



## RESOURCES

# State of the Science for Substance Use Prevention

**Carlos Blanco, MD, PhD**

Director

Division of Epidemiology, Services, & Prevention Research  
National Institute on Drug Abuse





## PRESENTER BIO

### Carlos Blanco, MD, PhD



Carlos Blanco, M.D, PhD is the Director of the Division of Epidemiology, Services, and Prevention Research at the National Institute on Drug Abuse (NIDA), a component of the National Institutes of Health.

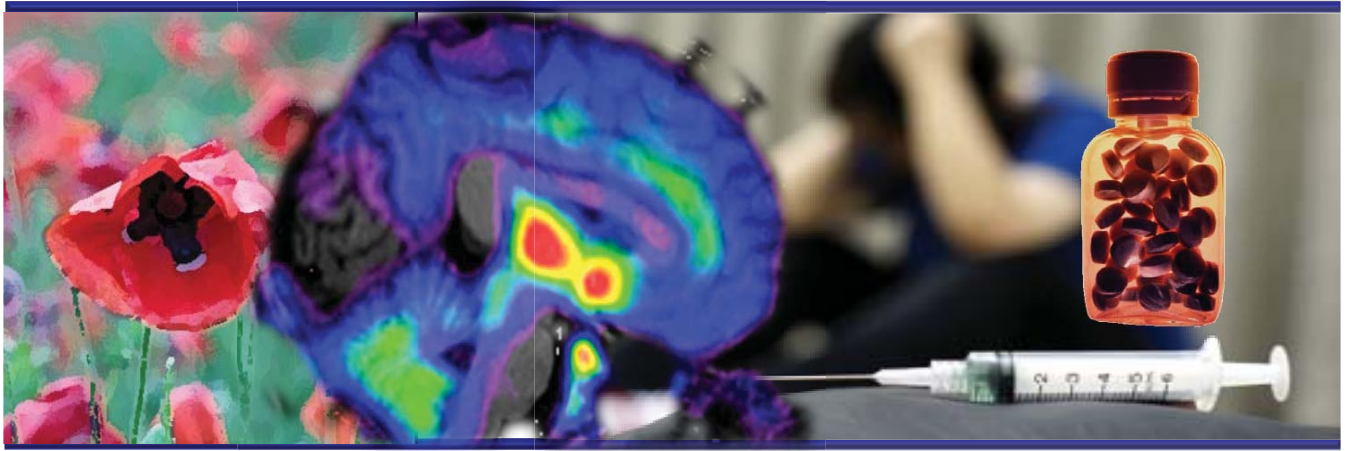
Dr. Blanco is a national known expert in the epidemiology and treatment of addictive disorders. Prior to joining NIDA, Dr. Blanco was Professor of Psychiatry at Columbia University Medical Center and a Research Psychiatrist at the New York State Psychiatric Institute.

He is a graduate of Universidad Autónoma de Madrid (Spain) and completed his psychiatry residency at Columbia University, where he also completed a research fellowship.

Dr. Blanco has authored over 350 peer-reviewed publications.



# State of the Science for Substance Use Prevention



**Carlos Blanco, M.D., Ph.D.**

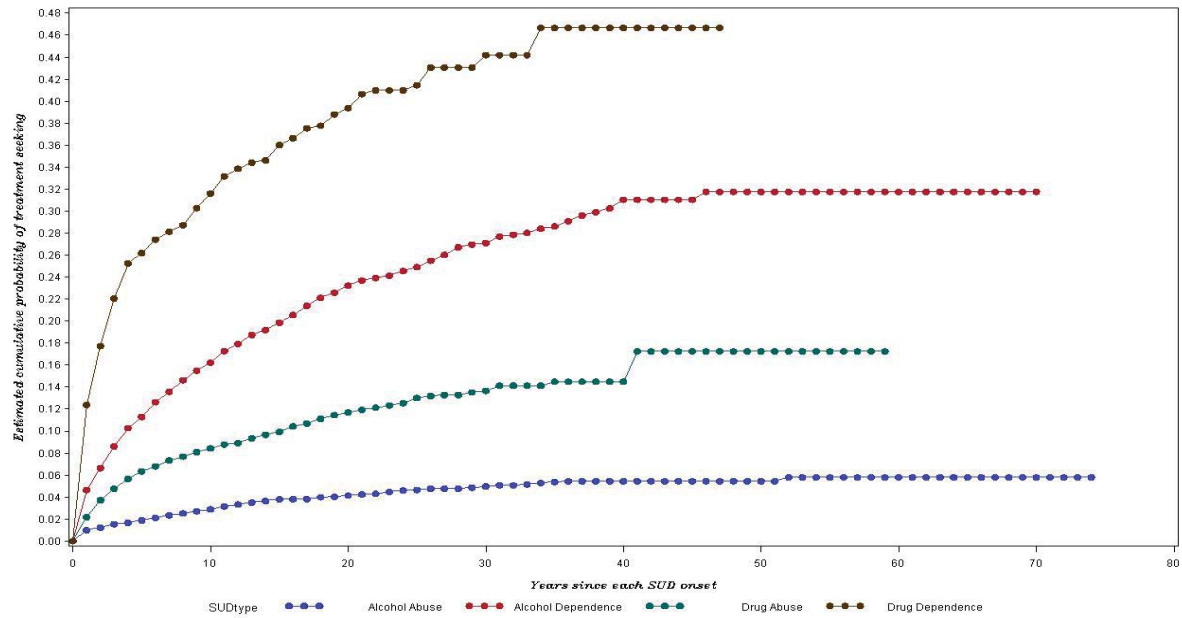
Director, Division of Epidemiology, Services and  
Prevention Research  
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## What do we know?

- **Treatment is not enough**
- **Risk factors**
- **Course of Disorders**
- **Intervention Efficacy**

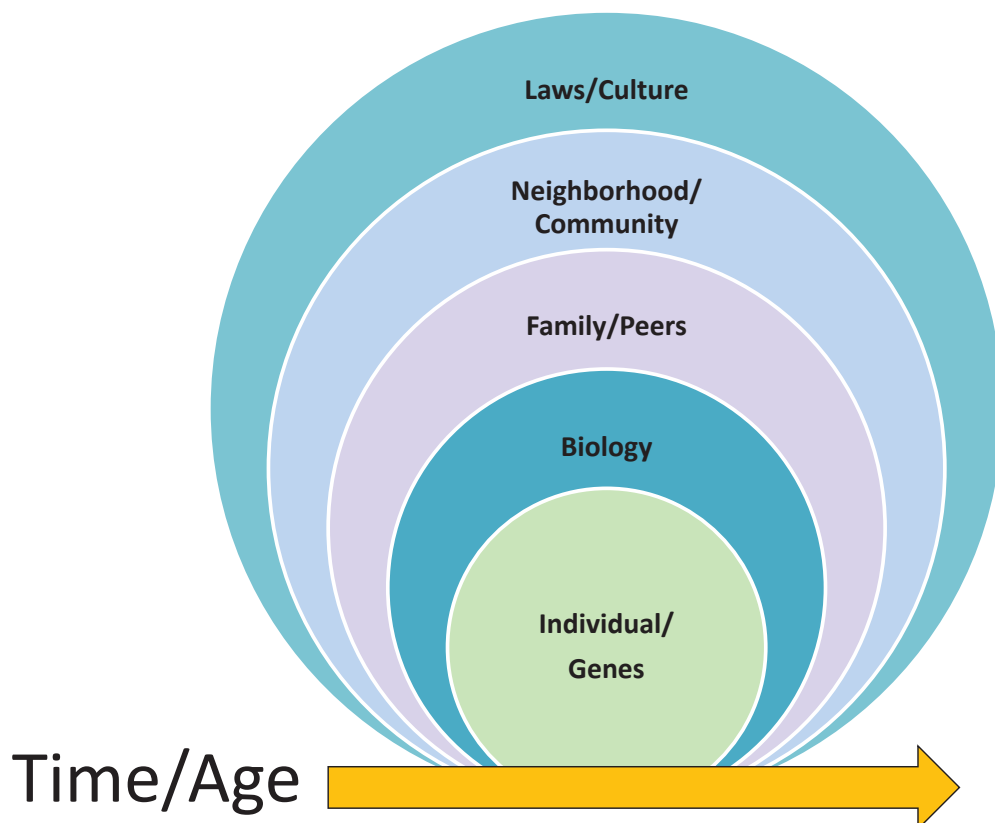
## Cumulative Probability of treatment for SUD



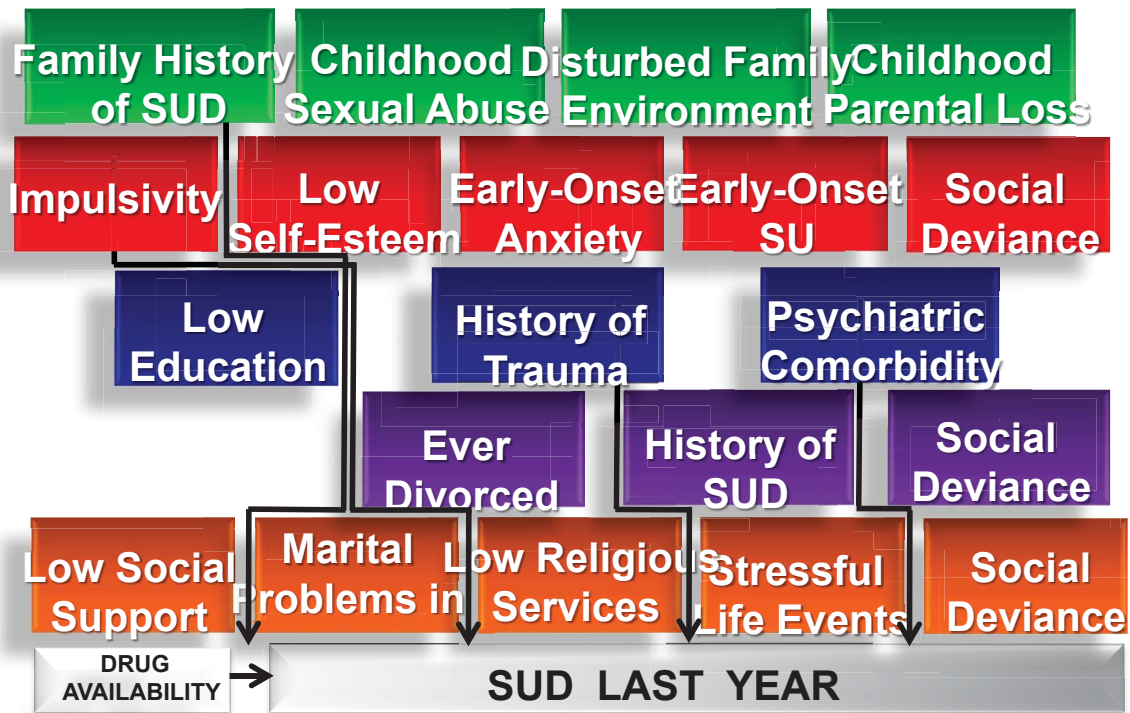
Blanco et al., Drug Alcohol Depend, 2015

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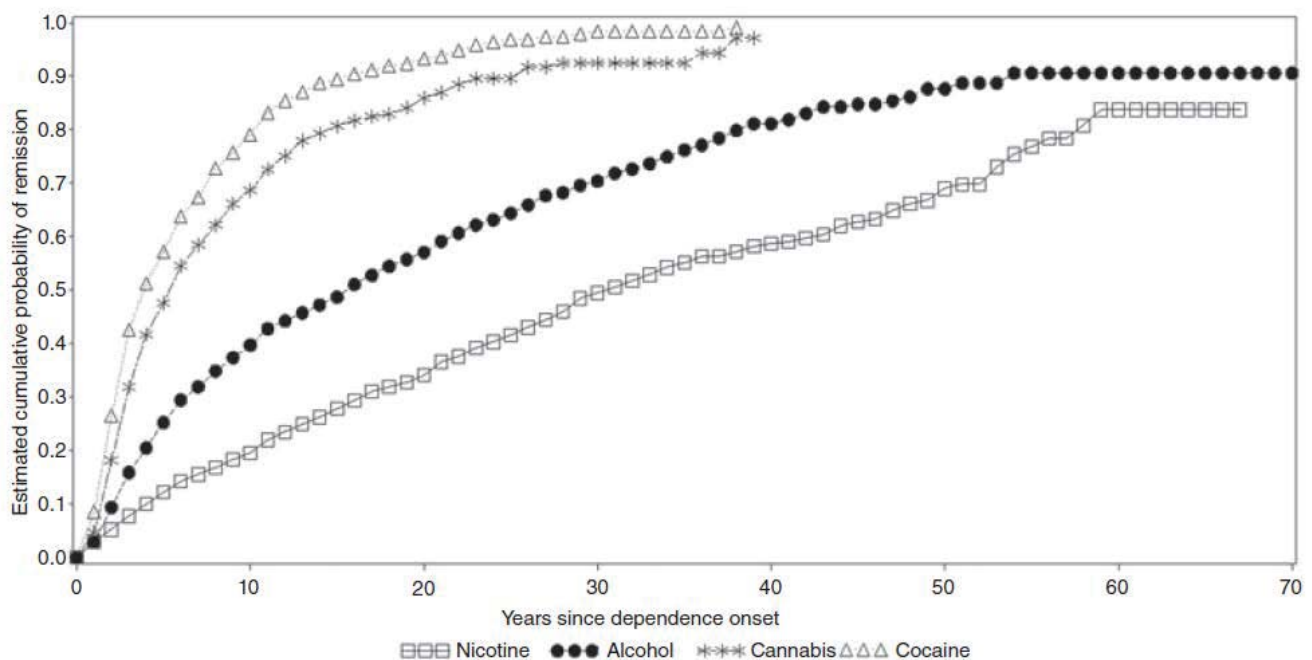
## There are Multiple Risk Factors



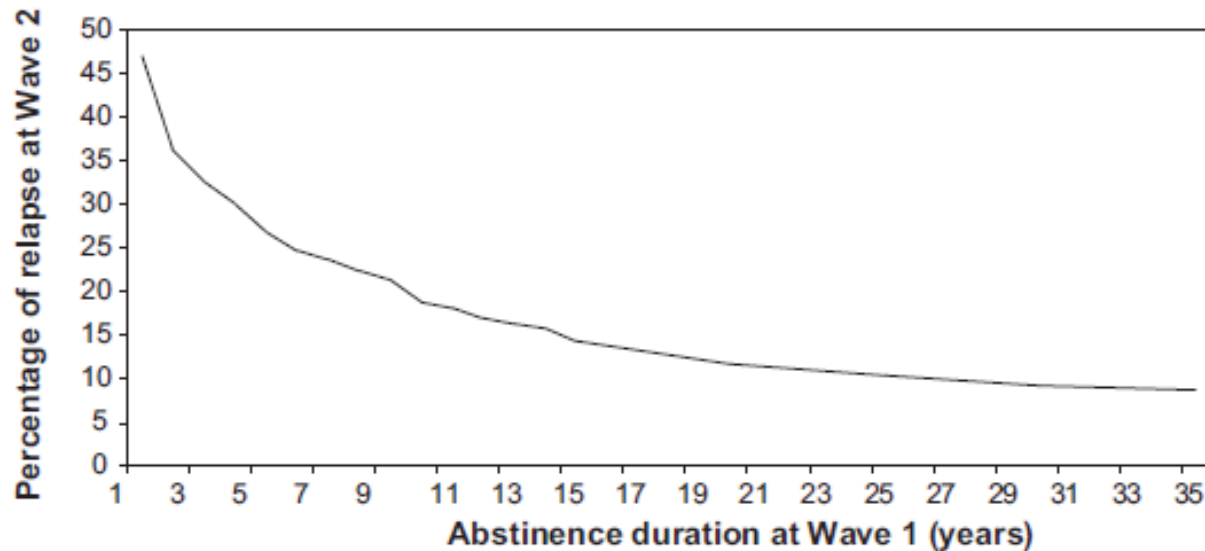
## RISK FACTORS FOR SUBSTANCE USE DISORDER



## Natural course of remission for four substances



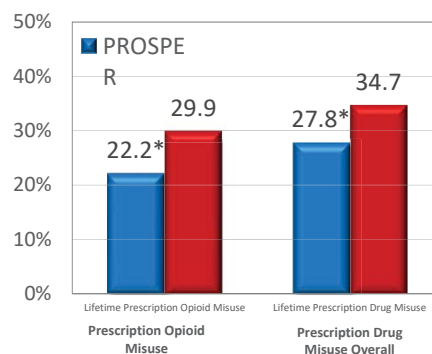
# Course of relapse of smoking



Garcia-Rodriguez et al., Drug Alcohol Depend, 2013

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## Example from PROSPER Community Prevention Delivery System—Young Adult Outcomes of Middle School Programs

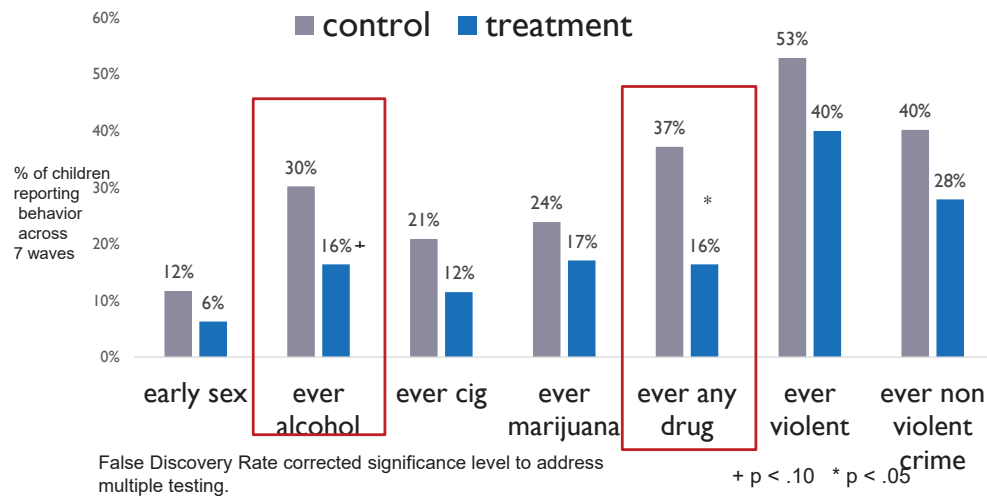


Note: \* $p < .05$ , RRRs=20-26%

Source: R Spoth et al. *American Journal of Public Health* 2013.

PROSPER vs. control differences are practically significant: For every 100 misusers in non-PROSPER communities, there would be about 20-26 fewer in PROSPER communities.

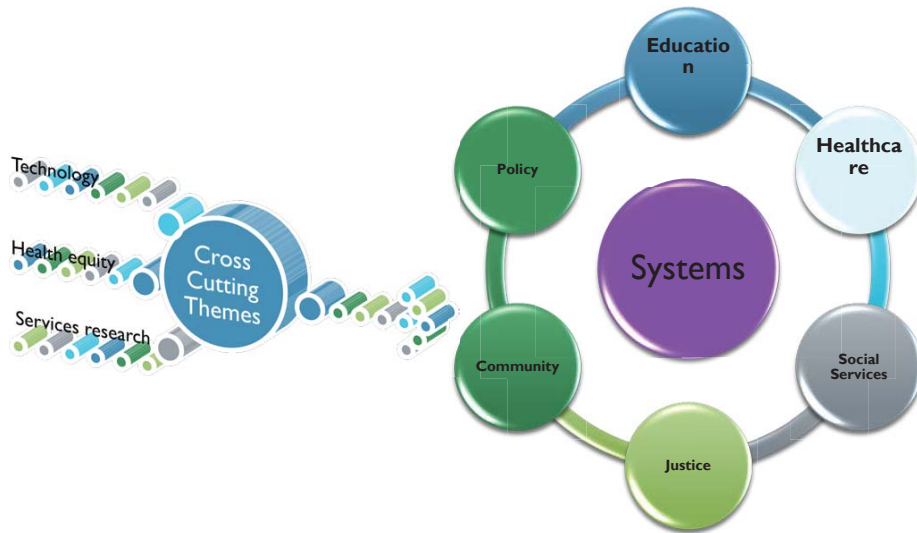
----- Parents who were in the SSDP intervention in childhood grow up to have children with **lower youth self-reported alcohol and drug onset** (ages 6 -18 years)



## Areas of Opportunity

- **Efficacy and effectiveness research** to examine intervention effects on initiation and progression of use
- Strategies to **reduce harm**
- Interventions to advance **health equity** and address upstream **social determinants of health**
- Research that develops and tests strategies, frameworks or tools to **disseminate, implement, and sustain** evidence-based interventions
- **Fundamental science** for intervention development

## TARGET SYSTEMS



**Challenge:** limited prevention funding



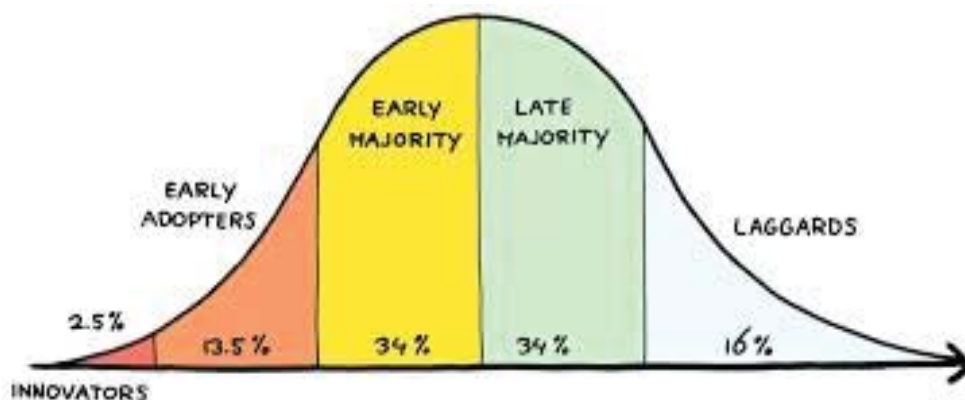
**Solution:** fund research grounded in strong partnerships with end-users to design economical and sustainable interventions



# Building partnerships with stakeholders/end users

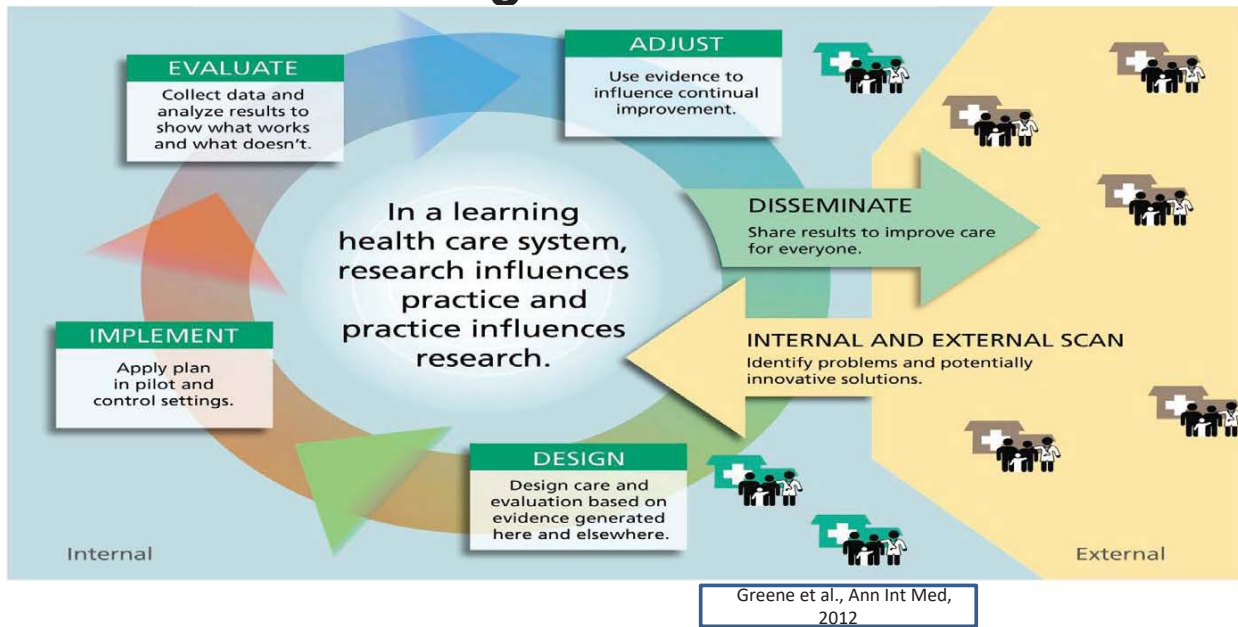
- Potential partners to facilitate transition from research to practice:
  - ACF/ASPE – potential funding through Family First Preventive Services Act
  - HRSA/FQHCs – informed HEAL FY23 RFA
  - SAMHSA – block grants, discretionary funds, Prevention Technology Transfer Centers; Office of Prevention Innovation
  - Department of Justice
  - CMS/CMMI
  - Department of Education
  - Indian Health Service
  - CDC
  - Others?

## *Traditional View of Innovation: Top Down*



Rogers, 1962

## LHS : Dialogue and Iteration



## Cumulative Probability of treatment for SUD

