose has emerged as a national public health emergency. Since 1999, the number of overdose deaths involving opioids has quadrupled, with 91 Americans dying every day from an opioid overdose.¹ While the United States comprises less than five percent of the world population, it consumes 80 percent of the world's opioids, including 99 percent of the global hydrocodone supply.²

Disparities. Recent evidence suggests that the opioid crisis disproportionately impacts some populations. Overdose deaths are rising much faster for women than men: the rate of deaths from prescription opioid overdose increased 471 percent for women from 1999-2015, compared to 218 percent for men, and the heroin death rate for women increased at more than double the rate for men.³ Some of the reasons for this are that women: are more likely to experience

¹ These applications are provided for informational purposes and do not imply endorsement on behalf of SAMHSA or the NITT-TA Center.

chronic pain and use opioids for longer periods, and in higher doses; experience more opioid cravings and faster dependency; and are more likely to use opioids to cope with psychological and emotional distress.⁴

There are also significant racial and ethnic differences in the opioid crisis. White and American Indian/Alaska Native populations have non-heroin opioid overdose death rates that are significantly higher than the national average, and whites also have significantly higher heroin overdose death rates than the national average.⁵ Studies have linked higher white opioid misuse and addiction to discriminatory prescribing practices (providers are less likely to prescribe opioids to black and Latino patients).⁶

Youth Impact. Although the rate of opioid overdose deaths for teens is lower than the national average for adults, the statistics for heroin use, prescription drug misuse, and addiction are still staggering. In 2015^{7,8}:

- 16.8 percent of high school students reported ever having taken prescription drugs (e.g., Oxycontin, codeine, Ritalin) without a doctor's prescription.
- 276,000 youth aged 12-17 were current misusers of prescription opioids.
- 122,000 youth aged 12-17 had a prescription opioid use disorder.
- 2.1 percent of high school students reported having used heroin at least once in their life.
- 21,000 youth aged 12-17 had used heroin in the past year, including 5,000 who were currently using heroin.

It is important to recognize that youth are **misusing opioid pain medications less frequently than a decade ago, and are at historic lows with some commonly used pain medications**, such as Vicodin. Youth are also reporting lower perceived availability of opioid medications than before. For example, in the 2010 Monitoring the Future Study, 54 percent of twelfth graders said prescription opioids were easy to get. This dropped to 35 percent of twelfth graders said in the 2017 Monitoring the Future survey, compared to more than 54 percent of twelfth graders in 2010.⁹

However, the growing national impact of opioid misuse makes this a critical issue among both youth and adults. Preventing opioid misuse is especially important because opioid use is a risk factor for heroin use. In recent studies, nearly half of young people who inject heroin reported that they had abused prescription opioids before starting to use heroin.¹⁰

Youth Risk Factors and Paths to Opioid Access

Researchers have identified several risk and protective factors that make youth more or less susceptible to opioid misuse. Much of this research has focused on prescription drug misuse, rather than heroin use. Understanding these risk and protective factors provides an important framework for developing opioid-related prevention programs.

Age of Onset. One risk factor for future opioid issues is being prescribed opioids as a youth or young adult, such as for wisdom tooth extraction and other dental procedures. Using prescribed opioids is associated with increased risk of long-term opioid use and misuse in adulthood. An analysis of Monitoring the Future data found that **legitimate use of prescribed opioids before high school graduation was associated with a 33 percent increased risk of future opioid misuse.** One reason these results are concerning is that they were concentrated among youth with no previous substance use and with prior disapproval of opioid misuse.¹¹



Athletic Injuries. Although anyone may be prescribed opioids for pain, some youth are more likely to access opioids this way. Studies have found student athletes are at greater risk of being prescribed opioids for pain and greater risk for opioid diversion (prescriptions being disseminated, sold, or shared to others). There is some research indicating that student athletes are **less** likely to misuse opioids recreationally, because participation in sports is a strong protective factor. However, student athletes in high-contact sports, such as football, may be at increased risk for addiction due to greater risk of injury.¹² (Visit the [Massachusetts Technical Assistance Partnership for Prevention](#) for examples of tip sheets that coaches, trainers, and school nurses can distribute to student athletes and their parents about this issue.)

Social Access. Most youth and adults who engage in prescription drug misuse receive the opioids from friends or family, not from a doctor. One reason this happens is that nearly one in five people who are prescribed opioids share them with others, often for pain management. This frequently happens because the individual who receives the prescription does not use it at all or is prescribed more than they need to manage their pain.¹³ One study found that **more than half of the opioids prescribed for wisdom tooth removal were unused three weeks after surgery.**¹⁴

While community access to opioids can put youth at greater risk, **strong parent, peer, and community disapproval of opioid misuse is a significant protective factor for youth.**¹⁵ Youth who perceive that there is nothing wrong with taking opioids for non-prescribed reasons are more likely to misuse them, while youth who believe that it is unsafe are at less risk of doing so.¹⁶



Mental Health and Opioid Misuse

There is a growing body of research about the relationship between mental health and opioid misuse or opioid use disorders. Co-occurring disorders exist when a student has at least one substance use disorder and one mental health disorder occurring together. Co-occurring disorders are complex, and it is not always possible to identify whether one disorder “caused” the other. Common genetic or environmental factors, like adverse childhood experiences, may put an individual at greater risk of developing multiple disorders. Research indicates that **students who are at greater risk for developing mental health challenges may also be at greater risk for opioid use and misuse, and vice versa.**¹⁷

Using opioids for chronic pain, including prescribed opioids, appears to be associated with mental health challenges. A study of chronic pain sufferers found that 50 percent of those who screened positive for anxiety also screened positive for opioid misuse. Only 10 percent of those who did not have anxiety screened positive for opioid misuse.¹⁸ A longitudinal study of nearly 60,000 youth with chronic pain found that youth with pre-existing mental health diagnoses were more likely to be prescribed opioids and more likely to become chronic opioid users. Depression and other mental health challenges can cause physical pain, which may be one reason for this increased risk of opioid use.¹⁹

People with pre-existing mental health challenges may be at especially high risk for opioid misuse and addiction. Youth survey data has found that youth with major depressive illness (MDE) were more than twice as likely to have misused psychotherapeutic medication in the last year, which includes opioid pain relievers (Figure 1).

Some students may initiate substance use as a coping mechanism for dealing with depression, anxiety, and other mental health challenges.²⁰ Recent data suggest that a

large proportion of people who use opioids for non-prescribed reasons do so to self-medicate for mental health. In one national survey of young adults aged 18-24, **more than 61 percent of respondents who had used opioids not prescribed to them had**

done so primarily to relieve anxiety and stress.²¹ This close relationship between mental health and opioid misuse suggests that school-level screening, referral, and mental health awareness efforts are critical.

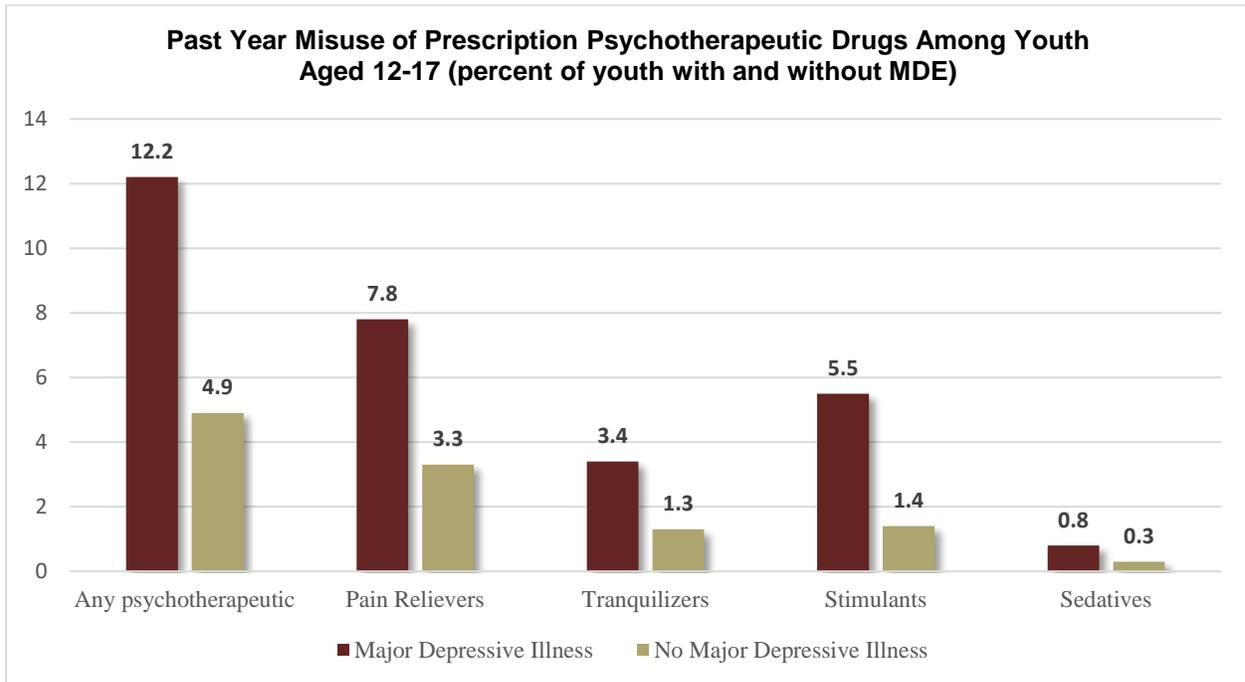


Figure1: Hughes, A., Williams, M. R., Lipari, R. N., Bose, J., Copello, E. A. P., & Kroutil, L. A. (2016, September). Prescription drug use and misuse in the United States: Results from the 2015 National Survey on Drug Use and Health. NSDUH Data Review. Retrieved from <http://www.samhsa.gov/data/>

School-based Opioid Misuse Prevention Strategies

The previous sections provided an overview of what the opioid public health crisis means for youth, and particularly for youth who may be experiencing mental health issues. The remainder of this brief focuses on practical strategies, promising approaches, and real-world examples of schools and education agencies working to prevent opioid misuse and heroin use.

Implement Programs to Promote Mental Health, School Climate, and Screening and Referral

Project AWARE focuses on student mental health and wellness, but much of this work

may also help prevent opioid misuse. AWARE grantees are spearheading system changes at all levels, which includes adoption of evidence-based, culturally appropriate prevention strategies in schools. AWARE grantees are using practices and programs that promote a range of youth mental and behavioral health outcomes, including reduced risk for opioid misuse and addiction. Examples include Life Skills Training and Communities That Care.²²

Although AWARE prevention efforts may not obviously address opioids, they enhance protective factors that are critical to preventing future substance use. For example, the Maryland State Department of Education's [Heroin and Opioid Awareness & Prevention](#)

[Toolkit](#) specifically identifies cross-curricular social-emotional protective factors, as well as recommended knowledges, skills, and abilities to promote at the elementary, middle, and high school levels. **Research has shown that having a stronger school bond can serve as a protective factor, and that students who are committed to doing well and finishing high school are less likely to misuse prescription medication.**²³

Project AWARE schools are also working to expand mental and behavioral health screening programs that connect youth at risk for mental health challenges with appropriate services. Opioid intervention and treatment is outside the scope of this brief, but behavioral health screening is an important prevention and early intervention tool. Screening, Brief Intervention and Referral to Treatment (SBIRT) was cited in The President's Commission on Combating Drug Addiction and the Opioid Crisis report (November 2017) as a recommended prevention strategy for middle schools, high schools, and colleges. Through SBIRT, school nurses, counselors, school-based health center staff, and other trained staff can screen youth for substance use-related challenges and provide a brief intervention or referral. Some states are implementing SBIRT to address opioid and other substance use in schools on a large scale. For example, in 2016, Massachusetts enacted a law requiring substance use screening in public schools, and has developed an array of SBIRT training resources and guidelines: [SBIRT in Schools](#).²⁴

Educate Students about the Risks of Prescription Drug Misuse

Schools have a clear opportunity to provide students with accurate information and necessary skills around opioids. Recently schools have begun to incorporate opioid education in the classroom. Some states have established standards for integrating



safe medication practices and opioid misuse prevention into K-12 education. Recommended elements of these education programs **include proper medicine use and misuse, refusal skills, the relationship between opioid misuse and future heroin use, and what to do if a friend has a problem with abuse or addiction.**²⁵

In addition to classroom education, there are many roles for school administrators and staff to play in preventing opioid misuse. School leaders can work across departments, campuses, and districts to help ensure a coordinated effort and consistent messaging. Mental health, counseling, and physical health staff can conduct screening and provide referrals. Athletic staff can offer injury management guidance that does not involve opioids. All staff and faculty can promote positive social norms, help-seeking, and school-student bonds. Although overdose intervention is outside the scope of this issue brief, many schools are beginning to implement naloxone programs, which can be a leadership opportunity for school nurses and school-based health center staff. (Visit the [Naloxone in Schools](#) toolkit from the National Association of School Nurses.)

The websites in Tool 1 provide educator resources for addressing opioids in the classroom, including age-specific guidance, lesson plans, and student guides:

Tool 1: Educator Resources for Opioid Instruction

Source	Resource	Description
Ohio Department of Education	Opioid Abuse Prevention	Ohio requires that opioid instruction be provided from kindergarten through twelfth grade. This webpage provides guidance for instruction elements at each grade level (e.g., 6-8). In addition, Ohio's Health and Opioid-abuse Prevention Education (HOPE) Curriculum is designed to help schools meet these requirements. Ohio is using opioid funding to support prevention programs such as Good Behavior Game.
Maryland State Department of Education	Preventing Opioid Use and Abuse	This webpage provides links to local lesson plans and other educator tools. Maryland's heroin and opioid toolkit (above, page 5) also has grade-specific education guidelines.
College of Pharmacy at Ohio State University and the Cardinal Health Foundation	My Generation Rx	This resource provides a facilitator's guide, handouts, and activity plans that can be delivered in the classroom or after-school program settings.
Drug Enforcement Administration (DEA) and Discovery Education	Operation Prevention	Operation Prevention offers no-cost lesson plans, a "virtual field trip" for youth, and a parent toolkit for school-based opioid education.
National Education Association	Rx for Understanding: Be Smart About Prescription Drugs (Grades 5-8) and Preventing Prescription Drug Abuse (Grades 9-12)	These are standards-based, cross-curricular teaching resources that each provide 10 lessons about prescription drug misuse, abuse, and proper use.
EVERFI	Prescription Drug Safety	This is a no-cost, 30- to 45-minute digital course addressing opioids, stimulants, and depressants. It provides interactive scenarios and self-guided activities.

Engage Students in Prevention Planning and Implementation

Involving students in designing and implementing prevention programs is an important strategy for promoting positive social norms. When designing school-based programs, student involvement can lead to robust multi-year strategies that more effectively address risk factors such as

depression and anxiety; fear of academic failure; a general lack of commitment to school; or friends who engage in substance use. Involving students in work with community partners can also help shift the conversation from blaming or stereotyping individuals to addressing risk factors. Whenever possible, these student engagement strategies should be shared with local community prevention coalitions.

Strategies for effectively engaging students in opioid misuse prevention include:

- Create short, digestible fact sheets to help students understand the scope of the problem in their local area. Incorporate state, county, and district data if available. (For more guidance around messaging, see Tool 2.)
- Develop a youth component of your opioid coalition or school-based committee. Engage youth as peer educators and to plan community events. The [Ohio Youth-Led Prevention Network](#) is a notable example of a state-level youth-led effort (visit the [Stark County Youth Led Prevention](#) group page for an example of this work, at the community level).
- Engage students from diverse racial and ethnic backgrounds and social groups (e.g., student athletes) to reach the full breadth of your student population.
- In addition to opioid and substance use, focus on youth life skills and leadership development. Train youth in public speaking and give them opportunities to speak on behalf of your community. Ensure that youth have agenda time to express their views. Offer them opportunities to connect and network with other youth leaders.²⁶
- With your student group, promote positive social norms by spreading awareness that most students do not engage in substance use (for example, see [Ohio's We Are The Majority](#) youth rally). At the same time, a nonjudgmental approach helps foster help-seeking. For example, the [STASHA peer education program](#) in Clark County, Washington, strives to include youth who have never used substances, youth with past use, and youth who have completed treatment and are in recovery. These young people provide valuable perspectives based on their lived experience.

Develop School-Based Media Campaigns

A common role for youth in opioid misuse prevention efforts is to create messaging materials, including graphics, PSAs, and

Figure 2. Program Spotlight: Saving Our Students S.O.S. Anderson County, Kentucky

The [S.O.S. \(Saving Our Students\) youth coalition at Anderson County High School](#) in Lawrenceburg, Kentucky, focused on getting the message out about the dangers of opioid misuse and other forms of substance abuse. By developing and presenting an opioid awareness campaign to more than 2,000 youth in six local schools through school-wide assemblies, Facebook, and other social media, these young leaders employed a social norms approach to their school communities and their prevention programs. Youth coalition members established partnerships with 45 local and state organizations local organizations and clubs, organizations composed of parents who lost family members to drug overdosing, drug recovery organizations, recovering substance use disorder citizens and their families, faith-based leaders, and others.

flyers. The example spotlighted in **Figure 2** draws attention to the important role that students can play in prevention messaging. Effective campaigns often utilize a variety of media, including video announcements, school websites, student-led assemblies, newsletters, and, of course, social media platforms such as Facebook and Instagram. Because students often have a strong sense of what platforms their peers are using, their participation can be particularly valuable in this stage of the decision-making process.

Once you have selected the appropriate platform, the next step is to develop appropriate messaging. Your messaging should be attuned to both mitigating risk factors and promoting protective ones. This means that **in addition to emphasizing the serious risks of prescription drug misuse and heroin use, your campaign should also empower youth to make positive choices and act as leaders in prevention.** For example, with state and federal funding, [Jewish Family Services of Delaware](#) developed a series of high-quality video PSAs written, casted, and filmed by young adults.

Tool 2 provides tips that can help you as you design your messaging campaign. Many organizations and states have developed opioid media campaigns that can be used as models as you begin to develop your own campaign. See below for examples, and find more at [Media Campaigns to Prevent Prescription Drug and Opioid Misuse](#) (resource from SAMHSA's Center for the Application of Prevention Technologies [CAPT]):

- The North Dakota Prescription Drug Abuse Campaign, developed by the Substance Abuse Prevention Division of North Dakota's Department of Human Services, provides a searchable database of free promotional materials for their "Stop the Overdose" and "Lock. Monitor. Take Back." programs. Examples of these materials include flyers to promote naloxone and postcards with tips for parents to talk with their children about medicine safety.
- Ohio's Prescription for Prevention: Stop the Epidemic is an education and awareness campaign designed to prevent prescription drug misuse and abuse. The campaign includes public service announcements, drug disposal guidelines, and factsheets that include both county-specific and statewide data. Each resource in the campaign features the tagline "Each day, nearly five Ohioans die because of drug-related overdose" above a row of pills, with five colored-in to represent the deaths.
- Pennsylvania's Commonwealth Prevention Alliance developed [PAStop](#), an awareness and education campaign that includes targeted information for employers and parents. One of their major media campaigns features images of diverse community members next to the tagline "Anyone Can Become Addicted. Anyone."



#MediaCampaign

Tool 2: Effective Elements of Student Messaging

In your media campaigns and messages:

- Counter misinformation with clear statements: medicine should only be used as directed, prescriptions should never be shared, and using prescription drugs without a valid prescription is illegal.
- Affirm that youth prescription drug abuse is a growing problem, and that students can be part of the solution – their actions will influence the behavior of their peers.
- Use facts, not scare tactics, to inform youth that prescription drug abuse is just as dangerous as illicit drug use. It can result in death, coma, dependence, and addiction. Other side effects can include loss of consciousness, withdrawal symptoms, impaired memory or judgment, panic attacks, nausea and vomiting, dizziness, insomnia, diarrhea, inability to concentrate, and delusions.
- Utilize current, up-to-date factual information and data, including student survey data. For example, incorporate heroin use and prescription drug misuse data from the CDC's biannual [Youth Risk Behavior Surveillance](#).
- Avoid messaging that perpetuates negative perceptions of people who misuse opioids or use heroin. Shaming tactics may cause people to avoid seeking the help they need or getting help for others.
- Consider the cultural implications of your messaging. For example, describing the opioid epidemic as “the new face of heroin” may imply that communities affected by heroin (which are more often urban and diverse) are less important than communities affected by prescription opioids. For more information, watch [Getting the Message Right! Considerations for Media Campaigns to Prevent Opioid Misuse and Overdose](#) (June 2017 webinar from SAMHSA's CAPT).
- Consider your audience. Focus on students, faculty, and staff, but consider outreach and education opportunities that include parents and caregivers. Some things that families should know are that prescription drugs are the second-most commonly abused drug among teens (after marijuana); how to identify behavioral and physical signs of abuse; and how to safely store and dispose of medications.
- Utilize a delivery format that captures the student's attention. Make it relevant for them. If developing a film campaign, film on location, and keep your messages to about 30 seconds with 3-5 main points.
- Make sure you include resources available for students in need. Promote help-seeking and encourage youth to talk to an adult if they think a peer may be using heroin or misusing prescription drugs.
- Find opportunities to share your PSAs, flyers, and resources. Show your PSA at school-wide events, during morning video announcements, and on parent nights. Disseminate materials at coalition meetings and other opportunities to engage with the public.

Adapted in part from the Community Anti-Drug Coalitions of America (CADCA)
[Online Rx Abuse Prevention Toolkit: Strategy 1 – Provide Information](#)

Collaborative Efforts Between Community Prevention Coalitions and Schools

Coalitions nationwide are spearheading innovative, cross-sector efforts to address opioid misuse. These include coalitions supported by state and federal funding, such as [Drug Free Communities \(DFC\)](#) grant recipients, as well as grassroots and locally funded coalitions. For example, the California Health Care Foundation’s (CHCF) [California Opioid Safety Network](#) links local coalitions from across the state to amplify cross-community connections. Strategies that address opioid use and overdose for youth should be developed in collaboration between schools and any larger coalition efforts to address substance use in the community.

Coalition Roles. Coalitions can provide schools with additional resources and a

framework for action. Many coalitions employ the Strategic Prevention Framework (SPF) approach to prevention planning and implementation, which emphasizes the important role of schools. Coalitions can also connect schools to local events and opportunities for action, as well as provide presenters who can educate faculty, staff, and students. Conversely, schools have a valuable role in providing local coalitions with youth data; information about prevention programs that are already in place; opportunities to educate youth; and a referral source for youth at risk for addiction. For more guidance in partnering with coalitions, visit [CADCA’s Online Med Abuse Prevention Toolkit](#).

Tool 3 offers examples of partners with whom schools might collaborate, as well as possible roles for these partners. These partnerships can take place through coalitions, school committees, or other school-community settings.

Tool 3: Potential Opioid Action Partners for Schools

Coalition Partner	Partner Examples	Sample Roles
Youth and young adults	Students, members of youth-led coalitions, Youth M.O.V.E. chapters, youth peer support specialists	<ul style="list-style-type: none"> • Develop messaging • Become trained as a peer educator • Organize school and community events • Advocate to policymakers • Share lived experience with peer or personal opioid addiction recovery
Families	Families of students, PTA, family peer support and recovery groups	<ul style="list-style-type: none"> • Share lived experience supporting family members who have experienced opioid addiction • Serve as peer educators to educate other parents about safeguarding medications • Advocate to policymakers
Health care	Local health centers, hospital administrators, mental health service providers	<ul style="list-style-type: none"> • Provide presentations or trainings to coalition members and/or in the school setting • Lead parent workshops on safeguarding medications and supporting proper use • Share insights around co-occurring mental health and opioid use disorders • Develop coordinated screening and referral protocols
Local youth hangouts	Drop-in centers, athletic centers, teen centers	<ul style="list-style-type: none"> • Disseminate flyers and materials • Host events in partnership with school
Law enforcement	Local police leadership, sheriff’s office	<ul style="list-style-type: none"> • Provide presentations on the current state of the opioid issue in your community

Adapted in part from the following SAMHSA CAPT resources: [“Opportunities for Engaging Partners to Prevent Opioid Overdose-related Deaths,”](#) [“State- and Community-level Partners to Engage in Opioid Overdose Prevention Efforts”](#)

Informal Groups. For schools that do not have a community prevention coalition with which to collaborate, there are additional options, such as advisory workgroups and school prevention committees that focus on positive youth outcomes. Teams of key school personnel can meet regularly to plan and implement prevention resources based on the unique needs of their students. Whenever possible, community support agencies that provide services to students and families should be included in the team meetings, in the absence of an organized coalition.

Community Activities. Below are a few examples of community and coalition-based efforts to reduce prescription drug misuse and abuse, focusing on parents and youth:

- “Lock box campaigns” are designed to educate parents and caregivers about the dangers of leaving their prescription medications unlocked. Many local community coalitions promote free medication lock boxes for residents to secure their medications, not only from their adolescents, but also for their friends who have access to their medicine cabinet. Georgia’s [Generation Rx Project](#) is a three-year, SAMHSA-funded project to prevent the misuse of prescription drugs among young people ages 12 to 25 years. The campaign encourages the safe disposal of unused and expired prescription medications, and provides secure drop boxes to facilitate proper disposal. Generation Rx also trains youth as advocates and leaders.
- “Hidden in Plain Sight” is an interactive presentation that provides community members with the opportunity to explore a fictional teenager’s bedroom. As participants spend time in the room, they begin to recognize signs indicative of teenage substance use. This presentation is guided by prevention specialists, local law enforcement, and other professionals who are trained in recognizing substance use trends and symptoms. (Visit [Power to the Parent](#), a program of the SAMHSA-funded Westchester Coalition for Drug and Alcohol-Free Youth, for examples.)

- Schools can partner with local coalitions or law enforcement for [National Prescription Drug Take Back Day](#) events. Take Back Day events help the public understand the risks of unused medications and prevent old medications from diversion. Schools can assist with promoting awareness about these events and can serve as take back sites. For strategies around partnering to host these events, view the [Prescription Drug Take Back Toolkit](#) developed by Texans Standing Tall, a statewide coalition.
- The Kentucky Opioid Disposal program promotes safe disposal of unused prescription opioids. Launched in 2017 by the Kentucky State Attorney General, this statewide campaign utilizes a “drug deactivation” pouch that neutralizes the opioid. This campaign was piloted in a target area of high-burden counties in Kentucky and began with 50,000 disposal pouches for the community.²⁷

Conclusion

Opioids are a complex cultural and public health issue with no simple solutions. States and communities need to engage a wide spectrum of stakeholders in multifaceted strategies to address this issue. Within these broad efforts, schools are emerging as an important catalyst for changing social norms around opioid use and preparing youth to make healthy, informed decisions.

The good news for schools is that many best prevention practices can reduce risk and promote protective factors across multiple domains. Schools can impact student behavioral health in many of the same ways that they are working to support student mental health: promoting awareness; providing accurate information; fostering positive youth development and leadership; enhancing school climate; and strengthening school-community relationships for screening and referrals. Schools have the potential to be a powerful site for change by uniting students, families, and community allies in opioid prevention.

Further Resources

[SAMHSA Opioid Overdose Prevention Toolkit](#): offers strategies to health care providers, first responders, and local governments to develop practices and policies around opioid addiction and overdose. It also includes information for community members, patients, and family members. Research shows that youth who witness a family member overdose are more likely to overdose on prescription drugs themselves, suggesting that response after overdose in the community is an important aspect of prevention.²⁸

[CAPT Resources to Prevent the Non-Medical Use of Prescription Drugs, Opioid Misuse, and Opioid Overdose](#): offers a roadmap to more than 50 resources developed by SAMHSA's CAPT related to opioid prevention. This resource includes practice support tools, data sources, archived webinars, video interviews, and grantee success stories.

[Preventing Prescription Drug Misuse: Selected Strategies and Associated Risk Factors \(SAMHSA's CAPT\)](#): provides quick, at-a-glance guidance for prescription drug misuse strategies (e.g., prescriber education) and how they relate to specific opioid risk factors.

Appendix: Additional Tools

Sample Student Survey Data Fact Sheet

Kentucky State
KIP Student Survey

Fact Sheet

In 2016, the Kentucky Incentives for Prevention (KIP) survey was administered to 110,387 students in Kentucky in grades 6, 8, 10 & 12. Below are the highlights of the survey:

Key Indicators:

- 12% of students in grade 10 have been **suspended from school**
- 12% of students in grade 10 have **carried a handgun outside school**
- 0.6% of students in grade 12 have **carried a handgun to school**
- 6% of students in grade 12 have **sold illegal drugs in school**
- 10% of students in grade 8 have **attacked someone with intent to harm**
- 11% of students in grade 12 have been **high or drunk at school**
- 71% of students in grade 12 think that **tobacco use is a problem at their school**
- 47% of students in grade 12 think that **alcohol use is a problem in their school**
- 56% of students in grade 12 think that **drug use is a problem in their school**
- 11% of students in grade 10 **feel unsafe in school**
- 24% of students in grade 8 have been **verbally threatened in school**
- 11% of students in grade 8 have been **physically attacked in school**
- 6% of students in grade 12 have been **physically hurt by boyfriend/girlfriend**
- 28% of students in grade 8 have been **bullied on school property**

Sample Student Action Plan

Positive Messaging Campaign Action Plan				
Event Date	Event Title	Event Objectives	Event Description	Responsible Persons
December 1, 2014	"You Make a Difference"	<ul style="list-style-type: none"> Promote the positive news about young people and highlight positive relationships in schools. Highlight the issue of "sadness and depression" in students (47% of students are sad or depressed according to 2013 PAYS). 	School-wide assembly is held in school auditorium for 900 students and staff. <ul style="list-style-type: none"> Principal/Superintendent welcome Blue ribbons are presented to staff and students. Motivational video Music and giveaways 	Student Advisory Council Principal Stage Crew Audio-Visual Club
May 22, 2014	Parent Education Night	<ul style="list-style-type: none"> Highlight the positive news about young people and demonstrate the need for positive parental involvement. Empower students to take a leadership role in their schools. 	Student presentation of PAYS data to parents on Parent Teacher Organization Night at school. Highlight positive data about young people. Powerpoint presentation and handouts.	Student Leadership Council Principal School Supervisory Staff



References

- ¹ Centers for Disease Control and Prevention. (August 30, 2017.) Drug overdose deaths in the United States continue to increase in 2015. Accessed January 11, 2018, at <https://www.cdc.gov/drugoverdose/epidemic/index.html>
- ² Manchikanti L, Singh A. Therapeutic opioids: a ten-year perspective on the complexities and complications of escalating use, abuse, and nonmedical use of opioids. *Pain Physician*. 2008;11(2 Suppl):S63-S88.
- ³ Centers for Disease Control and Prevention. Analysis of the National Vital Statistics System Multiple Cause of Death data, Wide-ranging OnLine Data for Epidemiologic Research (WONDER). 2017.
- ⁴ Office on Women's Health. (July 19, 2017). Final Report: Opioid Use, Misuse, and Overdose in Women. Department of Health and Human Services. Retrieved January 11, 2018, from <https://www.womenshealth.gov/files/documents/final-report-opioid-508.pdf>
- ⁵ Planalp, C., & Lahr, M. (June 2017). The Opioid Epidemic: National Trends in Opioid-Related Overdose Deaths from 2000-2015. Robert Wood Johnson Foundation, State Health Access Data Assistance Center. Retrieved January 11, 2018, from <http://www.shadac.org/sites/default/files/publications/US%20opioid%20brief%202017%20web.pdf>
- ⁶ Pletcher, M. J., Kertesz, S. G., Kohn, M. A., Gonzales, R. (2008). Trends in Opioid Prescribing by Race/Ethnicity for Patients Seeking Care in US Emergency Departments. *Journal of the American Medical Association*, 299(1), 70-78. doi:10.1001/jama.2007.64
- ⁷ Center for Behavioral Health Statistics and Quality. (2016). Key substance use and mental health indicators in the United States: Results from the 2015 National Survey on Drug Use and Health (HHS Publication No. SMA 16-4984, NSDUH Series H-51). Retrieved from <http://www.samhsa.gov/data/>.
- ⁸ Youth Risk Behavior Surveillance Survey, 2015. Centers for Disease Control and Prevention, June 10, 2016
- ⁹ NIDA. (2017, December 14). Vaping popular among teens; opioid misuse at historic lows. Retrieved on January 12, 2018, from <https://www.drugabuse.gov/news-events/news-releases/2017/12/vaping-popular-among-teens-opioid-misuse-historic-lows>
- ¹⁰ National Institute on Drug Abuse (NIDA). (Updated November 2014). How is heroin linked to prescription drug abuse? Rockville, MD. Retrieved January 12, 2018, from <https://www.drugabuse.gov/publications/research-reports/heroin/how-heroin-linked-to-prescription-drug-abuse>
- ¹¹ Miech, R., Johnston, L., O'Malley, P. M., Keyes, K. M., & Heard, K. (2015). Prescription Opioids in Adolescence and Future Opioid Misuse. *Pediatrics*, 136(5), e1169–e1177. <http://doi.org/10.1542/peds.2015-1364>
- ¹² <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4960731/>
- ¹³ Alene Kennedy-Hendricks, Andrea Gielen, Eileen McDonald, Emma E. McGinty, Wendy Shields, Colleen L. Barry. Medication Sharing, Storage, and Disposal Practices for Opioid Medications Among US Adults. *JAMA Intern Med*. 2016;176(7):1027–1029. doi:10.1001/jamainternmed.2016.2543
- ¹⁴ Maughan, B. C., Hersh, E. V., Shofer, F. S., Wanner, K. J., Archer, E., Carrasco, L. R., Rhodes, K. V. (2016). Unused opioid analgesics and drug disposal following outpatient dental surgery: A randomized controlled trial. *Drug and Alcohol Dependence*, 168(1), 328-334.
- ¹⁵ Center for the Application of Prevention Technologies. (May 2016). PREVENTING PRESCRIPTION DRUG MISUSE: Overview of Factors and Strategies. SAMHSA. Retrieved from <https://www.samhsa.gov/capt/sites/default/files/resources/preventing-prescription-drug-misuse-overview.pdf>
- ¹⁶ Collins, Abadi, Johnson, Shamblen, & Thompson, 2011. Ford, J. A., & Rigg, K. K. (2015). Racial/Ethnic differences in factors that place adolescents at risk for prescription opioid misuse. *Prevention Science: The Official Journal of the Society for Prevention Research*, 16(5), 633–641. Retrieved from <http://doi.org/10.1007/s11121-014-0514-y>
- ¹⁷ Center for Substance Abuse Treatment. *Medication-Assisted Treatment for Opioid Addiction in Opioid Treatment Programs*. Treatment Improvement Protocol (TIP) Series 43. HHS Publication No. (SMA) 12-4214. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2005.

- ¹⁸ Feingold, D., Brill, S., Goor-Aryeh, I., Delayahu, Y., & Lev-Ran, S. (2017). *General Hospital Psychiatry*, 47, 36-42.
- ¹⁹ Richardson, L. P., Russo, J. E., Katon, W., McCarty, C. A., DeVries, A., Edlund, M. J., ... Sullivan, M. (2012). Mental health disorders and chronic opioid use among adolescents and young adults with chronic pain. *The Journal of Adolescent Health*, 50(6), 553–558. <http://doi.org/10.1016/j.jadohealth.2011.11.011>
- ²⁰ Principles of Adolescent Substance Use Disorder Treatment: A Research-Based Guide, January 2014. National Institute on Drug Abuse
- ²¹ Hazeldon Betty Ford Foundation and The Christie Foundation. (April 30, 2015). Youth Opioid Study: Attitudes and Usage, Young Adults Ages 18 to 24 in the United States. Retrieved from <http://marychristiefoundation.org/core/uploads/2015/04/Youth-Opioid-Survey-Report.pdf>
- ²² Ibid.
- ²³ Collins, D., Abadi, M. H., Johnson, K., Shamblen, S., & Thompson, K. (2011). Non-medical use of prescription drugs among youth in an Appalachian population: Prevalence, predictors, and implications for prevention. *Journal of Drug Education*, 41(3), 309–326. Arkes, J., & Iguchi, M. Y. (2008). How predictors of prescription drug abuse vary by age. *Journal of Drug Issues*, 38(4), 1027–1043. Retrieved from <http://doi.org/10.1177/002204260803800405>
- ²⁴ Christie, C., Baker, C., Cooper, R., Kennedy, P. J., Madras, B., & Bondi, P. (November 1, 2017). The President's Commission on Combating Drug Addiction and the Opioid Crisis.
- ²⁵ CADCA. *Online Rx Abuse Prevention Toolkit: Strategy 2 – Enhance Skills*. Retrieved January 11, 2018, from <http://www.preventmedabuse.org/prevention-strategies/enhance-skills-2>
- ²⁶ Coordinator of the Community Engagement Division of the Far Southeast Family Strengthening Collaborative, Inc. (2014). Youth Led/Adult Guided. Alexandria, VA: Community Anti-Drug Coalitions of America. *CADCA.org*. Retrieved January 12, 2018, from <http://www.cadca.org/youth-ledadult-guided>
- ²⁷ Novelly, T. (August 22, 2017). Drug ‘pouches’ to help people get rid of unused prescriptions at home, Beshear says. *Courier-Journal*. Retrieved January 4, 2018 from <https://www.courier-journal.com/story/news/local/2017/08/22/drug-pouches-help-people-get-rid-unused-prescriptions-home-beshear-says/588961001/>
- ²⁸ Center for the Application of Prevention Technologies. (May 2016). Preventing Prescription Drug Misuse: Overview of Factors and Strategies. SAMHSA. Retrieved from <https://www.samhsa.gov/capt/sites/default/files/resources/preventing-prescription-drug-misuse-overview.pdf>



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