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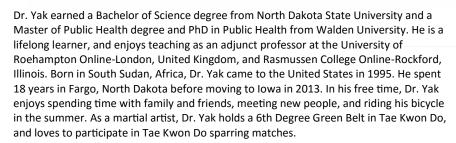
# A Matter of Substance

A PUBLICATION OF THE IDPH DIVISION OF BEHAVIORAL HEALTH BUREAU OF SUBSTANCE ABUSE

## Staff Spotlight

Toby V. Yak, PhD, MPH is an epidemiologist with the IDPH Division of Behavioral Health. Dr. Yak joined IDPH in October 2013 as a Substance Abuse and Mental Health Services Administration (SAMHSA) Center for Substance Abuse Prevention (CSAP) Prevention Fellow. He assumed the epidemiologist position in July 2014. In his current role, Dr. Yak provides epidemiological and data analysis support for substance abuse and problem gambling prevention and treatment, and for the Disability, Injury and Violence Prevention program.

He has a combined 13 years of experience in biomedical, evidence-based public health practice and research.



As an epidemiologist at IDPH, Dr. Yak's focus is to help reduce the risk and occurrence of adverse health outcomes due to substance use and injuries in lowa, through the use of sound epidemiological principles, education, and evidence-based approaches. You can reach Dr. Yak at <a href="Toby.Yak@idph.iowa.gov">Toby.Yak@idph.iowa.gov</a>.

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#### Special points of interest

- New resources, websites, and toolkits
- A warm goodbye
- November 2016 training reports

For more information about the Division of Behavioral Health, Bureau of Substance Abuse, visit: http://idph.iowa.gov/bh

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## Meeting the Needs

Jennifer Robertson, PPW Project Director, represented IDPH at the Residential Treatment for Pregnant and Postpartum Women (PPW) Grantee Conference, which was also attended by 22 other PPW grantees from across the nation. IDPH's implementation of the PPW grant is unique in that Iowa is the only state to implement through residential treatment programs for women:

- Area Substance Abuse Council, Cedar
   Rapid Heart of Iowa
- Heartland Family Services, Council Bluffs - Iowa Family Works
- Jackson Recovery Centers, Sioux City
   Women and Children Center

The theme of the PPW Grantee
Conference was Meeting the Needs Using an Effective and Sustainable Family
Centered Approach. Topics covered
included lessons learned about service
provision to children and families; building
a foundation of care; enhancing access,
engagement, and retention; and use of
evidence-based practices.

The conference included a specific focus on telecommunication approaches for delivering services, including education on the use of the ECHO Model.

For more information, please see attcppwtools.org/PPWProgram/ ProjectECHO.aspx.

#### TRAINING REPORTS AND ANNOUNCEMENTS

#### MET/CBT

FREE Motivational Enhancement Therapy/Cognitive Behavioral Therapy (MET/CBT) Training will be offered March 20-21, 2017.

MET/CBT is a brief intervention designed for adolescents and transitional age youth experiencing problems related to drugs or alcohol. MET/CBT provides therapists with skills to motivate clients to change and to help learn new ways to cope with problems.

The training will be made possible by SAMHSA funding as part of IDPH's State Youth Treatment – Implementation grant. Both the training and CEU's will be provided at no cost to attendees. Please check the Training Resources website for updates at: www.trainingresources.org.

## Having the Conversation

The **2016 Iowa Prevention Conference**, held on November 17, provided an extensive overview of all things prevention. A few highlights:

The keynote speaker, **Officer Jermaine Galloway** — known as "Tall Cop" — provided insights on drug and alcohol trends. He noted the current drug culture and the importance of parents, educators, law enforcement, and prevention and treatment providers to be aware of terms and trends in their communities, and that those terms and trends can change every day. He spoke of common drug expressions and cited some popular songs which promote drugs. He also highlighted a number of clothing items, posters and bumper stickers with seemingly innocuous logos that go beyond the traditional marijuana leaf.

**Dr. Dan Reidenberg**, Executive Director of Suicide Awareness Voices of Education (SAVE), addressed the need for the media to carefully consider their messaging about suicide, including context, frequency of reports, placement, and the language used, in order to prevent additional suicidal actions. He emphasized using suicide messaging as an opportunity for action, by providing concrete steps for finding help, highlighting effective treatment, emphasizing prevention, and setting a positive tone.

The conference concluded with a presentation by clinical psychologist **Dr. Heather Chapman**, in which she shared her motivational interviewing expertise, discussing the importance of focusing on guidance and that people are only persuaded to change when they decide to change themselves.

The conference provided ample insight into a variety of prevention strategies and we look forward to next year!

#### Public Forum Held

On Wednesday, November 16, **Representative Charles Isenhart** hosted a public listening session in Dubuque for the Legislative Prescription Pain Medications Study Committee. The charge of the committee is to evaluate Iowa's response to the national prescription pain medication crisis, from both the public health and law enforcement perspectives.



Pictured from L-R: Representative Charles Isenhart (D., Dubuque), Senator Rob Hogg (D, Cedar Rapids), Governor's Office of Drug Control Policy Associate Director Dale Woolery, and IDPH ATR/MAT-PDOA Project Director Kevin Gabbert.

## **Facilitator Training Ahead**

IDPH is collaborating with the SAMHSA Center for the Advancement of Prevention Technologies (CAPT) to "virtually" train new facilitators on the two national substance abuse prevention curricula developed by the CAPT.

Katie Bee, Employee and Family Resources/Des Moines, Meagen Wentz, Prairie Ridge/Mason City, and Melissa Walker, Area Substance Abuse Council/Cedar Rapids will be trained in Substance Abuse Prevention Skills Training (SAPST). Janet Rector, the Center for Alcohol and Drug Services/Davenport will receive Ethics in Prevention training.

This training of facilitators is an important step for prevention workforce development and expanding training capacity to different areas of the state. Both courses are required for Prevention Certification through the Iowa Board of Certification. IDPH will continue its longstanding collaboration with the Iowa National Guard to offer future opportunities for the two courses.

For more information, contact DeAnn Decker at: <u>DeAnn.Decker@idph.iowa.gov.</u>

## Looking Forward ...

40th Annual Governor's Conference on Substance Abuse!
April 18-19, 2017
Iowa Events Center
Des Moines, IA
www.trainingresources.org

# Buprenorphine Prescriber Training

IDPH will sponsor Providers'
Clinical Support System for
Medication Assisted Treatment
(PCSS- MAT) training at **no cost** to
attendees. The training will meet
the required 24 hours of
coursework for nurse practitioners
(NP) and physician assistants (PA)
to prescribe buprenorphine for
the treatment of opioid use
disorders.

Once NPs and PAs have completed the required 24 hours of training, they may apply for a waiver to prescribe to up to 30 patients, beginning in early 2017.

- An 8-hour DATA-waiver course is provided by DATA 2000 organizations: American Academy of Addiction Psychiatry, American Psychiatric Association, American Osteopathic Academy of Addiction Medicine, American Society of Addiction Medicine; or PCSS-MAT.
- An additional 16 hours of coursework provided by PCSS-MAT

For additional information and more MAT resources, contact Kevin Gabbert at:

Kevin.Gabbert@idph.iowa.gov

#### Helpline

In July, IDPH transitioned management of the DrugFreeInfo.org Help Line (1-866 -242-4111) to the ISU Extension and Outreach Office, which has managed the 1-800-BETS OFF help line for over a decade. The DrugFreeInfo.org toll-free Helpline is answered 24 hours a day, 7 days a week by professional staff who respond to questions and help access treatment from anywhere in Iowa.

Since July, 352 Iowans have called the DrugFreeInfo Help Line. 84% of callers have sought information about substance use treatment options for themselves or a loved one, resulting in more than 260 referrals to licensed treatment programs in Iowa. About 100 Iowans were provided with information about court committal, how to contact local law enforcement, out of state treatment options, OWI education classes, and general education resources.

Help is available, just a phone call or click away at 1-866-242-4111 and www.drugfreeinfo.org.

#### Tools and Resources

- 1. New <u>PSAs</u> produced by **SAMHSA** offer much needed information: Learn <u>5 signs</u> of emotional suffering and ways to help.
- 2. In November 2016, the **U.S. Surgeon General,** Dr. Vivek Murthy, released a report on Alcohol, Drugs, and Health.
  This is the first Surgeon General's
  Report to address substance use disorders and the wider range of health problems and consequences related to alcohol and drug misuse.
  Many supplemental materials were released along with the Report, including a toolkit, which is designed to help individuals, organizations, and agencies share the report with stakeholders. The Toolkit includes a brief overview of the Report;

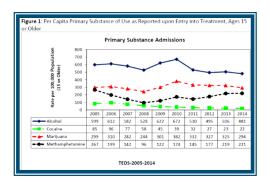
suggestions on how to employ

websites, blogs, and social media to engage the public; and promotional materials and tools.

Access the report <a href="here">here</a>.

Access supplemental materials, including the toolkit, <a href="here">here</a>.

3. Join the conversation about Changing the Language of Addiction. A viewpoint article from the Journal of the American Medical Association sparks conversation about the language we use when discussing our clients, illness, and treatment. A link to the article follows: <a href="http://jamanetwork.com/journals/jama/article-abstract/2565298">http://jamanetwork.com/journals/jama/article-abstract/2565298</a>.



Pictured above: an example of a report which can be generated at this site

### A New Data Source

The 2016 State of Iowa Substance Use Epidemiological Profile was released in November 2016. This Epi Profile presents data relating to the consumption of drugs, consequences associated with drug use, and intervening variables that provide insight into drug use in Iowa. New data points were added to the 2016 Epi Profile to provide even more information. Previous Epi Profiles and fact sheets are available on the State Epidemiological Workgroup site. For questions, please contact Toby Yak at Toby.Yak@idph.iowa.gov or Patrick McGovern at Pat.McGovern@idph.iowa.gov.

## Plan Your Event

Prevention partners are once again invited to participate in National

Drug and Alcohol Facts Week, sponsored by the National Institute on Drug Abuse (NIDA) and the National Institute on Alcohol Abuse and Alcoholism. This week-long health observance is an opportunity for teens to learn the facts about drugs, alcohol, and addiction from scientists and other experts.

Organize and promote an educational event or activity for teens during the week of January 23-29, 2017, and help shatter the myths about drugs and alcohol. It's easy to get involved! Register your event and receive support from NIDA staff to plan a successful activity. NIDA staff can help you order free science-based materials to complement your event, brainstorm activity ideas, and partner with other organizations. Get your event nationally recognized by adding it to the official 2017 map of activities for National Drug and Alcohol Facts Week. Register your event here:



## **Iowa Youth Survey**

The 2016 Iowa Youth Survey (IYS) was administered September 26-November 18.

A total of 85,116 total records were collected (compared to 80,407 for the 2014 IYS) from 289 school districts and private schools across Iowa.

State and county reports will be posted to the <u>IYS website</u>: state reports by March 16, 2017, and county reports by May 26. School reports will be shared directly with each school's Superintendent or Administrator by April 28.

Questions about the Iowa Youth Survey may be directed to: <a href="iowayouthsurvey@idph.iowa.gov">iowayouthsurvey@idph.iowa.gov</a>.



#### Welcome to IDPH!

Angela Davis, MSEd, CADC, Health Facilities Surveyor, joined the Bureau of Substance Abuse on August 29.

Amanda McCurley, MSW, AmeriCorps Program Director, joined the Bureau of Substance Abuse on October 3.

Tiffany Conroy, LCSW, Violence Prevention Coordinator, joined the Disability, Injury and Violence Prevention Office on October 7.

Deanna Triplett, Managed Care Contract Manager, joined the Division Director's Office on November 21.

## Spotlight on MAT Provider

Mercy Turning Point Treatment Center is an outpatient treatment program provided by Mercy Medical Center-Dubuque. Mercy Turning Point provides evaluation and treatment services to adolescents (ages 12 and up), adults, and their families. The treatment team includes six counselors, one certified nurse assistant, a pediatric psychologist, and three waivered physicians. As part of the larger medical center, Mercy Psychiatric Services Registered Nurses assist with Suboxone inductions and Mercy Community Education Nurses provide bi-monthly Naloxone trainings, including airway management and rescue breathing, for the community. In August, 2016, Mercy Turning Point celebrated 30 years of providing high quality therapy wrapped in 12-Step philosophy.

In 2014-2015, Turning Point saw a dramatic increase in the demand for substance abuse consultations and provided 555 consults across every department within Mercy Medical Center. These consults improved patient outcomes by treating the whole person, decreasing length of hospital stay, reducing the likelihood of readmission within 30 days, and improving patient satisfaction; all important data points and ways to use data to assure best practice and quality of care.

Mercy has established an Opioid Executive Team where urgent conversations regarding leading the community effort to combat the illicit heroin/synthetic fentanyl/opioid crisis

are facilitated. Mercy Turning Point was selected as a Medication Assisted Treatment - Iowa provider and has been providing medical evaluations and pharmacological management to Turning Point and Substance Abuse Services Center (SASC) patients since December 2015. Their waivered physicians have treated over 80 patients with severe Opioid Use Disorder and Alcohol Use Disorder. The majority of these patients have had positive therapeutic responses to Suboxone therapy and/or other medications. Patients have experienced reductions in withdrawal symptoms and cravings while demonstrating increased motivation and treatment engagement.

## One patient stated, "I have never come out on top before in my life, but this time I am."

Despite the successful implementation of MAT services, Dubuque County has seen 23 opioid overdoses — including 12 fatal overdoses — since March 1, 2016. The need remains urgent across the state to do whatever we can to save lives and stop the opioid epidemic.

Mercy Turning Point is proud to be a Medication Assisted Treatment provider and commits to continuing to improve their treatment services.

## Licensure Standards FAQ

Last month, Matter of Substance introduced a section called Licensure Standards FAQ. Each month licensure related questions from programs will be addressed in this section. Please submit licensure questions to <a href="mailto:SUD.PG.License@idph.iowa.gov">SUD.PG.License@idph.iowa.gov</a>.

Q1: Would all staff, including support and business staff, be required to have child abuse and dependent adult abuse mandatory reporting training?

**A1:** Yes, all staff are required to have mandatory reporting training. Under Iowa Code sections <u>232.69</u> and <u>235E.2</u>,, any employee or staff person of a substance use disorder program is required to complete the two-hour mandatory reporting training within six months of initial employment, and at least two hours of additional training every five years thereafter. For a listing of approved mandatory reporting training, contact Karin Ford at: <u>Karin.Ford@idph.iowa.gov</u>.

Q2: How can I get a copy of the current licensure standards?

A2: Licensure standards can be found at: https://www.legis.iowa.gov/docs/aco/chapter/641.155.pdf.

## From the Consortium — Recovery Capital

Early studies suggested that people with substance use problems who have the most recovery resources and the most to lose from relapse, were the most likely to recover without the aid of treatment. The study authors coined the term *recovery capital* to refer to an individual's resources that support initiation and maintenance of recovery. Recovery capital resources include physical and mental health, housing, safety, employment, and social or personal relationships, as well as life satisfaction.

Since then a number of studies have related specific resources to recovery. For example, people with five years of recovery from cocaine dependence following treatment cite their initial motivation, positive influences from family, and religion and spirituality as aiding their recovery <sup>1</sup>. Laudet and colleagues <sup>2</sup> identified quality of life as a predictor of remission status after a two year period. Recovery capital was also strongly predictive of quality of life in this population <sup>3</sup>. Long term recovery also seems predicted by social and personal capital <sup>4,5</sup>. Environmental issues, such as neighborhood, disadvantage, drug activity and violent crime are associated with transitions from no use to problem use among adolescents <sup>6</sup>. And perceived neighborhood safety significantly related to successful outcomes of mothers 10 years after treatment <sup>7</sup>. There is also literature showing that those in recovery gain increased recovery capital <sup>4,8,9</sup>.

Source: Iowa Consortium for Substance Abuse Research and Evaluation

- 1.Flynn PM, Joe GW, Broome KM, Simpson DD, Brown BS. Looking back on cocaine dependence: reasons for recovery. *Am J Addict*. 2003;12(5):398-411.
- 2.Laudet AB, Becker JB, White WL. Don't wanna go through that madness no more: quality of life satisfaction as predictor of sustained remission from illicit drug misuse. Substance use & misuse. 2009;44(2):227-252.
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- 4. Moos RH, Moos BS. Sixteen-year changes and stable remission among treated and untreated individuals with alcohol use disorders. *Drug and alcohol dependence*. 2005;80(3):337-347.
- 5.Moos RH, Moos BS. Protective resources and long-term recovery from alcohol use disorders. *Drug and alcohol dependence*. 2007;86(1):46-54.
- 6.Reboussin BA, Green KM, Milam AJ, Furr-Holden DM, Johnson RM, Ialongo NS. The role of neighborhood in urban black adolescent marijuana use. *Drug and alcohol dependence*. 2015;154:69-75.
- 7. Evans E, Li L, Buoncristiani S, Hser Y-I. Perceived neighborhood safety, recovery capital, and successful outcomes among mothers 10 years after substance abuse treatment. *Substance use & misuse*. 2014;49(11):1491-1503.
- 8.Best D, Gow J, Knox T, Taylor A, Groshkova T, White W. Mapping the recovery stories of drinkers and drug users in Glasgow: Quality of life and its associations with measures of recovery capital. *Drug and Alcohol Review*. 2012;31(3):334-341.
- 9. Hibbert LJ, Best DW. Assessing recovery and functioning in former problem drinkers at different stages of their recovery journeys. *Drug and Alcohol Review*. 2011;30(1):12-20