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# Treatment Referrals for Substance Use Disorders at BFA Fairfax

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# Problem Identification, description of need

- Initiation of substance use early in life contributes to higher levels of misuse later in life and is associated with numerous negative health and behavioral outcomes in the workplace and family (Nelson, Van Ryzin, Dishion, 2015).
- Nearly 4 of every 100 adolescents age 12-17 in our region\* had a substance use disorder in 2017, yet only 39%\*\* of these individuals received treatment for misuse of alcohol or illicit drugs that year (SAMHSA, 2018).
- In many schools, only those students who find themselves in legal or school disciplinary trouble for substance misuse, or who request help, receive treatment referrals (KM interview).
- Need to establish contact with students struggling with substance use problems, but who have remained “below the radar,” remains largely unmet (LC interview).

\*3.8% of all indiv age 12-17 living in NE USA; \*\*1.5% of all indiv age 12-17 living in NE USA

# Societal costs of substance misuse

Misuse of alcohol and illicit drugs is costly, with more than \$500 billion in annual national costs related to crime, lost productivity and health care. (NIDA, 2017). Death rates due to drug overdoses have steadily risen since 2002, with the number of overdoses nationwide surpassing 70,000 in 2017 (NIDA, 2019). Vermont has one of the lowest rates of death due to drug overdose, yet still experienced a 43% increase in the rate of overdose deaths between 2013 and 2017 (CDC, 2019).

Substance Abuse Professional (SAP) position for BFA Fairfax was vacated in early 2019 when grant funding expired, which may reduce the frequency of needed treatment referrals (KM interview).

# Community Perspective, Support for Project

- LC, Northwestern Counseling and Support Services (consent pending)
- KM, BFA Fairfax (consent pending)
- MAT Patient #1
- MAT Patient #2
- MAT Patient #3
- Did not consent to identification

## **Intervention:**

Developing and distributing educational information designed to **capture the interest of students with substance use problems and alert them to the presence of on-campus anonymous treatment referral services.**

## **Methodology:**

**Poster** (displayed in prominent location **at BFA Fairfax High School**) with an image [sad or best descriptor of how they feel] and several key questions\*, followed by, “If you answered “yes” to one or more of these questions, you may need help. That help is waiting for you.

\*Although the questions reflect three of the DSM-V diagnostic criteria for substance use disorder and three items suggested as screening questions by Seven Challenges Manual, 2015, this is not intended to be a screening or diagnostic tool.

# Results/Response

- LC (consent pending)
- KM (consent pending)
- “In many schools, only those students who find themselves in legal or school disciplinary trouble for substance misuse, or who request help, receive treatment referrals.” “Need to establish contact with students struggling with substance use problems, but who have remained ‘below the radar,’ remains largely unmet.” “Substance Abuse Professional (SAP) position for BFA Fairfax was vacated in early 2019 when grant funding expired, leaving unfulfilled needs.”
- MAT Patients #1-3
  - Identified questions (from a list of DSM-V and Seven Challenges screening questions) that represented ideas/feelings they could relate to based on their experiences while in high school; the six questions posed on this poster (slide #11) were each endorsed by at least 2/3 of the MAT patients

## **Evaluation of effectiveness:**

Compare number of treatment referrals in 2019 to 2020

## **Limitations:**

May be difficult to determine how many new referrals are generated directly by poster

# Recommendations for future projects

- Refine poster and coordinate new poster with a video designed for health class
- If treatment referrals increase significantly during the current poster trial, consider similar poster for BFA St. Albans

# References

1. Nelson, Sarah E., Mark J. Van Ryzin, and Thomas J. Dishion. "Alcohol, marijuana, and tobacco use trajectories from age 12 to 24 years: Demographic correlates and young adult substance use problems." *Development and psychopathology* 27.1 (2015): 253-277.
2. Substance Abuse and Mental Health Services Administration (SAMHSA). Results from the 2017 National Survey on Drug Use and Health: Tables 5.9B & 5.15B. Rockville, MD: Center for Behavioral Health Statistics and Quality (2018). Accessed Sep 9, 2019.
3. National Institute on Drug Abuse (NIDA). "Trends & Statistics." Updated April 2017. <https://www.drugabuse.gov/related-topics/trends-statistics>. Accessed Sep 9, 2019.
4. National Institute on Drug Abuse (NIDA). "Overdose Death Rates." Updated January 2019. <https://www.drugabuse.gov/related-topics/trends-statistics/overdose-death-rates>. Accessed Sep 9, 2019.
5. Centers for Disease Control and Prevention (CDC), National Center for Injury Prevention and Control. 2013-2017 Drug Overdose Death Rate Increases. <https://www.cdc.gov/drugoverdose/data/statedeaths.html>. Updated July 1, 2019. Accessed Sep 9, 2019.
6. Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition. Edited by: American Psychiatric Association. 2013.
7. The Seven Challenges Manual. Robert Schwebel. 2nd Edition, 2015.

# ALCOHOL / DRUG MISUSE

## What will your life look like five years from now...if you do not get the help you need?

### Impact of substance use disorders

Initiation of substance use early in life contributes to higher levels of misuse later in life and is associated with numerous negative health and behavioral outcomes in the workplace and family (Nelson, Van Ryzin, Dishion, 2015).

Nearly 4 of every 100 adolescents age 12-17 in our region had a substance use disorder in 2017, yet only 39% of these individuals received treatment for misuse of alcohol or illicit drugs that year (SAMHSA, 2018).

In many schools, only those students who find themselves in legal trouble for substance misuse, or who request help, receive treatment referrals.

Death rates due to drug overdoses have steadily risen since 2002, with the number of fatal overdoses nationwide surpassing 70,000 in 2017 (NIDA, 2019).

Vermont has one of the lowest rates of death due to drug overdose, yet still experienced a 43% increase in the rate of overdose deaths between 2013 and 2017 (CDC, 2019).



<https://www.jber.jhu.edu/News/Photos/igphoto/2000218592/>

### Have you ever...

*Increased the amount of alcohol or drugs you consumed to feel the same effects as before?*

*Increased the amount of alcohol or drugs in a moment of anger or sadness?*

*Argued that your alcohol or drug use was harmless, when it was really hurting you and had some bad effects?*

*Minimized your use of alcohol or drugs (said, "it's not so much") by comparing yourself to bigger users?*

*Done dangerous things or got in trouble while using alcohol or drugs?*

*Missed school or an important assignment because you were drunk or high?*

If you answered "yes" to one or more of these questions, you may need help. That **help is waiting for you**. [contact \_(pending consent)\_ at \_(pending consent)\_]

### Treatment FAQs

- Will I get in trouble? No, you can't get in trouble by asking for help.
- Will I be judged? No, you will be treated with respect and everything you choose to share with counselors will remain confidential.
- What will I get out of it?
  - ✓ You will receive treatment that can help you get clean.
  - ✓ You will receive information that can help you:
    - Figure out the triggers that can cause you to relapse and create a plan for dealing with them.
    - Learn new ways to deal with problems and feelings that you used to avoid by using drugs.
    - Find new ways to have fun and excitement without alcohol or drugs.
  - ✓ You will establish a support group that you can count on.

### References

1. Nelson, Sarah E., Mark J. Van Ryzin, and Thomas J. Dishion. "Alcohol, marijuana, and tobacco use trajectories from age 12 to 24 years: Demographic correlates and young adult substance use problems." *Development and psychopathology* 27.1 (2015): 253-277.
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