**Introduction**

**Background**

Opioid abuse has reached epidemic status in Vermont. Women with substance use disorder (SUD) are less likely than their male counterparts to seek healthcare. Reaching this group of high-risk women with health care services requires a multifaceted approach.

**Available Knowledge**

- Women who utilize complementary and alternative medicine (CAM) are less likely to use illicit drugs and more likely to be actively involved in their own healthcare.
- Mindfulness based practices lower craving scores and increase feelings of self acceptance and non judgement.
- Yoga lowers self pain scores and increases feelings of empowerment related to self care.
- Medicinal properties of chamomile and lavender decreases inflammation and stress hormone production.

**Rationale**

The Relapse Prevention (RP) Model

1. Identify individuals at high-risk for SUD relapse.
2. Promote and support the development of healthy coping skills to prevent SUD relapse.
- A majority of women living at a residential facility have a history of SUD and are considered high risk.
- The use of CAM with this population will promote healthy coping skills and improve health outcomes.

**Purpose & Aims**

- Integrate evidence-based CAM education into the current curriculum.
- Collaborate with residents and staff for ongoing modifications to the educational modules for sustained implementation.

**Methods**

**Context**

- Residents and staff requested CAM education be added to their existing curriculum.

**Interventions**

Educational modules:

- Introduction to CAM
- Mindfulness for stress reduction
- Yoga for pain relief
- Sleep hygiene for improved immune function
- At-home herbal remedies for decreased inflammation and stress reduction

**Measures**

- Pre and post implementation surveys
- Verbal reports
- Observational data

**Analysis**

- Quality Improvement (QI) framework
- Content of the modules reviewed by staff and project implementer, and modified based on data

**Ethical Considerations**

- The University of Vermont Institutional Review Board deemed this project “Not Research”
- Supported internally with no external conflicts of interest
- Voluntary participation
- Feedback welcomed
- Anonymity protected

**Results**

**Main Findings**

- Overall interest in learning CAM therapies.
- Continued implementation of the CAM curriculum.

**Unintended Consequences**

- High levels of interest in herbal and hands-on activities associated with costs that required budgetary planning.

**Contextual Elements**

- Strong administrative support and a dynamic interprofessional setting contributed to success of this project.
- Internal and external stressors resulted in inconsistent attendance and affected learning outcomes for the participants.

CAM education supports the development of healthy coping skills and decreases risk for SUD relapse in high-risk individuals.

**Discussion**

**Key Findings**

- CAM modules can be successfully integrated into an existing curriculum.
- Ongoing implementation dependent on continuous evaluation and modification.

**Interpretation**

- Positive feedback from participants and staff.
- Findings consistent with those of published studies.
- Modules adaptable based on needs and interests.

**Limitations**

- Generalizability – project was implemented in one setting.
- Internal Validity – inconsistent attendance.
- Cost – due to high interest in hands-on activities.

**Efforts Made to Adjust for Limitations**

- Continuous feedback for modification to modules based in interest and needs.
- Cost kept to minimum, less than $80 overall.

**Conclusions**

- CAM education increases self-care abilities and improves health outcomes.
- CAM modules are transferable to other settings.
- Sustainability is dependent on participant interest and administrative support.

**Next Steps**

Future settings include:

- School-based healthcare environments.
- Primary care practices.

**Acknowledgements**

There are no relationships, conditions, or circumstances that present a conflict of interest relevant to this project.