



QUASI-EXPERIMENTAL EVALUATION OF TINAD Overdose Lifeline “This is (Not) About Drugs” Program

BACKGROUND

Indiana has the 15th highest mortality rate for overdose deaths in the U.S. (CDC, 2018). The increase in overdose-related deaths has largely been driven by the rise in prescription and use of pain medications (opioids). Home medicine cabinets have become a key source of drugs and a starting point for addiction among adolescents. More than 881,000 adolescents (12- 17 years old) and an estimated 2.1 million people aged 12 or older had an opioid use disorder (CBHSQ, 2018).

OVERDOSE LIFELINE (ODL)

Overdose Lifeline (ODL), an Indianapolis-based non-profit, developed “This is (Not) About Drugs” (TINAD), an educational in-class program that aims to inform adolescents about the risks of opioid and heroin use. TINAD’s primary objectives are to raise awareness that 1) prescription opioids are the same type of drug as heroin, 2) misusing prescription opioids is just as risky as using heroin, 3) overdose is possible with prescription opioids, and 4) to recognize the signs of an overdose. TINAD’s secondary objective is to encourage students to make good choices and provide them with alternatives to using drugs and alcohol in dealing with the issues, stresses, and pressures they face.

METHODOLOGY

In collaboration with the IU Public Policy Institute (PPI), ODL conducted an evaluation of the TINAD program using a quasi-experimental design with a pre-and post-test comparison of program objectives. Surrounding Marion County schools were included

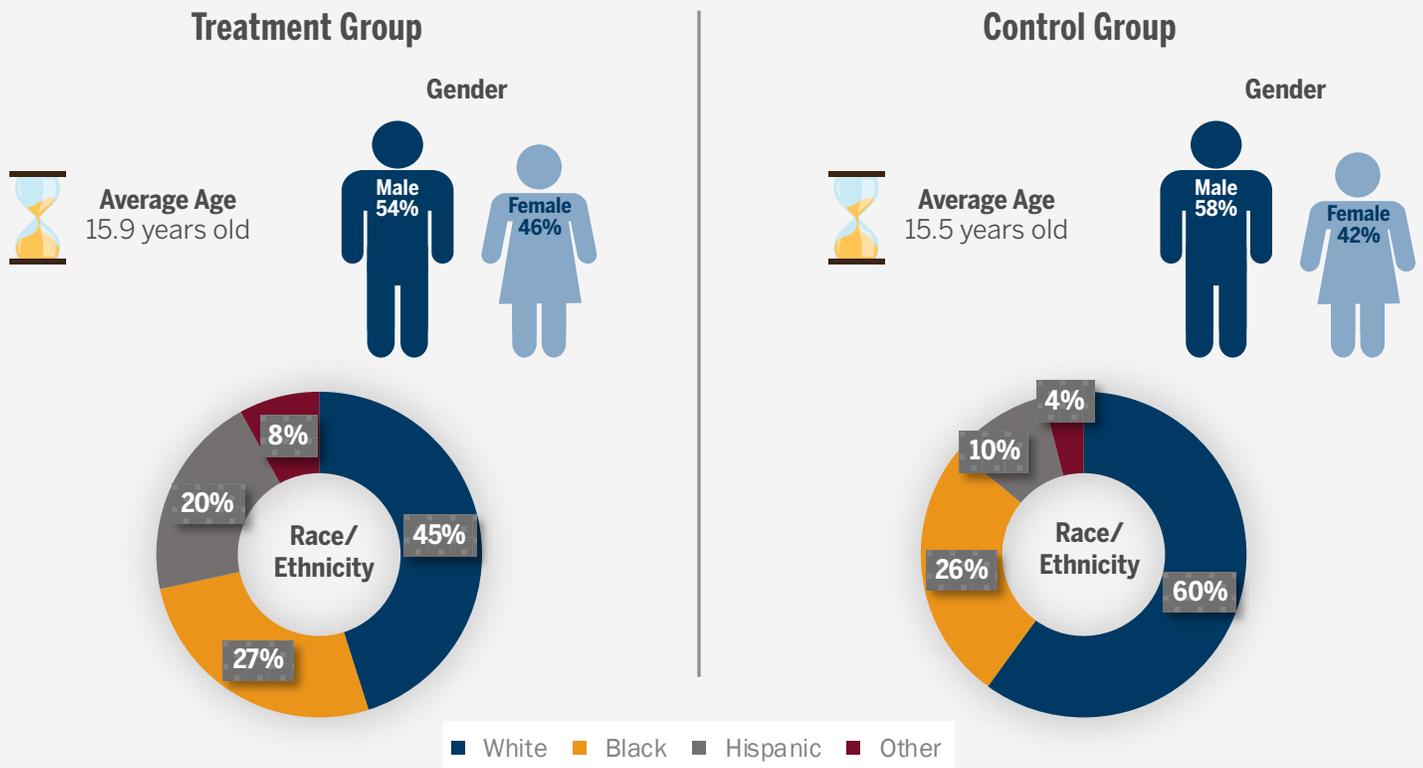
KEY FINDINGS

After participating in the TINAD program

- Students in the treatment group acknowledged *significantly* more risk associated with the use of unprescribed pain pills and that it is as risky as using heroin
- Students in the treatment group were *significantly* more likely to understand the similarity between heroin and prescription pain pills
- Students in treatment group were *significantly* more knowledgeable about naloxone and its purpose
- Students in the treatment group demonstrated a slight, *non-significant* ability to recognize an overdose and understanding of the addictive nature of heroin

in the convenience sample. Students in treatment schools completed a survey before program implementation (pre-test) and post-program (post-test). In control schools, the program was delivered following the post-test. A total of 318 students participated in the pre-test: 80.5% in treatment group and 19.5% in control group. A combination of absences and school transfers resulted in a post-test retention rate of 66.7%.

FIGURE 1. Demographics



RESULTS

After participating in the TINAD program, youth in the treatment group were significantly more likely to understand the similarity between heroin and prescription pain pills (Figure 2), acknowledged *significantly* more risk associated with the use of un-prescribed pain pills (Figure 3) and that using heroin is as risky as using un-prescribed pain pills (Figure 4). Youth in the treatment group demonstrated a slight, non-significant improvement understanding the addictive nature of heroin (Figure 6).

Students in the treatment group were *significantly* more knowledgeable about naloxone and its purpose following the delivery of the program (Figure 5) in comparison to the control group and a slight, non-significant greater ability to recognize an overdose (Figure 7).

Results indicate that TINAD is able to significantly increase students' understanding of the risks associated with prescription pain pills; the similarity between heroin and prescription pain pills; and

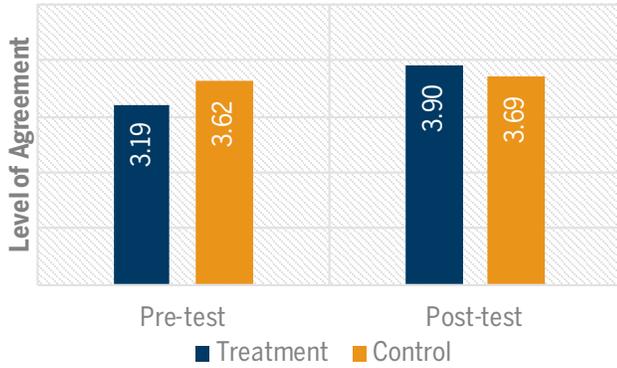
students' awareness of the purpose of naloxone. The program produced minor improvements in assessment of the risk of heroin, dangers of heroin use, understanding of the addictive nature of heroin, and ability to recognize signs of an overdose. While many of these differences *did not reach statistical significance*, the changes are in the expected direction and are generally larger for those who received the treatment. Altogether, these findings indicate a positive sign for the TINAD program.

RECOMMENDATIONS

RANDOMIZED CONTROL TRIAL

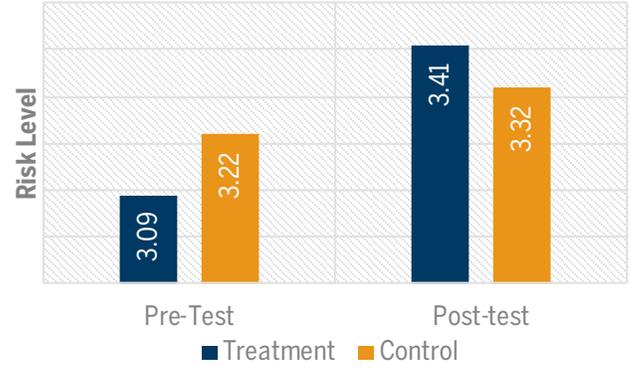
The use of random assignment is extremely important to evaluation research because of its ability to control for a number of validity threats including pre-existing differences in the treatment and control groups. While the current evaluation includes a pre- and post-test, as well as a control and comparison group, researchers were unable to randomly assign

FIGURE 2. Prescription pain pills are the same type of drug as heroin*



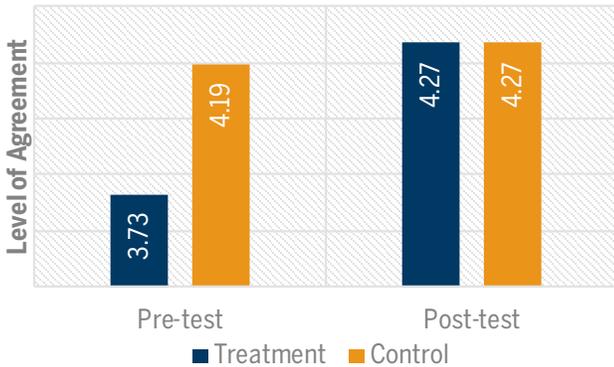
*Significant increase in the treatment group understanding that prescription pain pills are the same type of drug as heroin.

FIGURE 3. Risks Associated with Unprescribed Prescription Pain Pills*



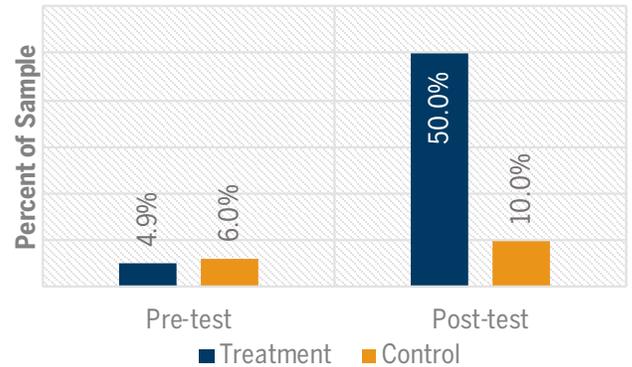
*Significant increase in the treatment group, compared with the control group for understanding the risks associated with unprescribed prescription pain pills.

FIGURE 4. Using heroin is just as risky as using unprescribed pain pills*



*Significant increase in the treatment group understanding that using heroin is just as risky as using unprescribed pain pills

FIGURE 5. Understands the Purpose of Naloxone*



*Significant increase across treatment group, but not control group for understanding the purpose of Naloxone.

FIGURE 6. Understands the addictive nature of heroin

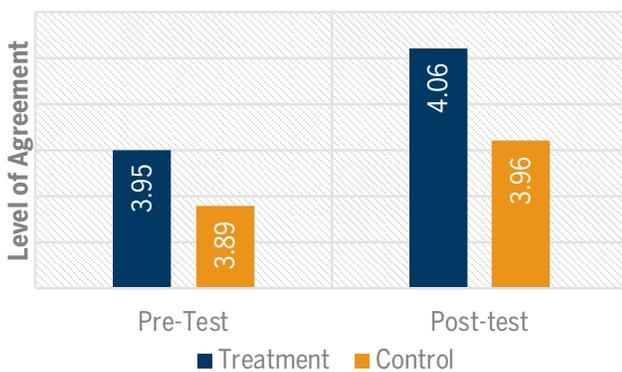
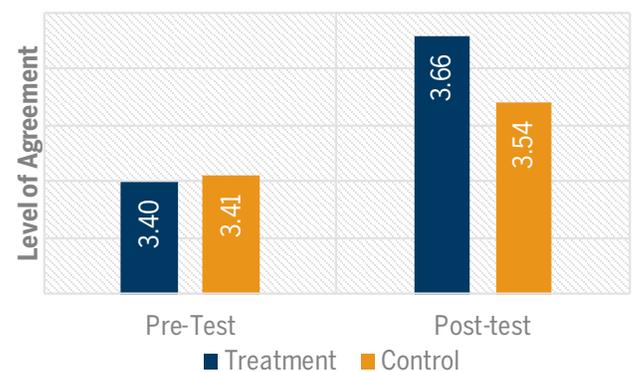


FIGURE 7. Could recognize signs of an overdose



Note:

Risk associated with different levels of usage of both unprescribed pain pills and heroin were measured by the following questions: "How much do you think people risk harming themselves (physically or otherwise) if they use unprescribed pain pills (Hydrocodone, Oxycodone, and Vicodin) regularly?" Similar questions inquired about risk associated with occasional (i.e., once or twice) and experimental use of both unprescribed pain pills as well as heroin.

participants in the TINAD program. Therefore, ***the first recommendation is for ODL to complete a randomized control trial of the TINAD program.***

TRAINING PRACTITIONERS

ODL has an assortment of practitioners that deliver the TINAD program in a variety of schools across Indiana and the U.S. While having multiple individuals responsible for program implementation increases the reach of the program, it may cause variation in program delivery. ***ODL should integrate a fidelity review and checklist tool within the program processes and continue to place emphasis on training practitioners that deliver the program in order to ensure they are prepared and capable to teach the program as intended.***

ENHANCING TINAD CURRICULUM

The secondary objective of the TINAD program is to provide alternatives to using drugs and alcohol in dealing with the issues, stresses, and pressures facing today's youth. This is an important goal and one that has been demonstrated by prior research to reduce substance use overall. The current state of the curriculum for the TINAD program includes few mechanisms to build coping strategies among their

target population. ***ODL should collaborate with and adolescent intervention scientist to incorporate or supplement the program with existing curriculum on coping skills.***

In doing, so ODL can aim to integrate evidence-based practices into the curriculum and help to better establish measurements that can tap into these practices. Furthermore, this might be considered part of a larger endeavor where ODL can develop a theoretical model of change whereby they chart out precisely what they are aiming to change and map this to the components of the TINAD program that focus on these areas.

REFERENCES

1. 1999–2017, from the National Vital Statistics System (NVSS) Mortality Component, maintained by the National Center for Health Statistics, CDC, <https://www.cdc.gov/nchs/products/databriefs/db329.htm>
2. Center for Behavioral Health Statistics and Quality. (2018). 2017 National Survey on Drug Use and Health: Detailed Tables. Substance Abuse and Mental Health Services Administration, Rockville, MD.



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