2021 HIDTA PREVENTION SUMMIT

Advancing Prevention Perspectives through Education, Application, & Impact

RESOURCE SUPPLEMENT

OCTOBER 7, 2021

TABLE OF CONTENTS

RESOURCES

NATIONAL HIDTA PROGRAM OFFICE

PUBLIC HEALTH / PUBLIC SAFETY FRAMEWORK

INTRODUCTION

The Public Health/Public Safety Framework highlights and synergizes continuous efforts of stakeholders and community partners while synchronizing public health and safety programs and initiatives, aimed at combatting illicit drug use and its availability across the United States.

VISION

This Framework aims to build a stronger, healthier, drug free society by drastically reducing the number of Americans losing their lives to drug addiction.

MISSION

Through coordinated, systematic effort, the mission of this framework is to reduce drug use, manufacturing and trafficking; drug-related crime and violence; and drug related health-consequences. To achieve this mission, ONDCP – through the High Intensity Drug Trafficking (HIDTA) Program – will bolster the following programs in support of drug prevention, treatment and recovery, and reducing availability of illicit drugs:

Overdose Detection Mapping Application Program (ODMAP)

- Provides real-time overdose surveillance data across jurisdictions to support public safety and public health efforts to mobilize an immediate response to a sudden increase, or spike in overdoses.
- Links users to a mapping tool that tracks fatal and nonfatal overdoses (including naloxone administration) in order to stimulate real-time response and strategic analysis.

Naloxone Training and Distribution

- Focused on providing naloxone kits to all emergency personnel (including police and fire departments) to reduce opioid deaths in each regional HIDTA.

Overdose Response Strategy (ORS)

- The ORS is implemented by state teams made up of Drug Intelligence Officers (DIOs) and Public Health Analysts (PHAs), who work together on drug overdose issues within and across sectors and states. By sharing information across sectors, the ORS is growing the body of evidence related to early warning signs and prevention strategies.
- The mission of the ORS is to help communities reduce fatal and non-fatal drug overdoses by connecting public health and public safety agencies, sharing information, and supporting evidence-based interventions.

The National Marijuana Initiative (NMI)

- A national education initiative focused on advancing factual knowledge on marijuana and the various impacts of its legalization.
- Supports all regional HIDTAs to carry out the National Drug Control Strategy by providing information and presentations to law enforcement, policymakers, drug abuse prevention coalitions, and other community groups regarding the changing landscape of marijuana policies.

National HIDTA Prevention Strategy

- Promotes and supports the integration of innovative evidence-based strategies to reduce substance use in our Nation's communities by serving as a prevention infrastructure that facilitates cross-sector collaboration among its partners, as well as training and education among all HIDTA regions.
    - Supported by **A Division for Advancing Prevention and Treatment (ADAPT):**
        - Mission: To advance knowledge, skills, and quality outcomes in the field of substance use prevention while supporting successful integration of evidence-based strategies into HIDTA communities.
        - Provides technical assistance in nine domains: 1) identification of evidence-based strategies, 2) training, 3) implementation, 4) evaluation, 5) finance/budgeting, 6) sustainability, 7) early response, 8) prevention messaging, and 9) systems development.

Public Health/Public Safety Framework

ODMAP

The Overdose Detection Mapping Application Program provides real-time overdose surveillance data across jurisdictions to support public safety and health efforts to mobilize an immediate response to an overdose spike.

NATIONAL MARIJUANA INITIATIVE (NMI)

The NMI is an educational platform which strives to dispel misconceptions about marijuana and raise awareness of issues surrounding the drug, so that citizens and policymakers can make well-informed choices regarding marijuana use and regulations.

NALOXONE DISTRIBUTION

Naloxone Distribution programs are focused on providing naloxone kits to all emergency personnel (including police and fire departments) , as well users, their friends and families, in order to reduce opioid deaths.

PREVENTION/ADAPT

A Division for Advancing Prevention and Treatment (ADAPT) supports the National HIDTA Prevention Strategy by using a coordinated approach to integrate innovative evidence-based and evidence-infromed prevention strategies into the synchronized efforts of federal, state, local, and tribal law enforcement and community partners.

OVERDOSE RESPONSE STRATEGY (ORS)

With support from the ONDCP and the Centers for Disease Control and Prevention (CDC), the ORS focuses on reducing fatal and non-fatal drug overdoses by improving information sharing across agencies and supporting evidence-based interventions.

The Public Health/Public Safety Framework highlights five intersecting initiatives focused on substance abuse prevention, treatment and recovery, as well as reducing the availability and use of illicit drugs.

National HIDTA Prevention Strategy

BACKGROUND

The National HIDTA program funds initiatives that support evidence-based and evidence-informed prevention strategies focused on stopping drug abuse before it begins. HIDTA prevention initiatives accomplish this by building community coalitions and partnerships that bring together law enforcement, educational, social service, and community organizations to provide science-based prevention programs. These programs are conducted in schools, communities and in partnership with community coalitions, civic organizations, and faith-based organizations across the country. Information sharing sessions, symposiums, public forums, and prevention conferences are held for law enforcement professionals and their coalition partners to improve prevention practices within their respective communities. The National HIDTA Prevention Strategy will synchronize these efforts and afford greater support and outcomes to the National Drug Control Strategy and the federal, state, local, and tribal partners.

MISSION

The National HIDTA Prevention Strategy promotes and support integration of innovative evidence-based and evidence-informed strategies to reduce substance us in our Nation's communities.

VISION

The National HIDTA Prevention Strategy seeks to serve as a prevention infrastructure that facilitates cross-sector collaboration and communication among its stakeholders. The Strategy functions as a catalyst for the development, implementation and evaluation of prevention programming, unique to the needs of HIDTA communities.

GOALS

1. Establish prevention strategies in all HIDTA regions.
    a. Prevention experts provide education and training to HIDTA personnel
    b. Partnerships encouraged with public health and public safety personnel
2. Use assessments and research to guide prevention efforts.
    a. Select appropriate strategies to address the top priority needs within the HIDTA regions
3. Sustain Prevention strategies in all HIDTA regions.
    a. Creation of National HIDTA Prevention Initiative
    b. Evaluate and report outputs from each HIDTA region prevention programs

PARTNERS

Federal: United States Department of Agriculture · Department of Defense (National Guard Bureau) · Department of Education ·Department of Health and Human Services · National Institute of Health · Department of Homeland Security · Department of Justice · Department of Labor · Department of Transportation · Department of Veteran Affairs

State & Local: Youth · Parents · Businesses · Media · Schools (Universities & Community Colleges) · Youth-service organizations · Law Enforcement · Religious/Fraternal Organizations · Civic/Volunteer Groups · Healthcare Professionals · State/Local/Tribal Governments · Not-for-Profit Organizations · Other organizations involved in reducing substance abuse and misuse.

RESOURCES

ADAPT
A Division for Advancing Prevention & Treatment
CULTIVATING PREVENTION

ADAPT:
A DIVISION FOR ADVANCING PREVENTION & TREATMENT

ADAPT: A Division for Advancing Prevention & Treatment

Mission

The mission of ADAPT is to advance knowledge, skills, and quality outcomes in the field of substance use prevention while supporting successful integration of evidence-based strategies into communities.

Goals

1. Advance substance use prevention strategies through essential training and technical assistance services and resources.
2. Promote public health and public safety partnerships in substance use prevention.
3. Prepare the future public health and public safety workforces through student engagement in ADAPT operations and projects.

HIDTA Prevention

ADAPT supports the National High Intensity Drug Trafficking Area (HIDTA) Program by operationalizing the National HIDTA Prevention Strategy. ADAPT assists HIDTAs with implementing and evaluating substance use prevention strategies within their unique communities. ADAPT also keeps HIDTA communities up to date with advances in prevention science. A variety of trainings, technical webinars, and other resources to cultivate, nurture, and support hospitable systems for implementation are offered throughout the year.

Technical Assistance

Technical assistance is available to all HIDTA communities in the following domains:

1. Identification of the Best Available Evidence in Substance Use Prevention
2. Training
3. Implementation
4. Evaluation
5. Finance/Budgeting
6. Sustainability
7. Early Response
8. Prevention Messaging
9. Systems Development
   - Infrastructure
   - Assessment

Learn More

Visit us at https://www.hidta.org/adapt/ to learn about our technical assistance services, event and training announcements, resources, and more!

Contact Us

For more information, email us at **adapt@wb.hidta.org** or reach out to Lora Peppard at **lpeppard@wb.hidta.org**.

Connect with Us

For frequent updates from ADAPT, be sure to *follow* and *like* us on the platforms below. These platforms provide an opportunity to share resources and connect with each other.

Like our Facebook page today @ https://www.facebook.com/ADAPT-100681361632663/

Follow our LinkedIn Company page for the latest insights and updates @ https://www.linkedin.com/company/adapt-a-division-for-advancing-prevention-treatment

Follow us on Twitter @ https://twitter.com/ADAPT_CDPP

Subscribe to our YouTube channel for informative video content @ https://www.youtube.com/channel/UCbxhs3Kx69_OfAMw628PO7w/

To be notified of upcoming webinars, products, events, and our quarterly newsletter, subscribe below:

SUBSCRIBE

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WELCOME TO OUR NEW WEBSITE

Visit us to learn about our technical assistance services, event and training announcements, resources, and more!

www.hidta.org/adapt

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PREVENTION INTERVENTION RESOURCE CENTER

Access e-learning courses, evidence-based program registries, & other resources to support you in advancing evidence-based prevention programming in your community.

https://www.hidta.org/adapt/prevention-intervention-resource-center/

PREVENTION INTERVENTION RESOURCE CENTER

Registries of Evidence-Based Programs

Blueprints for Healthy Youth Development
Registry of promising, model, and model plus prevention interventions.

Washington State Institute for Public Policy (WSIPP)
Benefit-cost results for public health and prevention programs.

CASEL's Guide to Social & Emotional Learning Programs
Guide to preschool to high school social and emotional learning programs.

Athena Forum's Best Practices Toolkit
Toolkit to support best practice prevention programming.

PEW Results First Clearinghouse Database
Resource that brings together information on the effectiveness of programs from nine national clearinghouses.

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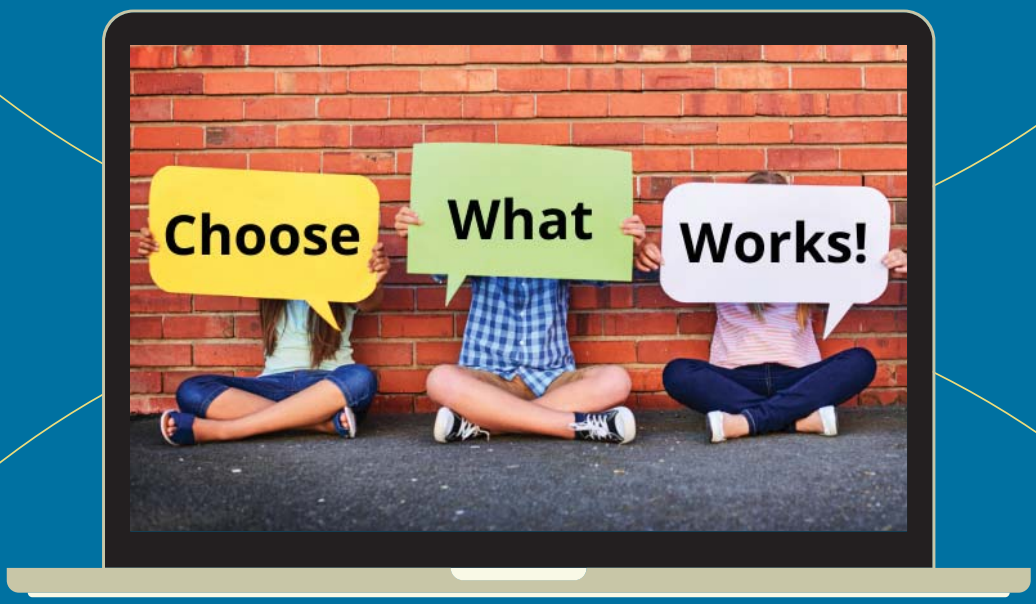
WEBINAR SERIES

FUNDAMENTALS OF SUBSTANCE USE PREVENTION

Access the series & resource guides online today!



https://www.hidta.org/adapt-projects/fundamentals-of-substance-use-prevention-webinar-series/

Visit us to learn more about:

- Program Planning & Evaluation
- Risk & Protective Factors
- Persuasive Prevention Messaging
- The Value of Prevention
- Understanding Evidence
- What Works (& Doesn't)

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ADAPT's
Evidence-Based Practice (EBP) Spotlight Series

REGISTER NOW

Join us **Tuesday, October 26th** from **2:30-4:00pm** for ADAPT's next Evidence-Based Practice Spotlight on

The PAX Good Behavior Game

The PAX Good Behavior Game is an evidence-based universal preventive intervention applied by teachers in the classroom to build children's self-regulation. This intervention has been found to improve focus, attention, and schoolwork while reducing substance use and mental health problems.

PAXIS Institute Presenters Include:

Dennis Embry, PhD, President

Carmen Irving, MA, Vice President

Jason Fruth, PhD, Executive Director of Research & Development

RESOURCES

ARIZONA HIDTA

COMMUNITY TOOLKIT – The Rise of Fentanyl – Saving Lives by Moving Communities from Understanding to Action

Young people across the nation are overdosing at an alarming rate from fentanyl and counterfeit pills laced with fentanyl. The Rise of Fentanyl toolkit is designed to provide coalitions, law enforcement partners, and drug prevention practitioners with strategies to prevent and reduce fentanyl overdoses.

The toolkit is divided into two main sections that address counterfeit pills, fentanyl, and Naloxone. Grounded in a public health/public safety approach, the toolkit offers well accepted prevention approaches practitioners can use to reduce youth fentanyl and counterfeit pill use.

The toolkit is available in English and Spanish and can be reproduced and customized to fit the local needs of a community. To access the toolkit, go to SACLAZ.org and click on Toolkit.

COUNTERFEIT PILLS AND FENTANYL RESOURCES

- PowerPoint Presentations with presenter script (Snapchat and Fentanyl/Counterfeit Pills)
- Fentanyl and Counterfeit Pill Fact Sheets
- Postcards
- Doorhangers
- Flyers
- Guides for Parents on Support, Treatment, Intervention, and Continuing Care
- Radio and Television Public Service Announcements
- Social Media Posts – Facebook and Instagram

NALOXONE RESOURCES

- PowerPoint to teach community members about Naloxone, how to spot an overdose, and how to administer Naloxone. PowerPoint comes with presenter script.
- Naloxone Instruction Card
- Naloxone Fact Sheet
- Save a Life and Reverse and Overdose Posters
- Billboards
- Business Card Handouts describing what Naloxone is
- Social Media Posts – Facebook and Instagram
- Radio Public Service Announcements

In this section you will also find information regarding the **Good Samaritan Law**. Those resources include:

- Video Public Service Message, Social Media Posts, and Business Card Handout

Substance Abuse Coalition Leaders of Arizona

This toolkit was made possible thanks to the incredible partnerships and work of the Substance Abuse Coaliton Leaders of Arizona members, AZ HIDTA, AHCCCS, and MATFORCE. To learn more about this project, visit SACLAZ.org.

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NATIONAL INSTITUTE ON DRUG ABUSE

NATIONAL INSTITUTE ON DRUG ABUSE

Weblinks

1. **Dr. Volkow Explains the Basics of Drugs & Addiction**

   https://www.drugabuse.gov/videos/dr-volkow-explains-basics-drugs-addiction

2. **NIDA Director's Page**

   https://www.drugabuse.gov/about-nida/directors-page

3. **Overview of NIDA's Justice System Research Initiatives**

   https://www.drugabuse.gov/research/nida-research-programs-activities/justice-system-research

   This website includes an overview of the different initiatives, as well as how to access numerous important publications.

   - The Justice Community Opioid Innovation Network
   - The Juvenile Justice Translational Research on Interventions for Adolescents in the Legal System
   - Criminal Justice Drug Abuse Treatment Studies
   - Seek, Test, and Treat: Addressing HIV in the Criminal Justice System

4. **Drugs, Brains, and Behavior: The Science of Addiction**

   https://www.drugabuse.gov/sites/default/files/soa.pdf

5. **Resources for Healthcare Professionals**

   https://www.drugabuse.gov/nidamed-medical-health-professionals

6. **Resources for Children & Teens**

   https://www.drugabuse.gov/drug-topics/children-teens

   https://teens.drugabuse.gov/

7. **Resources for Educators**

   https://teens.drugabuse.gov/teachers

8. **Resources for College Age and Young Adults**

   https://www.drugabuse.gov/drug-topics/college-age-young-adults

9. **Resources for Coalitions: National Drug & Alcohol Facts Week**

   https://teens.drugabuse.gov/national-drug-alcohol-facts-week

10. **Subscribe to Drug Research Digests**

    https://www.drugabuse.gov/connect-nida

11. **NIDA's Research Dissemination Center with Free Publications**

    https://www.drugpubs.drugabuse.gov

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WASHINGTON / BALTIMORE HIDTA
HIGH INTENSITY DRUG TRAFFICKING AREA

CENTERS FOR DISEASE CONTROL AND PREVENTION

OVERDOSE RESPONSE STRATEGY

The Overdose Response Strategy is an unprecedented and unique collaboration between public health and public safety, created to help local communities reduce drug overdoses and save lives by sharing timely data, pertinent intelligence and innovative strategies.

The mission of the Overdose Response Strategy is to help communities reduce fatal and non-fatal drug overdoses by connecting public health and public safety agencies, sharing information, and supporting evidence-based interventions.

COLLABORATE ACROSS PUBLIC HEALTH AND PUBLIC SAFETY SECTORS

The ORS is implemented by teams made up of **Drug Intelligence Officers** and **Public Health Analysts**, who work together on drug overdose issues within and across sectors, states, and territories.

SHARE DATA, INSIGHTS, AND TRENDS RELATED TO DRUG OVERDOSE ISSUES IN OUR COMMUNITY

By sharing information across sectors, the ORS is growing the body of evidence related to **early warning signs** and **prevention strategies**.

INFORM&HELP LOCAL COMMUNITIES DEVELOP SOLUTIONS TO REDUCE OVERDOSE

With the information shared, and programs inspired by the ORS, we are **helping communities** and individuals make **healthier, safer choices**.

CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC)

Resources

1. **Overdose Response Strategy website**
   https://www.hidtaprogram.org/ors.php

2. **Evidence-based Strategies for Preventing Opioid Overdose: What's Working in the United States**
   Evidence-Based Strategies for Preventing Opioid Overdose: What's Working in the United States, 2018 (cdc.gov)

3. **Overdose Response Strategy 2020 Annual Report**
   2020_ORS_Annual Report.pdf (hidtaprogram.org)

4. **Overdose Response Strategy Cornerstone Report – Prevention Services in Jails**
   The 2019 Overdose Response Strategy Cornerstone Report (hidtaprogram.org)

5. **Public Health and Safety Teams (PHAST) Toolkit**
   Public Health and Safety Teams (PHAST) Toolkit (cdcfoundation.org)

6. **National Governor's Association Roadmap to Expanding Access to Medications for OUD in Corrections and Community Settings**
   Expanding Access to Medications for Opioid Use Disorder in Corrections and Community Settings - National Governors Association

7. **Overdose Fatality Review – A Practitioner's Guide to Implementation**
   Overdose Fatality Review (cossapresources.org)

8. **A Comprehensive Approach to Overdose Prevention – PHASTs and OFRs**
   A Comprehensive Approach to Overdose Prevention – PHASTs and OFRs - YouTube

9. **National Council for Mental Wellbeing - MOUD in Jails and Prisons: A Planning and Implementation Toolkit**
   Medication-Assisted Treatment (MAT) for Opioid Use Disorder in Jails and Prisons « National Council (thenationalcouncil.org)

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HIDTA
HIGH INTENSITY DRUG TRAFFICKING AREA

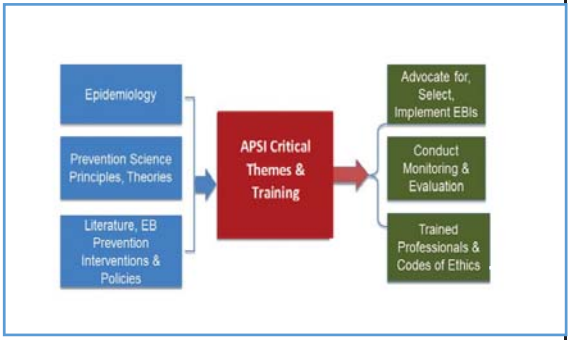
APPLIED PREVENTION SCIENCE INTERNATIONAL

APPLIED PREVENTION SCIENCE INTERNATIONAL

Putting Prevention Science into Practice

"Prevention is an ever-evolving field. Keeping current with effective prevention strategies can be a challenge. Our goal is to provide knowledge, skills, and assistance to professionals and institutions to support community health."

Zili Sloboda, President & CEO



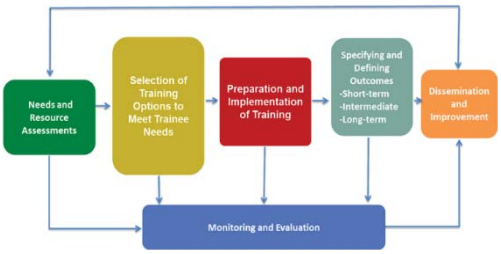
APSI is a not-for-profit organization that specializes in promoting prevention science and its application to prevention services in the community. The APSI Team applies its expertise in providing consultation and education services to collaborate with practitioners on undertaking the implementation of evidence-based prevention in the community.

APSI was established in 2013 to assist policy makers and practitioners from around the world to apply prevention science to address substance use and other behavioral problems. The result is the availability of new tools for practitioners to adopt, implement, and sustain evidence-based prevention interventions in communities.

APSI Mission

- *Bridge science and practice*
- *Provide professional and continuing education*
- *Strengthen community prevention with evidence-based interventions and policies*

Within the Context of Community Based Implementation



Through

APSI Consultant Services

- Epidemiologic surveillance systems
- EB intervention implementation and sustainability
- Monitoring and evaluation design

APSI Education Center

- Professional and continuing education on evidence-based prevention
- Adapts educational programming for organizations to meet professional needs

APPLIED PREVENTION SCIENCE INTERNATIONAL - EDUCATION CENTER

"We opened our Education Center in 2020 to offer new opportunities for people who work in prevention to access the latest evidence-based prevention strategies for communities." Zili Sloboda

NOTE:

In COVID times we have adapted all of our programming to live, online, interactive training designed to bring prevention professionals together to collaborate during these challenging times.

Training for New and Advanced Professionals

Center courses are targeted to those new to prevention, those interested in continuing their education in evidence-based prevention, and those looking into specialties in the prevention field. We offer online, face-to-face, and blended training programs that provide foundational knowledge, skills, and competencies derived from prevention science, and adapted to the primary settings where prevention services are offered.

The APSI Education Center will provide training to professionals directly through online and web-based courses. The Center will also work with state and local governmental and non-governmental organizations to develop educational programming to increase evidence-based capacity at all levels of prevention services.
The Center:

- Offers professional and continuing education on evidence-based prevention
- Presents multiple training platforms that provide access for working prevention professionals
- Designs educational programming for organizations to meet professional needs

Putting Prevention Science to Practice is APSI's Goal

The APSI Education Center Focus

- Knowledge - Prevention science knowledge based on research
- Practice - Skills involving both in-class and practica where trainees return to their programs and "try out" their newly-acquired evidence-based prevention practices
- Opportunities – Learn from experts, share ideas and experiences, network with peers

For those new to prevention, the ASPI-EC recommends a stepwise approach to learning evidence-based (EB) prevention beginning with Foundations of Prevention Science and Physiology and Pharmacology; then, specialty courses that relate to the primary prevention environments - e.g., the Family, the School, the Workplace, the Community, which includes Environment- and Media-based prevention; lastly, Monitoring and Evaluation on methods and skills to measure the progress and impact of interventions during and after implementation.

These education courses were based on content from the science literature and involved leading prevention scientists with expertise in these areas. Sources include the *Universal Prevention Curriculum* (UPC) series developed by APSI, funded by the US State Department; the *International Standards on Drug Use Prevention*, UN Office of Drugs and Crime, 2013, 2018; and the *European Drug Prevention Quality Standards*, European Monitoring Centre for Drugs and Drug Addiction, 2011 and quick guide, 2013.

APSI Offerings

- **Prevention Live! – Prevention Talks** and **Prevention Portraits** with scientists and practitioners on leading issues and interviews on their often circuitous entry into the prevention research or practice field– recorded live
- **Prevention Nuggets** - Short pieces on evidence-based science and hot topics of interest

Online Courses

- APSI Foundations of Prevention Science and Practice – 8 live, 30-hour online courses, delivered in 3-hour sessions, starting with:
  - *Building the EB Framework for Prevention Practice*

  Then selecting courses on:
  - *Families, Schools*, or *Workplace*
  - *Environmental Policies and Strategies* or the *Media*
  - *Community-wide Prevention Systems*
  - *Monitoring and Evaluation of EB Programming*

Face-to-face Training –APSI's Foundations Courses—

As post-COVID allows, these will become more available. Learn more at the https://www.apsieducationcenter.org/ website

For more on the APSI-EC, contact:

Applied Prevention Science International
P.O. Box
Ontario, OH 44906
www.apsintl.org

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FRAMEWORKS INSTITUTE

FrameWorks
Institute Resources

1. **FrameWorks Institute website**
   https://www.frameworksinstitute.org/

2. **Six Ways to Boost Public Support for Prevention-Based Policy**
   https://ssir.org/articles/entry/six_ways_to_boost_public_support_for_prevention_based_policy

3. **Tools and Resources**
   https://www.frameworksinstitute.org/tools-and-resources/

4. **Reframing Adolescent Substance Use and its Prevention: A Communications Playbook**
   https://www.frameworksinstitute.org/publication/reframing-adolescent-substance-use-and-its-prevention-a-communications-playbook/

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PAXIS INSTITUTE

Clin Child Fam Psychol Rev (2008) 11:75–113
DOI 10.1007/s10567-008-0036-x

Evidence-based Kernels: Fundamental Units of Behavioral Influence

Dennis D. Embry · Anthony Biglan

Published online: 20 August 2008

Abstract This paper describes evidence-based kernels, fundamental units of behavioral influence that appear to underlie effective prevention and treatment for children, adults, and families. A kernel is a behavior–influence procedure shown through experimental analysis to affect a specific behavior and that is indivisible in the sense that removing any of its components would render it inert. Existing evidence shows that a variety of kernels can influence behavior in context, and some evidence suggests that frequent use or sufficient use of some kernels may produce longer lasting behavioral shifts. The analysis of kernels could contribute to an empirically based theory of behavioral influence, augment existing prevention or treatment efforts, facilitate the dissemination of effective prevention and treatment practices, clarify the active ingredients in existing interventions, and contribute to efficiently developing interventions that are more effective. Kernels involve one or more of the following mechanisms of behavior influence: reinforcement, altering antecedents, changing verbal relational responding, or changing physi-ological states directly. The paper describes 52 of these kernels, and details practical, theoretical, and research implications, including calling for a national database of kernels that influence human behavior.

Keywords Evidence-based kernels · Public-health benefits · Prevention · Treatment

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PAXIS Institute™

an international prevention science leader

has a training for you!

School-based PAX

pax Good Behavior Game

Educators who wish to use PAX in their school-based setting

pax Partner

Partner Training

Internal and external individuals trained in PAX GBG who want to support PAX teachers

pax Sustainability

Sustainability Training

School staff trained in PAX GBG who want to sustain their school's PAX implementation

pax Next Steps

Next Steps Trainings

Trained PAX Teachers who want to further expand and integrate PAX strategies

pax HEROES

HEROES Training

Experienced PAX Teachers who have students needing additional support

Community-based PAX

pax tools for Human Services

Professionals who work directly with young people outside of an education setting

pax tools for Community Educators

Professionals who want to share PAX strategies with parents and caregivers

pax tools for School@Home

Trained PAX Tools Community Educators who want to share strategies focused on schoolwork

PAX can be implemented in any setting where children and adults interact. When the evidence-based **PAX Good Behavior Game®** is implemented in schools, children benefit from improved behavior, academic achievement, and lifetime outcomes.
PAX Tools™ extends that nurturing environment beyond the classroom, empowering adults throughout the community to improve young people's behavior and relationships with the use of Evidence-based Kernels. PAX Tools is designed for use at home or in the community by caring adults such as parents, caregivers, and other adults who serve youth in volunteer or professional settings. Wherever a child is learning and practicing behavioral skills, PAX has an appropriate application.

Register for an upcoming training

pax Good Behavior Game

Initial Training

November 15-16
click to register

December 13-14
click to register

pax Partner

Partner Training

November 17-18
click to register

December 15-16
click to register

pax tools for Community Educators

December 7-8
click to register

pax tools for Human Services

November 1-2
click to register

December 13-14
click to register

Find out more: email info@paxis.org visit paxis.org

rev 10.5.21

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VALUES TO ACTION

Values to Action seeks a society that is founded on the value of ensuring everyone's wellbeing. Using proven data from a convergence of human sciences, Values to Action has pinpointed the conditions needed to enhance human thriving:

- Reducing harmful biological forces
- Mitigating toxic social experiences
- Richly reinforcing all kinks of prosocial behavior
- Limiting opportunities and influences to engage in harmful behavior
- Promoting kind, compassionate mutual understanding
- Nurturing psychological flexibility, which is a mindful approach to pursuing our values

From the level of individual interpersonal relations to the level of the actions of entire nations, it is vital that we promote these kinds of nurturing practices.

We can come together to demand that every sector of society– business, healthcare, education, criminal justice, media, and politics– functions for the benefit of everyone. To this end, we are creating small Action Circles that take the actions needed to advance reforms.

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HIGH INTENSITY DRUG TRAFFICKING AREA

NATIONAL PREVENTION SCIENCE COALITION TO IMPROVE LIVES

National Prevention Science Coalition

to improve lives

The National Prevention Science Coalition to Improve Lives (NPSC) was formed as a vehicle to facilitate the use of prevention science findings and evidence-based practices to improve social conditions that otherwise contribute to poor mental, behavioral and physical health. The NPSC is composed of over 700 scientists (representing over 75 universities and organizations), educators, clinicians, practitioners, communications specialists, policymakers and advocates. Domains of interest include inequalities and disparities, mental health, substance misuse, poverty, juvenile justice, child development and welfare, violence, and police-community relations, just to name a few.

Over the past 30 years, prevention science has identified key environmental and social factors that harm health and wellbeing, along with several programs, practices, and policies shown to reduce harm. The Institute of Medicine issued a report in 2009 about what prevention science has achieved. It noted that society now has the knowledge to ensure that virtually every young person arrives at adulthood with the skills, interests, values, and health habits they need to lead productive lives in caring relationships with others. We formed the NPSC to help convey this knowledge to the public and policy arenas.

Effective strategies for preventing behavioral and health problems come from the accumulated research about the risk factors that lead to problems, and the protective factors that prevent them. Prominent among these risk factors are deleterious environmental conditions such as poverty, economic inequality, and discrimination, conditions that increase stress, conflict, and coercive relationships. Neuroscience, epigenetics and behavioral science converge in showing that stress and conflict contribute to the development of most of the psychological and behavioral problems that reduce quality of life and contribute directly to inflammatory processes that lead to poor health and premature death.

With this knowledge, prevention scientists developed programs and policies to prevent multiple problems. At least 16 family-based programs have been shown to significantly improve the quality of family life and prevent many problems (e.g., antisocial behavior, anxiety, depression, alcohol and other substance misuse, risky sexual behavior, school absences, and academic performance). Numerous tested and effective school-based interventions can prevent multiple problems, from early childhood into adulthood. In addition, more than 40 policies have proven benefits in increasing families' economic and social stability.

Extensive analyses of the costs and benefits of these programs indicate that most cost far less than reactive approaches and they save in reduced healthcare, criminal justice, and educational costs, and in increased income to recipients. And perhaps of greatest importance is the potential for the principles that underlie effective interventions, once infused into our mindsets and daily practices, to have an enduring impact on subsequent generations.

We know the science exists to improve lives on a population level. The challenge is to make this knowledge accessible to the public, as well as to policymakers and administrators in federal, state, and municipal agencies that can use it to improve public policy. Few are aware of the wealth of rigorous and replicated research findings generated by prevention science. The NPSC is committed to informing policymakers and the public about the need to widely implement effective preventive interventions and fully embrace their principles by applying them in our daily interactions with children and youth.

NPSC Closes the Gaps

NPSC addresses the major obstacles that often discourage policymakers from drawing on prevention science to formulate effective policies. Major barriers include:

- Prevention research is captured in academic journals where findings are presented in technical language. NPSC educates policymakers and the public through briefings, policy papers, op-eds, fact sheets, and other means that report the science in an accessible format;
- The volume and complexity of new research is daunting. NPSC helps policymakers to distill and analyze

key research, making it relevant to conditions in the districts they represent or regions over which they have jurisdiction;
- Policy makers often lack access to scientists who can interpret new research on prevention science and draw connections to public policy. NPSC members include internationally prominent experts on the prevention of many of the most common and costly problems our nation contends with. We make ourselves available to policy makers and their staff for consultation and advice;
- Members of Congress and their staff lack personal relationships with researchers, which studies have found is an impediment to the use of research by policymakers. NPSC works to promote relationships between policy makers and researchers based on mutual trust, respect and responsiveness;
- Research findings often remain in silo'ed disciplines such as neuroscience or social psychology. NPSC grants policy makers access to interdisciplinary teams who can draw on various fields of study, analyze the best data, and make recommendations to strengthen specific policy proposals; and
- Policy makers have limited access to objective, non-partisan sources of information and analysis on policy. Policymakers embrace NPSC as a source of nonpartisan information and advice which is transparent, honest, impartial, and free of any preconceived policy agenda.
- There are many settings that present opportunities for "knowledge mobilization", one of 3 key goals for NPSC. We offer resources, informational materials, and expertise to governing bodies, school districts, community groups and stakeholders, primary care settings, foundations, and others that play a role in the nurturance of our children and youth.

Accomplishments

Since its creation in 2013, the NPSC has made significant progress in advancing the case for prevention. It has:

- Created a coalition of over 700 members and more than 60 nationally prominent organizations to promote prevention. A list of these organizations is available at http://www.npscoalition.org/affiliations.
- Formed the Congressional Prevention Policy Caucus to make the science accessible on Capitol Hill.
- Provided training to increase the capacity of NPSC members and scientists to advocate for prevention. We conduct workshops, trainings and resources useful for bridging science and policy.
- Hosted 20 congressional briefings. Topics include school violence, child poverty, prevention of violence against women, childhood poverty, home visiting, police-community relations, budgeting for evidence-based prevention, and the prevention of human trafficking.
- Published numerous essays in outlets such as the *New York Times*, *Huffington Post*, *Baltimore Sun*, *JAMA*, *This View of Life*, and others, plus scholarly papers and books designed to promote greater use of prevention science.
- Provided consultation and technical assistance to the federal Evidence-Based Policy Making Commission and to state and local governments and healthcare and human services agencies regarding implementation of evidence-based prevention.

Strengthening Our Impact

Scientific evidence of what works holds the key to preventing problems that can ruin lives and devastate communities. Prevention science, which aims to eliminate problems before they take root, has the ability to place children and youth on the track to lead productive and healthy lives. The extensive expertise of NPSC members across multiple disciplines enables us to advise foundations and policymakers regarding implementation of effective practices and policies with potential to prevent the entire range of mental and behavioral problems.

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National Prevention Science Coalition

to improve lives

WHAT IS PREVENTION SCIENCE?

Summary:

For 50 years, Prevention Science has generated practices that improve countless lives by strengthening the conditions for individuals, families, and communities to thrive. A wide range of effective programs and policies are now available to achieve these results. Strategies have been identified that fully support widespread scale-up, increase effective supports, and foster nurturing environments across all communities. By leveraging the policymaking process, we can ensure that the benefits of these advances reach all communities across our country.

Description:

Prevention science focuses on the development of evidence-based strategies that reduce risk factors and enhance protective factors to improve the health and wellbeing of individuals, families, and communities. Prevention science draws from a diverse range of disciplines—including the epidemiological, social, psychological, behavioral, medical, and neurobiological sciences—to understand the determinants of societal, community and individual level problems (e.g., trauma, poverty, maltreatment). A central tenet of prevention science is the promotion of health equity and reduction of disparities by studying how social, economic and racial inequalities and discrimination influence healthy development and wellbeing. For well over 50 years, prevention science has generated practices and policies that have improved countless lives throughout the lifespan by avoiding negative health and social outcomes (e.g., addiction, academic failure, violence, mental illness) and strengthening conditions that enable individuals, families, and communities to thrive.

The policies, programs, and practices generated by the field have been shown to reduce the incidence and prevalence of individual and community vulnerabilities and to promote healthy lifestyles, including:

1) Promoting daily physical activity to protect against chronic disease;
2) Disrupting pathways to substance use, abuse and addiction across the lifespan;
3) Improving academic and behavioral outcomes with the expansion of high-quality childcare and early learning and development, and promoting positive and supportive school environments;
4) Enhancing community-wide capacity to attenuate detrimental conditions and increase access to supportive services;
5) Increasing resilience, social competency and self-regulation in order to reduce impulsive, aggressive and off-task behavior; and
6) Supporting the development of healthy relationships to reduce interpersonal and domestic violence.

Moreover, evidence-based prevention strategies that address systemic and structural inequalities in neighborhoods, educational, and criminal justice practices have been developed and implemented. The application of well-tested practices, strategies and policies generated by prevention science can

lead to substantial cost-savings by investing in upstream strategies to avoid downstream costs. Examples of these investments include programs that prevent drug use in adolescents, reform educational practices, and support families to reduce the financial and human burden to communities. An integrated delivery system of comprehensive evidence-based prevention strategies that crosses many public sectors (e.g. education, child welfare, juvenile justice, health) is most cost-efficient and exerts wide scale benefits. Providing scientifically-based guidance and resources to legislative and administrative decision-makers will facilitate the integration of best practices from prevention science into policy.

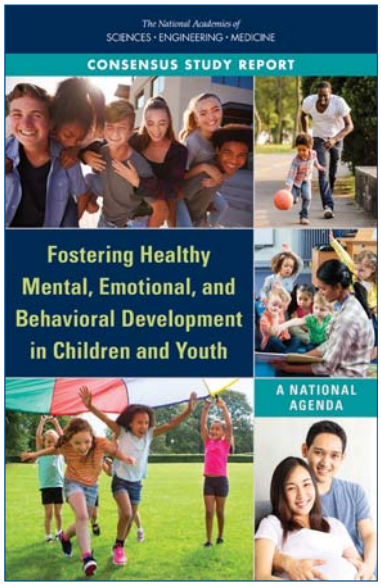
A wide range of effective, well-tested programs and policies are available to achieve these results. Moreover, the field continues to harness the potential for prevention science to improve lives on a population level by further expanding upon the evidence-base. The impact on individual lives, systems (e.g., schools, child welfare), communities, and society can increase exponentially with additional investment of resources and systems to support the development, evaluation, and implementation of evidence-based programs and policies.

Consensus Study Report

HIGHLIGHTS

September 2019

Fostering Healthy Mental, Emotional, and Behavioral Development in Children and Youth:
A National Agenda



In the past decade, research has strengthened understanding of influences on mental, emotional, and behavioral (MEB) development in young people and how healthy development can be fostered. But the United States has not taken full advantage of this knowledge base. Children and youth and their families still struggle with a range of MEB challenges and rates of disorder remain high despite a decade of efforts to intervene. In fact, rates of depression, suicide, and self-harm have been increasing.

MEB disorders not only impose suffering on individuals and their families, they are also costly to society, contributing to rates of school dropout, incarceration, and homelessness. Young people who grow into healthy and productive adults are ready to thrive as individuals and contribute as family members, workers, and citizens. Investing in supports for healthy development strengthens families and communities but also promises economic savings and benefits.

The report *Fostering Healthy Mental, Emotional, and Behavioral Development in Children and Youth: A National Agenda* (2019) from the National Academies of Sciences, Engineering, and Medicine urges the creation of a broad-based effort to improve MEB health for children and youth, organized under the rubric Decade of Children and Youth, led by the Department of Health and Human Services. The initiative would build awareness of the social and economic gains associated with healthy child development and engage multiple sectors of society in working toward that goal.

FOSTERING MENTAL, EMOTIONAL, AND BEHAVIORAL HEALTH AND DEVELOPMENT

MEB development is the product of complex neurobiological processes that interact with characteristics of the physical and social environment, beginning before conception and continuing through and beyond adolescence. Children's social and physical environment literally shapes their brains, and consequently also shapes their behaviors and emotions.

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Growing evidence of this interplay among biological, social, and environmental influences has profound implications for the design of interventions to promote healthy development. Researchers have documented evidence for strategies that lower risk factors and support protective factors in order to influence outcomes for young people.

Effective approaches include:

Strategies designed to support the mental health of parents and affect the behavior and attitudes of parents and other caregivers. These strategies promote positive outcomes for children and youth both by enhancing parenting skills and by promoting caregivers' own health and well-being. Examples of these strategies include:

- screening caregivers for risks and offering programs to promote healthy parenting and family bonding;
- screening women of reproductive age, pregnant women, and mothers for depression and providing treatment;
- providing substance use counseling and treatment for parents; and
- providing parent education programs, such as for building awareness of sexual abuse risks.

Programs delivered in school settings. Examples are programs to:

- teach children in preschool through grades K-12 social and emotional skills, including mindfulness;
- promote a positive school environment;
- promote access to services for low-resource populations and communities; and
- help young people develop resilience to manage risks such as bullying, substance use, and suicidal thoughts.

Use of primary health care settings to promote healthy MEB development for children and prevent risks for disorders. Examples include:

- preconception and prenatal care that mitigates risks for unhealthy fetal development, such as exposure to tobacco and alcohol;
- parenting education and guidance and screening for signs of risks to mental, emotional, and behavioral development;
- multidisciplinary care, in which nurses and nurse practitioners, social workers, and behaviorally trained practitioners collaborate with physicians to provide care in a single setting; and
- preventive and therapeutic attention to the behavioral needs of children with serious chronic disorders.

These findings build on an existing base of knowledge about effective interventions but researchers have also significantly advanced understanding of how to implement effective interventions so they can have meaningful effects at the population level. Successful implementation is a process that depends on an interactive system with the capacity to support, track the outcomes of, and continuously improve an intervention. Key elements of a system include:

- active engagement of stakeholders (community members, service providers, funders, policy makers, purveyors, and researchers);
- a well-trained community workforce that is provided with ongoing professional development opportunities;
- active leadership within organizations responsible for delivering the intervention;
- the development of strong community coalitions that can muster sustained support for the intervention and provide community-level leadership; and
- a system for monitoring the quality and outcomes of implementation efforts, barriers to successful implementation, trends in risk and protective factors and other influences on mental, emotional, and behavioral development, and other relevant data.

A COMPREHENSIVE NATIONAL AGENDA

Achieving meaningful improvements in MEB health will require a comprehensive, integrated approach that takes advantage of the full range of research findings about salient influences, effective strategies, and what is required for their successful implementation.

MEB health will not become a national priority by happenstance: The will to make it a priority and thoughtful alignment of new and existing efforts at the community, state, and national levels will be needed. A broad-based

effort—which could be organized under the rubric Decade of Children and Youth and led by the Department of Health and Human Services—could build awareness of the social and economic gains associated with healthy child development and engage multiple sectors of society in working toward that goal. The report offers recommendations to support this effort.

RECOMMENDATION 1: Relevant federal agencies should lead and collaborate with agencies at the state and local levels, as well as private partners, including national and local foundations and the business community, in coordinating a highly visible national effort to make the promotion of healthy mental, emotional, and behavioral (MEB) development a national priority, such as by designating a Decade of Children and Youth. These agencies should:

- articulate specific national goals and objectives in support of healthy MEB development throughout the life cycle, encompassing health promotion and disorder prevention;
- develop an integrated plan for longitudinal data collection and coordination and analysis of federal surveys, administrative data, and vital statistics that provides a comprehensive approach to measuring and tracking child and adolescent MEB health; and
- encourage and support the integration and coordination of new and existing efforts to pursue those goals and objectives at the federal, state, and local levels, using coordinating and convening capacities, pooling of resources, funding of outcomes analyses, regulatory options, and other powers and incentives.

RECOMMENDATION 2: Relevant federal agencies should use their program creation, regulatory, and other policy capabilities to promote healthy mental, emotional, and behavioral (MEB) development and mitigate risks to MEB health by, for example:

- developing and disseminating guidance for use by states and local jurisdictions in delivering effective promotion and prevention interventions—including preconception, prenatal, and postnatal care services; two-generation (including parent MEB health and parenting) interventions; preschool and school interventions; and universal screening for risk and protective factors—and in ensuring access to affordable treatment for parents and children to reduce risk;
- developing both guidance and targeted accountability measures for use by states and local jurisdictions to identify effective ways of reducing the exposure of children and families to risks—such as lead and air particulate matter; ineffective and inequitable disciplinary practices; unsafe sex and unintended pregnancies; use of tobacco, alcohol, and other drugs; traumatic experiences; and negative living conditions, including exposure to violence, unstable housing, food insufficiency, and underemployment—that can contribute to unhealthy MEB development;
- promoting coverage of behavioral health services for children and caregivers, especially those needed during pregnancy and the postpartum period and those offered by parenting programs, in reimbursement for private health insurance and Medicaid, encompassing both behavioral health promotion and risk prevention;
- setting expectations for the adoption and evaluation of programs known to enhance social and emotional development in schools, in health care settings, and in communities;
- supporting consistent polices on accreditation, certification, and licensing requirements for a multidisciplinary workforce oriented toward healthy MEB development in children and youth; and
- supporting and collaborating with local and state initiatives that contribute to healthy MEB development.

RECOMMENDATION 3: Relevant federal agencies should support rapid progress in the development and dissemination of effective mental, emotional, and behavioral (MEB) interventions for delivery to large populations by providing funding and other resources to, for example:

- support research and demonstration projects to determine the effectiveness of promising interventions for MEB health promotion, prevention of MEB disorders, and population screening at large scales, including the implementation of effective in-person and digital interventions;
- support states and local jurisdictions in developing cross-sector partnerships among schools, employers, the health care system, community-based organizations, and others to advance the scale-up of effective promotion and prevention interventions;

- support states and local jurisdictions in developing innovative funding mechanisms that can be sustained through changes in political leadership or funding shortfalls;
- use economic evaluation tools and other methods to analyze such factors as costs and availability of funding, benefit/cost ratio, level of complexity, and need for supportive infrastructure; and
- document needs and develop strategies for sustainability over time.

The report also recommends an improved national system for the regular collection and coordination of data on indictors of mental, social-emotional, and behavioral development and health at the national, state, and local levels, as well as outcomes data on efforts to promote health and prevent disorders. And it identifies high-priority future research directions, such as research to design and evaluate interventions to promote healthy MEB development for children and families at the population level, and assessments of the effectiveness of school-based interventions.

COMMITTEE ON FOSTERING HEALTHY MENTAL, EMOTIONAL, AND BEHAVIORAL DEVLOPMENT AMONG CHILDREN AND YOUTH

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For More Information . . . This Consensus Study Report Highlights was prepared by the Board on Children, Youth, and Families based on the Consensus Study Report, *Fostering Healthy Mental, Emotional, and Behavioral Development in Children and Youth: A National Agenda* (2019). The study was sponsored by the Centers for Disease Control and Prevention, Division of Human Development and Disability; the National Institutes of Health, National Institute on Drug Abuse; and the Substance Abuse and Mental Health Services Administration, Center for Mental Health Services. Any opinions, findings, conclusions, or recommendations expressed in this publication do not necessarily reflect the views of any organization or agency that provided support for the project. Copies of the Consensus Study Report are available from the National Academies Press, (800) 624-6242; http://www.nas.edu/MEB-Health.

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National Prevention Science Coalition

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Ensuring that Evidence Has Impact:
Active Approaches to Implementing and Scaling Evidence-Based Prevention Strategies

The ultimate success of prevention science will not be measured by the effectiveness of prevention programs, practices, and policies alone, but also by our ability to bring the full experience of effective wellbeing strategies to children, families, and communities and to achieve intended wellbeing outcomes at scale. However, our usual *passive* methods of transferring evidence-based strategies into service settings (e.g., diffusion or dissemination of information; training; laws, mandates, and regulation; providing funding incentives), when used alone, typically result in only 5 to 15% of the population experiencing interventions as intended.[1]

[2]

The effective implementation of wellbeing strategies, at scale, involves key partners who collaborate to embed *active* implementation and scaling capacity, infrastructure, and best practices within community-wide prevention systems.[3] Active implementation involves utilizing responsible management strategies for complex systems environments to ensure that:

- practitioners are competent and confident delivering chosen wellbeing strategies within their organizations and larger community-wide prevention system;
- core intervention components (i.e., "active ingredients") are received by children, youth, and families as intended;
- organization, system, and community partners work in concert, eliminating silos and increasing access to effective services; and
- linked leadership and implementation team structures – across every level of a prevention system – continually improve and sustain wellbeing strategies over time using data.[4]

There is much work to do, but with the right partners success can be achieved. Active implementation approaches are being utilized in several federal and state initiatives at this time, including the Permanency Innovations Initiative (U.S. Administration for Children & Families), the State Implementation and Scaling-up of Evidence-based Practices Center (U.S. Department of Education), the scaling of evidence-based child and family support strategies in North Carolina, and the scaling of evidence-based home visitation in Washington State and Montana.

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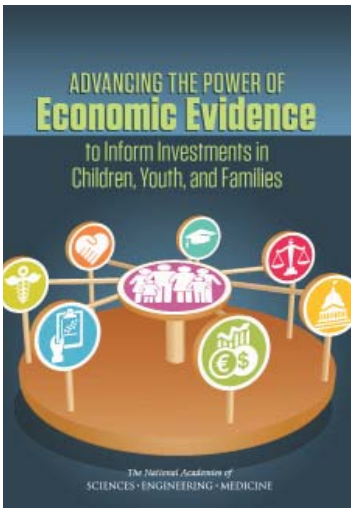
REPORT IN BRIEF

Board on Children, Youth, and Families

May 2016

DIVISION OF BEHAVIORAL AND SOCIAL SCIENCES AND EDUCATION

Advancing the Power of Economic Evidence to Inform Investments in Children, Youth, and Families



In recent years, the U.S. federal government has invested about $463 billion annually in interventions* designed to support the well-being of children, youth, and families in such areas as education, health, and social welfare. State and local budgets devote almost double that amount.

When deciding which interventions to support, policy makers must consider a number of difficult questions: What is the total cost to implement and sustain this intervention? What is the expected return on the investment? And how should that return be measured—in monetary terms or in nonmonetary terms such as greater quality of life? Economic evidence can help answer such questions and inform policy makers' investment decisions. As the result of a number of challenges, however, such evidence may not be effectively produced or applied—shortcomings that weaken society's ability to invest wisely.

The National Academies of Sciences, Engineering, and Medicine convened a committee of experts to study how to improve the use of economic evidence to inform policy and funding decisions. The committee's report, *Advancing the Power of Economic Evidence to Inform Investments in Children, Youth, and Families* (2016), highlights the potential for economic evidence to inform investments, describes challenges to its optimal use, and offers recommendations to promote lasting improvements in its quality, utility, and use.

WHAT IS ECONOMIC EVIDENCE?

In the context of this report, economic evidence is the information produced by economic evaluations, which examine the costs and outcomes of an intervention. Three common types of economic evaluations are described below:

Cost analysis (CA) can help to answer: *What does it cost to fully implement a given intervention for a specified time period?* This evaluation can provide a complete accounting of the economic costs of all the resources used to carry out an intervention.

Cost-effectiveness analysis (CEA) can help to answer: *What is the economic cost to achieve a unit change in a given outcome from an intervention (e.g., one more high school graduate) or what is the amount of a given outcome obtained for each dollar invested in an intervention?* When comparing two or more interventions, the one that can produce the outcome at lowest cost or the one that can produce the largest gain for each dollar invested would generally be selected. In CEA, the outcomes of an intervention are often measured in nonmonetary terms.

*The term intervention is used to represent all programs, practices, and policies relevant to children, youth, and families.

Benefit-cost analysis (BCA) can help to answer: *Is the investment a justifiable use of scarce resources?* This evaluation determines whether the economic value of the outcomes of an intervention exceeds the economic value of the resources required to implement the intervention. Interventions with net value, or total net benefit, greater than zero are considered justifiable from an economic standpoint. In BCA, the costs and outcomes of an intervention are valued in monetary terms.

PRINCIPLES TO IMPROVE ECONOMIC EVIDENCE

While many decisions about investments in children, youth, and families would be enhanced by stronger economic evidence, decision makers face budget constraints, time limitations, and competing incentives that limit their use of such evidence (see Box 1). The committee proposes that to overcome these limitations, both producers and consumers of economic evidence give full consideration to two simple but fundamental guiding principles: *quality counts* and *context matters.*

Quality counts. Currently, many challenges limit the production and use of high-quality economic evidence. High-quality evidence can be difficult to derive because economic evaluation methods are complex and entail many assumptions. Moreover, methods are often applied inconsistently in different studies, making results difficult to compare, and reducing the effective use of evidence in decision making. Furthermore, the results of the evaluations may be communicated in a way that obscures important findings, is not suited to nonresearch audiences, or is not deemed reliable by decision makers.

In reviewing the evidence, the committee drew 12 conclusions related to quality in the production and use of economic evidence in investment decisions for children, youth, and families. Among them:

- To be ready for all types of economic evaluation, key prerequisites are that the program be clearly defined, the counterfactual (what alternative, if any, would be pursued if the program were not implemented) well specified, and other contextual features described.
- Prior to conducting the evaluation, it is essential to establish the perspective, time horizon, and baseline discount rate.
- To develop accurate cost estimates requires a careful consideration of the resources needed to replicate an intervention.
- For all economic evaluation methods, one or more types of uncertainty usually are associated with the evaluation findings.
- Acknowledging equity concerns can enhance the quality and usefulness of economic evaluations.

Context matters. Economic evidence—even of the highest quality—may not be used effectively to inform investment decisions if the concerns and interests of those involved in the decision-making process are not considered. Given the gaps in the literature on the use of economic evidence in decision making, the committee's research on this issue focused largely on the use of evidence more broadly defined. The committee drew 18 conclusions related to the utility and use of evidence in investment decisions for children, youth, and families. For example:

- Evidence is often produced without the end-user in mind. Therefore, the evidence available does not always align with the evidence needed.
- Capacity to access and analyze existing economic evidence often is lacking.
- Infrastructure for developing, accessing, analyzing, and disseminating research evidence often has not been developed in public agencies and private organizations.
- Research summaries and publications often do not report contextual details that are relevant to whether positive impacts and economic returns should be expected in settings beyond the one in which the study was conducted.
- Political pressures, values, long-standing practices, expert opinions, and local experience all influence whether decision makers use economic evidence.
- Without a commitment by government to the development of linkages across administrative data sets, efforts to expand the evidence base on program impacts and evidence of economic returns will be limited.
- Interactive, ongoing, collaborative relationships among decision makers and researchers and trusted knowledge brokers are a promising strategy for improving the use of economic evidence.
- Growing interest in performance-based financing is likely to increase the demand for economic evidence to inform decisions on investments in children, youth, and families.

A ROADMAP FOR MOVING FORWARD

To promote lasting improvement in the quality and use of economic evidence to inform investments for children, youth, and families, those who produce and consume economic evidence—as well as intermediaries who may offer technical assistance or advocacy—need to engage at several levels beyond simply producing higher-quality and more useful evidence in each single research endeavor. Long-term, multi-stakeholder collaborations that include producers, consumers, and intermediaries alike can provide vital support for the improved use of economic evidence to inform investments. Together these stakeholders can play

a more impactful role by building a coordinated infrastructure to support the development and use of high-quality economic evidence. However, investments are vitally needed to help build such an infrastructure. Funders, policy makers, program developers, program evaluators, and publishers engaged in science communication each have unique opportunities to aid this advancement.

RECOMMENDATIONS

The study committee formulated multiple recommendations for producing high-quality economic evidence; improving the utility and use of evidence; and actualizing those improvements to better inform investments for children, youth, and families.

Recommendation: In support of high-quality economic evaluations, producers of economic evidence should follow the best practices (delineated in Box 2) for conducting cost analyses (CAs), cost-effectiveness analyses (CEAs), benefit-cost analyses (BCAs), and related methods. Producers should follow the core practices listed and, where feasible and applicable, the advancing practices as well. Consumers of economic evidence should use these recommended best practices to assess the quality of the economic evidence available to inform the investment decisions they are seeking to make.

Recommendation: In support of high-quality and useful economic evaluations of interventions for children, youth, and families, producers of economic evidence should follow the best practices (delineated in Box 3) for reporting the results of CAs, CEAs, BCAs, and related methods**.**

Recommendation: If aiming to inform decisions on interventions for children, youth, and families, public and private funders of applied research should assess the potential relevance of proposed research projects to end-users throughout the planning of research portfolios.

Recommendation: To achieve anticipated economic benefits and optimize the likelihood of deriving the anticipated outcomes from evidence-based interventions, public and private funders should ensure that resources are available to support effective implementation of those interventions.

BOX 1

Five Things Consumers of Economic Evidence Want Producers to Know

1. Many factors other than economic evidence (including political pressures and capacity) influence the decision-making process.
2. The time frames for research outcomes and investment decisions can be very different and affect the value of the evidence.
3. Seldom do all the benefits realized from investment decisions accrue to those who make the decisions or their community.
4. Existing evidence is not always aligned with the evidence needed by the decision maker.
5. Real-world constraints that affect the implementation fidelity and scale-up of an intervention need to be identified before further investments are made.

Five Things Producers of Economic Evidence Want Consumers to Know

1. Better investment decisions can be made with a foundational understanding of precisely what economic evidence is, the ways it can be used, its limitations, and considerations of causality and external validity.
2. Either directly or through intermediaries, consumers need to be able to distinguish between higher- and lower-quality economic evaluations.
3. Clearinghouses reveal only which interventions have attained success, usually relative to some alternative and according to certain specified criteria; accordingly, they cannot and generally should not be considered adequate to indicate which programs are best suited to a particular organization, context, or goal.
4. To support sound investments in children and to facilitate high-quality program implementation, investment is required in the infrastructure needed to collect, analyze, and disseminate high-quality economic evidence; crucial here are data tracking children's well-being over time so that future, often not-yet-specified, evaluations can be conducted.
5. Investing in education, training, technical assistance, and capacity building often leads to successful development, analysis, and implementation of interventions.

Recommendation: Providers of postsecondary and graduate education, on-the-job training, and fellowship programs designed to develop the skills of those making or seeking to inform decisions related to children, youth, and families should incorporate training in the use of evidence, including economic evidence, in decision making.

Recommendation: Government agencies should report the extent to which their allocation of funds—both within and across programs—is supported by evidence, including economic evidence.

Recommendation: Program developers, public and private funders, and policy makers should design, support, and incorporate comprehensive stakeholder partnerships (involving producers, consumers, and intermediaries) into action plans related to the use of economic evidence.

Recommendation: Multi-stakeholder groups should seek to build infrastructure that (1) supports access to administrative data; (2) maintains a database of estimates of outcome values; (3) archives longitudinal data for multiple purposes, including improved tracking of children

BOX 2

Checklist of Best Practices for Producing High-Quality Economic Evidence

For All Economic Evaluation Methods

- Specify the intervention for the economic evaluation, including a description of the intervention's purpose, its intended recipients, the intensity and duration of services provided, the approach to implementation, the causal mechanisms, and the intended impact(s).
- Specify the context in which the intervention was or will be implemented, such as characteristics of the population served; the time, place, and scale of implementation; and other relevant contextual factors.
- Specify the counterfactual condition, including whether the alternative is no intervention, an alternative intervention, or business as usual. In the case of cost-effectiveness analysis (CEA) and benefit-cost analysis (BCA), ensure that the same counterfactual applies to the cost analysis (CA) and the impacts used for the CEA or BCA.
- Determine the scope of the economic evaluation, including the type of method to be used and the perspective (and any subperspectives) for the analysis; if the societal perspective is not adopted, discuss limitations of the evidence and/or generate results from the societal perspective in a sensitivity analysis.
- Determine the currency and reference year for all monetary values.
- If new taxes will be used to fund the intervention, determine the assumed deadweight loss parameter. If a 0 percent rate is selected (i.e., no deadweight loss), generate results in a sensitivity analysis using loss parameters greater than 0 when accounting for new revenue required to pay for an intervention or for impacts on taxes paid or transfer payments.
- Determine the time horizon for the analysis, and when costs or outcomes accrue over multiple years, the base case discount rate and age or point in time to which to discount (e.g., start of the intervention or a standardized child age). If a 3 percent discount rate is not selected, generate results using a 3 percent discount rate in a sensitivity analysis.
- Determine the method for addressing uncertainty and apply it to generate standard errors and confidence intervals for all summary measures, such as estimates of total (present-discounted-value [PDV]) costs, total (PDV) benefits, net (PDV) benefits, cost-effectiveness and benefit-cost ratios, and internal rate of return.
- Employ sensitivity analyses to test the robustness of estimates under a variety of assumptions, including alternative discount rates, deadweight loss parameters, and estimates of the societal perspective if not the main perspective.
- Determine whether equity issues need to be addressed.
- Follow the reporting guidelines on the checklist for best practices for reporting economic evidence below.

Additional best practices for producing specific types of analyses—cost analysis, cost-effectiveness analysis, and benefit-cost analysis—are included in the full report.

and families and the development of better estimates of long-term impacts and shadow prices; (4) educates future producers and consumers of economic evidence; and (5) develops tools for tracking nonbudgetary resource consumption.

Recommendation: To support sustainable action toward the production and use of high-quality economic evidence, public and private funders should invest in infrastructure that supports (1) the regular convening of producers, consumers, and intermediaries of economic evidence; (2) enhanced education and training in economic evaluation; (3) efforts to attend to progressive data requirements and data sharing management needs; and (4) the integration of economic evaluations into budget processes.

Recommendation: Public and private funders, policy makers, program developers, program evaluators, and publishers engaged in science communication should strengthen the incentives they provide for the production and use of high-quality economic evidence likely to be of high utility to decision makers.

BOX 3

Checklist of Best Practices for Reporting Economic Evidence

For All Economic Evaluation Methods:

- The features of the intervention analyzed (e.g., logic model, intended recipients, intensity and duration of services, implementation, and other intervention features)
- The context in which the intervention was or will be implemented (e.g., population served; time, place, and scale of operation)
- The counterfactual (baseline or status quo) with which the intervention is compared
- The perspective for the analysis and any subperspectives examined, with associated results
- The currency and reference year for all monetary values
- The assumed deadweight loss parameter, if one was used
- The horizon for measuring economic values and, when discounting is used, the discount rate and time (or age) to which discounted
- Summary measures of the economic evaluation results
- When relevant, results disaggregated by stakeholder
- The approach for addressing uncertainty, details on how the method was implemented, and the associated standard errors or confidence intervals for all summary measures
- Sensitivity analyses performed and associated results
- When relevant, any equity considerations

Additional best practices for producing and reporting the results of specific types of analyses—cost analysis, cost-effectiveness analysis, and benefit-cost analysis—are included in the full report.

COMMITTEE ON THE USE OF ECONOMIC EVIDENCE TO INFORM INVESTMENTS IN CHILDREN, YOUTH, AND FAMILIES

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National Prevention Science Coalition

to improve lives

An Automated Clearinghouse to Improve Usability and Reach of Evidence-Based Strategies

The Evidence-Based Policy Act (EBPA) reinforces the need to infuse scientific evidence into the decisions of policy-makers and the utility of that information for communities. The Act will lead to the formulation of a protocol to effectively design policies that improve our lives while not wasting taxpayer money on unproven strategies.

The National Prevention Science Coalition to Improve Lives (NPSC) proposes the construction of an automated Clearinghouse that will broadly address the objectives of the Act by providing infrastructure for rigorously evaluated programs and policies shown to reduce problems (e.g., mental health disorders, adverse childhood experiences, delinquency, interpersonal violence, addiction) and promote positive outcomes in our communities. Until now, many strategies we invest in either have not been evaluated or have not produced sufficient effect sizes to justify their implementation or continuation. The proposed Clearinghouse will meet the needs of policymakers and agencies responsible for executing the mandate of the EBPA by organizing the large reserve of data on evidence-based programs and policies (EBPPs) within a platform amenable to uptake by a range of end-users (e.g., community stakeholders, practitioners, policymakers, governmental agencies, etc.).

There are several sources of existing data available to populate a Clearinghouse of this sort, with a clear path to selection, implementation, evaluation, and sustainment of EBPPs. Registries have been developed to provide end-users with detailed information on hundreds of EBPPs that have been evaluated and found to have evidence (rated on their level of effectiveness) to support their implementation. Additionally, a wealth of data has been collected by the federal government and other agencies and organizations reflective of a broad range of phenomena, from physical health to child maltreatment and criminal justice. These data can be used to determine whether existing strategies have exerted a beneficial effect in the localities where they have been implemented. This information can also help to identify the location and source of problems in our communities that require further investment.

Current data reserves, however, do not tend to be structured in a way that is accessible and usable for most end-users (see the Bridgespan Report for a detailed evaluation). An NPSC affiliate (RPC) conducted a survey of federal legislative offices and found that 52% do not use existing registries and 23% do so "rarely" because they are not aware of them. A user-friendly platform and a dissemination plan are needed to increase the uptake of these data. We recommend a means to facilitate the process of organizing the data for greater accessibility and instructiveness, thus improving policy decisions and investments. Our proposal is highly compatible with the mandate of the EBPA by incorporating federal agency and other data, as well as methodological components that will be readily accessible and understandable to those who stand to benefit. Ongoing conversations

lead us to believe there will be widespread support from Congress, the White House, OMB and federal agencies. And a growing number of national and local organizations have expressed an interest in evidence-based policy-making.

Preliminary Description of Automated Clearinghouse

We propose the development of a system—the "National Automated Clearinghouse for Evidence-Based Programs and Policies" (NACEPP)—that will provide comprehensive information on a range of evidence-based strategies for end-users; e.g., researchers (who populate the database), policy-makers (who need to know what to legislate and fund), and community organizations, practitioners and government agencies (that need to identify best practices). The data populating this clearinghouse will provide parameters needed to readily map available EBPPs to existing needs, whether that be to select the most effective violence prevention practices for any given community or to enact policies with greatest potential to reduce poverty. Also needed is the flexibility to include innovative, promising or budding programs that have yet to be subjected to rigorous evaluation but are in the database denoted by their stage of development and need for further study (as per the mandate of the EBPA).

Parameters will be intuitively searchable and fields will be delineated by relevant characteristics; e.g., outcome of interest (e.g., diabetes, addiction, academic failure); setting (e.g., school, family, community, national); target population (e.g., special needs children, parents, community stakeholders, minorities); intervention selection and detailed implementation protocols and frameworks (costs, timeline expectations to achieve impact, strategies to shift resources from existing to promising or evidence-supported approaches); pertinent literature and resources on assessing and utilizing research; cost-benefit analyses; and other information deemed helpful. The goal is to provide a comprehensive, one-stop resource that is more user-friendly and searchable on dimensions that are not currently available and/or comprehensible to the user, providing an efficient and valid method to guide policy-makers, community stakeholders, practitioners and others who stand to benefit from the resource.

The primary advantage of this Clearinghouse over others is that it would be both iterative and interactive and, thus, of greater utility to end-users. At all stages of navigation, weblinks would lead the user to external reference materials and databases and, when needed, will refer to experts or other users with relevant experience. For example, a user may require additional information on how to most effectively and cost-efficiently implement a particular program in their community, requiring more in depth guidance and delineation of the pitfalls or barriers, along with recommended solutions. In effect, the search engine would provide for the type of interaction via an artificial intelligence software that might occur in a conversation, where one statement or query leads to a more personalized, informative and instructive response. And with permission of experts, contact information could be provided to more intensively address concerns raised by users.

The need for implementation support is undoubtedly the most formidable obstacle to adopting EBPPs and proper installation protocols that ensure feasibility, fidelity, acceptability, appropriateness, reach and sustainability in any given community. All the best evidence shows that training, dissemination, and information alone, even with incentives and funding, typically results in 5-15% uptake. To address this pervasive issue, the Clearinghouse will offer a platform for contextual follow-up, implementation support/help, and recommendations for training, coaching and workforce development for end users and/or policymakers seeking to select, adopt/adapt, and inject

chosen EBPPs into policy. These capabilities remain a translational need unmet by other registries. The infrastructures and resources to support development, delivery and accountability aspects of this work are a critical component of this developmental work.

And finally, tor researchers inputting data into the Clearinghouse and/or partnering with end-users, there would be guidance on design, methods, statistical techniques, evaluation protocols, and strategies for translation. The Clearinghouse would also provide a searchable methodology section for researchers to fill in or update database gaps.

Proposed Demonstration

As mentioned, there are several existing registries populated by hundreds of programs, interventions and policies that have been subjected to evaluation (e.g., Blueprints for Healthy Youth Development, Child Trends - What Works, What Works in Social Policy, Results First Clearinghouse Crime Solutions. Unfortunately, in large part, they are not readily usable by most end-users without significant research training, nor are many end-users aware of these registries. The Clearinghouse described herein combines the strengths of these available databases within a user-friendly infrastructure and clearly delineated mechanism for mapping community needs to available evidence-based strategies. Uniform criteria and thresholds for designating programs and policies as evidence-based would be used, not only relative to the statistical findings from RCTs and other ratified research designs, but also the population significance of those results (e.g., how broadly are effects achieved?).[1]

As a first step toward these goals, the framework and platform would be constructed by engineers and programmers for housing well-tested interventions and applying rigorous scientific standards for certification. Working from existing registries will substantially reduce costs, expedite the development process, and provide instant recognition and legitimization. The project will enhance and improve upon the features built into existing registries, drawing on the Bridgespan study of the "What Works Marketplace," which provided key recommendations to enhance the demand for and use of evidence by key agency and community decision-makers when reviewing and selecting programs (Neuhoff, Axworthy, Glazer, & Berfond, 2015). The Bridgespan Group conducted interviews on both the supply and demand sides of preventive interventions and identified six gaps impeding the implementation of evidence-based knowledge:

- **Gap 1: Comprehensiveness**. Decision makers want information on a broader range of interventions with varying levels of effectiveness. They also want to know which interventions have not been reviewed or rated.
- **Gap 2: Implementation**. Decision makers want information about interventions beyond evidence of impact—including peer experience implementing the intervention—to help them make informed decisions. Few clearinghouses provide this level of information.
- **Gap 3: Guidance**. Decision makers are looking for guidance and support in selecting and planning to implement the appropriate intervention. Clearinghouses, however, are not set up to provide this, and the intermediaries in this space are still relatively limited.

[1] In cases where there are inconsistent of registries, a Bayesian Cost-Benefit Model can be applied to resolve the conflict using meta-analysis.

- **Gap 4: Synthesis**. Decision makers are looking for more than just interventions. They also are looking for information on policies and management decisions, as well as synthesized findings and best practices. This information is not available systematically and can be difficult to find, even where it does exist.
- **Gap 5: Usability**. Users do not find clearinghouses easy to use, nor do they understand the differences between them.
- **Gap 6: Awareness**. Decision makers receive information about interventions from purveyors and peers, but they do not receive information about evidence in a systematic or effective manner.

NACEPP would fill each of these gaps by providing:

Gap 1 - Comprehensive information on a broad range of problems and corresponding interventions that policy makers and other constituents require to make informed decisions and implement solid programs that work. Ratings will be included to indicate whether interventions have been evaluated or not, and which have been shown to be either ineffective, "promising" or effective.

Gap 2 – Clear guidelines on the process of implementation, from general guidance on best practices, pitfalls and barriers, solutions and problem-solving, and researcher-community-government collaborations, to specific guidance for each EBPP.

Gap 3 – Step-by-step processes for identifying and selecting EBPPs that are most appropriate for any given purpose (e.g., tailored for specific community characteristics or decisions regarding state-level funding).

Gap 4 – Information on the need for particular policies and management systems to be in place for EBPPs to exert the greatest benefits, as well as a synthesis of the research in nontechnical terms and descriptions of best practices known to effectively target problems at hand.

Gap 5 - Understandable, concise, and unbiased information on EBPPs available in existing registries and databases that applies uniform "standards of evidence" criteria agreed upon in the field, thus avoiding the need for explanations of how they differ.

Gap 6 – An outreach campaign that will ensure all relevant constituents are aware of the NACEPP and its value-added to their individual mandates (see below).

Additional attributes include the following:

- In addition to covering a wide range of health outcomes, the platform for NACEPP could be readily expanded to include additional domains and outcomes such as environmental concerns, national security, the economy and most operations of government where evidence is available.
- Critical to its functionality and relevance to policy concerns is that legislative offices, administrative agencies and other users will have input into what policy areas to cover.
- Within the system, links will be provided to: (a) policy papers and briefs relevant to the topic, (b) organizations that are working on or interested in policies relevant to the topic and (c) legislative and agency offices with relevant policy objectives.
- When searching on a particular issue, once programs are recommended, a text box will automatically appear for additional information about relevant policy aspects for that program and issue (like addiction or specific juvenile justice concerns).
- And critical to this effort, to ensure its usability and utility, input will be sought from all potential end-users working in concert with experts on an ongoing basis.

These objectives for a clearinghouse can be accomplished with sufficient funding and commitment, as well as by calling upon the expertise of evidence-based policy-making organizations, academics,

researchers, current registry experts, federal government database keepers, implementation scientists, methodologists, computer scientists, and statisticians.

Once operational, a protocol will be established to ensure wide-scale awareness of the resultant clearinghouse, familiarizing potential end-users (e.g., policy-makers, agencies, community stakeholders, practitioners, foundations, think tanks, etc.) with its utility, in effect, advancing the uptake of EBPPs. It will also be important to end-users to provide information that is locally relevant (e.g., responsive to health surveillance data). A rigorous and well-tested marketing methodology for this protocol will determine resonance of messaging frameworks with different audiences for further refinement and targeting, and construction of an effective delivery vehicle. The NPSC has an extensive network of thousands of constituents (organizational and individual), as well as government administrators and policy-makers. Channels of communication will include the news media, social media, issue and policy briefs, one-on-one meetings with, for example, policy-makers or agency administrators, and workshops/seminars.

Policy Benefits

This undertaking will significantly benefit evidence-based policymaking by enabling our nation to more effectively deal with pressing policy questions, such as: (1) how to best educate and re-skill our young people to ensure successful futures; (2) what are best practices to prevent violence in society, (3) how do we promote population-level mental and physical health, and (4) what strategies hold the most promise of uplifting the most vulnerable and deprived in our nation. Answers to these questions will be facilitated by using an automated clearinghouse that builds on past efforts, is comprehensive, can be easily navigated, and is responsive to specific user needs.

The automated clearinghouse we propose would be designed to provide various constituencies with the means to more expeditiously and effectively make decisions that will benefit their work, outcomes of policies formulated, operations of government, and ultimately society as a whole. For example:

1. *Researchers* can readily access the available evidence, identify the gaps requiring further research and continuously add to the database of effective interventions and policy options.
2. *Policymakers* at all levels of government can more readily determine what are the best and most effective programs and policies to legislate and fund, calling upon relevant existing federal databases to aid in decision-making.
3. *Agencies* at all levels of government and community organizations can put into practice the most effective and cost saving programs and policies available, utilizing relevant databases that are incorporated into the clearinghouse.

After initial outlays, money saved by implementing best practices and policies shown to be impactful in reducing and preventing future problems can be used to support additional research needed to establish effects, track outcomes, support the clearinghouse and fund new legislation. Ultimately, such savings have potential to eventually make for a stronger economy and more effective government operations.

Summary

The following prescriptions, suggested by the Office of Management and Budget, are specifically well aligned with our above proposal:

- The creation of private-public partnerships that capitalize on the innovations in research and practice generated by national foundations (e.g., William T. Grant, Laura and John Arnold, Annie E. Casey, Robert Wood Johnson) and a social impact bonds approach that builds resources from both sectors, eventually leading to benefits that exceed the costs. Such collaborations will bring together experts in disciplines ranging from economics, computer science, design thinking and many others to employ a creative, data-driven, interdisciplinary approach to realizing new possibilities in how citizens and government can interact.
- More emphasis on applied research that improves citizen services and stewardship of public resources.
- Engaging academics, non-profits, private industry, data science and user-centered design applications that can feed this dynamic clearinghouse.
- Serving Americans in the Digital Age to maximize the benefits of having information at our fingertips.
- Rethinking delivery of citizen services and data, including IT investment and innovative and more utilitarian applications of data systems.
- Translating and increasing relevance of this clearinghouse from federal government usages to state and local applications.
- Possibly through federal government or foundation seed funding, identifying other sources of funding from the private sector have potential to increase investments and, again, support sustainable innovations.
- Test and learn how to apply innovative approaches to meeting the mission, service, and stewardship needs of the 21st century.

The clearinghouse will facilitate the achievement of these objectives and, in the process, address citizen needs through services and public resources that can be more effectively targeted, implemented and monitored.

This proposal is reflective of what policy-makers, practitioners, stakeholders and others need to make informed, adequately justified, and effective decisions when identifying EBPPs that will serve communities and the nation. We have outlined a general roadmap for the creation of a clearinghouse with details to be fleshed out after thorough discussion and consultation. Our hope is that the agencies authorized to execute the various mandates of the EBPA will include such a plan that will bring to fruition their charge to design a data infrastructure and incorporate results from existing and newly conducted studies. There is potential to greatly improve the operations of government, the services provided to citizens, and their financial impact.

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National Prevention Science Coalition

to improve lives

CONGRESSIONAL PREVENTION POLICY CAUCUS (CPPC)

MISSION STATEMENT

The National Prevention Science Coalition to Improve Lives (NPSC) has formed the CPPC as a platform for federal policymakers to access research on effective prevention policies, programs and practices, engaging with experts, and to host events exploring legislation and regulation that leverage effective and economically efficient prevention strategies.

IMPACT OF PREVENTION SCIENCE

At no time in recent memory has the value of prevention science become so apparent to the public and policymakers. The current syndemic—the COVID-19 crisis and protests in response to racial injustice—highlights the dire need for proactive, not reactive, approaches to prevent underlying conditions that exacerbate the harms from the virus and systemic racism, respectively. But the value of prevention extends well beyond disease management and social welfare. Prevention science seeks to improve the physical and mental health and wellbeing of individuals and to strengthen communities by: (1) identifying risks that can be reduced and protective factors that can be strengthened; (2) assessing effectiveness of programs and policies and (3) developing an optimal means for dissemination and diffusion of that knowledge. Prevention strategies avert problems before they emerge or worsen, thereby avoiding adverse outcomes and their costs. ***A preventative approach can generate a cascade of positive outcomes for a wide range of social ills.***

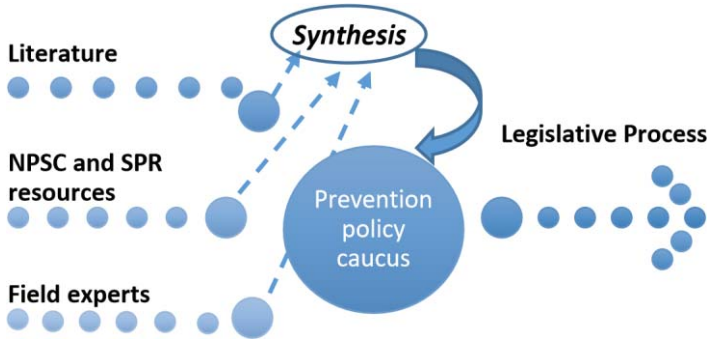
The effectiveness of prevention strategies over the past 50 years is well-documented: e.g., reduced youth risky behavior, improved educational outcomes, averted pathways from substance abuse, and less child maltreatment and domestic violence. And there is growing evidence for the impacts of systematic delivery of prevention programs and policies to reduce fundamental inequities in our society. Despite these successes, prevention strategies are chronically underutilized and underfunded. Too often, effective prevention programs are not funded at the same scale as the problems they would solve or are not sustained. Working at the legislative level, support can be organized for the development, wide-scale implementation and ongoing evaluation of evidence-based solutions.

When implemented effectively, the application of well-tested practices and policies generated by prevention science can lead to substantial cost-savings by investing in upstream strategies (e.g., programs that prevent drug use in adolescents, provide early education, strengthen skills to resist poor developmental outcomes and support positive mental health) to avoid downstream costs (e.g., the financial and human burden to communities associated with treating drug addiction, juvenile delinquency, involvement in the criminal justice system, and school dropout). Programs that can be embedded in cross-sector public delivery systems are the most cost efficient and exert wide scale benefits with potential to achieve population level impacts. By addressing common risk factors (e.g., poverty/inequality, family dysfunction, child maltreatment, lead exposure, caregiver addiction), studies have shown potential to reduce a whole host of adverse outcomes, from children not ready for school and adolescent misconduct to violence, health disparities and chronic disease.

In effect, uptake of prevention strategies can improve government efficiency, effectiveness, and programmatic outcomes.

CONGRESSIONAL PREVENTION POLICY CAUCUS

The NPSC has successfully engaged 12 legislative members from both sides of the aisle to join the CPPC. The Caucus will provide a legislative forum within which policymakers can access a range of disciplinary experts and information on well-tested prevention strategies at the federal and state levels that solve critical problems for US communities. This caucus will eliminate barriers policymakers have faced in the past when proposing to use prevention science to design effective policies by communicating evidence in non-technical terms, synthesizing the vast available literature, providing objective, non-partisan information, and providing access to scientists, practitioners and prevention policy experts in the field. By reducing these barriers, incorporating prevention science into policies and practices will become significantly less burdensome for policymakers. Further, CPPC will interact with other congressional caucuses and committees to expand upon our expertise and resources (e.g., Family Violence Prevention Caucus, the Problem-Solving Caucus, What Works Caucus, Bipartisan Congressional Caucus on Prescription Drug Abuse, Black Caucus, and Out of Poverty Caucus). Importantly, standards have recently been released to guide how researchers and public officials estimate costs, benefits and return on investment of prevention programs, and thus can provide crucial support to the CPPC in helping legislators achieve the greatest return on investment.



The NPSC will coordinate activities of the CPPC, providing expertise, delivering resources and syntheses of prevention science research and a platform for non-partisan discussion of prevention science's role in improving the health and wellbeing of society. The NPSC is composed of nearly 800 scientists, practitioners, educators, clinicians, community groups, policymakers and advocates from over 100 universities and organizations across the country. Members of this coalition have decades of experience working across the full spectrum of prevention research and practice, as well as in communicating the science. NPSC is also aligned with hundreds of professional societies and national organizations and agencies (e.g., Administration for Children and Families, American Academy of Pediatrics, Coalition to Promote Behavioral Health Blueprints, the CDC, NIH, OJJDP, Safe States, etc.) that will significantly expand the range of resources and ability to exert an impact by bodies responsible for executing policy. NPSC has hosted 18 congressional briefings and has written numerous white papers, op-eds, policy statements and other materials that distill the science for public and private sectors (www.npscoalition.org). With the experience and breadth of experts in the NPSC, bolstered by collaborations with related caucuses and committees and additional external institutions and organizations, the CPPC will rapidly develop into a legislative support body capable of ***demonstrating how prevention science can be integrated into systems and policies that advance individual and societal wellbeing while reducing societal and economic costs.***

FUNDING NEEDS

NPSC has operated as a Board-driven, volunteer organization since 2014. During this time, NPSC did not charge membership fees, but received external funding for infrastructure development (DDCF) and annual retreats (AECF), as well as ongoing projects (Partnership for Better Health, ONDCP, OJJDP, etc.) and events (RTI, SRCD, SPR, etc.). We do not, however, have funding for capacity building; we are in the process of launching our paid

professional society business model to support operations. Therefore, for NPSC to be an effective organizer of the CPPC and a vehicle for transmission of scientific information, we are seeking funds to support a part time Coordinator and a full time Policy Director who will work on Capitol Hill to connect with legislative offices directly, map their prevention-related legislative agendas to experts and bodies of knowledge, distill and communicate the research, conduct congressional briefings, represent our organizational and foundation partners, and organize events, among other tasks. Additional costs pertain to materials and travel to support conferences, briefings, experts, written products and other requests from Caucus members.

National Prevention Science Coalition

to improve lives

Tackling Mental Illness May Be Key to Thwarting the Opioid Crisis

What constitutes mental illness is widely misunderstood. Many people immediately think of schizophrenia or other forms of psychotic or dissociative diseases (e.g., multiple personality disorder), as portrayed in the movies. Sufferers of these illnesses are relatively easy to detect given obvious alterations in thinking, emotion and behavior. Other disorders such as depression and anxiety, however, are not often readily apparent, despite the fact that they are much more common.

Regardless, the opioid crisis has raised our consciousness about the role of these disorders in addiction; science tells us that one begets the other. Given that there are more overdose deaths each year than the number of homicides and suicides combined, it is imperative that we invest in policies that promise to prevent addiction, not simply treat it after it rears its ugly head. Prevention policies imbedded into national strategies promise to ensure that these problems do not continue to become entrenched, unabated, costing countless lives and precious dollars.

I grew up in a low-income neighborhood outside of Washington, D.C. that was riddled with child abuse, violence, and crime. I watched as my best friend, Gloria, was beaten down by both physical abuse and neglect by her parents. In her mind, Gloria believed she was defective, unworthy of her parents' love. She was confused and angry. She was severely depressed. As a teenager, she turned to drugs to cope and alleviate her pain. Eventually, Gloria became addicted and, in adulthood, overdosed.

Gloria is representative of just one of the many people I knew who traveled along a pathway from trauma to depression, including subsequent attempts to stem the pain through drug use, and in far too many cases– debilitating addiction. And because it was so clear to me that these pathways to addiction could be avoided, I decided to devote my career to the field of prevention, which has documented the ability to avert these pathways toward more positive outcomes using science-informed strategies

Today, it is well established that adverse childhood experiences, such as those Gloria endured, significantly increase the likelihood of a person developing mental illness, addiction, or both. People exposed to early adversity such as child abuse, poverty, or caregiver addiction disproportionately develop opiate use problems at a rate twice that found in the general population.

The use of painkillers is 50% higher in middle and high school students who grow up in toxic environments. And once teens start misusing prescription painkillers (oxycodone and morphine), approximately 80% will transition to opiate dependence.

Although a healthy mix of both prevention and treatment has been recommended by scientific experts to tackle the opioid crisis, treatment has been vastly underfunded and prevention has been virtually ignored.

Scientific evidence from prevention science, amassed over the past 50 years, shows that the most effective approach to promoting behavioral and mental health is comprehensive, and involves a collaboration between child- and family-serving agencies, community organizations, health care providers, and schools.

Effective prevention practices are substantially more cost-beneficial than treatment alone over the long haul. Economic studies consistently report the cost-effectiveness of early, sustained prevention efforts embedded in public health systems.

Noteworthy examples include PROSPER (middle school programs in rural Pennsylvania) shown to reduce opioid use by 10-35%, suicide prevention programs targeting Native American Youth (for every dollar spent, $10.67 are saved), and programs to reduce youth risk factors for mental illness such as the Good Behavior Game (for every dollar spent, $81 are saved) by addressing underlying problems before it is too late.

Current policies, however, prioritize the treatment of mental disorders after they have taken root. An example of this reactive policy-driven approach is that insurance coverage is not generally provided until the individual qualifies for a specific diagnosis. Our health care systems are geared towards medical models of diagnosing "diseases" and only treating them after they manifest as full-blow disorders.

In contrast, prevention strategies can reduce or avoid the development of problems altogether by systematically incorporating them into practices and services routinely offered by government agencies, in classrooms and households (e.g., life skill training; family interventions; socio-emotional learning). The National Research Council and the Institutes of Medicine state that schools and communities afford opportunities to support healthy youth development and prevent mental illness. Currently in the United States, there is just one school counselor for 482 students in public schools on average, woefully inadequate if we are to detect problems before they become compounded.

The power of prevention is at your disposal.

This is a call to action. It's time to back policies that integrate evidence-based prevention practices into existing systems of care, ensure adequate training of the workforce, and provide access to services for those in need. A preventive approach secures help for individuals showing early signs of despair, like my friend, Gloria, and perhaps keep thousands of people from sliding down the road to addiction.

As the founder and co-director of the National Prevention Science Coalition to Improve Lives, I, along with my colleagues, urge policymakers to take advantage of the extensive knowledge accumulated in the field of prevention to fully address the nation's mental health issues.

Early, effective preventive intervention for mental illness is a vital ingredient to thwart the opioid use epidemic for this and all subsequent generations.

Diana H. Fishbein, Ph.D.
The National Prevention Science Coalition to Improve Lives

NATIONAL PREVENTION SCIENCE COALITION TO IMPROVE LIVES

Weblinks

1. **The National Prevention Science Coalition to Improve Lives (NPSC)**

   www.npscoalition.org

   The NPSC envisions a society that fosters nurturing environments and caring relationships for the well-being of all. This page highlights the evidence-based productions and projects used to protect individuals and their societies, including recent publications and congressional briefings.

2. **The Impact Center at the Frank Porter Graham (FPG) Child Development Institute**

   https://impact.fpg.unc.edu

   The Impact Center at the University of North Carolina at Chapel Hill focuses on how effective prevention strategies are implemented to improve the wellbeing of individuals up to large scale communities. The three focus areas include Implementation Support, Quality and Outcome Monitoring, and Media and Networking.

3. **The AIRN Active Implementation Research Network®**
   https://www.activeimplementation.org/

4. **Prevention as a Strategy of Normalizing. An Analytical Approach on Restructuring the Integration Paradigm in Institutional Social Work.**
   https://www.degruyter.com/document/doi/10.1515/9783110856736-013/html

5. **Mobilizing communities for implementing evidence-based youth violence prevention programming: a commentary**
   https://pubmed.ncbi.nlm.nih.gov/21203828/

6. **May, C. & Finch, T. (2009). Implementing, Embedding, and Integrating Practices: An Outline of Normalization Process Theory. Sociology, 43(3), 535-554.**

7. **May, C., Rapley, T., Mair, F.S., Treweek, S., Murray, E., Ballini, L., Macfarlane, A. Girling, M. and Finch, T.L. (2015) Normalization Process Theory On-line Users' Manual, Toolkit and NoMAD instrument. Available from** http://www.normalizationprocess.org.

8. **May, C.R., Cummings, A., Girling, M., Bracher, M., Mair, F.S., May, C.M., Murray, E., Myall, M., Rapley, T., & Finch, T. (2018). Using Normalization Process Theory in feasibility studies and process evaluation.**

9. **A Decade of Science Informing Policy: The Story of the National Scientific Council on the Developing Child**
   https://46y5eh11fhgw3ve3ytpwxt9r-wpengine.netdna-ssl.com/wp-content/uploads/2015/09/A-Decade-of-Science-Informing-Policy.pdf

RESOURCES

ADAPT
A Division for Advancing Prevention & Treatment
CULTIVATING PREVENTION

DRUG ENFORCEMENT ADMINISTRATION

Drug Enforcement Administration
Administrator Anne Milgram
www.dea.gov
@DEAHQ

September 27, 2021
Contact: DEA Public Affairs
571-776-2508

NEWS RELEASE

FOR IMMEDIATE RELEASE

DEA Issues Public Safety Alert on Sharp Increase in Fake Prescription Pills Containing Fentanyl and Meth

DEA Warns that International and Domestic Criminal Drug Networks are Flooding the United States with Lethal Counterfeit Pills

WASHINGTON, DC – Today, the Drug Enforcement Administration issued a Public Safety Alert warning Americans of the alarming increase in the lethality and availability of fake prescription pills containing fentanyl and methamphetamine. DEA's Public Safety Alert, the first in six years, seeks to raise public awareness of a significant nationwide surge in counterfeit pills that are mass-produced by criminal drug networks in labs, deceptively marketed as legitimate prescription pills, and are killing unsuspecting Americans at an unprecedented rate.

These counterfeit pills have been seized by DEA in every U.S. state in unprecedented quantities. More than 9.5 million counterfeit pills were seized so far this year, which is more than the last two years combined. DEA laboratory testing reveals a dramatic rise in the number of counterfeit pills containing at least two milligrams of fentanyl, which is considered a lethal dose. A deadly dose of fentanyl is small enough to fit on the tip of a pencil.

Counterfeit pills are illegally manufactured by criminal drug networks and are made to look like real prescription opioid medications such as oxycodone (Oxycontin®, Percocet®), hydrocodone (Vicodin®), and alprazolam (Xanax®); or stimulants like amphetamines (Adderall®). Fake prescription pills are widely accessible and often sold on social media and e-commerce platforms – making them available to anyone with a smartphone, including minors.

"The United States is facing an unprecedented crisis of overdose deaths fueled by illegally manufactured fentanyl and methamphetamine," said Anne Milgram, Administrator of the Drug Enforcement Administration. "Counterfeit pills that contain these dangerous and extremely addictive drugs are more lethal and more accessible than ever before. In fact, DEA lab analyses reveal that two out of every five fake pills with fentanyl contain a potentially lethal dose. DEA is focusing resources on taking down the violent drug traffickers causing the greatest harm and posing the greatest threat to the safety and health of Americans. Today, we are alerting the public to this danger so that people have the information they need to protect themselves and their children."

The vast majority of counterfeit pills brought into the United States are produced in Mexico, and China is supplying chemicals for the manufacturing of fentanyl in Mexico.

The drug overdose crisis in the United States is a serious public safety threat with rates currently reaching the highest level in history. Drug traffickers are using fake pills to exploit the opioid crisis and prescription drug misuse in the United States, bringing overdose deaths and violence to American communities. According to the Centers for Disease Control and Prevention (CDC), more than 93,000 people died of a drug overdose in the United States last year. Fentanyl, the synthetic opioid most commonly found in counterfeit pills, is the primary driver of this alarming increase in overdose deaths. Drug poisonings involving methamphetamine, increasingly found to be pressed into counterfeit pills, also continue to rise as illegal pills containing methamphetamine become more widespread.

Drug trafficking is also inextricably linked to violence. This year alone, DEA seized more than 2700 firearms in connection with drug trafficking investigations – a 30 percent increase since 2019. DEA remains steadfast in its mission to protect our communities, enforce U.S. drug laws, and bring to justice the foreign and domestic criminals sourcing, producing, and distributing illicit drugs, including counterfeit pills.

This alert does **not** apply to legitimate pharmaceutical medications prescribed by medical professionals and dispensed by licensed pharmacists. The legitimate prescription supply chain is not impacted. Anyone filling a prescription at a licensed pharmacy can be confident that the medications they receive are safe when taken as directed by a medical professional.

The issuance of today's Public Safety Alert coincides with the launch of DEA's One Pill Can Kill Public Awareness Campaign to educate the public of the dangers of counterfeit pills. DEA urges all Americans to be vigilant and aware of the dangers of counterfeit pills, and to take only medications prescribed by a medical professional and dispensed by a licensed pharmacist. DEA warns that pills purchased outside of a licensed pharmacy are illegal, dangerous, and potentially lethal. For more information, visit https://www.dea.gov/onepill or scan the QR code below.

Media Toolbox | Twitter | Facebook | Instagram | LinkedIn

ONE PILL CAN KILL
DRUG ENFORCEMENT ADMINISTRATION

# # #

Department of Justice • Drug Enforcement Administration

COUNTERFEIT PILLS FACT SHEET

FAKE PRESCRIPTION PILLS • WIDELY AVAILABLE • INCREASINGLY LETHAL

CRIMINAL DRUG NETWORKS ARE FLOODING THE U.S. WITH DEADLY FAKE PILLS

- Criminal drug networks are mass-producing fake pills and falsely marketing them as legitimate prescription pills to deceive the American public.
- Counterfeit pills are easy to purchase, widely available, often contain fentanyl or methamphetamine, and can be deadly.

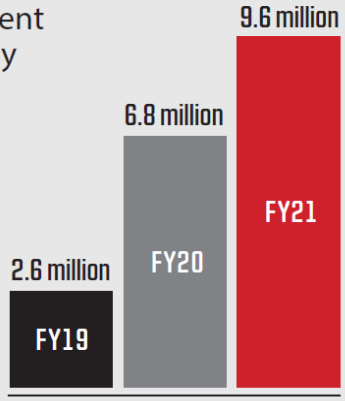
Authentic oxycodone M30 tablets

*Counterfeit oxycodone M30 tablets containing fentanyl

- Fake prescription pills are easily accessible and often sold on social media and e-commerce platforms—making them available to anyone with a smartphone, including teens and young adults.
- Many counterfeit pills are made to look like prescription opioids such as oxycodone (Oxycontin®, Percocet®), hydrocodone (Vicodin®), and alprazolam (Xanax®); or stimulants like amphetamines (Adderall®).

COUNTERFEIT PILLS ARE WIDELY AVAILABLE ACROSS EVERY STATE IN THE COUNTRY

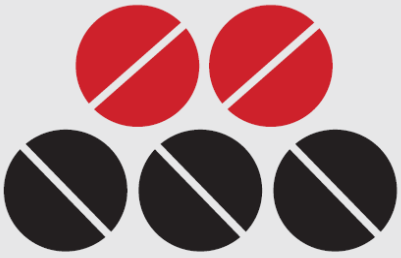
- DEA and its law enforcement partners are seizing deadly fake pills at record rates.
- More than 9.5 million counterfeit pills were seized so far this year, which is more than the last two years combined.
- Counterfeit pills have been identified in all 50 states and the District of Columbia.



DEA and law enforcement partners are seizing deadly fake pills at record rates

COUNTERFEIT PILLS OFTEN CONTAIN FENTANYL AND ARE MORE LETHAL THAN EVER BEFORE

- The number of DEA-seized counterfeit pills with fentanyl has jumped nearly 430 percent since 2019.
- Officials report a dramatic rise in the number of counterfeit pills containing at least 2 mg of fentanyl, which is considered a deadly dose.
- Drug traffickers are using fake pills to exploit the opioid crisis and prescription drug misuse. CDC reports more than 93,000 people died last year of an overdose in the U.S., the highest ever recorded.
- Fentanyl, the synthetic opioid most commonly found in counterfeit pills, is the primary driver in this alarming increase in overdose deaths.



DEA lab testing reveals that 2 out of every 5 pills with fentanyl contain a potentially lethal dose.

- Drug trafficking is also inextricably linked with violence.
- This year alone, DEA seized more than 2,700 firearms in connection with drug trafficking investigations—a 30 percent increase since 2019.

THE ONLY SAFE MEDICATIONS ARE ONES THAT COME FROM LICENSED AND ACCREDITED MEDICAL PROFESSIONALS

- DEA warns that pills purchased outside of a licensed pharmacy are illegal, dangerous, and potentially lethal.

For more information about counterfeit pills, go to www.DEA.gov/onepill

Data as of September 2021

The Drug Enforcement Administration ensures the safety and health of the American public by fighting against violent criminal drug networks and foreign cartels trafficking in illicit drugs. To accomplish that mission, the Drug Enforcement Administration employs approximately 10,000 men and women throughout the world – Special Agents, diversion investigators, intelligence analysts, and chemists – across 239 domestic offices in 23 U.S. divisions and 91 foreign offices in 68 countries.

Discover • Connect • Prevent

OPERATION PREVENTION

This NO-COST, standards-aligned program for young people ages 8–18 is available in every school, home, and state in the nation to kickstart lifesaving actions TODAY.

Created in collaboration with the Drug Enforcement Administration (DEA) and Discovery Education, **Operation Prevention** is an award-winning educational program dedicated to preventing substance misuse in schools, workplaces, and communities nationwide.

Resources available on both English & Spanish websites

School Resources

A variety of digital lesson plans, activities, and three Virtual Field Trips help spark lively discussions about opioid misuse. Students learn the importance of staying safe, making healthy decisions, and the devastating effects substance misuse can have on their lives and communities.

Self-Paced Module

The Science of Addiction: The Stories of Teens tells the stories of real teens who share their firsthand experiences of how opioid misuse negatively impacted their futures and families. Students will build essential strategies for saying "No."

Parent Toolkit

Parents can join the conversation with a family discussion guide, featuring info on the warning signs of opioid misuse. A guide to prevention and intervention encourages families to take action NOW.

Multi-Drug Topic Series

A Multi-Drug Exploratory uses science-based animated videos to teach students about the most prevalent forms of substance misuse, including an Educator Guide to tie the videos together.

Workplace Resources

Educators, administrators, and other professionals can lead the way to stronger schools and communities by addressing opioid misuse in the workplace with a series of self-guided resources.

Culture-Based Resources

The wisdom of Native practices of wellness combined with the insights of modern science help empower Native and non-Native students to avoid the dangers of substance misuse.

Visit **OperationPrevention.com** to access additional no-cost resources.

Join the Conversation

@DEAHQ @DiscoveryEd
#OperationPrevention

DEA

Discovery EDUCATION

Good Medicine Bundle
DIGITAL LESSONS

OPERATION PREVENTION

Culture Based Prevention Resources

for American Indian & Alaska Native Communities

Celebrate Native approaches to wellness while empowering elementary and middle school students to rise above unhealthy behaviors like substance misuse with all-new, no-cost digital learning resources from Operation Prevention.

Created in collaboration with the Drug Enforcement Administration (DEA), National Indian Education Association and Discovery Education, **Operation Prevention** is an award-winning educational program dedicated to preventing substance misuse in every school, workplace, and community nationwide.

Good Medicine Bundle
Holistic Substance Misuse Prevention Tools

Hands-On Activities

Inspire students to honor their cultural heritage of health and wellbeing through mindful action. These flexible activities combine the power of traditional knowledge systems with amazing science-based insights into students' minds and bodies.

- "Traditional Ways Teach Us that Gratitude is Healthy"
- "The Lakota Values of Wa on'sila and Wowokiye: The Healing Power of Finding Balance in Traditional Ways"
- "Food Sovereignty: Relying on Nutrition instead of Chemicals to Make our Bodies Stronger"
- "Our Bodies are Sacred: Honoring our Ancestors by Staying Active. Cultural/Sacred Value of Movement"

Digital Lesson Bundles

Bring fundamental Native American cultural values to life with interactive classroom resources that harness the wisdom of the past to help students solve the challenges of today's world. Each lesson immerses students in authentic Native customs, knowledge, and history with the help of a comprehensive PowerPoint presentation and accompanying Educator Guide.

- "Traditional Native Fire Stories Can Teach Us About Emotions"
- "The Medicine Wheel"

Master Class Videos

Professional Learning Series

Deepen educator understanding of culture-based prevention resources with a Master Class video series, featuring experienced Native educators sharing tips and strategies on how to engage all students using these multi-faceted resources.

Visit **OperationPrevention.com** to access additional no-cost resources.

Join the Conversation **@DEAHQ @DiscoveryEd**

DEA | Discovery EDUCATION | CIEA

LIVING DRUG FREE

RED RIBBON WEEK

OCTOBER 23-31

REMEMBERING
SPECIAL AGENT

ENRIQUE "KIKI" CAMARENA

RED RIBBON WEEK is the nation's oldest and largest drug prevention awareness program. The National Family Partnership started Red Ribbon Week after the death of Drug Enforcement Administration (DEA) Special Agent Enrique "Kiki" Camarena, who was brutally tortured and murdered in 1985 by drug traffickers he was investigating in Mexico. After his death, people started wearing red ribbons to honor Kiki's sacrifice.

Today, millions of people celebrate Red Ribbon Week by wearing red ribbons, participating in community anti-drug events, and pledging to live drug-free lives.

CELEBRATE RED RIBBON WEEK

- Learn about the destructive effects of drug abuse and opioid misuse.
- Educate your family members and friends.
- Take action:
  - Sponsor an anti-drug poster and essay contest
  - Create an anti-drug PSA
  - Host a community drug awareness event
  - Decorate or light up buildings and national monuments in red
  - Take the pledge and promote living a healthy, drug-free lifestyle

LEARN MORE

DEA Resources

www.getsmartaboutdrugs.com
Drug prevention and education resources for parents, educators, and caregivers.

www.justthinkwice.com
Drug prevention and education resources for teens.

www.campusdrugprevention.gov
A resource to prevent drug abuse among college students.

www.operationprevention.com
Provides science-based digital lessons to educate students about the impacts of opioid misuse.

OPERATION PREVENTION

ELEMENTARY AND MIDDLE SCHOOL

TOPIC SERIES EDUCATOR GUIDE

U.S. Department of Justice Drug Enforcement Administration

Discovery EDUCATION

INTRODUCTION MULTI-DRUG TOPIC SERIES

This video topic series was developed to directly address the negative impacts that drugs like stimulants, hallucinogens, depressants, steroids, marijuana, and inhalants have on the adolescent brain and body. The goal of the series is to use engaging and informative instruction to address the impacts of drugs on the brain and body. Students will build their understanding by learning more about the science behind specific drugs, and strategies they can use to help avoid drug use.

ACTIVITIES

The activities that accompany each video are designed for grades 3–8 (upper elementary and middle school) with a primary focus on Health and English Language Arts courses. Each activity has an expected duration of about 45 minutes and includes an overview, learning objectives, materials, procedure, and capture sheets. Each activity pairs with a video to continue conversations into the classroom with standards-aligned outcomes that promote collaboration, content-specific language, and evidenced-based literacy strategies.

Modifications can be made to the activities based on your learning environment. For example, all handouts can be shared virtually or even recreated by students at home. If in-person or online discussions are not possible, activities that include brainstorming, discussions, or group work can also be completed using a shared virtual document.

BEFORE YOU START

All of the videos and activities found in this series take students for a deeper look into the anatomy and function of the brain. While the lessons are designed around literacy strategies to support this work, it may be useful to scaffold the activities by reviewing with students the important parts and functions of the brain. One resource that can help with this is the National Institute on Drug Abuse "The Human Brain: Major Structures and Functions" video. This short video provides an overview of key vocabulary used in the lessons along with visuals and could serve as a refresher or introduction before beginning instruction.

Super Dopey

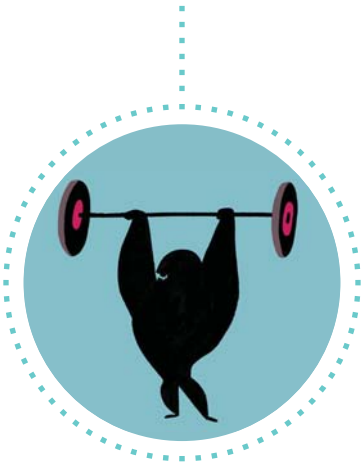
Overview:
During this activity, students will build their understanding of how marijuana impacts the adolescent brain and the body. Students will view the **Super Dopey** video and then use activity cards to investigate the impact delta-9-tetrahydrocannabinol (THC) has on the different parts of the brain. After reading their cards, students will work in groups to align the impact on the brain and the body.

Key Outcomes:

- Students will analyze the impact of marijuana by using informational text to chart how THC affects the brain.
- Students will create their questions about the impact of marijuana on the brain and the body to drive engagement.

Key Takeaways:

- Marijuana is not a harmless drug. The human brain does not fully develop until approximately the age of 25; regularly using marijuana before then can have negative and long-lasting impacts on the brain and the body.
- THC—the main active ingredient in marijuana impacts normal brain functions by attaching itself to receptors in the brain.
- Ingesting marijuana can lead to altered senses and mood. Long-term use can increase the risk of memory loss and mental health problems, and potentially trigger the early onset of schizophrenia.



Bigger and Stronger

Overview:

During this activity, students will view the **Bigger and Stronger** video and use their reporter's notebook to separate fact from feeling. After viewing the video, they will debrief what they discovered and then use sources to further their investigation on the impact of steroids on the brain and the body. Students will use this information to finalize their reporter's notebook to create a newspaper article highlighting the effects of steroids.

Key Outcomes:

- Students will evaluate the impact of steroids on the brain and the body by investigating current information and recording it in their reporter's notebook.
- Students will use informational text to write an editorial on the impact of steroids on the brain and body.

Key Takeaways:

- Health care providers can prescribe steroids for certain medical conditions. However, some steroids are often misused to increase muscle mass and athletic performance.
- Though they do not cause a "high," steroids can have negative impacts on the brain and the body. Impacts on the brain include extreme mood swings and paranoia.
- Steroids change the body in a variety of ways, including increased acne; yellowing of skin; and increased potential for infections. Both males and females can see physical changes to reproductive organs with long term use.

A Bad Trip

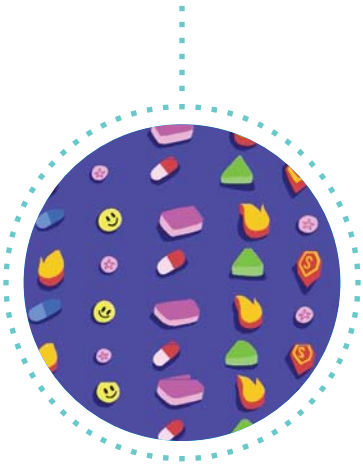
Overview:
Students will watch a brief video on the role hallucinogens play in impacting the brain and the body. After the video, the teacher will provide some deeper guiding information on hallucinogens and their different types. Students will identify a hallucinogen and use guided research to create an infographic poster that explains the effects of the drug on the brain and the body.

Key Outcomes:

- Students will research hallucinogens and create an infographic poster highlighting the impact on the brain and the body.
- Students will synthesize informational text by using a strategy called “three close reads”.

Key Takeaways:

- Hallucinogens are a category of drugs that create distortions in how a person perceives reality. These drugs include LSD, PCP, and ecstasy.
- When ingested, hallucinogens negatively impact the brain by increasing the activity of neurotransmitters. This increase in activity leads to rapid changes in mood, perception, movement, and heart rate.
- Hallucinogens’ impact on the body includes dizziness, nausea, elevated heart rate, and increased blood pressure. Heavy use can result in a higher risk of seizures and irregular heartbeat.



Annoying, Aren't I?

Overview:
During this activity, students will identify stimulant types and their impact on the brain and the body. To support students in developing confidence in avoiding health risks, students will view the **Annoying, Aren't I?** video and work collaboratively to create refusal skits. Students will research refusal strategies and work with their team to develop skits that highlight specific strategies used to avoid taking part in risky behaviors such as drug use.

Key Outcomes:

- Students will create refusal skits that highlight strategies for avoiding health risks like the use of stimulants.
- Students will develop questions that help engage in learning about stimulants.

Key Takeaways:

- Stimulants are a category of drugs that increase the activity in the central nervous system. Specific stimulants include some prescription drugs, methamphetamine, cocaine, and even caffeine and nicotine.
- Prescription stimulants can be used to treat health concerns. Misuse occurs when they are taken by someone who does not have a prescription or when more than the prescribed dose is ingested.
- Stimulants increase the activity of neurotransmitters like dopamine and norepinephrine which reinforce rewarding behaviors in the brain. This changes the normal communication in the brain and, over time, can lead to addiction.

Dear Senses...

Overview:
During this activity, students will learn more about the impact of depressants on the brain and the body by participating in a literacy strategy called "whittle it down". This strategy provides scaffolding to help students with summarizing complex text. Students will watch the **Dear Senses...** video and then whittle down large chunks of information as a whole group; small group; and then, independently, generate a list of important words from the text. They will then use their final words to create a summary of the impact of depressants on the body and the brain.

Key Outcomes:

- Students will analyze sources and synthesize information on depressants' impact on the brain and the body.
- Students will create a summary paragraph to explain the effects of depressants on the brain and the body.

Key Takeaways:

- Depressants are a category of drugs that slow down normal activity that happens in the brain and spinal cord. Depressants include alcohol, barbiturates, and even sleep medications that are prescribed by a doctor. Depressants can be misused when taken by someone who does not have a prescription or when more than the prescribed dose is ingested.
- Depressants increase the activity of the neurotransmitter gamma-aminobutyric acid (GABA) which slows down brain activity. This can lead to negative impacts on the brain and the body.

Dear Lungs...

Overview:
During this activity, students will watch the **Dear Lungs...** video on the impact of inhalants on the brain and the body. After watching the video, students will take part in a creative writing exercise. Students will use the writing strategy RAFT (Role, Audience, Format, Topic) to take on a unique perspective and explain how inhalants impact the brain.

Key Outcomes:

- Students will use creative writing to explain how inhalants impact the brain and the body.
- Students will synthesize information from sources.

Key Takeaways:

- Inhalants are chemicals found within ordinary household products that, when inhaled, can cause someone to get "high".
- When chemicals are inhaled, they are absorbed by the lungs where the chemical enters the bloodstream, sending them throughout the brain. Most inhalants slow down the brain activity causing a "high" sensation.
- Inhalants can have a serious impact on body functions, including upset stomach, dizziness, and lack of coordination. Long-term effects include a weakened immune system and potentially death.

DEA Demand Reduction Coordinators by State/Territory

While the Drug Enforcement Administration's primary function is to enforce the nation's federal drug laws, we understand that law enforcement alone cannot solve America's drug problems. DEA Demand Reduction Coordinators work with individuals and groups such as community coalitions, civic leaders, state and local drug use prevention organizations, treatment experts, and the general public, and they provide DEA's unique expertise in the areas of intelligence and enforcement. By joining DEA's law enforcement credibility and insights with communities' know-how, drug use prevention efforts have been strengthened in urban, suburban, and rural areas across America.

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Legend
ASAC = Assistant Special Agent in Charge
GS = Group Supervisor
SA = Special Agent

Updated September 13, 2021

Drug Enforcement Administration

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JUST THINK TWICE
A Resource for Teens
www.justthinktwice.com

GET SMART
ABOUT DRUGS
A DEA RESOURCE FOR PARENTS, EDUCATORS & CAREGIVERS
WWW.GETSMARTABOUTDRUGS.COM

Campus Drug Prevention

www.campusdrugprevention.gov

A one-stop resource for professionals working to prevent drug abuse among college students, including educators, student health centers, and student affairs personnel.

Providing science-based digital lessons to educate students on the impacts of opioid misuse.

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RESOURCES

ADAPT
A Division for Advancing Prevention & Treatment
CULTIVATING PREVENTION

THE OVERDOSE MAPPING AND APPLICATION PROGRAM

ODMAP

OVERDOSE DETECTION MAPPING APPLICATION PROGRAM

PROGRAM SUMMARY

THE PROBLEM

Nationally, in 2019, there were drug 70,630 overdose deaths with the largest increase in deaths related to fentanyl and synthetic opioids.

Data released from the Centers for Disease Control and Prevention (CDC) shows a increase in fatal overdoses from 2018 to 2019, however, there is an absent methodology nationally to track non-fatal overdoses.

ODMAP offers the ability to collect both suspected fatal and non-fatal overdoses, in real-time, across jurisdictions, to mobilize a cohesive and collaborative response.

THE CONCEPT

ODMAP provides near real-time overdose surveillance data across jurisdictions to support public safety and public health efforts to mobilize an immediate response to an overdose spike.

It links first responders on scene to a mapping tool to track overdoses to stimulate a real-time response and strategic analysis across jurisdictions. It is a mobile tool, capable of being used in the field on any mobile device or data terminal.

Agencies can also connect their local Record Management System (RMS) to ODMAP via an Application Programming Interface (API). Agencies sign a teaming agreement and have the ability to upload data and view the map in real time.

HOW IT WORKS

ODMAP users (ex. Public Health, Law Enforcement, Fire/EMS, and Medical Examiner/Coroner) enter data into the system identifying whether or not the incident is fatal or non-fatal, and whether or not Naloxone was administered in a simple one-click system that takes seconds. No Protected Health Information (PHI) is collected on the victim or location.

ODMAP users can be granted access to a secure server to view the National Map, which features filtering tools for analytical purposes. Additionally, users can elect to receive email notifications when an overdose spike, defined specifically for each county, occurs within a 24-hour period. The spike notification system is designed to help public health and public safety entities mobilize a response to affected areas including treatment and prevention strategies.

CURRENT OVERVIEW

As of May 2021, over 3,400 agencies in 50 states, Washington D.C., and Puerto Rico are utilizing the system, and more than 480,000 suspected overdoses have been entered. Due to the success of the program, and a user community of over 30,000 users, the ODMAP has evolved significantly, which includes a series of webinars, an online repository for material developed by users, interactive demonstrations, and a monthly newsletter

FOR MORE INFORMATION go to www.odmap.org or email mjohnson5@wb.hidta.org

Helping Communities Respond Effectively to Overdoses: The **Overdose Detection Mapping Application Program**

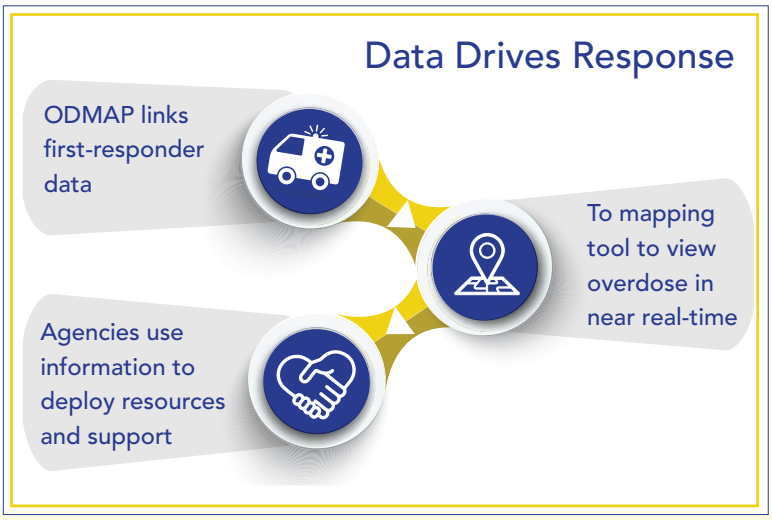
Access to near real-time fatal and nonfatal overdose data can help public safety and public health agencies mobilize prevention and intervention responses. The Overdose Detection Mapping Application Program (ODMAP) is a tool that can enable communities to develop tailored interventions targeting specific geographic areas or high-risk individuals.

What Is ODMAP?

ODMAP is a free, Web-based, mobile-friendly software platform to support reporting and surveillance of suspected fatal and nonfatal overdoses. The Washington/Baltimore High Intensity Drug Trafficking Area (HIDTA) launched ODMAP in 2017.

The goal of ODMAP is to provide near real-time data to public safety and public health agencies, enabling them to mobilize responses to overdoses as quickly as practically possible. ODMAP displays overdose data within and across jurisdictions to help agencies identify spikes and clusters.

ODMAP is available only to state, local, federal and tribal agencies serving the interests of public safety and health as part of their official mandate, including licensed first responders and hospitals.



How Can ODMAP Benefit Communities?

ODMAP provides public safety and public health agencies with the opportunity to respond to a crisis as it occurs. Enabling public safety and public health practitioners to input data about suspected overdoses in near real-time, ODMAP facilitates the sharing of data with stakeholders to implement a range of rapid-response activities.

- **Provide spike alerts—**Near real-time data can serve as a warning system for overdoses to help communities mobilize resources; as such, it can minimize fatalities by warning the public of bad batches and preparing first responders and hospitals. Alerts can also be sent to neighboring counties as early warnings.
- **Deploy overdose responses—**Information can be used to deploy overdose outreach/response teams to provide services and support to overdose victims.
- **Target community resources—**Information can be used to target naloxone distribution, prevention education efforts, and other programming to areas most affected by overdoses.
- **Secure community resources—**Data can support strategic planning and resource allocation decisions.

BJA's Comprehensive Opioid, Stimulant, and Substance Abuse Program
IIR Institute for Intergovernmental Research
ODMAP OVERDOSE DETECTION MAPPING APPLICATION PROGRAM
WASHINGTON / BALTIMORE HIDTA HIGH INTENSITY DRUG TRAFFICKING AREA
Serving the District of Columbia, Maryland, Virginia, and West Virginia

ODMAP

How Is Information Captured in ODMAP?

Data is entered into the system in two primary ways.

Registered ODMAP users can directly enter data via phone, tablet, or computer, so long as there is internet connectivity.

Information on suspected overdoses can be shared via existing information systems using an application program interface (API). An API is a software intermediary that allows programs to interact with each other to share data, reducing manual and duplicate data entry.

- **Required Information:** ODMAP requires users to enter four fields: (1) date/time of suspected overdose; (2) approximate overdose location (using address, latitude/longitude, or "my device's location"); (3) fatal or nonfatal overdose; and (4) naloxone administration if applicable.
- **Optional Information:** Users can enter additional information such as case number; victim's age and sex; primary and additional suspected drugs; hospital transport; multiple victim overdose incident; and identity of responder who administered naloxone.

More than 3,000 agencies in 49 states participate in ODMAP, including the District of Columbia and Puerto Rico

How Is ODMAP Data Displayed?

Once data is uploaded into the ODMAP platform, it is displayed as an interactive map designed to assist strategic analysis, syndromic surveillance, and response. The dashboard allows users to display and filter data by location, time, fatal or nonfatal overdose, and other parameters. ODMAP also allows users to import agency data, including CSV, KML, shape files, and open source ArcGIS data.

How Is ODMAP Data Protected?

ODMAP data is considered controlled unclassified information (CUI) and is released only to authorized personnel who have a need and a right to know in the performance of public safety and public health functions. ODMAP does not collect personally identifiable information (PII) or personal health information (PHI).

All addresses entered into the system are converted to geocoded locations and are not retained. The zoom is restricted so that users cannot view precise locations.

Visit: **http://odmap.org** Email: **odmap@wb.hidta.org**

Visit the COSSAP Resource Center at **www.cossapresources.org**.

About BJA

The Bureau of Justice Assistance (BJA) provides leadership and services in grant administration and criminal justice policy development to support local, state, and tribal law enforcement in achieving safer communities. To learn more about BJA, visit www.bja.gov and follow us on Facebook (www.facebook.com/DOJBJA) and Twitter (@DOJBJA). BJA is part of the U.S. Department of Justice's Office of Justice Programs.

RESOURCES

ADAPT
A Division for Advancing Prevention & Treatment
CULTIVATING PREVENTION

WASHINGTON / BALTIMORE
HIDTA
HIGH INTENSITY DRUG TRAFFICKING AREA

SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION

SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION

UNDERAGE DRINKING PREVENTION RESOURCES

SAMHSA
Substance Abuse and Mental Health Services Administration

SAMHSA
Substance Abuse and Mental Health Services Administration

CENTER FOR SUBSTANCE ABUSE PREVENTION (CSAP)

Underage Drinking Prevention Resources for Prevention Professionals, Parents, Caregivers, and Educators

VIDEO | MOBILE APPS | REPORTS, GUIDES, & FACT SHEETS | SOCIAL MEDIA | CAMPAIGNS & INITIATIVES

LEARN THE LAWS REGULATING UNDERAGE DRINKING

A new series in the SAMHSA Store, Learn the Law: How Does Your State Prevent Underage Drinking?, summarizes the 24 legal policies that allow prevention professionals to track how their state regulates underage drinking compared to other states. The summaries provide a succinct overview of the status of the policy in the states, exceptions to the policy, and policy trends.

THE SOUND OF YOUR VOICE VIDEO AND PARENT GUIDE

These materials encourage parents to talk with their college-bound young adults about alcohol use before and during their freshman year. *The Sound of Your Voice* is a short, animated video that inspires parents to bring up topics of underage drinking consequences when talking with their young adult. Talking With Your College-Bound Young Adult About Alcohol is a companion guide that emphasizes the continuing influence parents have over alcohol use decisions by their children.

COLLEGE DRINKING: PREVENTION PERSPECTIVES VIDEOS AND DISCUSSION GUIDES

The videos in this series explore actions taken to reduce underage and harmful drinking, offering educators, parents, and prevention organizations valuable insight into campus and community prevention efforts that work. The companion guides facilitate conversations among administrators, faculty, students, and other community stakeholders while encouraging them to work together to prevent underage drinking on or near campus.

SOCIAL MEDIA GALLERY

In the social media gallery, you can explore a variety of images in English and Spanish that you can use to promote your *Communities Talk to Prevent Underage Drinking (Communities Talk)* event on your Twitter, Facebook, LinkedIn, or Instagram pages. Also be sure to tag SAMHSA on Twitter (@samhsagov), Facebook (@samhsa), LinkedIn (SAMHSA), and Instagram (@samhsagov).

RESOURCES AVAILABLE AT www.StopAlcoholAbuse.gov and store.samhsa.gov

CONTINUED ON BACK

FACTS ON UNDERAGE DRINKING AND FACTS ON COLLEGE STUDENT DRINKING

These fact sheets give an overview of underage drinking, as well as high-risk drinking by adolescents and young adults in college, and break down these issues by gender, age, binge drinking and heavy alcohol use, and consequences.

GUIDE TO YOUTH ENGAGEMENT IN UNDERAGE DRINKING PREVENTION EVENTS

In 2019, nearly 70 percent of *Communities **T**alk* events and activities involved youth as planners, speakers, and audience members. This guide helps organizations partner with youth to plan and conduct efforts to prevent and reduce underage drinking.

COMMUNITIES TALK TO PREVENT UNDERAGE DRINKING QUICK START PLANNING GUIDE

This guide includes everything community-based organizations need to know to quickly and easily organize results-oriented underage drinking prevention events in their communities. In this guide, a future *Communities **T**alk* event host will find a Planning Calendar, a Planning Checklist, and 10 **S**teps for *Communities **T**alk* Event Planning.

SAMHSA complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

ALCOHOL'S EFFECTS ON THE BRAIN: ALCOHOLFX

This science-based mobile application for tablets teaches students ages 10–12 how drinking alcohol can harm their brains. The app is intended to integrate into instruction in fifth- and sixth-grade classrooms and at home. Download it from the App **S**tore or Google Play.

REPORT TO CONGRESS ON THE PREVENTION AND REDUCTION OF UNDERAGE DRINKING

This report provides an overview of underage drinking prevention, a summary of the research on underage drinking prevalence and problems, descriptions of federal programs addressing the issue, a summary of responses from a survey of all 50 states and the District of Columbia regarding their prevention programs, efforts to enforce underage drinking laws, interagency collaborations, and state expenditures on underage drinking prevention.

KEY SUBSTANCE USE AND MENTAL HEALTH INDICATORS IN THE UNITED STATES

This national report summarizes key findings from the 2019 National **S**urvey on Drug Use and **H**ealth (N**S**DU**H**) for indicators of substance use, mental health, and co-occuring disorders among people ages 12 and older.

NATIONAL PREVENTION WEEK

National Prevention Week (NPW) is an annual health observance held in May dedicated to increasing public awareness of, and action around, mental and/or substance use disorders.

UNDERAGE DRINKING PREVENTION EDUCATION INITIATIVES (UADPEI)

Underage Drinking Prevention Education Initiatives aim to prevent and reduce the consequences of underage drinking and young adults' problem drinking.

"TALK. THEY HEAR YOU."

Substance use prevention campaign helps parents and caregivers start talking to their children early about the dangers of alcohol and other drugs.

FACTS on Underage Drinking

MARCH 2021

PREVENTION WORKS!

- The facts tell the story. **Prevention of underage drinking and its consequences is possible.**

- Between 2002 and 2019, current drinking by 12- to 20-year-olds **declined from 29 percent to 19 percent**. From 2015 to 2018, binge drinking and heavy alcohol use **declined from 13 percent to 11 percent and 3 percent to 2 percent,** respectively.[1*]

- The number of 12th graders who reported using alcohol at least once in their lives declined from 82 percent in 1997 to 59 percent in 2019, a **28 percent drop**.[2]

- **Minimum legal drinking age laws are estimated to have saved 31,959 lives since 1975**. Further progress can be achieved through strong, continuing prevention efforts.[3]

*Current drinking = past 30-day use or past month use. Binge drinking = five or more drinks for males and four or more drinks for females on the same occasion on at least one day in the past 30 days. Heavy alcohol use = binge drinking on five or more days in the past 30 days.

All data are from 2019 unless otherwise indicated.

SAMHSA
Substance Abuse and Mental Health Services Administration

UNDERAGE DRINKING STARTS EARLY

Alcohol continues to be the most widely used substance of abuse among American youth, and a higher proportion use alcohol than tobacco, marijuana, or other drugs.[4]

Underage drinking often begins at an early age. Of those who drink underage, 15 percent began using alcohol before they were 13 years old.[5] Nearly 2.3 million 12- to 17-year-olds used alcohol for the first time in 2019, which averages to approximately 6,200 adolescents who began using alcohol each day.[6]

Underage drinking is common and often excessive. In 2019, over 7 million 12-to 20-year-olds reported past month alcohol use, over 4 million reported past month binge drinking, and nearly 1 million reported past month heavy alcohol use.[7]

On their most recent drinking occasion, 72 percent of youth reported that they obtained alcohol for free. Most got their alcohol from a non-relative who was older than 21 (22 percent) or person under 21 (12 percent).[8] Half of them drank the alcohol at someone else's home.[9]

PREVALENCE OF ALCOHOL USE BY ADOLESCENTS VARIES BY AGE

Among adolescents, 46 percent of 16- to 17-year-olds, 25 percent of 14- to 15-year-olds, and 9 percent of 12- to 13-year-olds reported using alcohol at least once in their lives.[10] Among adolescents ages 12 to 17, 2.3 million reported using alcohol in the past month and 29,000 reported using alcohol daily.[11,12]

By grade, 29 percent of 12th graders, 18 percent of 10th graders, and 8 percent of 8th graders reported current drinking.[13] By 8th grade, 24 percent of students had used alcohol and by the end of high school 59 percent of students had done so.[14]

Past month binge drinking was reported by 11 percent of 16- to 17-year-olds and 3 percent of 14- to 15-year-olds.[15] Among 12th graders, 5 percent reported drinking 10 or more drinks in a row and 3 percent drank 15 or more drinks in a row.[16]

Adolescents find it easy to obtain alcohol. The majority of students in 10th and 12th grade reported that it would be "fairly easy" or "very easy" to obtain alcohol. This perception was most common among 12th graders, with 84 percent reporting easy access. This percentage, however, represents a decline from a high of 95 percent reported in 1999.[17]

690,000 YOUNG ADULTS USE ALCOHOL EVERY DAY

Among young adults ages 18 to 20, 36 percent reported drinking each month, 23 percent reported binge drinking, and 5 percent reported engaging in heavy drinking.[18] Each year since 2002, more than half of those ages 18 to 25 reported past month alcohol use.[19] Approximately 690,000 young adults in this age group reported using alcohol daily.[20]

GENDER TRENDS IN UNDERAGE DRINKING REVERSE

From 2002 to 2013, rates of current drinking by underage males exceeded that of underage females, but that trend reversed over time. From 2014 to 2017, underage females began drinking at rates similar to underage males. By 2019, of individuals who reported drinking in the last 30 days, rates of drinking by underage females exceeded that of underage males. During that 30-day period, 20 percent of underage females reported drinking compared to 17 percent of underage males.[21] Similarly, 10 percent of 12- to 17-year-old females were current alcohol users, compared to 9 percent of males that age.[22] In 8th grade, 8 percent of females reported using alcohol each month, compared to 7 percent of males.[23]

Past month rates of binge drinking among females now exceeds that of males, 12 percent compared to 10 percent. Rates of heavy drinking by underage males and females have converged at 2 percent.[24]

UNDERAGE DRINKING HIGHEST AMONG WHITE YOUTH

Underage Blacks/African Americans and Asians reported low rates of alcohol use at 12 percent for both groups. White underage youth continued to report the highest rates of alcohol use at 22 percent. Among other groups, 17 percent of Hispanics or Latinos and 15 percent of American Indians or Alaska Natives reported current use.[25]

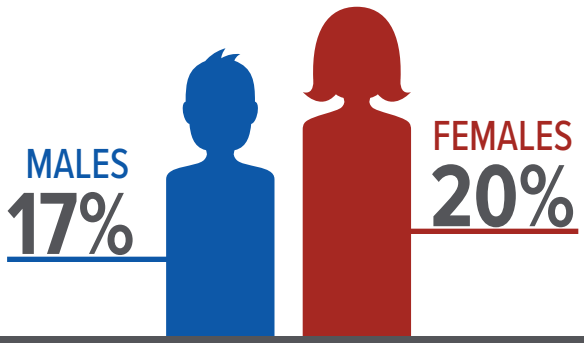
Rates of underage binge drinking reflect a similar pattern, with underage African Americans reporting the lowest rates of binge drinking at 6 percent, and whites reporting the highest rates at 14 percent. Among other groups, 12 percent of American Indians or Alaska Natives, 9 percent of Hispanics or Latinos, and 7 percent of Asians reported binge drinking.[26]

SERIOUS CONSEQUENCES

Underage drinking contributes to a wide range of costly health and social problems, including suicide, death from motor vehicle crashes, interpersonal violence (such as homicides, assaults, and rapes), unintentional injuries (such as burns, falls, and drownings), brain impairment, alcohol dependence, risky sexual activity, academic problems, and alcohol and drug poisoning.[27]

In 2017, 17 percent of high school students reported riding in a car driven by someone who had been drinking.[28] In the same year, 1,844 young drivers ages 15-20 years were killed. Of those, 440 of the young drivers had alcohol in their systems, and 362 had a blood alcohol content above the legal limit for those legally allowed to drink alcohol.[29]

UNDERAGE DRINKING BY GENDER, 2019



Data from 2019 show that underage females **drink more** than underage males.

4,300
DEATHS PER YEAR

Early onset alcohol use is a risk factor for future problems, including heavier use of alcohol and drugs during adolescence and alcohol dependence in adulthood. On average, alcohol is a factor in the deaths of approximately 4,300 people under 21 in the United States per year, shortening their lives by an average of 60 years.[30]

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For more information about underage drinking prevention, visit **www.StopAlcoholAbuse.gov**, the web portal of the Interagency Coordinating Committee on the Prevention of Underage Drinking.

Visit the National Institute on Alcohol Abuse and Alcoholism's CollegeAIM website (**www.collegedrinkingprevention.gov/CollegeAIM/Default.aspx**) for a matrix-based decision tool that organizes what is known about college drinking interventions by factors such as the strength of the research evidence and ease of implementation.

To view this fact sheet and similar products online, visit **www.store.SAMHSA.gov** or call 1-877-SAMHSA-7 (1-877-726-4727) or 1-800-487-4889 (TDD)

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FACTS on College Student Drinking

MARCH 2021

FAST FACTS

- Of the 19 million undergraduate students enrolled in college in 2018, 9 million were under age 21, the U.S. minimum legal drinking age.[1]
- College students have an increasing risk for an alcohol use disorder as they near the legal drinking age. While 104,000 of 18-year-old college students met the criteria for an alcohol use disorder in 2019, that number more than doubled to 231,000 by age 21.[2]
- High blood alcohol concentrations and impairment levels associated with binge drinking place those who binge drink and those around them at a substantially elevated risk for negative consequences, such as traffic accidents, injury-related deaths, sexual assault, violent crimes, and reduced academic performance.[3]
- Alcohol contributes to an estimated 1,519 deaths per year among college students.[4]

*Current drinking = past 30-day use. In 2015, SAMHSA redefined binge drinking as five or more drinks for men and four or more drinks for women on the same occasion on at least one day in the past 30 days. Heavy alcohol use = binge drinking on five or more days in the past 30 days.

SAMHSA
Substance Abuse and Mental Health Services Administration

COLLEGE DRINKING OVERVIEW

Full-time college students tend to drink more than others in their age group. In 2019, 53 percent of full-time college students drank alcohol in the past month. Of those, 33 percent reported binge drinking and 8 percent reported heavy drinking in the past month. Among individuals ages 18 to 22 not enrolled full-time in college, the percentages were 44 percent, 28 percent, and 6 percent, respectively.[5]

Many students may come to college with established drinking habits. Among 12th graders in 2019, 59 percent had already tried alcohol and 41 percent said they had been drunk at least once.[6]

Risk of alcohol misuse appears to be greater among some college groups. While individual rates of substance misuse vary among fraternities and sororities across campuses, in general, membership in these groups is associated with increased rates of binge drinking and marijuana use.[7] Among student athletes, 42 percent reported binge drinking in 2018. More than one-quarter of student athletes reported having a hangover, experiencing memory loss, and/or doing something they regretted after drinking.[8]

GENDER TRENDS IN STUDENT DRINKING REVERSE

Rates of current drinking by college males has historically been higher than that of females, but the trend has reversed over time. In 2015, 59 percent of male college students drank alcohol in the past month, compared to 57 percent of females.[9] By 2019, the percent of males using alcohol each month was 51 percent, compared to 53 percent of females.[10] However, rates of binge and heavy drinking by male students continues to exceed that of female students. In 2019, binge drinking was reported by 35 percent of male students and by 31 percent of female students. Heavy drinking was reported by 10 percent of males and 7 percent of females.[11]

From 2015 to 2019, more male students than female students ages 19 to 22 reported drinking 10 or more drinks in a row in a two-week period—19 percent compared to 6 percent, respectively. Males also reported greater rates of drinking 15 drinks in a row in a two-week period when compared to females—4 percent compared to less than 1 percent, respectively.[12]

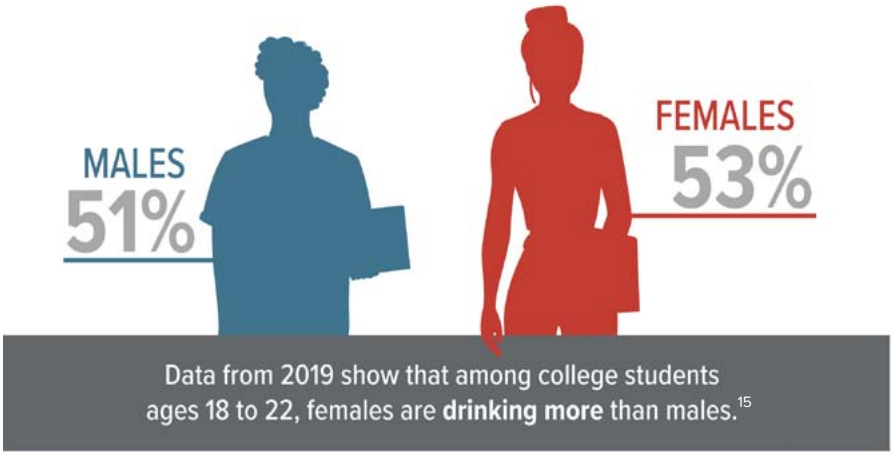
ALCOHOL USE CONSEQUENCES

About one-quarter of college students report having negative academic consequences because of their drinking, including missing class, falling behind in their studies, doing poorly on exams or papers, and receiving lower grades overall.[13]

Each year, among college students ages 18 to 24:

- 3,360,000 drive under the influence of alcohol;
- 696,000 are assaulted by another student who has been drinking;
- 599,000 who are under the influence of alcohol are unintentionally injured;
- 22,219 are hospitalized for an alcohol overdose; and
- 1,519 die from alcohol-related unintentional injuries, including motor-vehicle crashes.[13,14]

COLLEGE STUDENT DRINKING BY GENDER, 2019



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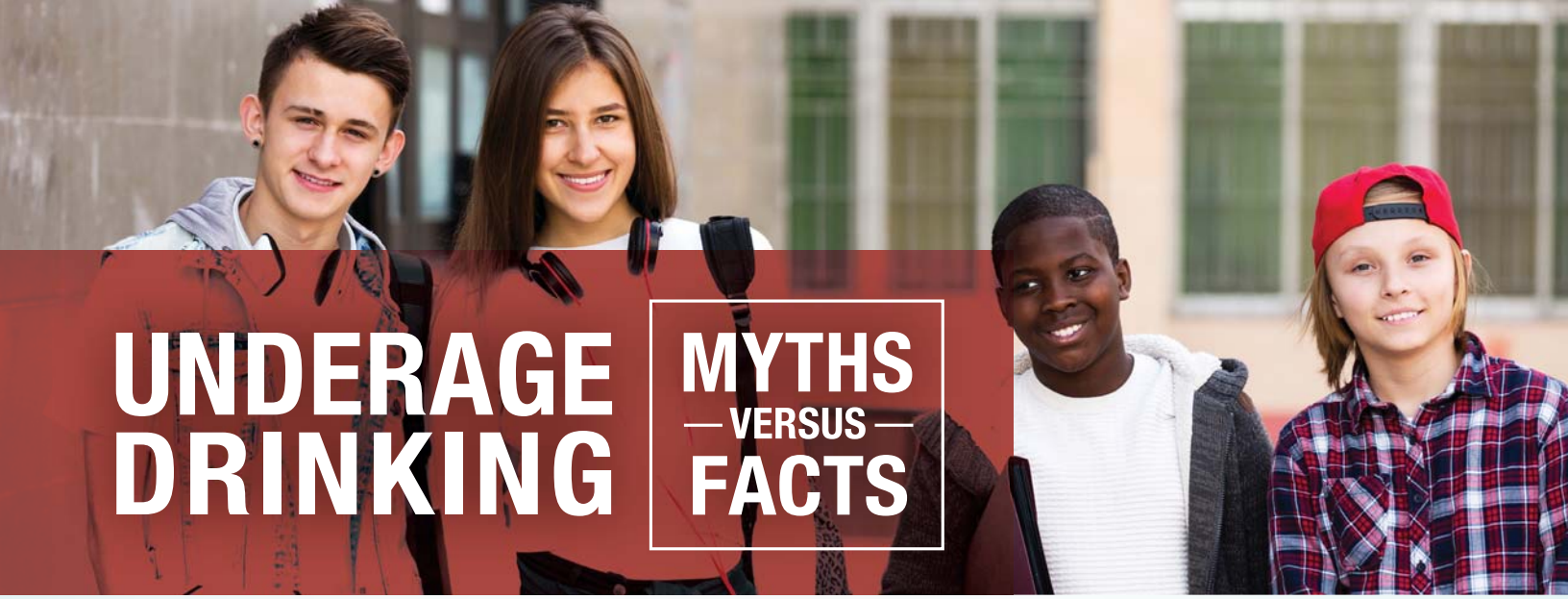

UNDERAGE DRINKING

MYTHS — VERSUS — FACTS

You probably see and hear a lot about alcohol—from TV, movies, music, social media, and your friends. But what are the real facts? Here are some common myths and facts about alcohol use.

MYTH All of the other kids drink alcohol. You need to drink to fit in.

FACT Don't believe the hype: Most young people don't drink alcohol! Research shows that almost 82 percent of 12- to 20-year-olds haven't had a drink in the past month.[1]

MYTH Drinking alcohol will make people like you.

FACT There's nothing likable about stumbling around, passing out, or puking on yourself. Drinking alcohol can also make your breath smell bad.

MYTH Drinking is a good way to loosen up at parties.

FACT Drinking is a dumb way to loosen up. It can make you act foolish, say things you shouldn't say, and do things you wouldn't normally do. In fact, drinking can increase the likelihood of fights and risky sexual activity.[2]

MYTH Alcohol isn't as harmful as other drugs.

FACT Your brain doesn't stop growing until about age 25, and drinking can affect how it develops.[3] Plus, alcohol increases your risk for many diseases, such as cancer.[4] It can also cause you to have accidents and get injured, sending you to the emergency room.[5]

MYTH Beer and wine are safer than liquor.

FACT Alcohol is alcohol. A 12-ounce beer, a 5-ounce glass of wine, and a shot of liquor (1.5 ounces) all have the same amount of alcohol.[6]

MYTH You can sober up quickly by taking a cold shower or drinking coffee.

FACT There's no magic cure to help you sober up. One drink can take at least an hour to leave your body and sometimes takes even longer.[7] And there's nothing you can do to make that happen quicker.

MYTH There's no reason to wait until you're 21 to drink.

FACT When you're young, drinking alcohol can make learning new things more difficult.[8] Also, people who begin drinking before they turn 15 are more likely to develop a drinking problem at some point in their lives than those who begin drinking at age 21 or older.[9]

MYTH You can drink alcohol and you won't get into trouble.

FACT All states and Washington, D.C. have 21-year-old minimum-drinking-age laws.[10] If you get caught drinking, you might have to pay a fine, do community service, take alcohol awareness classes, or even spend time in jail.

Think you or your friend has an alcohol problem?

Don't wait—get help. Talk to a parent, doctor, teacher, or anyone you trust.

If you're more comfortable speaking with someone you don't know, call the confidential SAMHSA National Helpline at 800–662–HELP (800–662–4357) (English and Spanish).

You can find substance abuse treatment services near you at **samhsa.gov/treatment**.

MORE INFO

Learn more about underage drinking at **stopalcoholabuse.gov.**

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SAMHSA
Substance Abuse and Mental Health Services Administration

DEPARTMENT OF HEALTH & HUMAN SERVICES USA

AFTER HIGH SCHOOL:
TALKING WITH YOUR YOUNG ADULT ABOUT
UNDERAGE DRINKING

THEIR NEXT PHASE OF LIFE

While they're wrapping up high school studies and obligations, high school seniors make important decisions about the rest of their lives. Some choose to pursue a college degree immediately, and others may decide to join the workforce or military or delay college enrollment.

The quest for independence and self-reliance can be exciting. But it also can increase stress levels and lead to a variety of unhealthy behaviors—like underage drinking.[1,2] Research shows that the brain continues to develop into the 20s, so alcohol use can damage young adults' maturing brains—just as they're starting the next phase of their lives.[3,4]

UNDERAGE DRINKING AFTER HIGH SCHOOL

Underage drinking is prevalent after seniors graduate from high school. After graduating from high school young adults tend to drink more each year—even before they turn 21 and are legally allowed to drink. In fact, drinking increases between the ages of 18 and 22 for those who go to college full-time and for those who don't.[5]

YOUNG ADULTS AND ALCOHOL

Of 18- to 22-year-olds not attending college full-time:

- **Roughly 44 percent drink.**
- **Nearly 28 percent binge drink.**
- **Roughly 6 percent drink heavily.**

Center for Behavioral Health Statistics and Quality. (2020). *Results from the 2019 National Survey on Drug Use and Health: Detailed tables.* (Table 6.21B)

Binge drinking at any age is associated with short- and long-term consequences, such as:

- Unintentional injuries (e.g., car crashes, falls, burns, drowning);
- Intentional injuries (e.g., firearm injuries, sexual assault, domestic violence);
- Alcohol poisoning;
- Sexually transmitted diseases; and
- Unintended pregnancy.[6]

Young adults entering the workforce are exposed to—and spend more time with—older coworkers who may become influencers on issues like alcohol use.[7] This is particularly true in industries where heavy alcohol use is common among employees. For example, there is a higher heavy alcohol use among people aged 18 to 64 who work in the construction industry than for other industries.[8]

If young adults find themselves temporarily unemployed, they're still at risk. Research shows that unemployed young adults are more likely to be daily drinkers than their peers. This increases their likelihood of engaging in risky behaviors that have serious consequences, like drinking and driving.[9]

BINGE DRINKING

- **Binge Drinking: Drinking ive or more alcoholic drinks for males or four or more alcoholic drinks for females on the same occasion on at least one day in the past month.**
- **Heavy Drinking: Binge drinking on five or more days in the past month.**

Center for Behavioral Health Statistics and Quality. (2020). *2019 National Survey on Drug Use and Health: Methodological summary and definitions.*

YOUR GUIDANCE MATTERS

You can help the young adults in your life make healthy choices in their late teens and early 20s. It may be as simple as talking with them about the consequences of underage drinking. Even though they are branching out on their own, you have a positive influence on choices affecting their health and future.

Your guidance matters. In fact, research shows that young adults whose parents made rules about drinking were less likely to drink as they grew and became independent.[10] It's crucial that you communicate openly and clearly with your young adult about alcohol and the behavior you expect.

Plus, if you commit to knowing more about them—what they're doing, who they're with, where they are—you're more likely to have a positive effect on their behavior.

LEARN MORE ABOUT UNDERAGE DRINKING AT WWW.SAMHSA.GOV

SAMHSA
Substance Abuse and Mental Health Services Administration

AFTER HIGH SCHOOL:
TALKING WITH YOUR YOUNG ADULT ABOUT UNDERAGE DRINKING

STARTING THE CONVERSATION

Research shows that parents and caregivers who express disapproval of underage drinking protect young adults from most alcohol use and related consequences, even if a young person is already using alcohol.[11]

Make it a point to get the conversation started. Look for everyday opportunities to raise the topic. Conversations about career choices, coworkers, or workplace challenges can include a discussion about pressures to drink and the potential consequences.

CONVERSATION GOALS

- **Highlight that underage drinking can hurt their health and limit job success.**
- **Make your "no underage alcohol use" position clear.**
- **Help find activities that don't involve alcohol.**

But conversations about alcohol don't always have to relate to work. You can also share recent news or social media stories about underage drinking, or use an example from a current TV show your young adult watches. If your family or social circles have examples, use those, too.

Instead of lecturing, talk with your young adult about alcohol in ways that show you care about, trust, and respect their growing independence. Try to suggest activities that don't involve drinking, like joining a sports league, an outreach or faith-based group, or a volunteer or community organization—but make your own position about underage alcohol use clear.

IT'S THE LAW

Explain to your young adult that an arrest and conviction record can make it hard to get a job or move ahead in their career. All states and the District of Columbia have 21-year-old minimum drinking age laws and, in most states, 21 is the minimum legal age for the purchase or public possession of alcohol.

U.S. Department of Health and Human Services (HHS), Substance Abuse and Mental Health Services Administration. (2018). *Report to Congress on the Prevention and Reduction of Underage Drinking.*

If your young adult is struggling to transition to adulthood, discuss ways to cope with any related negative feelings. In general, mental health issues like depression and anxiety tend to increase among this age group—and so does the risk for alcohol use disorders.[12,13] Be prepared to help your young adult find mental health treatment, if necessary. One place to look for resources is SAMHSA's Behavioral Health Treatment Services Locator at www.samhsa.gov/find-treatment.

Come back to the conversation about underage drinking so your young adults have repeated exposure and plenty of time to digest the information before they go off on their own. And remember: What you say can make a world of difference. Start the conversation today.

For more information and resources about talking with your young adult about underage drinking, visit STOPALCOHOLABUSE.GOV.

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BE PREPARED TO HAVE THE DIFFICULT CONVERSATION

Before you allow your underage children to attend a party where you think alcohol may be available, take the opportunity to inform them of how alcohol and other substances—such as marijuana—can affect their bodies and minds.

19%
UNDERAGE YOUTH

Research shows that within 2 hours of drinking, **19 percent of youth ages 12 to 17 also used marijuana.**

Learn how you can keep underage youth informed about the consequences of substance misuse at **underagedrinking.samhsa.gov.**

SAMHSA
Substance Abuse and Mental Health Services Administration

Source: Center for Behavioral Health Statistics and Quality. (2020). *Results from the 2019 National Survey on Drug Use and Health: Detailed tables. Detailed Table 6.1B*. https://www.samhsa.gov/data/report/2019-nsduh-detailed-tables

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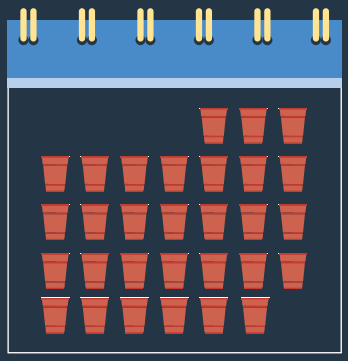
GETTING AHEAD OF A PROBLEM

Underage alcohol use can start early—even as young as age 9. Prevention efforts need to start just as early. Here's why:



=6,200 ADOLESCENTS

In 2019, a little over two million 12- to 17-year-olds used alcohol for the first time, which averages to approximately 6,200 adolescents who begin using alcohol each day.

Despite what parents may think, children really hear their concerns when it comes to using substances, and it's important to discuss the risks of using alcohol and other drugs with them at every opportunity.

Informed, prepared parents/guardians and communities have the best chance of getting ahead of underage drinking and other substance misuse.

SAMHSA
Substance Abuse and Mental Health Services Administration

LEARN MORE AT
StopAlcoholAbuse.gov/CommunitiesTalk

Source: Substance Abuse and Mental Health Services Administration. (2020). *Key substance use and mental health indicators in the United States: Results from the 2019 National Survey on Drug Use and Health* (HHS Publication No. PEP20-07-01-001, NSDUH Series H-55). https://www.samhsa.gov/data/report/2019-nsduh-annual-national-report

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TAKE ACTION TO PREVENT UNDERAGE ALCOHOL USE

Preventing underage and problem drinking must be a priority for every community. Being informed, being prepared and taking action are how local, state, and national efforts are paying off.

THAT'S REAL PROGRESS

Informed communities are effective communities.

Explore how communities are working together to disrupt the cycle of alcohol misuse at StopAlcoholAbuse.gov/CommunitiesTalk.

-8.2%

CURRENT DRINKING

2002–2019

Between 2002 and 2019, current drinking by 12- to 17-year-olds **declined from 17.6 percent to 9.4 percent.**

SAMHSA
Substance Abuse and Mental Health Services Administration

Source: Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality. (2020). *Results from the 2019 National Survey on Drug Use and Health: Detailed tables. Detailed Table 7.6B*. https://www.samhsa.gov/data/report/2019-nsduh-detailed-tables

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PREVENT

UNSAFE DRINKING

BEHAVIORS ON CAMPUS

College students drink, binge drink, and engage in heavy alcohol use more than young adults of the same age who are not in college.

In 2019, 53% of full-time college students ages 18 to 22 used alcohol in the past month. By comparison, 44% of young adults ages 18 to 22 who were not enrolled in college full-time used alcohol in a given month.

SAMHSA
Substance Abuse and Mental Health Services Administration

Source: Center for Behavioral Health Statistics and Quality. (2020). *Results from the 2019 National Survey on Drug Use and Health: Detailed tables. Detailed Table 6.21B*. https://www.samhsa.gov/data/report/2019-nsduh-detailed-tables

BINGE DRINKING

NUMBER OF DRINKS CONSUMED ON THE SAME OCCASION

MEN WOMEN

5+ HEAVY ALCOHOL CONSUMPTION

BINGE DRINKING ON 5 OR MORE DAYS IN THE PAST MONTH

33% of full-time college students (ages 18 to 22) engaged in binge drinking and **8% engaged in heavy alcohol use**.

28% of young adults (ages 18 to 22) not enrolled in college full-time engaged in binge drinking and **6% engaged in heavy alcohol use**.

communities talk
to prevent underage drinking

To reduce underage, binge, or heavy drinking on your campus, host a ***Communities Talk*** activity or join the social media conversation using **#CommunitiesTalk.**

For more information, visit StopAlcoholAbuse.gov/CommunitiesTalk.

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“Talk. They Hear You.” ®

The campaign aims to **reduce underage drinking and substance use among youths under the age of 21** by helping parents and caregivers learn how to turn common situations into opportunities to talk with their children about alcohol, drugs, and other substances.

SAMHSA
Substance Abuse and Mental Health Services Administration

“Talk. They Hear You.” Campaign Goals

1. Increase parents’ **awareness of the prevalence and risk** of underage drinking and other drug use;
2. Equip parents with the **knowledge, skills, and confidence** to prevent underage drinking and other drug use; and
3. Increase parents’ **actions to prevent underage drinking and other drug use.**

SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION

Weblinks

1. **Talk. They Hear You. mobile application**
   https://www.samhsa.gov/talk-they-hear-you/mobile-application

   SAMHSA's new "Talk. They Hear You." campaign mobile app helps parents and caregivers prepare for some of the most important conversations they may ever have with their kids. It shows them how to turn everyday situations into opportunities to talk with their children about alcohol and other drugs, and equips them with the necessary skills, confidence, and knowledge to start and continue these conversations as their kids get older. The app also helps prepare communities to implement and promote the campaign locally and educators to engage student assistance professionals, school leaders, and families in supporting the needs of students who may be struggling with substance use, mental health, or school-related issues. The "Talk. They Hear You." campaign mobile app is available on the App Store [https://apps.apple.com/us/app/talk-they-hear-you-campaign/id1476093222], Google Play [https://play.google.com/store/apps/details?id=gov.samhsa.talktheyhearyou], and the Microsoft Store [https://www.microsoft.com/store/apps/9NSGX3421RFT].

2. **Talk. They Hear You. Parents' Night Out**
   https://mailchi.mp/samhsa/parents-night-out-landing-page

   Many parents aren't aware that they are the biggest influence on their children's decisions about using alcohol and other drugs. And while it is important that parents talk with their children about these issues early and often, it can be difficult for them to know where to start and what to say. A new program by SAMHSA's "Talk. They Hear You."® campaign is here to provide the parents in your community with the information, skills, and tools they need to feel comfortable talking with their child about alcohol and other drugs, in just an hour of their time. The "Parents' Night Out" materials are intended to be used for community implementation, either virtually or in-person. The hour-long session should be led by a facilitator and this person can be a teacher, administrator, classroom aide, student support staff member, trained parent or caregiver, or community group volunteer.

3. **SAMHSA's Evidence-Based Practices Resource Center**
   https://www.samhsa.gov/resource-search/ebp

   SAMHSA's Evidence-Based Practices Resource Center provides communities, clinicians, policy-makers and others with the information and tools to incorporate evidence-based practices into their communities or clinical settings. Currently, there are three prevention resource guides addressing marijuana use and pregnancy [https://www.samhsa.gov/resource/ebp/preventing-use-marijuana-focus-women-pregnancy],

vaping among youth and young adults [https://www.samhsa.gov/resource/ebp/reducing-vaping-among-youth-young-adults], and substance misuse and young adults [https://www.samhsa.gov/resource/ebp/substance-misuse-prevention-young-adults].