2023 HIDTA PREVENTION SUMMIT

VIRTUAL

YOUTH SUBSTANCE USE PREVENTION: ADDRESSING THE ISSUES OF OUR TIME

RESOURCE SUPPLEMENT

OCTOBER 12, 2023

ADAPT
A Division for Advancing Prevention & Treatment
CULTIVATING PREVENTION

WASHINGTON / BALTIMORE HIDTA
HIGH INTENSITY DRUG TRAFFICKING AREA

2023 HIDTA PREVENTION SUMMIT

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Director, National HIDTA Program

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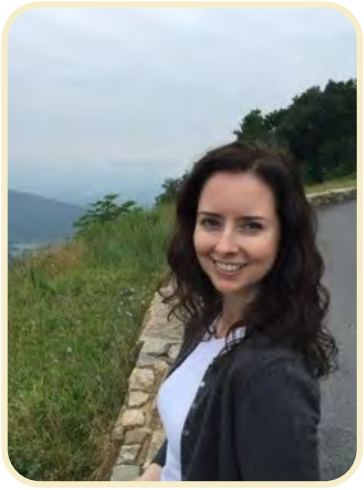
Deputy Director, National HIDTA Program

Thomas Carr
Executive Director, Washington/Baltimore HIDTA

Lora Peppard, PhD, DNP, PMHNP-BC
Director, ADAPT
Deputy Director for Treatment & Prevention, W/B HIDTA

PRESENTER BIO

Shannon Kelly, MA



Shannon Kelly currently is an Assistant Director with the Office of National Drug Control Policy (ONDCP), and the National High Intensity Drug Trafficking Area (HIDTA) Director. Ms. Kelly has been with the HIDTA Program since 2012 and, from 2015 through 2018, served as its Deputy Director. Prior to joining the National HIDTA Program, Ms. Kelly spent two years on assignment to the Office of the ONDCP Director where she oversaw the Delivery Unit, a team charged with implementing the National Drug Control Strategy and monitoring the progress on more than 140 action items. Ms. Kelly previously worked as a policy analyst in ONDCP's Office of Research and Data Analysis where she oversaw numerous research projects and led interagency initiatives focused on emerging drug-related threats.

Ms. Kelly has more than 21 years' counterdrug experience and worked previously for the U.S. Department of Justice, National Drug Intelligence Center as a liaison to the Drug Enforcement Administration and ONDCP. She earned a BA from the University of Pittsburgh at Johnstown and an MA degree from the University of South Carolina.

PRESENTER BIO

Jayme Delano, MSW

Jayme A. Delano, Deputy Director for the HIDTA program at the Office of National Drug Control Policy, has experience spanning years working in public health and public safety. She is characterized in multiple areas to include oversight of Federal grant programs; subject matter expert supporting interagency task forces and work groups; leader of daily operations of alternative to incarceration programs for substance use disorder population; hiring manager and supervisor of management teams that worked with organizations to affect the culture and climate necessary for programmatic success; developer and overseer of research activities; provision of technical assistance and training to criminal justice agencies; therapist in community-based clinics; and private practitioner treating people with varied mental health diagnoses.

Ms. Delano is an adjunct professor at Ottawa University and Rio Salado Community College. She holds an MSW from New York University, and a BA in Criminal Justice from Long Island University, C.W. Post Campus.

PRESENTER BIO

Thomas H. Carr, MA

Director Carr has served as the Executive Director of the Washington/Baltimore HIDTA since its formation in 1994. He also serves as the Executive Director of the Center for Drug Policy and Prevention at the University of Baltimore. Director Carr designed and implemented over 150 drug task forces, 18 drug treatment/criminal justice, and five drug prevention initiatives during the last 26 years.

As chairperson of the HIDTA Program's Performance Management effectiveness of drug law enforcement, treatment, prevention and criminal intelligence initiatives, Director Carr worked with ONDCP and nine other HIDTAs to develop an Opioid Response Strategy.

He also led the development of the Overdose Detection Mapping Application Program (ODMAP), a real-time overdose surveillance system used to identify spikes in fatal and non-fatal drug overdoses.

PRESENTER BIO

Lora Peppard, PhD, DNP, PMHNP-BC

Dr. Lora Peppard is the Deputy Director for Treatment and Prevention for the Washington/ Baltimore HIDTA and the Director of ADAPT, a national training and technical assistance division supporting the integration of evidence-based substance use prevention strategies into communities. She also serves as Executive Director for the new Center for Advancing Prevention Excellence at the University of Baltimore and President of the American Psychiatric Nurses Association. Prior to her appointment with HIDTA, she was an Associate Professor at George Mason University and Project Director for several federally funded substance use and behavioral health prevention grants.

Dr. Peppard has over 20 years of clinical experience as a psychiatric nurse practitioner in emergency, inpatient and outpatient settings. She has developed innovative, system-wide programs to address the unmet substance use and behavioral health needs across a variety of populations. Dr. Peppard serves as a community, state, national, and international consultant on substance use and behavioral health prevention. She has authored several peer-reviewed publications on her work.

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ADAPT's Mission

To advance knowledge, skills, and quality outcomes in the field of substance use prevention while supporting successful integration of strategies informed by the best available evidence into HIDTA communities.

Primary Goal: Provide essential training and technical assistance (TTA) services in the identification, implementation and evaluation of substance use prevention strategies.

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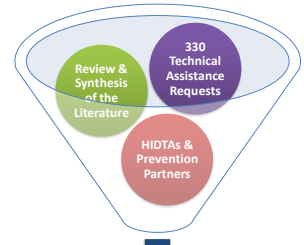
What can you expect from today's Summit?

Purpose: To address complex prevention issues of today with a focus on integration of activities addressing current and emerging substances into a comprehensive strategy.



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1. Main message: Any prevention interventions addressing current or new substances should be 1) grounded in a comprehensive prevention strategy and 2) thoughtfully developed and evaluated using the best available evidence to prevent unintended harm.
2. Transparency
3. Tools
   - Developing a Comprehensive Community-Based Prevention Strategy
   - Sharing Substance-Related Information with Youth 12-18: Integrating the Best Available Evidence to Prevent Unintended Harm

2023 HIDTA PREVENTION SUMMIT

Housekeeping

- General Zoom operations
- Navigating your screen
- Logging on to each session
- Resource Supplements
- Evaluations
- CEs & Certificates

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 strategies informed by the best available evidence 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.

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 Communication
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/

Visit us at https://www.hidta.org/adapt/ and subscribe to be notified of upcoming webinars, products, events, and our quarterly newsletter.

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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/

COME LEARN WITH US!

Announcing the

HIDTA PREVENTION

LEARNING MANAGEMENT SYSTEM

adaptlms.hidta.org

GET STARTED WITH THE 1ST COURSE TODAY!

Substance Use Prevention Fundamentals

- Designed to help you understand the field of substance use prevention.
- Defines key prevention concepts and connects HIDTA's mission with the goals of substance use prevention.
- Introduces critical targets for prevention, explores the ways prevention exists in multiple contexts, and shares what works (and what doesn't) in substance use prevention.

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RESOURCES

National Drug Priorities

Rahul Gupta, MD, MPH, MBA
Director, Office of National Drug Control Policy

PRESENTER BIO

Rahul Gupta, MD, MPH, MBA

Rahul Gupta, MD, MPH, MBA, FACP, is the first medical doctor to serve as the Director of National Drug Control Policy and lead the Office of National Drug Control Policy (ONDCP), a component of the Executive Office of the President. ONDCP coordinates the nation's $40 billion drug budget and federal policies, including prevention, harm reduction, treatment, recovery support, and supply reduction.

Through his work as a physician, a state and local leader, an educator, and a senior leader of a national nonprofit organization, Dr. Gupta has dedicated his career to improving public health and public safety.

A board-certified internist, Dr. Gupta has been a practicing primary care physician for more than 25 years, and has served in private practice and public health in towns as small as 1,900 residents and cities as large as 25 million. He has served as a local public health official and as the West Virginia Health Commissioner under two governors, where he brought together public health, law enforcement, healthcare, faith-based, business, and other community partners to solve local problems in novel and innovative ways. As the state's Chief Health Officer, he led the opioid crisis response and launched a number of pioneering public health initiatives, including the Neonatal Abstinence Syndrome Birthscore program to identify high-risk infants, and the groundbreaking statewide Social Autopsy, which examined the lives of overdose victims to determine the factors that led to their deaths and what services could have prevented their deaths. This led the state to expand access to naloxone as well as treatment services including those for incarcerated individuals in order to save lives and help people transition back into society. He supported the expansion of harm reduction programs to more than a dozen sites across the state. He was also instrumental in expanding state-of the-art, comprehensive and integrative medical and behavioral health programs for pregnant and postpartum women.

PRESENTER BIO

Rahul Gupta, MD, MPH, MBA (Cont.)

His lifelong commitment to educating the next generation of physicians and policymakers has led him to hold academic appointments throughout his career including as a clinical professor in the Department of Medicine at Georgetown University School of Medicine and as visiting faculty at the Harvard University T.H. Chan School of Public Health. Additionally, his passion for global health led him to join the March of Dimes as Chief Medical and Health Officer and Senior Vice President, where he provided strategic oversight for the organization's domestic and global medical and public health efforts.

Dr. Gupta is a national and global thought leader and a driver of innovative public policies who practices what he preaches. He is a buprenorphine-waivered practitioner, providing medication-assisted treatment for people with opioid use disorder. He has been recognized for his career of public service by the American Medical Association, the American Public Health Association, and by Governing Magazine, which named him their Public Health Official of the Year in 2018. Additionally, the Pulitzer Prize-winning Charleston Gazette-Mail named him as one of its West Virginians of the Year in 2017 for his service to the state.

The son of an Indian diplomat, Rahul was born in India and grew up in the suburbs of Washington, D.C. At age 21, he completed medical school at the University of Delhi followed by subspecialty training in pulmonary medicine. He earned a master's degree in public health from the University of Alabama-Birmingham and a global master's of business administration degree from the London School of Business and Finance. He is married to Dr. Seema Gupta, a physician in the Veterans Administration for over a decade. They are the proud parents of identical twin sons, Arka and Drew.

2023 HIDTA PREVENTION SUMMIT

RESOURCES

Morning Keynote
Prevention in the U.S. – Our Moment Is Now

Christopher M. Jones, PharmD, DrPH, MPH

CAPT, US Public Health Services
Director, Center for Substance Abuse Prevention
Substance Abuse and Mental Health Services Administration

PRESENTER BIO

Christopher M. Jones, PharmD, DrPH, MPH

Christopher M. Jones, PharmD, DrPH, MPH (CAPT U.S. Public Health Service), serves as Director of the Center for Substance Abuse Prevention at the Substance Abuse and Mental Health Services Administration. In this role, he provides scientific leadership and overall management of the Center, overseeing a broad portfolio of substance use, harm reduction, and overdose prevention activities. Prior to this role, CAPT Jones served as the Director of the National Center for Injury Prevention and Control at the CDC. During his career, CAPT Jones has served in leadership positions at SAMHSA, the U.S. Food and Drug Administration, and the U.S. Department of Health and Human Services. CAPT Jones maintains an active research portfolio and has authored more than 100 peer-reviewed publications on substance use and overdose, mental health, adverse childhood experiences, and suicide, among other injury and violence topics.

Prevention in the U.S. - Our Moment is Now

Christopher M. Jones, PharmD, DrPH, MPH
CAPT, US Public Health Service
Director, Center for Substance Abuse Prevention
Substance Abuse and Mental Health Services Administration
U.S. Department of Health and Human Services

SAMHSA
Substance Abuse and Mental Health Services Administration

Learning Objectives

- Characterize the current landscape of substance use in the nation.
- Describe the importance of prevention in the context of today's drug threats and its role within the continuum of care.
- Examine how established and emerging prevention strategies can be utilized to address the ever-changing drug landscape.
- Present a rationale for a comprehensive prevention strategy.
- Explain the need for evaluation when sharing drug information with youth and adapting evidence-based practices to fit local contexts.

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Current Overdose Trends

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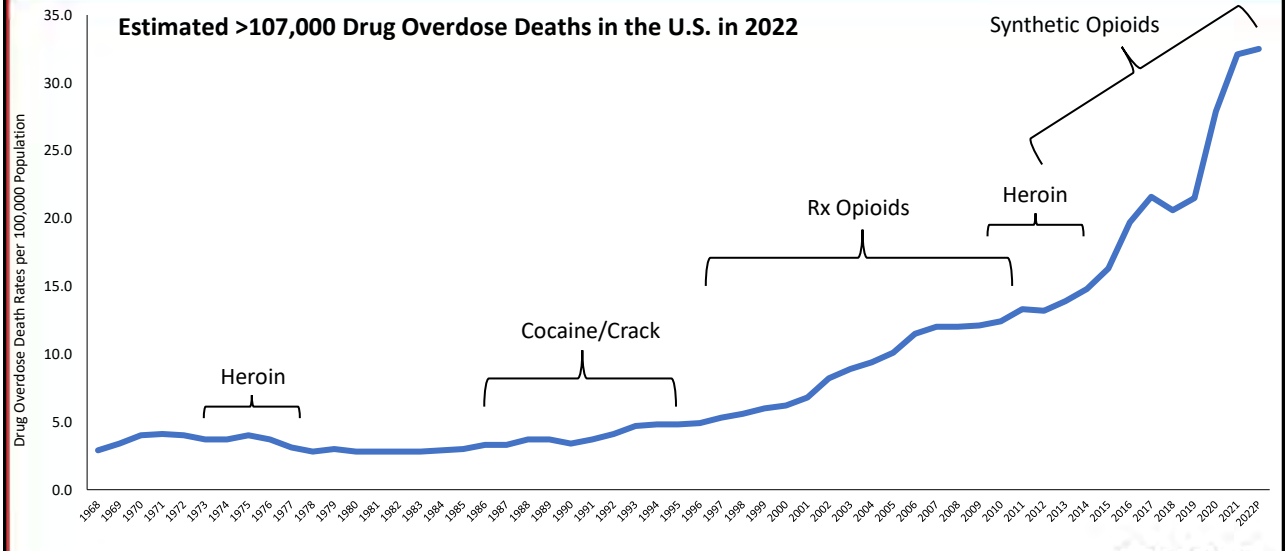
Historically High Levels of Overdose Deaths in the U.S.



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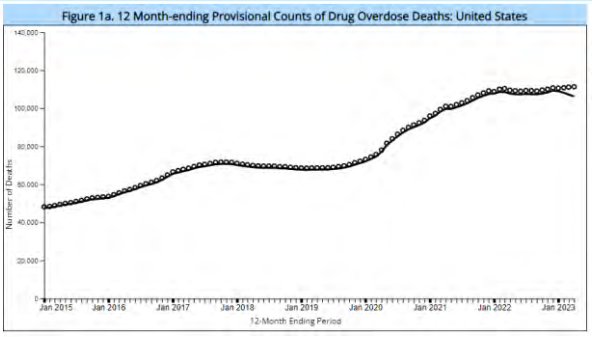
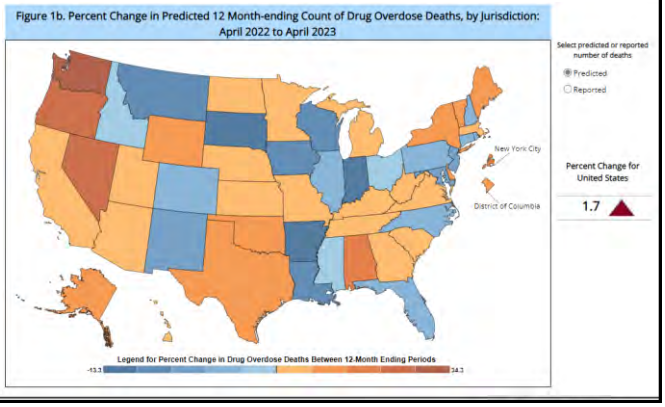
4 Source: CDC NCHS. NVSS/WONDER, 2023. 2022 data are provisional as of 9/25/23

Provisional Predicted Mortality Data Through April 2023



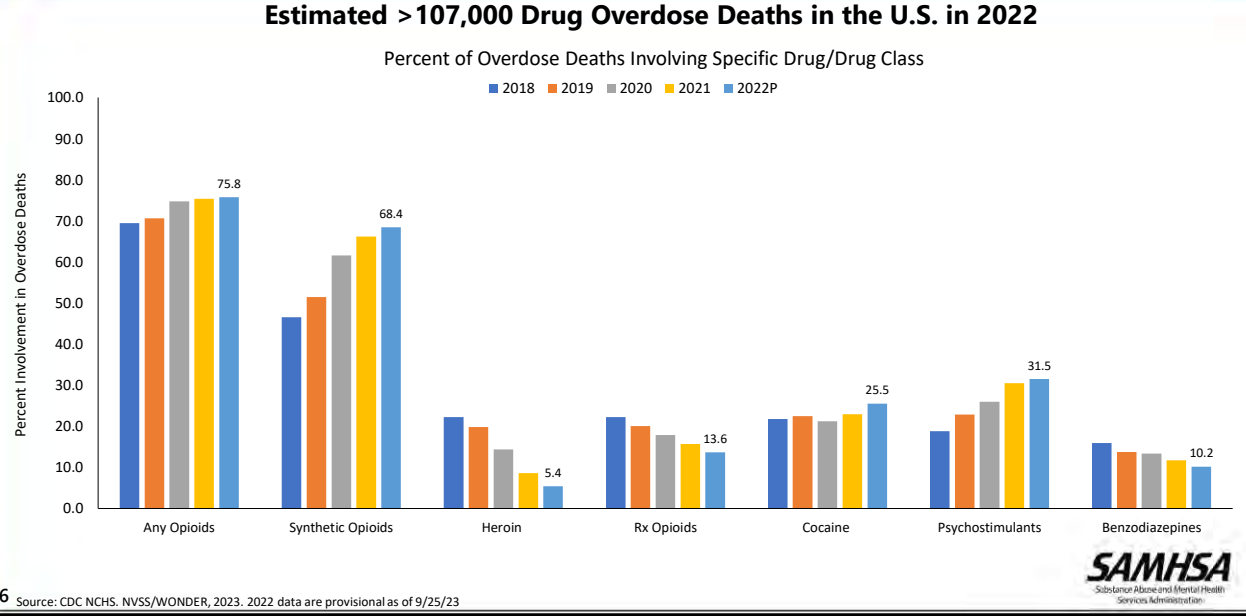


[Products - Vital Statistics Rapid Release - Provisional Drug Overdose Data (cdc.gov)](#)

Source: CDC WONDER National Vital Statistics System and NCHS Provisional Data, 2023.

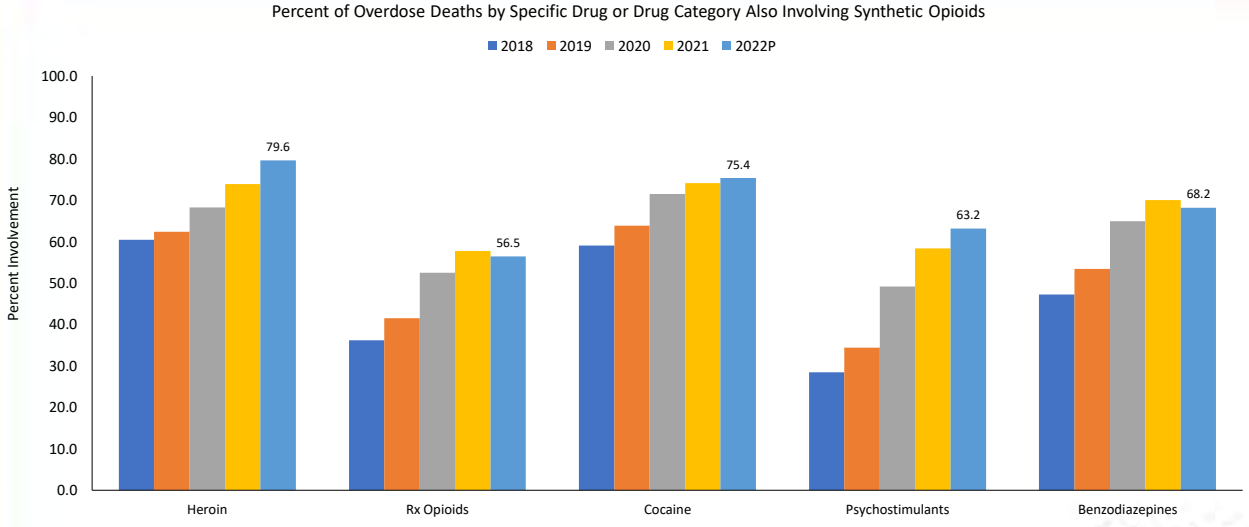
5

Substances Involved in Overdose Deaths, Percentages



6 Source: CDC NCHS. NVSS/WONDER, 2023. 2022 data are provisional as of 9/25/23

Synthetic Opioid Involvement in Overdose Deaths



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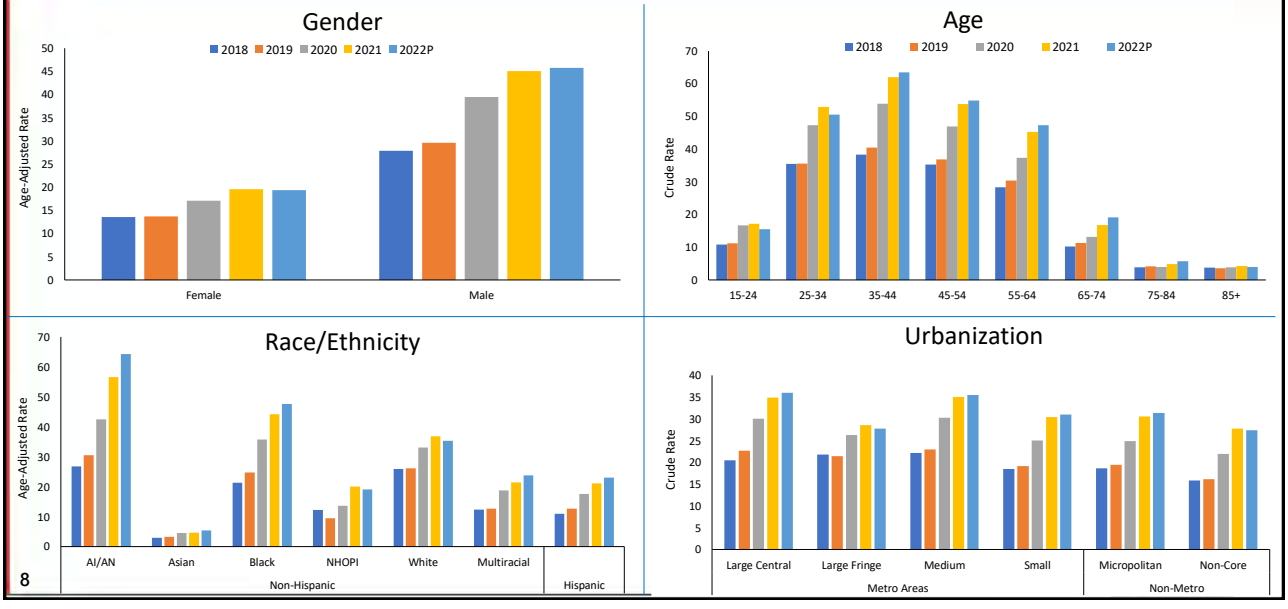
7 Source: CDC NCHS. NVSS/WONDER, 2023. 2022 data are provisional as of 9/25/23

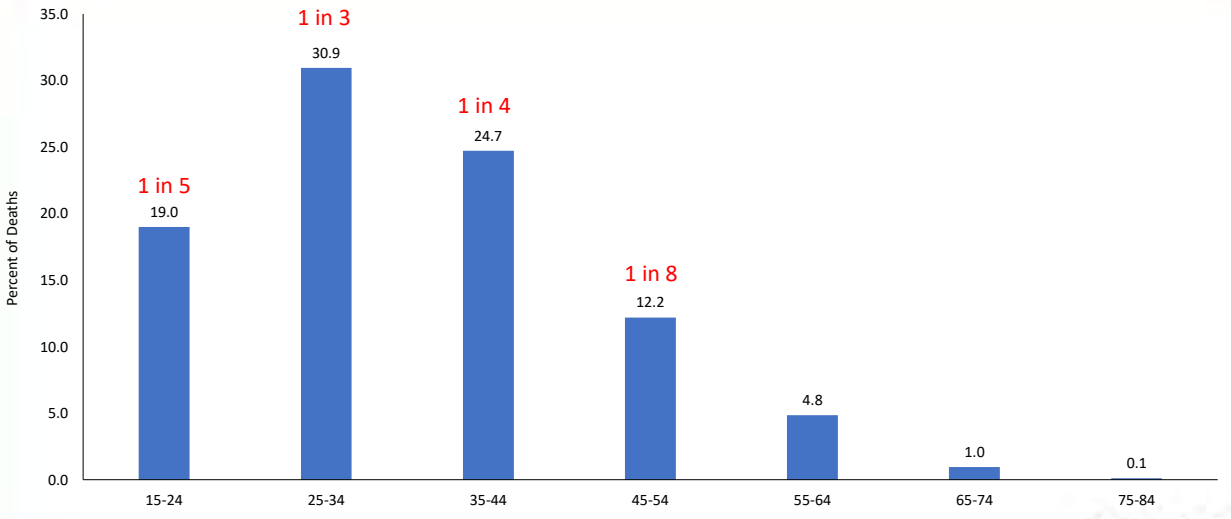
Drug Overdose Death Trends by Select Demographics, 2018-2022P

Source: CDC NCHS. NVSS/WONDER, 2023. 2022 data are provisional as of 9/25/23



8

Percent of All Deaths by Age Group Due to Drug Overdose, 2022P



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9 Source: CDC NCHS. NVSS/WONDER, 2023. 2022 data are provisional as of 9/25/23

Current Substance Use Trends

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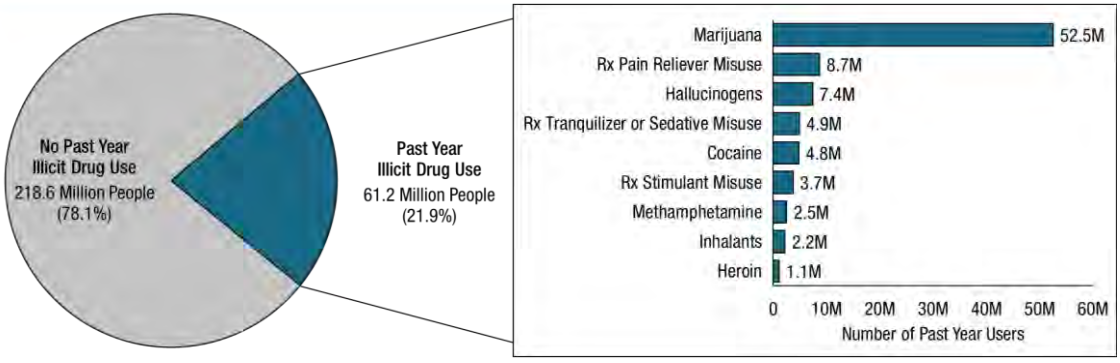
Past Year Illicit Drug Use: Among People Aged 12 or Older; 2021



- 61.6M Past-month tobacco or nicotine vaping
- 133.0M Past-month alcohol use
- 60.0M Past-month binge alcohol use
- 16.3M Past-month heavy alcohol use

Rx = prescription.

Note: The estimated numbers of past year users of different illicit drugs are not mutually exclusive because people could have used more than one type of illicit drug in the past year.

Source: SAMHSA, National Survey on Drug Use and Health, 2021

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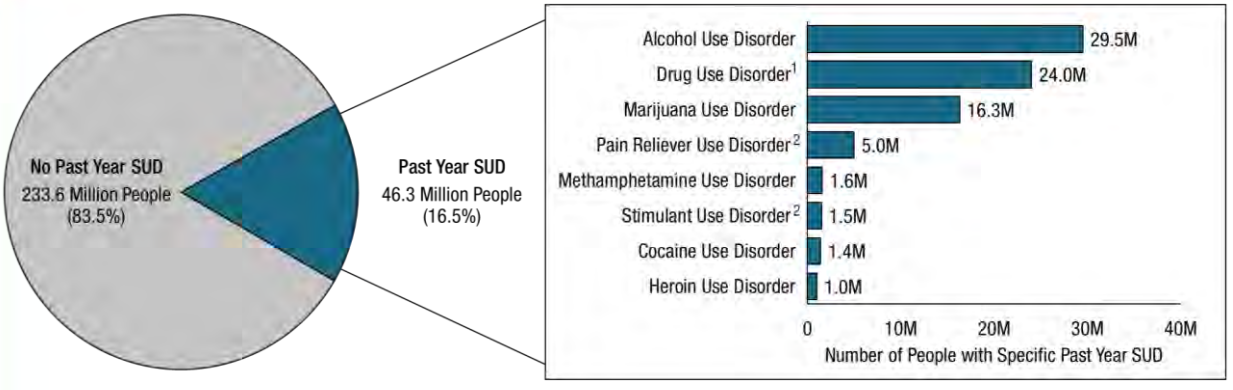
Past Year Substance Use Disorder (SUD): Among People Aged 12 or Older; 2021



Note: The estimated numbers of people with substance use disorders are not mutually exclusive because people could have use disorders for more than one substance.

[1] Includes data from all past year users of marijuana, cocaine, heroin, hallucinogens, inhalants, methamphetamine, and prescription psychotherapeutic drugs (i.e., pain relievers, tranquilizers, stimulants, or sedatives).

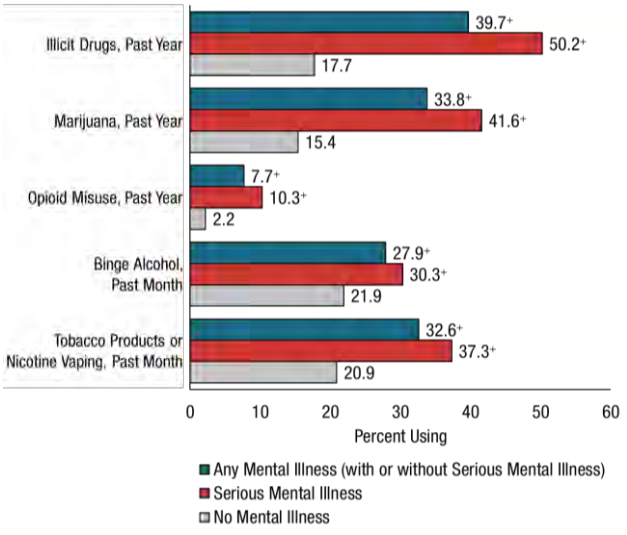
[2] Includes data from all past year users of the specific prescription drug.

Source: SAMHSA, National Survey on Drug Use and Health, 2021

SAMHSA Substance Abuse and Mental Health Services Administration

12

Substance Use: Among Adults Aged 18 or Older; by Mental Illness Status, 2021



+ Difference between this estimate and the estimate for adults aged 18 or older without mental illness is statistically significant at the .05 level.

13 Source: SAMHSA, National Survey on Drug Use and Health, 2021

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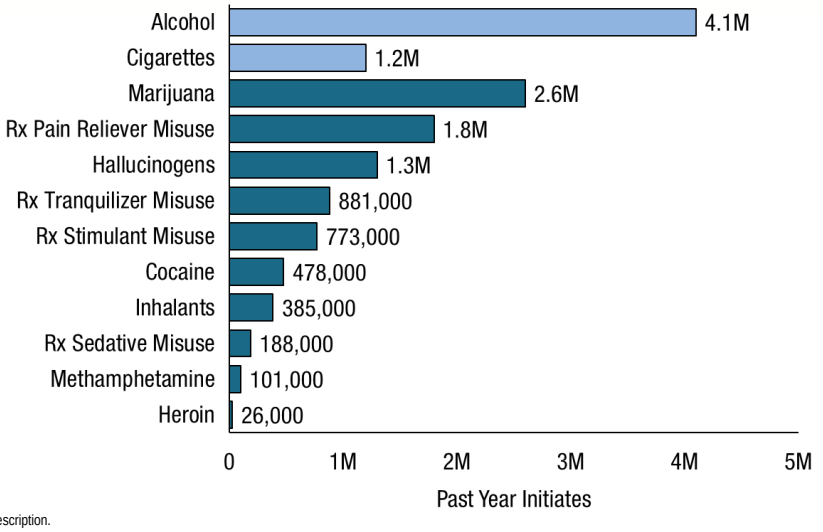
Past Year Initiates of Substances: Among People Aged 12 or Older; 2021



Rx = prescription.

Note: Estimates for prescription pain relievers, prescription tranquilizers, prescription stimulants, and prescription sedatives are for the initiation of misuse.

14 Source: SAMHSA, National Survey on Drug Use and Health, 2021

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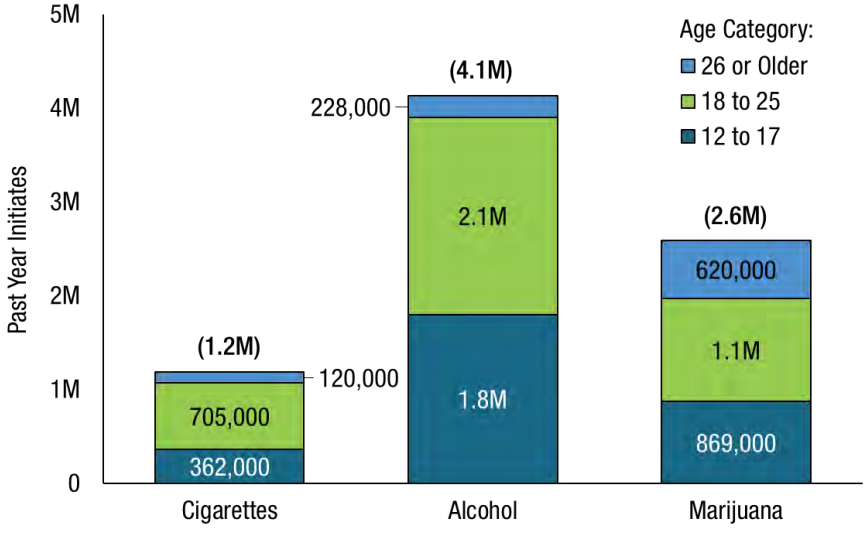
Past Year Cigarette, Alcohol, and Marijuana Initiates: Among People Aged 12 or Older; 2021



Note: The number in parentheses above each bar shows the total number of past year initiates aged 12 or older for that category.

15 Source: SAMHSA, National Survey on Drug Use and Health, 2021

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Resurgent Methamphetamine

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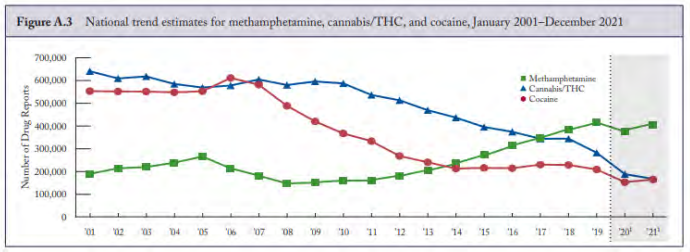
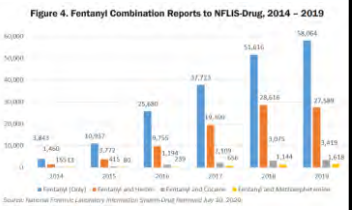
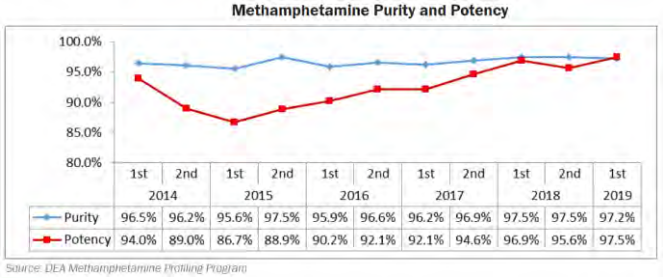
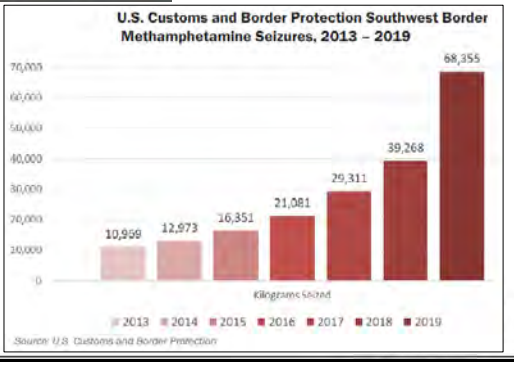
Historically High Levels of Availability, Purity, Potency, and Low Cost



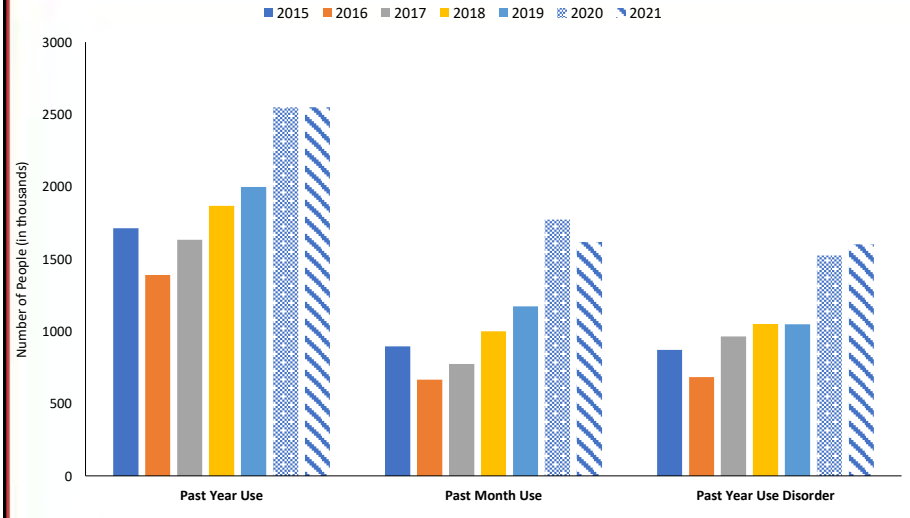






17 DEA. 2020 National Drug Threat Assessment; 2021 DEA NFLIS Report

Methamphetamine Trends – Community Data



Due to changes in data collection, directly comparing 2020 and 2021 to prior years is not possible

From 2015 to 2019

- 43% Increase in methamphetamine use
- 66% Increase in frequent use
- 105% Increase in use disorder without injection
- Use disorder or injection more common than use without use disorder or injection each year from 2017-2019
- Increases were seen among most demographic groups

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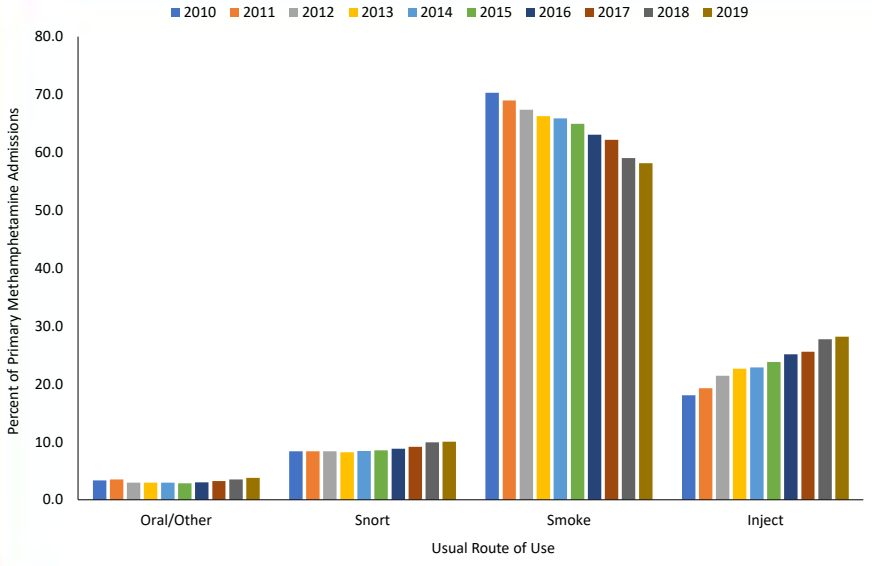
18 Source: SAMHSA, National Survey on Drug Use and Health, 2021; Han et al, 2021. JAMA Psychiatry

Methamphetamine Trends – Treatment Data



- Methamphetamine treatment admissions increased from 1 in 8 admissions in 2010 to 1 in 4 in 2019
- Increases seen among:
  - Men and women
  - All age groups
  - Most racial/ethnic groups
  - All census regions
- Injection increased ~60%
  - Increases seen among most demographic groups
- In 2019, among those injecting
  - 56.0% reported heroin use
  - 44.8% reported Rx opioid use
  - 43.7% reported benzo use
  - 31.2% reported cocaine use
  - 28.6% reported marijuana use
  - 27.5% reported alcohol use

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19 Source: Jones CM et al – Increases in methamphetamine injection among treatment admissions in the U.S., Addictive Behaviors. 2022.

Youth Substance Use

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Prevalence of High School Student Substance Use Generally Trending in Right Direction

Alcohol and Other Substance Use Before and During the COVID-19 Pandemic Among High School Students — Youth Risk Behavior Survey, United States, 2021

Brooke E. Hoots, PhD[1]; Jingjing Li, PhD, MD[2]; Marci Feldman Hertz, MS[2]; Marissa B. Esser, PhD[3]; Adriana Rico, MPH[2]; Evelyn Y. Zavala, MPH[2]; Christopher M. Jones, PharmD, DrPH[4]

- **Approximately one third** of students (29%) reported current use of alcohol or marijuana or prescription opioid misuse
- Among those reporting current substance use, **approximately 34% used two or more substances** in 2021.

Behavior/Substance	Prevalence 2009 %	2011 %	2013 %	2015 %	2017 %	2019 %	2021 %	Linear change†
Current use¶								
Alcohol	41.8	38.7	34.9	32.8	29.8	29.2	22.7	Decreased 2009–2021
Marijuana	20.8	23.1	23.4	21.7	19.8	21.7	15.8	Decreased 2009–2021
Binge drinking	NA	NA	NA	NA	13.5	13.7	10.5	Decreased 2017–2021
Prescription opioid misuse	NA	NA	NA	NA	NA	7.2	6.0	—
Lifetime use								
Alcohol	68.4	66.7	63.4	60.9	56.5	56.5	47.4	Decreased 2009–2021
Marijuana	36.8	39.9	40.7	38.6	35.6	36.8	27.8	Decreased 2009–2021
Inhalants	11.7	11.4	8.9	7.0	6.2	6.4	8.1	Decreased 2009–2021
Ecstasy	6.7	8.2	6.6	5.0	4.0	3.6	2.9	Decreased 2009–2021
Cocaine	6.4	6.8	5.5	5.2	4.8	3.9	2.5	Decreased 2009–2021
Methamphetamine	4.1	3.8	3.2	3.0	2.5	2.1	1.8	Decreased 2009–2021
Heroin	2.5	2.9	2.2	2.1	1.7	1.8	1.3	Decreased 2009–2021
Injection drug use	2.1	2.3	1.7	1.8	1.5	1.6	1.4	Decreased 2009–2021
Synthetic marijuana	NA	NA	NA	9.2	6.9	7.3	6.5	Decreased 2015–2021
Prescription opioid misuse	NA	NA	NA	NA	14.0	14.3	12.2	Decreased 2017–2021

Source: Alcohol and Other Substance Use Before and During the COVID-19 Pandemic Among High School Students — Youth Risk Behavior Survey, United States, 2021 (nih.gov)

Youth Substance Use = Health Equity Issue

Alcohol and Other Substance Use Before and During the COVID-19 Pandemic Among High School Students — Youth Risk Behavior Survey, United States, 2021

Brooke E. Hoots, PhD[1]; Jingjing Li, PhD, MD[2]; Marci Feldman Hertz, MS[2]; Marissa B. Esser, PhD[3]; Adriana Rico, MPH[2]; Evelyn Y. Zavala, MPH[2]; Christopher M. Jones, PharmD, DrPH[4]

[1]Division of Overdose Prevention, National Center for Injury Prevention and Control, CDC; [2]Division of Adolescent and School Health, National Center for HIV, Viral Hepatitis, STD, and TB Prevention, CDC; [3]Division of Population Health, National Center for Chronic Disease Prevention and Health Promotion, CDC; [4]Office of the Director, National Center for Injury Prevention and Control, CDC

TABLE 3. Prevalence of and changes in prevalence of current and lifetime use of specific substances among high school students, by race and ethnicity — Youth Risk Behavior Survey, United States, 2019 and 2021*

Behavior/Substance	Race and ethnicity† Black or African American 2019 %	2021 %	PD (95% CI)	PR (95% CI)	White 2019 %	2021 %	PD (95% CI)	PR (95% CI)	Hispanic or Latino 2019 %	2021 %	PD (95% CI)	PR (95% CI)
Current use§												
Alcohol	16.8	13.2¶	−3.6 (−7.7 to 0.5)	0.8 (0.6 to 1.0)	34.2	25.9	−8.3 (−11.4 to −5.3)**	0.8 (0.7 to 0.8)**	28.4	22.9¶††	−5.5 (−9.5 to −1.6)**	0.8 (0.7 to 1.0)**
Marijuana	21.7	20.5¶	−1.2 (−5.4 to 2.9)	0.9 (0.8 to 1.2)	22.1	14.8	−7.3 (−10.2 to −4.5)**	0.7 (0.6 to 0.8)**	22.4	16.7††	−5.7 (−9.2 to −2.2)**	0.7 (0.6 to 0.9)**
Binge drinking	6.2	4.1¶	−2.2 (−4.8 to 0.5)	0.7 (0.4 to 1.0)	17.3	13.3	−4.0 (−6.6 to −1.4)**	0.8 (0.7 to 0.9)**	12.4	10.1¶††	−2.3 (−4.8 to 0.1)	0.8 (0.7 to 1.0)
Prescription opioid misuse	8.7	8.6¶	−0.1 (−4.2 to 3.9)	1.0 (0.6 to 1.6)	5.5	4.6	−1.0 (−2.5 to 0.5)	0.8 (0.6 to 1.1)	9.8	8.3¶	−1.5 (−4.0 to 1.1)	0.9 (0.6 to 1.1)
Lifetime use												
Alcohol	47.2	39.4¶	−7.8 (−13.5 to −2.0)**	0.8 (0.7 to 1.0)**	58.8	50.0	−8.8 (−12.0 to −5.6)**	0.9 (0.8 to 0.9)**	60.4	50.4††	−10.0 (−14.5 to −5.5)**	0.8 (0.8 to 0.9)**
Marijuana	37.5	33.3¶	−4.2 (−10.5 to 2.2)	0.9 (0.7 to 1.1)	36.8	26.2	−10.7 (−14.1 to −7.2)**	0.7 (0.6 to 0.8)**	39.2	31.2¶	−7.9 (−12.5 to −3.4)**	0.8 (0.7 to 0.9)**
Inhalants	7.2	7.0	−0.2 (−2.5 to 2.1)	1.0 (0.7 to 1.3)	6.3	8.3	1.9 (0.3 to 3.6)**	1.3 (1.1 to 1.6)**	6.6	8.2	1.6 (−0.1 to 3.3)	1.2 (1.0 to 1.6)
Ecstasy	3.8	2.7	−1.1 (−2.9 to 0.7)	0.7 (0.4 to 1.2)	2.7	2.9	0.1 (−0.9 to 1.2)	1.1 (0.7 to 1.5)	4.4	2.7	−1.7 (−2.7 to −0.7)**	0.6 (0.5 to 0.8)**
Cocaine	4.0	1.9	−2.1 (−3.8 to −0.4)**	0.5 (0.3 to 0.8)**	2.9	2.4	−0.5 (−1.4 to 0.4)	0.8 (0.6 to 1.1)	5.6	2.9	−2.7 (−4.4 to −1.0)**	0.5 (0.3 to 0.8)**
Methamphetamine	3.8	2.0	−1.9 (−3.7 to 0.0)	0.5 (0.3 to 0.9)**	1.2	1.4	0.2 (−0.3 to 0.7)	1.2 (0.8 to 1.7)	2.7	2.3¶	−0.4 (−1.6 to 0.8)	0.9 (0.5 to 1.3)
Heroin	3.4	1.7	−1.7 (−3.4 to −0.1)**	0.5 (0.3 to 0.9)**	0.9	1.0	0.1 (−0.3 to 0.5)	1.2 (0.8 to 1.8)	2.4	1.6¶	−0.9 (−2.1 to 0.4)	0.7 (0.4 to 1.1)
Injection drug use	2.9	1.9	−0.9 (−3.0 to 1.1)	0.7 (0.3 to 1.5)	0.8	1.1	0.3 (−0.3 to 0.8)	1.4 (0.8 to 2.4)	2.5	1.8	−0.7 (−1.8 to 0.3)	0.7 (0.4 to 1.2)
Synthetic marijuana	5.7	6.8	1.1 (−1.2 to 3.3)	1.2 (0.8 to 1.7)	6.7	6.5	−0.2 (−1.6 to 1.3)	1.0 (0.8 to 1.2)	9.8	6.8	−3.1 (−4.9 to −1.3)**	0.7 (0.6 to 0.9)**
Prescription opioid misuse	15.3	13.6	−1.7 (−5.4 to 1.9)	0.9 (0.7 to 1.1)	12.7	11.2	−1.4 (−3.7 to 0.8)	0.9 (0.7 to 1.1)	16.0	13.8	−2.2 (−5.5 to 1.2)	0.9 (0.7 to 1.1)

TABLE 2. Prevalence of and changes in prevalence of current and lifetime use of specific substances among high school students, by sex — Youth Risk Behavior Survey, United States, 2019 and 2021*

Behavior/Substance	Sex Male 2019 %	2021 %	PD (95% CI)	PR (95% CI)	Female 2019 %	2021 %	PD (95% CI)	PR (95% CI)
Current use†								
Alcohol	26.4	18.8	−7.7 (−10.3 to −5.1)§	0.7 (0.6 to 0.8)§	31.9	26.8¶	−5.1 (−8.3 to −1.9)§	0.8 (0.8 to 0.9)§
Marijuana	22.5	13.6	−8.9 (−11.3 to −6.4)§	0.6 (0.5 to 0.7)§	20.8	17.8¶	−3.0 (−6.0 to 0.0)	0.9 (0.7 to 1.0)
Binge drinking	12.7	9.0	−3.7 (−5.6 to −1.7)§	0.7 (0.6 to 0.8)§	14.6	12.2¶	−2.5 (−5.2 to 0.2)	0.8 (0.7 to 1.0)
Prescription opioid misuse	6.1	4.0	−2.1 (−3.5 to −0.8)§	0.7 (0.5 to 0.9)§	8.3	8.0¶	−0.3 (−2.2 to 1.6)	1.0 (0.8 to 1.2)
Lifetime use								
Alcohol	55.1	42.0	−13.1 (−14.2 to −8.0)§	0.8 (0.7 to 0.8)§	60.0	53.2¶	−6.9 (−10.2 to −3.5)§	0.9 (0.8 to 0.9)§
Marijuana	37.0	24.8	−12.3 (−15.9 to −8.7)§	0.7 (0.6 to 0.8)§	36.5	30.9¶	−5.6 (−9.3 to −1.9)§	0.9 (0.8 to 1.0)§
Inhalants	5.7	6.8	1.1 (−0.1 to 2.3)	1.2 (1.0 to 1.5)	6.9	9.4¶	2.5 (1.1 to 3.9)§	1.4 (1.1 to 1.6)§
Ecstasy	4.6	2.9	−1.7 (−2.8 to −0.7)§	0.6 (0.5 to 0.8)§	2.4	2.7	0.4 (−0.5 to 1.3)	1.2 (0.8 to 1.7)
Cocaine	4.9	2.6	−2.3 (−3.3 to −1.4)§	0.5 (0.4 to 0.7)§	2.7	2.2	−0.5 (−1.8 to 0.5)	0.8 (0.5 to 1.2)
Methamphetamine	2.7	1.9	−0.8 (−1.6 to 0.0)	0.7 (0.5 to 1.0)	1.5	1.4	−0.1 (−0.8 to 0.6)	1.0 (0.6 to 1.5)
Heroin	2.3	1.6	−0.7 (−1.5 to 0.1)	0.7 (0.5 to 1.0)	1.0	0.8¶	−0.3 (−0.9 to 0.4)	0.8 (0.4 to 1.5)
Injection drug use	2.1	1.7	−0.4 (−1.2 to 0.4)	0.8 (0.5 to 1.2)	1.1	0.9¶	−0.2 (−0.9 to 0.6)	0.9 (0.4 to 1.8)
Synthetic marijuana	7.2	5.8	−1.4 (−2.9 to 0.1)	0.8 (0.6 to 1.0)	7.4	7.1	−0.3 (−1.9 to 1.3)	1.0 (0.8 to 1.2)
Prescription opioid misuse	12.4	9.5	−2.9 (−4.7 to −1.2)§	0.8 (0.7 to 0.9)§	16.1	14.8¶	−1.4 (−3.9 to 1.1)	0.9 (0.8 to 1.1)

TABLE 4. Prevalence of current and lifetime use of specific substances among high school students, by sexual identity — Youth Risk Behavior Survey, United States, 2021*

Behavior/Substance	Heterosexual %	Lesbian, gay, or bisexual %	Questioning or other %
Current use†			
Alcohol	21.6	29.3§	20.9¶
Marijuana	14.0	25.6§	16.5§¶
Binge drinking	10.3	13.6§	7.6§¶
Prescription opioid misuse	4.3	11.7§	10.3§
Lifetime use			
Alcohol	45.8	58.0§	46.2¶
Marijuana	25.8	41.2§	27.5¶
Inhalants	6.0	15.1§	13.4§
Ecstasy	2.1	6.0§	3.9§¶
Cocaine	1.8	4.4§	3.1§
Methamphetamine	1.1	3.4§	3.0§
Heroin	0.8	1.9§	2.4§
Injection drug use	1.0	1.9§	2.7§
Synthetic marijuana	5.9	9.7§	6.1¶
Prescription opioid misuse	9.4	21.5§	18.6§

Source: Alcohol and Other Substance Use Before and During the COVID-19 Pandemic Among High School Students — Youth Risk Behavior Survey, United States, 2021 (nih.gov)

IN 2021

Nearly Every Indicator of Youth Mental Health is Getting Worse

- Nearly 60% of female students and nearly 70% of LGBQ+ students experienced persistent feelings of sadness or hopelessness.
- 10% of female students and more than 20% of LGBQ+ students attempted suicide.
- Hispanic and multiracial students were more likely than Asian, Black, and White students to have persistent feelings of sadness or hopelessness.

The Percentage of High School Students Who:*	2011 Total	2013 Total	2015 Total	2017 Total	2019 Total	2021 Total	Trend
Experienced persistent feelings of sadness or hopelessness	28	30	30	31	37	42	In wrong direction
Experienced poor mental health†	–	–	–	–	–	29	–
Seriously considered attempting suicide	16	17	18	17	19	22	In wrong direction
Made a suicide plan	13	14	15	14	16	18	In wrong direction
Attempted suicide	8	8	9	7	9	10	In wrong direction
Were injured in a suicide attempt that had to be treated by a doctor or nurse	2	3	3	2	3	3	No change

In wrong direction · No change · In right direction

SOURCES: YRBS Trends Report

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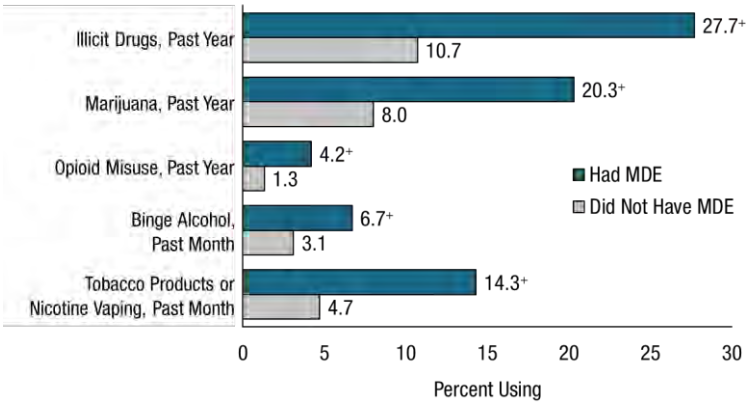
Connection Between Youth Mental Health and Substance Use

Substance use among people 12-17 years old is greater if you had a Major Depressive Episode (MDE)



\+ Difference between this estimate and the estimate for youths without MDE is statistically significant at the .05 level.
Note: Youth respondents with unknown MDE data were excluded.

SOURCE: National Survey on Drug Use and Health (NSDUH) – December 2022

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The Substance Use Landscape Is Changing

Illicitly Manufactured Fentanyl–Involved Overdose Deaths with Detected Xylazine — United States, January 2019–June 2022

Mbabazi Kariisa, PhD[1]; Julie O'Donnell, PhD[1]; Sagar Kumar, MPH[1]; Christine L. Mattson, PhD[1]; Bruce A. Goldberger, PhD[2]

Trends in Nonfatal and Fatal Overdoses Involving Benzodiazepines — 38 States and the District of Columbia, 2019–2020

Stephen Liu, PhD[1]; Julie O'Donnell, PhD[1]; R. Matt Gladden, PhD[1]; Londell McGlone, MPH[1]; Farnaz Chowdhury[2]

Illicit Benzodiazepines Detected in Patients Evaluated in Emergency Departments for Suspected Opioid Overdose — Four States, October 6, 2020–March 9, 2021

Kim Aldy, DO[1,2]; Desiree Mustaquim, PhD[3]; Sharan Campleman, PhD[1]; Alison Meyn, MPH[1]; Stephanie Abston[1]; Alex Krotulski, PhD[4]; Barry Logan, PhD[4,5]; Matthew R. Gladden, PhD[3]; Adrienne Hughes, MD[6]; Alexandra Amaducci, DO[7]; Joshua Shulman, MD[8]; Evan Schwarz, MD[9]; Paul Wax, MD[1,2]; Jeffrey Brent, MD, PhD[10]; Alex Manini, MD[11]; the Toxicology Investigators Consortium Fentalog Study Group

RESEARCH Open Access

Signals of increasing co-use of stimulants and opioids from online drug forum data

Abeed Sarker[1*], Mohammed Ali Al-Garadi[1], Yao Ge[1], Nisha Nataraj[2], Christopher M. Jones[2] and Steven A. Sumner[2]

Increases in Availability of Cannabis Products Containing Delta-8 THC and Reported Cases of Adverse Events

Print

HAN HEALTH ALERT NETWORK

This is an official CDC HEALTH ADVISORY

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Substance Use Has Never Been Risker – Across the Spectrum

- The risk of drug overdose is elevated with any use of illicitly manufactured fentanyl, given its potency, lethality, and the variability in the illicit supply.
- Historically, risk for a non-fatal or fatal overdose grew as frequency of use grew.
- In a toxic and unpredictable drug environment facilitated by the continued proliferation of fake pills, the risk of death is elevated across the continuum – from those initiating to those with long-standing use disorders.
- The increases in deaths among youth and young adults as well as the increase in polydrug deaths involving fentanyl in all age groups are two markers of this elevated risk.

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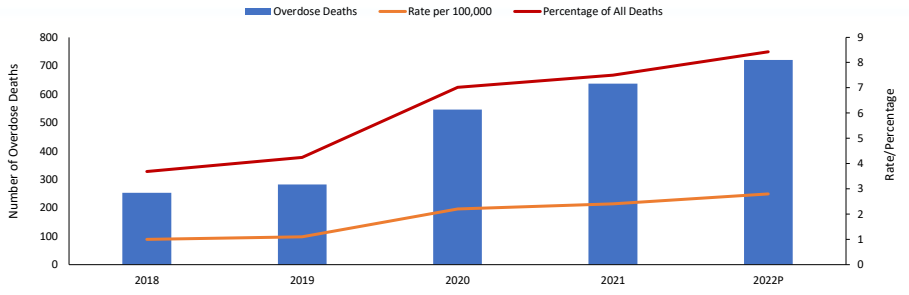
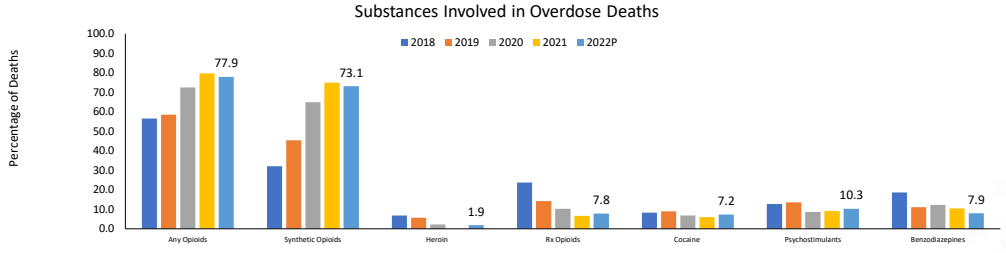
Overdose Deaths Among 12-17 Year Olds Increasing In Recent Years



185% increase in OD deaths between 2018 and 2022



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Risk & Protective Factors: The Prevention Roadmap

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Substance Use Risk Factors – Socioecological Model

Individual

- Genetic factors
- Initiating substance use early
- Low risk perception of use
- Peers who use substances
- Perception that use of substances among peers is high
- Emotional distress or aggressiveness that starts early and is persistent
- Mental health challenges

Relationship

- Substance use in the family and home
- Parental mental health challenges
- Family conflict, abuse, or neglect
- Parents who favorably view or approve of substance use
- Lack of family connectedness

Community

- Lack of community connectedness and supports
- Community norms favorable toward alcohol and drugs
- Violence in schools or community
- Availability and costs of drugs and alcohol
- Poverty

Societal

- Lack of economic and educational opportunities
- Inadequate housing
- Disinvestment
- Discrimination
- Social norms
- Laws and policy environment

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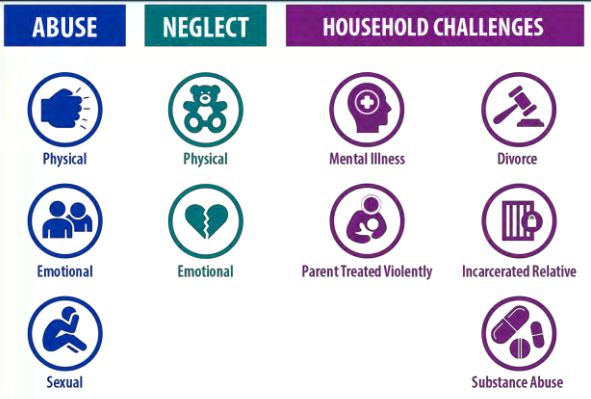
Adverse Childhood Experiences (ACEs)



61%

adults report experiencing **at least 1 ACE**

1 in **6** adults report experiencing **4+ ACEs**

Some Groups Are More Likely to Have Experienced ACEs

ACEs not included in the traditional measure:

- Bullying
- Teen dating violence
- Peer to peer violence
- Witnessing violence in community or school
- Experiencing homelessness
- Death of a parent

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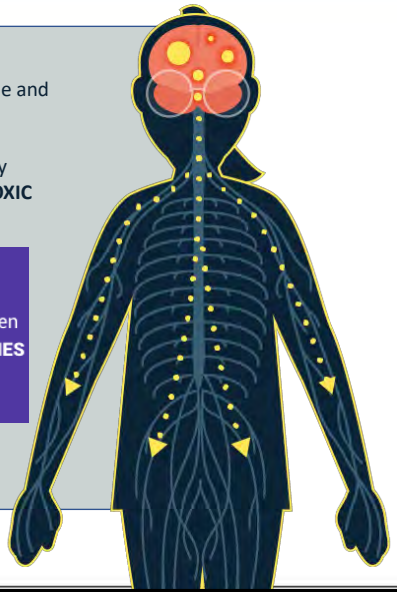
ACEs Manifest Their Effects Through Toxic Stress

The effects of ACEs can add up over time and affect a person throughout their life.

Children who repeatedly and chronically experience adversity can suffer from **TOXIC STRESS**.

Toxic stress happens when the brain endures repeated stress or danger, then releases **FIGHT-OR-FLIGHT HORMONES** like cortisol.



Toxic Stress Has Impacts On:

- Responses to stress
- Reward circuits
- Emotion processing
- Coping strategies
- Executive function
- Decision making
- Cognition
- Organ function

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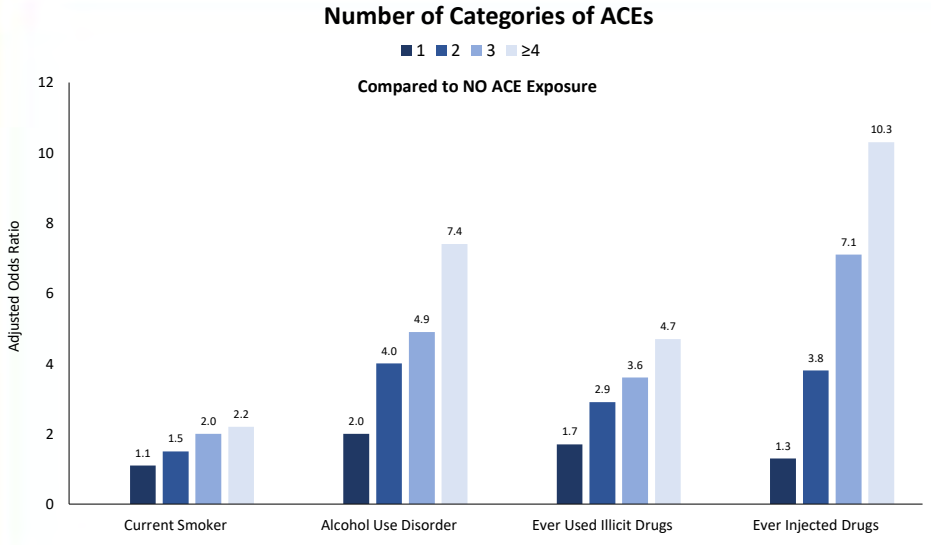
31 Source: De Bellis & Zisk. The biological effects of childhood trauma. 2014

ACEs and Risk for Substance Use



Research shows ACEs increase risk for:

- **Rx opioid misuse, illicit opioid use, opioid use disorder, opioid injection**
- **Cocaine and amphetamine use and use disorder**
- **Earlier age of initiation of substances**

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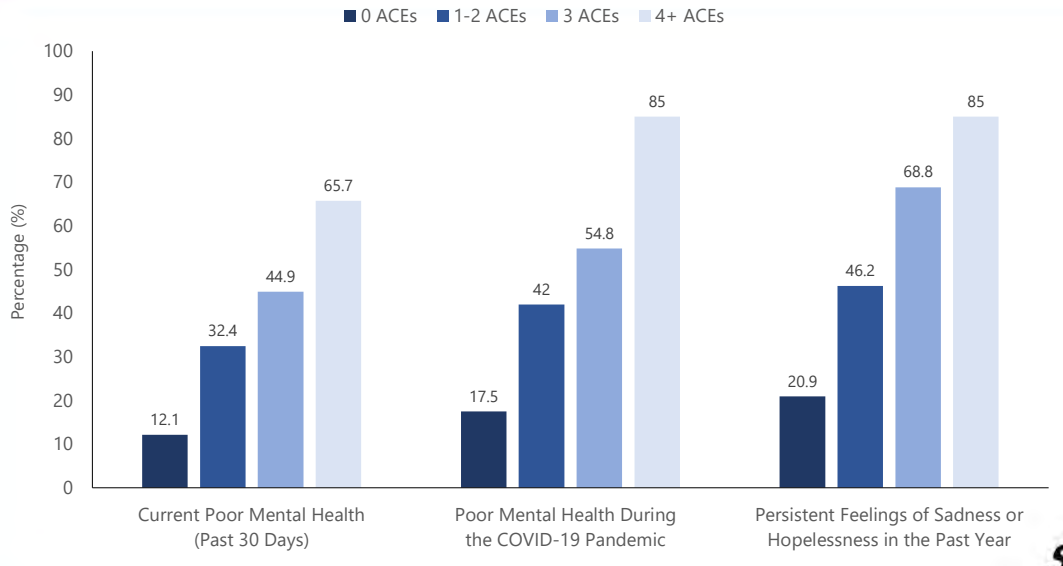
32 Source: Felitti, Vincent J., et al. *American journal of preventive medicine* 14.4 (1998): 245-258.

ACEs and Poor Mental Health



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33 Source: Anderson et al., MMWR, 2022

Leveraging Prevention Science

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Protective Factors Against Substance Use or Psychological Distress

Original Research

Adverse childhood experiences and co-occurring psychological distress and substance abuse among juvenile offenders: the role of protective factors

T. Lensch [a,*], K. Clements-Nolle [a], R.F. Oman [a], W.P. Evans [b], M. Lu [a], W. Yang [a]

[a] School of Community Health Sciences, University of Nevada, Reno, USA
[b] College of Education, University of Nevada, Reno, USA

- Protective factors reduced likelihood of having psychological distress or a substance use problem, or both
- Protective factors included:
  - High internal resilience
  - Family communication
  - School connectedness
  - Peer role model
  - Non-parental adult role model

Influence of ACEs and Protective Factors on Having Psychological Distress or Substance Use Problem or Both

Influence of ACEs and protective factors on the behavioral health outcomes ($N = 429$).

		One problem[a,b] AOR (95% CI)[d]	Co-occurring problems[b,c] AOR (95% CI)[d]
High internal resilience	ACE score	1.41 (1.24, 1.59)	1.90 (1.64, 2.20)
	High internal resilience[e]	0.73 (0.43, 1.25)	0.31 (0.17, 0.56)
	ACE score	1.40 (1.24, 1.59)	1.87 (1.61, 2.16)
	High internal resilience[e]	0.83 (0.47, 1.46)	0.40 (0.20, 0.78)
	High ACE score[f] × high internal resilience[e]	0.34 (0.09, 1.23)	0.24 (0.06, 0.99)
Family communication	ACE score	1.41 (1.24, 1.59)	1.90 (1.64, 2.20)
	Family communication	0.26 (0.15, 0.44)	0.11 (0.06, 0.22)
	ACE score	1.32 (1.16, 1.50)	1.75 (1.50, 2.03)
	Family communication	0.39 (0.22, 0.69)	0.27 (0.13, 0.56)
	High ACE score[f] × family communication	0.78 (0.21, 2.88)	0.93 (0.21, 4.00)
School connectedness	ACE score	1.41 (1.24, 1.59)	1.90 (1.64, 2.20)
	School connectedness	0.45 (0.26, 0.77)	0.33 (0.18, 0.59)
	ACE score	1.39 (1.23, 1.58)	1.88 (1.62, 2.17)
	School connectedness	0.47 (0.27, 0.83)	0.41 (0.21, 0.80)
	High ACE score[f] × school connectedness	0.95 (0.26, 3.44)	0.51 (0.12, 2.11)
Peer role model	ACE score	1.41 (1.24, 1.59)	1.90 (1.64, 2.20)
	Peer role model	0.39 (0.23, 0.66)	0.16 (0.08, 0.29)
	ACE score	1.37 (1.21, 1.55)	1.83 (1.58, 2.12)
	Peer role model	0.46 (0.26, 0.80)	0.21 (0.10, 0.43)
	High ACE score[f] × peer role model	2.03 (0.56, 7.31)	1.10 (0.25, 4.82)
Non-parental adult role model	ACE score	1.41 (1.24, 1.59)	1.90 (1.64, 2.20)
	Non-parental adult role model	0.57 (0.32, 1.04)	0.33 (0.17, 0.57)
	ACE score	1.41 (1.24, 1.61)	1.88 (1.62, 2.18)
	Non-parental adult role model	0.84 (0.45, 1.59)	0.61 (0.30, 1.24)
	High ACE score[f] × non-parental adult role model	0.89 (0.22, 3.56)	0.43 (0.09, 2.00)

AOR = adjusted odds ratio; CI = confidence interval; ACE = adverse childhood experience; CD-RISC = Connor-Davidson Resilience Scale.
[a] Referent group = no problem.
[b] High psychological distress or substance abuse problem.
[c] High psychological distress and substance abuse problem.
[d] Multinomial logistic regression model adjusted for sex, age, race/ethnicity, custody status, location, supervision status, detainment status, and qualification for free or reduced lunch.
[e] High internal resilience > mean CD-RISC score.
[f] High ACE score > mean ACE score.

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Protective Factors Against Poor Physical and Mental Health

Journal of Child & Adolescent Trauma (2019) 12:165–173
https://doi.org/10.1007/s40653-018-0217-9

ORIGINAL ARTICLE

Safe, Stable, and Nurtured: Protective Factors against Poor Physical and Mental Health Outcomes Following Exposure to Adverse Childhood Experiences (ACEs)

Elizabeth Crouch[1] · Elizabeth Radcliff[1] · Melissa Strompolis[2] · Aditi Srivastav[2]

- People with ≥4 ACEs more likely to have poor health and frequent mental distress
- Effects were blunted when protective factors were present
  - Adult who made you feel safe and protected
  - Adult who made sure basic needs were met

Table 4 Adjusted odds ratios[1] and 95% Wald confidence intervals predicting poor health and experience of frequent mental distress by level of protective factor, among respondents to 2016 SC BRFSS survey

Protective factor	Poor Health		Frequent Mental Distress	
	Point Estimate	95% CI[2]	Point Estimate	95% CI
Model 1: Exposure to four or more ACES	2.08	2.06–2.09	3.05	3.02–3.07
Model 2: Exposure to four or more ACES and had an adult who made you feel safe and protected *some to most of the time*	0.61	0.60–0.62	0.69	0.67–0.70
Model 3: Exposure to four or more ACES and had an adult who made you feel safe and protected *all of the time*	0.60	0.59–0.62	0.83	0.81–0.85
Model 4: Exposure to four or more ACES and had an adult who made sure basic needs were met *some to most of the time*	0.84	0.82–0.87	0.79	0.77–0.82
Model 5: Exposure to four or more ACES and had an adult who made sure basic needs were met *all of the time*	0.63	0.61–0.65	0.72	0.70–0.74

[1] Adjusted for sex, age, race/ethnicity, education, and household income. [2] 95% CI = 95% Wald Confidence Limits. ACE, adverse childhood experience; SC, South Carolina; BRFSS, Behavioral Risk Factor Surveillance System

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Long-term Impacts of Home Visitation Program

Long-term Effects of Home Visitation on Maternal Life Course and Child Abuse and Neglect

Fifteen-Year Follow-up of a Randomized Trial

David L. Olds, PhD; John Eckenrode, PhD; Charles R. Henderson, Jr; Harriet Kitzman, RN, PhD; Jane Powers, PhD; Robert Cole, PhD; Kimberly Sidora, MPH; Pamela Morris; Lisa M. Pettitt; Dennis Luckey, PhD

Enduring Effects of Prenatal and Infancy Home Visiting by Nurses on Children

Follow-up of a Randomized Trial Among Children at Age 12 Years

Harriet J. Kitzman, RN, PhD; David L. Olds, PhD; Robert E. Cole, PhD; Carole A. Hanks, RN, DrPH; Elizabeth A. Anson, MS; Kimberly J. Arcoleo, PhD, MPH; Dennis W. Luckey, PhD; Michael D. Knudtson, MS; Charles R. Henderson Jr, MA; John R. Holmberg, PsyD

- During the 15-year period after index birth, women in the program had reduced rates of verified reports of child abuse
- Among women from low-SES households, exposure to the program resulted in fewer subsequent childbirths, months receiving government assistance, behavioral impairments from substance use, arrests, convictions, and number of days jailed.
- Among children of women exposed to the program, at the age of 12 years this group reported fewer days of cigarette, alcohol and marijuana use, and were less likely to have internalizing disorders
- Academic outcomes were also improved.

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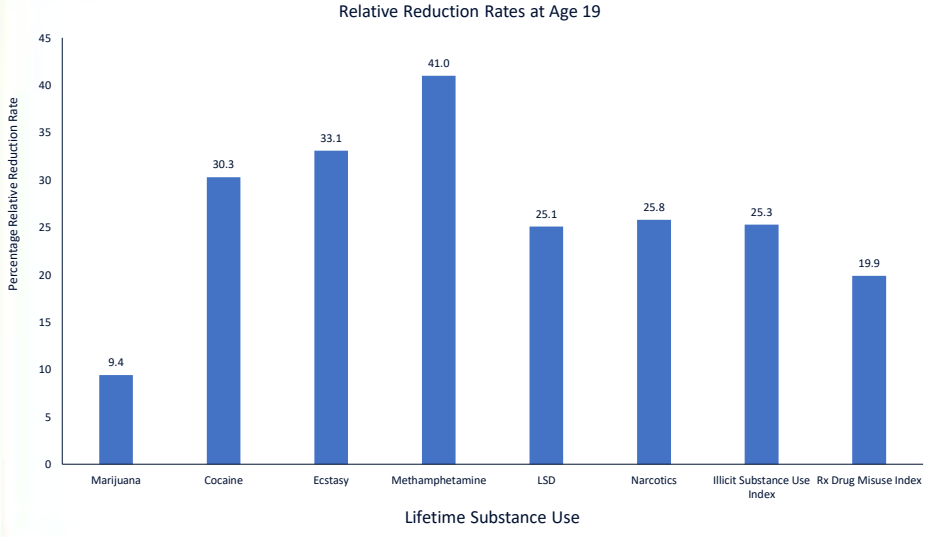
Universal Skills-Based Prevention Program



- 28 public school districts randomized to intervention or control
- Family focused intervention in 6th grade (SPF 10-14)
- School-based intervention in 7th grade (Life Skills Training)
- Examined changes in outcomes at age 19

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38 Source: Spoth et al., 2017, Psychological Medicine

Multigenerational Impacts

JAMA Pediatrics | Original Investigation

Outcomes of Childhood Preventive Intervention Across 2 Generations

A Nonrandomized Controlled Trial

Karl G. Hill, PhD; Jennifer A. Bailey, PhD; Christine M. Steeger, PhD; J. David Hawkins, PhD; Richard F. Catalano, PhD; Rick Kosterman, PhD; Marina Epstein, PhD; Robert D. Abbott, PhD

- Multicomponent intervention – Raising Healthy Children
  - 1 – Teacher training in classroom instruction and management
  - 2 – Child social and emotional skill development
  - 3 – Parent training

- **Among exposed kids – Better outcomes on:**
  - School misbehavior and achievement
  - Lifetime violence
  - Heavy alcohol use
  - Mental health
  - Employment and socioeconomic outcomes
- **Among <u>offspring</u> of exposed kids – Better outcomes on:**
  - Child developmental functioning
  - Behavior problems
  - Academic skills and performance
  - Risk behaviors, including substance use

Source: Hill et al., JAMA Pediatrics 2020

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Earned Income Tax Credit (EITC) and Alcohol Use

Contents lists available at ScienceDirect

Preventive Medicine Reports

Journal homepage: www.elsevier.com/locate/pmedr

State earned income tax credits and depression and alcohol misuse among women with children

Erin R. Morgan [a,b,*], Heather D. Hill [c], Stephen J. Mooney [b,d], Frederick P. Rivara [b,d], Ali Rowhani-Rahbar [a,b]

- State EITC generosity was associated with reductions in reports of chronic and episodic heavy alcohol use among individuals who had recently given birth

Table 2
Association between 10-percentage-point increase in state-level Earned Income Tax Credits and mental health and alcohol misuse outcomes among mothers interviewed in the Pregnancy Risk Assessment and Monitoring System.

		Model I		Model II		Model III	
		PR	95% CI	PR	95% CI	PR	95% CI
Pre-Pregnancy	Chronic Heavy Alcohol Use	**0.94**	**(0.91–0.98)**	0.96	(0.91–1.01)	0.94	(0.86–1.02)
	Heavy Episodic Alcohol Use	**0.96**	**(0.93–0.99)**	**0.96**	**(0.93–0.99)**	**0.96**	**(0.94–0.99)**
	Diagnosed Depression	1.01	(0.91–1.12)	1.01	(0.91–1.12)	1.00	(0.90–1.11)
Post-Pregnancy	Depressive Symptoms	0.99	(0.96–1.03)	0.99	(0.96–1.02)	0.98	(0.95–1.01)
	Little Interest	0.99	(0.95–1.03)	0.99	(0.95–1.04)	1.01	(0.96–1.05)

Model I: State & Year Fixed Effects.
Model II: Additional effects for GDP, state minimum wage, max TANF benefits, and Medicaid Expansion.
Model III: Additional terms for individual race/ethnicity, educational attainment, marital status at birth, and number of prior dependents.

Table 3
Association between 10-percentage-point increase in state-level Earned Income Tax Credits and mental health and alcohol misuse outcomes among Pregnancy Risk Assessment and Monitoring System respondents in likely eligible populations.

		Lower Educational Attainment		Prior Dependent(s)		Unmarried Respondents	
		PR	95% CI	PR	95% CI	PR	95% CI
Pre-Pregnancy	Chronic Heavy Alcohol Use	1.01	(0.92–1.10)	0.93	(0.82–1.06)	1.05	(0.97–1.14)
	Heavy Episodic Alcohol Use	**0.91**	**(0.87–0.97)**	**0.95**	**(0.91–1.00)**	**0.95**	**(0.91–1.00)**
	Diagnosed Depression	1.00	(0.85–1.17)	0.90	(0.78–1.04)	1.06	(0.91–1.23)
Post-Pregnancy	Depressive Symptoms	**0.94**	**(0.89–0.99)**	0.97	(0.92–1.01)	**0.92**	**(0.88–0.97)**
	Little Interest	1.01	(0.95–1.09)	1.01	(0.95–1.06)	1.04	(0.97–1.12)

All models include state and year fixed effects in addition to GDP, state minimum wage, max TANF benefits, and Medicaid Expansion.

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Expanding Prevention Efforts: Where do we go from here?

SAMHSA
Substance Abuse and Mental Health Services Administration

Expanding How We Think About Risk & Protective Factors

Ellis, W., Dietz, W. (2017) A New Framework for Addressing Adverse Childhood and Community Experiences: The Building Community Resilience (BCR) Model. Academic Pediatrics. 17 (2017) pp. S86-S93. DOI information: 10.1016/j.acap.2016.12.011

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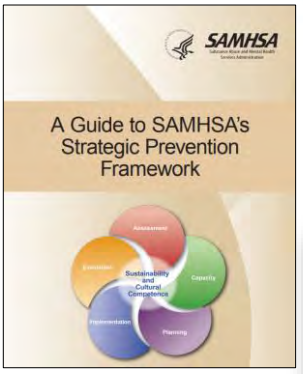
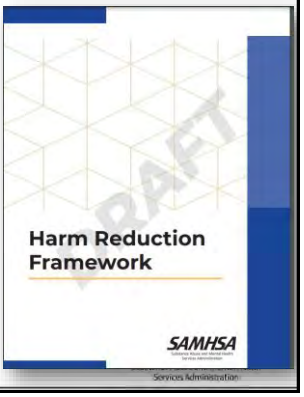
42 Source: Healthy People 2030; Ellis et al; CDC DVP.

A Comprehensive Path Forward to Meet the Moment

- Data-driven incorporating the changing substance landscape
- Equity lens
  - Centered in the voices and experiences of the community(ies) being served
- Think comprehensively
  - Individual
  - Relationship
  - Community
  - Societal
- Evidence-based practice and practice-based evidence
- Broaden tent of partners
- Check assumptions and potential unintended consequences
  - This is particularly true of communications campaigns
- Evaluating, innovating, and continuing to build the evidence base are critical





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SAMHSA's Prevention Services Grant Programs

State formula funding
- Substance Use Prevention, Treatment, and Recovery Services (SUPTRS) Block Grant.
- Synar Program (youth tobacco use prevention)

State & community discretionary programs
- Strategic Prevention Framework – Partnerships for Success (PFS)
- STOP Act Program (Sober Truth on Preventing Underage Drinking)

Tribal discretionary funding
- Tribal Behavioral Health (Native Connections)

Opioid discretionary programs
- Strategic Prevention Framework for Prescription Drugs (SPF-Rx)
- Grants to Prevent Prescription Drug/Opioid Overdose Related Deaths
- First Responders (FR-CARA)
- Improving Access to Overdose Treatment (OD-Tx)

Harm Reduction Grant Program

HIV discretionary program
HIV Prevention Navigator Program for Racial and Ethnic Minorities

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Questions?

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RESOURCES

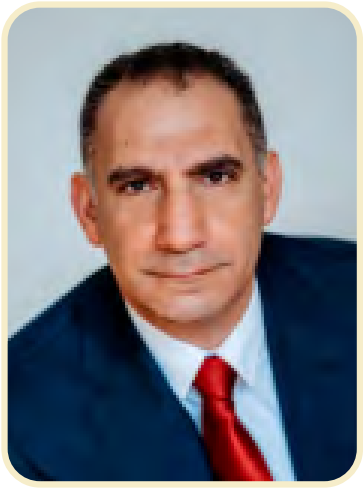
Global Perspective on Prevention in Youth

Wadih Maalouf, PhD

Prevention Programme Coordinator
Prevention, Treatment, & Rehabilitation Section,
United Nations Office on Drug and Crime

PRESENTER BIO

Wadih Maalouf, PhD



With 25 years of working experience in assessment of drug use situations, orientation of national drug control strategies and technical assistance in health responses to drugs, Dr. Maalouf currently coordinates the drug prevention programme globally at the Prevention Treatment and Rehabilitation Section from UNODC HQ in Vienna since 2011.

Between 2005 and 2010, Dr. Maalouf was the UNODC drug demand reduction advisor in the Regional Office for Middle East and North Africa (MENA). Prior to joining UNODC he was working in Institute for Global Tobacco Control at the Johns Hopkins School of Public Health and was engaged in drug demand and mental health research amongst university students in his home country, Lebanon.

He hold a PhD in Epidemiology (focus on drug and mental health epidemiology) from the Johns Hopkins School of Public Health, Baltimore USA. He is a contributor to the INSPIRE interagency initiative to end violence against children and the UNODC WHO International Standards on Drug Use Prevention and has several publications in the field of drug demand reduction.

PTRS
PREVENTION TREATMENT REHABILITATION SECTION

Substance Use Prevention in Youth: ***Addressing the Issues of Today***

Wadih Maalouf, PhD

Coordinator of Prevention Programme,

Division for Policy Analysis and Public Affairs
Drugs, Laboratory and Scientific Service Branch
Prevention, Treatment and Rehabilitation Section

wadih.maalouf@un.org *Twitter: @wmaaloufun* *@unodc_ptrs*

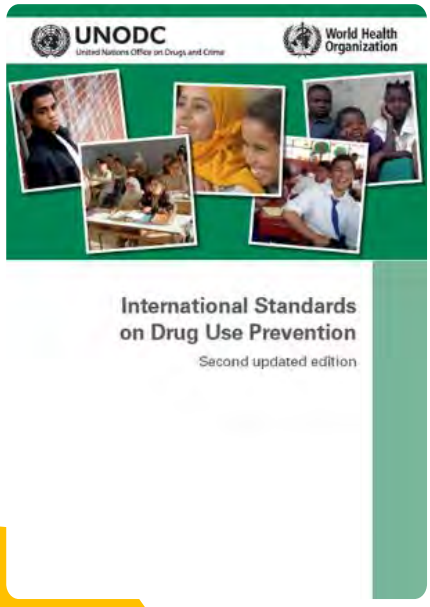
Issue 1- *Prevention is a science*

Important political declarations

"Strengthening our actions at the national, regional and international levels to accelerate the implementation of our joint commitments to address and counter the world drug problem"

(*h*) Promote and improve the systematic collection of information and gathering of evidence as well as the sharing, at the national and international levels, of reliable and comparable data on drug use and epidemiology, including on social, economic and other risk factors, and promote, as appropriate, through the Commission on Narcotic Drugs and the World Health Assembly, the use of internationally recognized standards, such as the International Standards on Drug Use Prevention, and the exchange of best practices, to formulate effective drug use prevention strategies and programmes in cooperation with the United Nations Office on Drugs and Crime, the World Health Organization and other relevant United Nations entities;

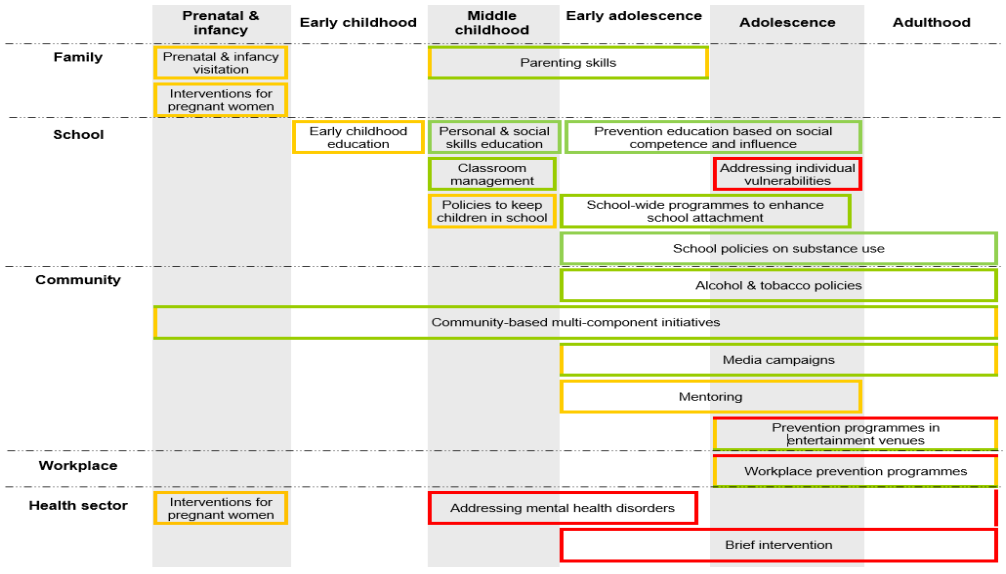
Joint Commitment Preamble – UNGASS 2016



Culture of prevention – main messages

- Prevention is a science- No need to improvise
- Prevention is BEYOND Awareness raising / fear arousal
- Early initiation NOT the result of A FREE CHOICE. “JUST SAY NO” NOT ENOUGH
- Point of focus of EB Prevention is developing individual NOT the drug
- Prevention helps personal growth: intellectual, language, cognitive, emotional and social competency skills AT EACH DEVELOPMENTAL AGE
- Not investing in prevention, comes at a cost
- Worse outcome of non-science-based prevention is not only ineffectiveness but iatrogenic effect.

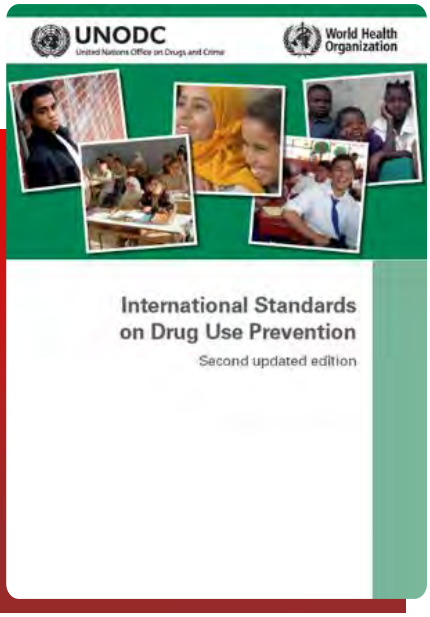
Summary of EB prevention responses per the UNODC WHO Int. Standards



[Guiding Document Launch Event Marks Milestone in Bringing Law Enforcement a Step Closer to the Science of Prevention (unodc.org)]

Issue 2- *The link to Sustainable Development*

2030 sustainable development agenda



Culture of prevention – main messages

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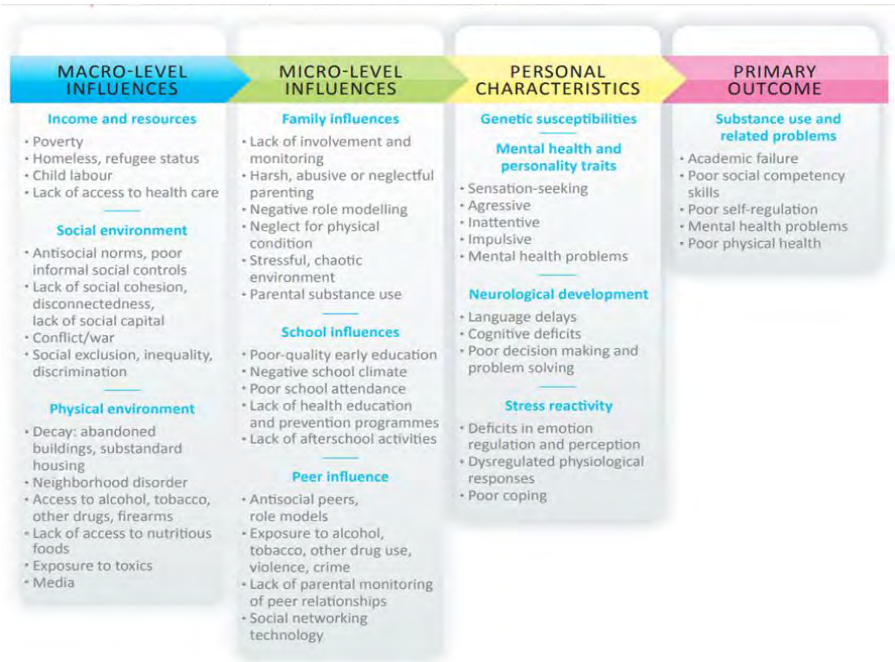
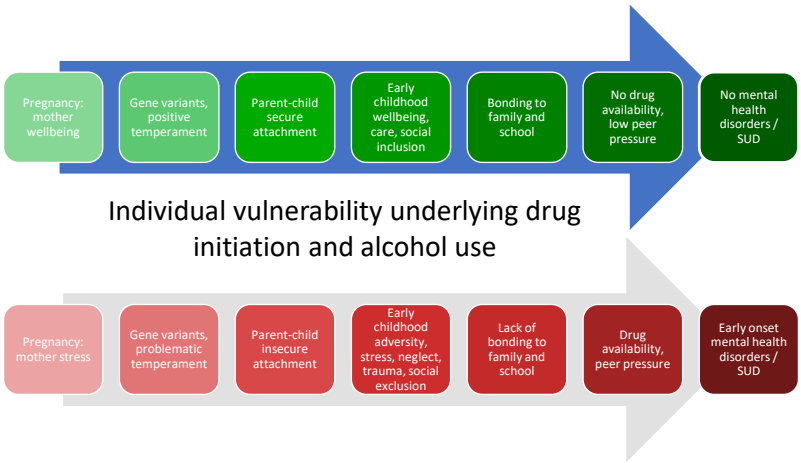
Vulnerability factors



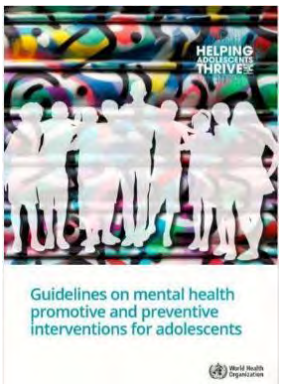
Developmental phases

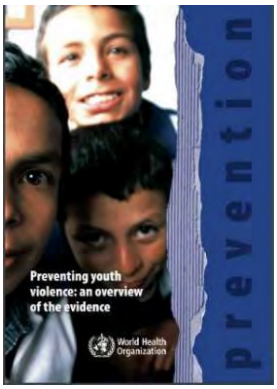
- Each stage of development is associated with a certain expected range of:
  - Intellectual ability
  - Language development
  - Cognitive, emotional and psychological functioning
  - Social competency skills
- Each phase needs attention to prevent the onset of drug use and dependence
- Gender sensitivity

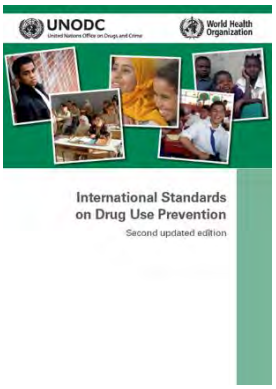
Risk and protective factors



Common denominator for many strategies

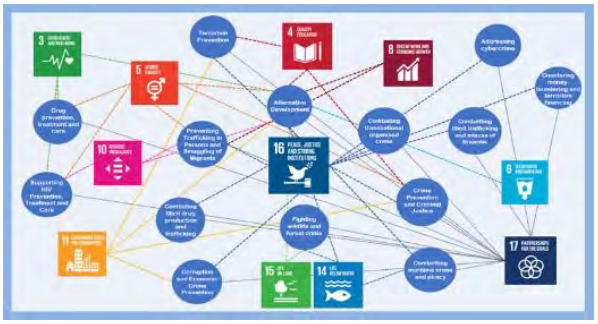






SDGs as an Interlinked Web
Leave no one behind

SUSTAINABLE DEVELOPMENT GOALS



Issue 3- *Culture of research -this science needs a top-down and bottom-up approach*

Culture of research

- Demonstrate the transferability of evidence based interventions
- Advocate for the value of M&E and research (especially) in LMIC
- Also scalability and sustainability and cost effectiveness

Support generation of evidence from the recipient countries


Aggression and Violent Behavior 19 (2014) 636–624

Contents lists available at ScienceDirect

Aggression and Violent Behavior

ELSEVIER

The influence of family skills programmes on violence indicators: Experience from a multi-site project of the United Nations Office on Drugs and Crime in low and middle income countries☆

Wadih Maalouf *, Giovanna Campello


Haar et al. BMC Public Health (2020) 20:634
https://doi.org/10.1186/s12889-020-08701-w

BMC Public Health

RESEARCH ARTICLE Open Access

Strong families: a new family skills training programme for challenged and humanitarian settings: a single-arm intervention tested in Afghanistan

Karin Haar[1], Aala El-Khani[1], Virginia Molgaard[2], Wadih Maalouf[1*] and the Afghanistan field implementation team


Social Work & Social Sciences Review 16(2) pp.51-75. DOI: 10.1921/3103160207

UNODC Global Family Skills Initiative: Outcome evaluation in Central Asia of Families and Schools Together (FAST) multi-family groups

Lynn McDonald[1] and Taghi Doostgharin[2]

A Pilot Randomized Controlled Trial of a Brief Parenting Intervention in Low-Resource Settings in Panama

Anilena Mejia, Rachel Calam & Matthew R. Sanders

Professional Psychology: Research and Practice
2016, Vol. 47, No. 1, 56–65

0735-7028/16/$12.00 http://dx.doi.org/10.1037/pro0000058

The Strengthening Families Program 10–14 in Panama: Parents' Perceptions of Cultural Fit

Anilena Mejia, Fiona Ulph, and Rachel Calam
The University of Manchester

American Psychological Association
TRAUMA PSYCHOLOGY
Psychological Trauma: Theory, Research, Practice, and Policy

ISSN: 1942-9681
2020, Vol. 12, No. S1, S274–S275
http://dx.doi.org/10.1037/tra0000843

Lions Quest Skills for Adolescence Implementation During COVID-19 Challenges in Croatia

Milos Stojanovic
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United Nations Office on Drugs and Crime (UNODC), Vienna, Austria, and Université du Québec en Abitibi-Témiscamingue (UQAT)

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Education and Teacher Training Agency, Zagreb, Croatia

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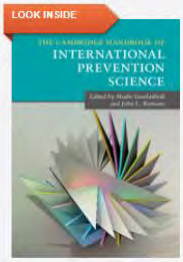

The Cambridge Handbook of International Prevention Science

Part of Cambridge Handbooks in Psychology

EDITORS:
Moshe Israelashvili, Tel Aviv University
John Romano, University of Minnesota
View all contributors

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Campello G., Heikkila H., Maalouf W. Chapter 7: *International Standards on Drug Use Prevention: Tools to Support Policy Makers Globally to Implement an Evidence-based Prevention Response.* In: Moshe Israelashvil & John L. Romano (Editors). Cambridge Handbook of International Prevention Science (2016 ridge University Press

Changing the culture of prevention

Prevention Science
https://doi.org/10.1007/s11121-018-0935-0

CrossMark

Strengthening a Culture of Prevention in Low- and Middle-Income Countries: Balancing Scientific Expectations and Contextual Realities

Rubén Parra-Cardona[1] · Patty Leijten[2] · Jamie M. Lachman[3,4] · Anilena Mejia[5] · Ana A. Baumann[6] · Nancy G. Amador Buenabad[7] · Lucie Cluver[3,8] · Jenny Doubt[3] · Frances Gardner[3] · Judy Hutchings[9] · Catherine L. Ward[10] · Inge M. Wessels[10] · Rachel Calam[11] · Victoria Chavira[12] · Melanie M. Domenech Rodríguez[13]

Initiative 3: Reducing Violence in Panamá by Strengthening Family Systems and Promoting the Implementation of an Evidence-Based Program

Steps Towards Developing a Culture of Prevention In 2009, UNODC launched a project advocating for the adoption of a family skills training program across Panamá—The Strengthening Families Program 10-14 (SFP 10-14). UNODC required the leadership of local policymakers to design a plan for promoting evidence-based interventions, including active participation of local researchers and practitioners to culturally adapt and pilot test SFP 10-14.

Changing the culture of prevention

Prevention Science
https://doi.org/10.1007/s11121-020-01088-5

The United Nations Office on Drugs and Crime's Efforts to Strengthen a Culture of Prevention in Low- and Middle-Income Countries

Heikkilä Hanna[1] · Maalouf Wadih[2] · Campello Giovanna[2]

Abstract

This article discusses how decision-makers can be supported to strengthen a culture of prevention. This article presents an example of the United Nations Office on Drugs and Crime's (UNODC) work to engage with decision-makers to create readiness, demand, and capacity for evidence-based prevention programming among them, particularly in low- and middle-income countries. First, we utilized two of the UNODC's data sources to describe the context where the UNODC's prevention efforts take place. Analysis of the first dataset on prevention activities implemented globally revealed a gap in translating evidence into practice on a global scale. The second dataset consisted of UNODC policy documents mandating and guiding global action to address substance use. The analysis showed that at the level of political frameworks, prevention is gradually gaining more attention but is still frequently left in the shadow of health- and law enforcement-related issues. In addition, these guiding documents did not reflect fully the current scientific understanding of what constitutes an effective prevention response. Against this background, the feasibility of the UNODC's efforts to bridge the science–practice gap in the field of prevention was discussed by presenting the results from the UNODC's regional capacity-building seminars focused on the role of monitoring and evaluation in prevention programming. The results showed potential of this capacity building to affect the attitudes and knowledge of targeted decision-makers. Such efforts to increase decision-makers' readiness and ultimately their endorsement, adoption, and ongoing support of evidence-based preventive interventions should be continued and intensified.

Culture of research

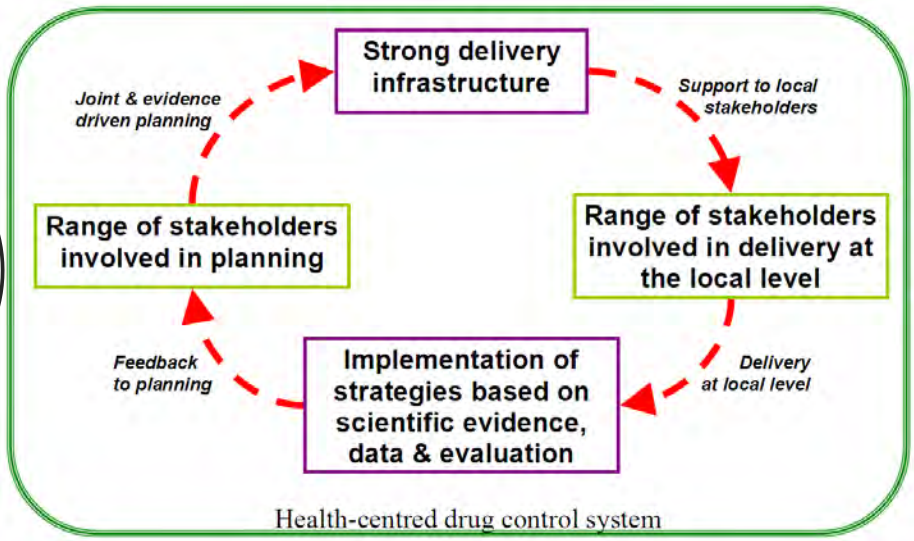
- Demonstrate the transferability of evidence based interventions
- Advocate for the value of M&E and research (especially) in LMIC

- Demonstrate the added value of a system of prevention interventions
  - Contextualize the UNODC CHAMPS initiative

Issue 4- *System of prevention and focus on early prevention*

Two main components

Chapter 3. National drug prevention system

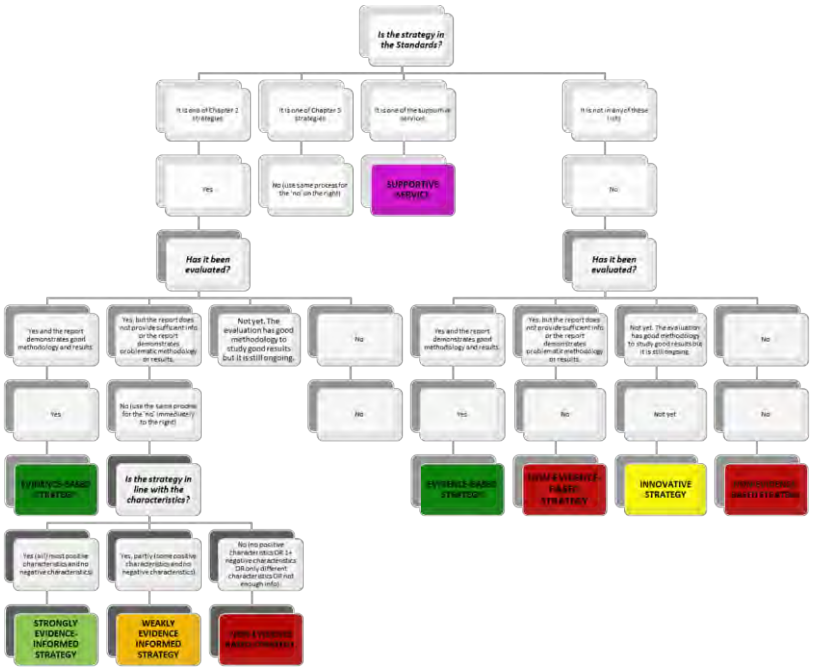


UNODC
United Nations Office on Drugs and Crime

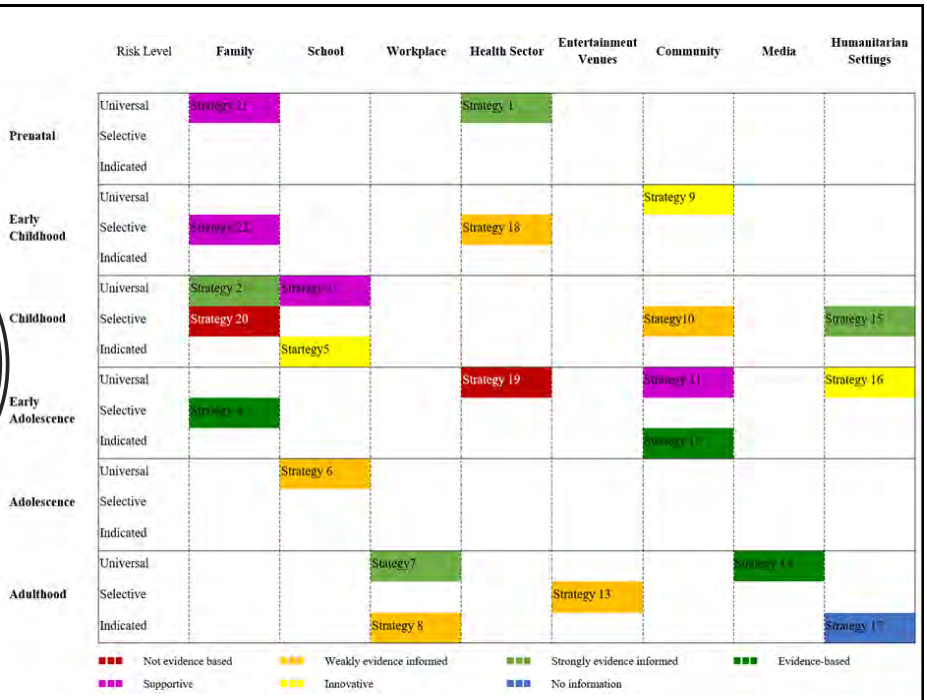
The Standards can help us all be more effective. How can we use them to improve our practice?

RePS

Review of strategies
Analyze information on the basis of the Standards



The kind of overview that we would like to obtain at the end



UNODC
United Nations Office on Drugs and Crime

Elements	Item 1	Item 2	Item 3
A Comprehensiveness			
B Delivery			
C Regulations			
D Research			
E Coordination			
F Sustainability			

Legend
- Not met
- Partially met
- Met
- Not sufficient info

Dimensions of a national preventions systems based on the Standards

CND resolution on early prevention

Resolution 65/4

Promoting comprehensive and scientific evidence-based early prevention

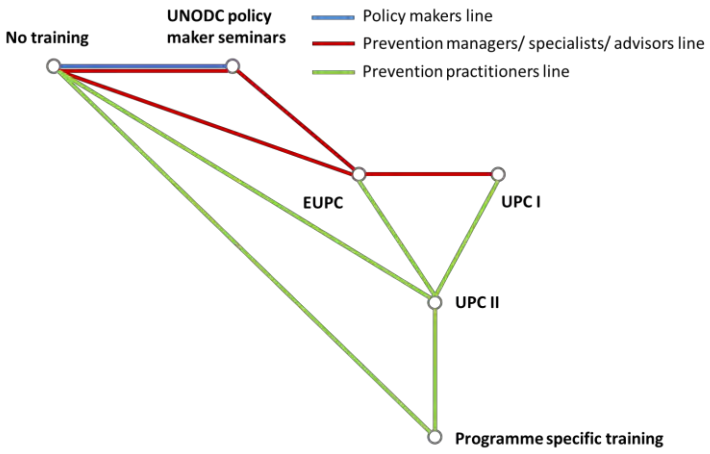
UNODC
United Nations Office on Drugs and Crime

A call for action to positively redirect the developmental trajectory of children through "Promoting comprehensive and scientific evidence-based early prevention"

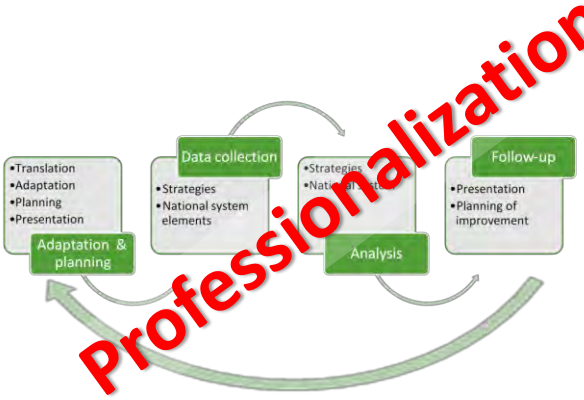
Discussion Paper

Issue 5- *Quality of prevention*

Many different ways to build competence (prevention-training-subway-system)



Cycle of improvement



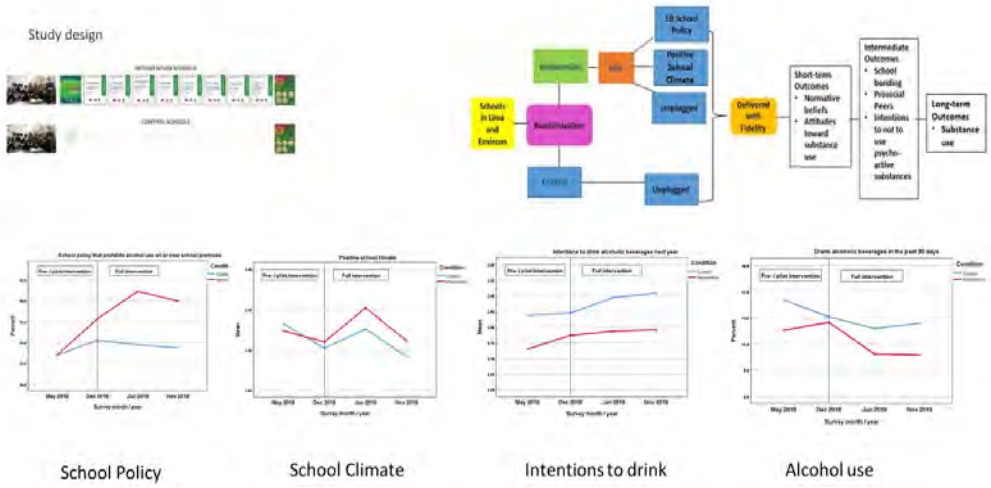
Only activities of quality will be funded

- European Drug Prevention Quality Standards and Toolkits
  - Funding agencies
  - Adaptation

Only people that have been certified to have had specific training can deliver prevention

Applying the principle to practice: a case-study of how the evidence-based principles for prevention has been applied, and challenges that have occurred in the practical country setting. *Peru*

Salazar et al.



Demonstration and Evaluation of the Universal Prevention Curriculum – School-based Prevention Interventions and Policies (issup.net)

UNODC Strategy 2021-2025

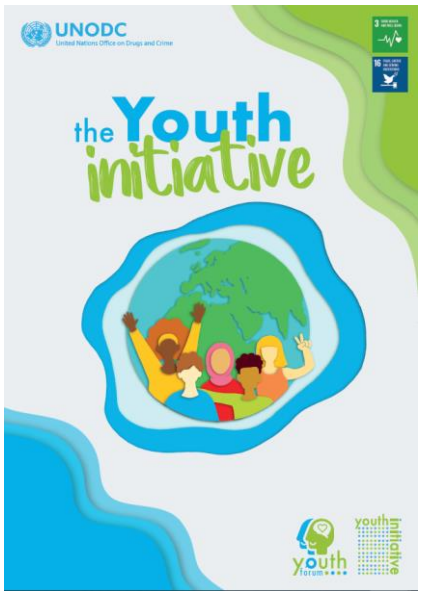
Addressing and Countering the World Drug Problem

- **Increase coverage and quality of prevention**, treatment, care and rehabilitation by promoting **evidence-based services** in line with UNODC/WHO International Standards.
- **Intensify focus on vulnerable populations (including children, youth**, women and people in contact with the criminal justice system and in humanitarian settings).

Cross-Cutting Commitments

- **Support meaningful participation and empowerment of children and youth** as well as their protection

youth initiative



Background

The Youth Initiative was created at the request of the Executive Director of UNODC for the Prevention, Treatment and Rehabilitation Section (PTRS) to engage and empower young people to reflect on the effects of substance use in their schools and communities and to start taking action against it.

UNODC Youth Initiative

- Launched in **2012**, and celebrated its **decade last year**
- For youth to **share** their **experiences**, **ideas** and **creativity**, and **to get support for creating their own substance use prevention** and health promotion activities.

» Youth Forum

» DAPC Grants

Aims and targets

Educate
Engage
Empower

Aims and Targets of the UNODC Youth Initiative

The **UNODC Youth Initiative** supports one or more of the following:

- ☑ Advocates **youth empowerment**
- ☑ Promotes a **health-centered** and **evidence-based perspective** for **prevention of drug use**
- ☑ Contributes to **health, youth empowerment** as well as **actively achieving** the **SDGs**

What is it?
Why?

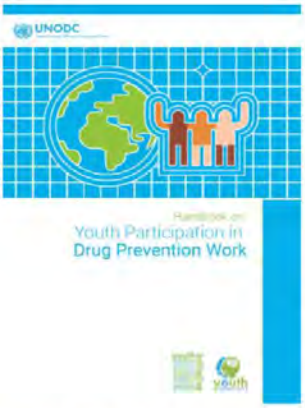
Science
Network
Make Change

The **UNODC Youth Initiative** is the **umbrella** under which **UNODC** aims to **connect young people** from **around the world** and **empower** them to **promote evidence-based drug use prevention strategies**.

The **United Nations** is committed to **empowering youth** and **ensuring youth engagement** at **all levels**. In the context of **substance use prevention**, the **Youth Initiative** provides youth with **possibilities** to **participate** and become an **active member** of **community** of **young people** committed to **support** the **health** and **wellbeing of their peers**.

Youth engagement

- Following the Youth Forum, **active young leaders continue to work** alongside UNODC and the Youth Initiative **to make positive influences at local, national, international levels.**



Handbook on Youth Participation

Listen First

Youth Magazine

Related initiatives

There are currently two funded areas of focus,

1. The **annual Youth Forum** held on the fringes of the **Commission on Narcotic Drugs**. The **Youth Forum** is an **annual event** organized by the **UNODC Youth Initiative** in the **broader context** of the **Commission on Narcotic Drugs (CND).**

2. The **annual DAPC - Drug Abuse Prevention Center (DAPC) in Japan** grant program funds **youth efforts** in the area of **drug prevention** at the **local level**. These grants **mobilize youth** and **organizations around the world** through an **annual competitive application process**.

DAPC Grants

The youth from **DAPC mobilizes communities** and **raises funds** that they donate to **UNODC** to support **youth-centered activities** to **prevent drug use** in **low** and **middle-income countries**. This initiative is **truly from youth, to youth, for youth!**

Since 2012 every year, **UNODC** has been awarding **small grants** to **youth organizations** working in **low and middle-income countries**.

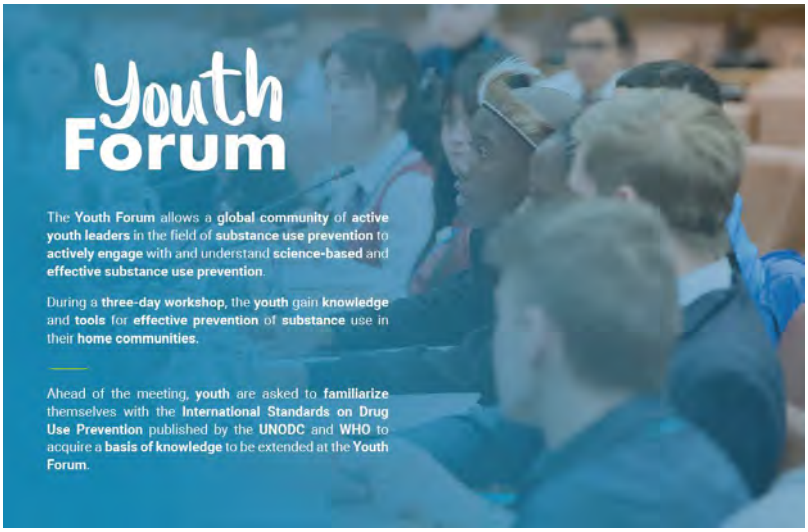
DAPC Japan: Youth volunteers raising funds *from youth, to youth, for youth!*

The aim is to **empower youth** to take more **active roles** in **supporting** the **health** and **wellbeing** of their **peers**, helping them to **initiate** and **scale up concrete activities** and to **connect youth groups** working in **prevention**, **health promotion** and **youth empowerment** via the **Youth Initiative**.

With these **grants, young people** and **youth organizations** have **successfully implemented prevention** and **awareness-raising activities** in their **schools** and **communities**, guided by **UNODC/WHO International Standards on Drug Use Prevention**.

The **activities** range from **photographic exhibitions**, **radio shows** or **street theatres** to **training school teachers** on **social** and **emotional skills**, **parents** on **good parenting practices**, **out-of-school youth** on **income generation**, or **peer educators** on how to **scale up prevention efforts** in their **schools and communities**.

Since 2012, 139 grants awarded in 55 countries.



Youth delegation 2023

PTRS
PREVENTION TREATMENT
REHABILITATION SECTION

Thank you!

Wadih Maalouf and Damien, PhD

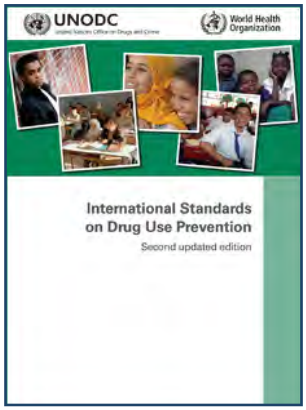
Coordinator of Prevention Programme,

Division for Policy Analysis and Public Affairs
Drugs, Laboratory and Scientific Service Branch
Prevention, Treatment and Rehabilitation Section

wadih.maalouf@un.org *Twitter: @wmaaloufun* *@unodc_ptrs*

ADDITIONAL RESOURCES

International Standards on Drug Use Prevention



Access the guide **HERE!**

Guidelines on mental health promotive and preventive interventions for adolescents

Access the guide **HERE!**

INSPIRE: Seven Strategies for Ending Violence Against Children

Access the guide **HERE!**

For additional UNODC prevention resources, click HERE.

2023 HIDTA PREVENTION SUMMIT

RESOURCES

ONDCP's Approach to Prevention and Guidance for Implementing Public Health Policies

Beth Connolly, MPA

Assistant Director, Office of Public Health
Office of National Drug Control Policy

PRESENTER BIO

Beth Connolly, MPA

Beth Connolly serves as the Assistant Director of the Office of Public Health, within the White House Office of National Drug Control Policy (ONDCP/OPH). In this role Ms. Connolly oversees the development and implementation of public health approaches to reducing drug use and its consequences, focusing on prevention, harm reduction, treatment, workforce and recovery-ready workplaces, and recovery support services.

Ms. Connolly brings to ONDCP decades of public health and human services experience in both government and non-profit sectors. Beth served for thirty years in the New Jersey Department of Human Services, concluding her state government career as the Department's Commissioner. Her government experience includes serving people who are often underrepresented and face social challenges such as homelessness and a lack of health care. During her tenure she shepherded reforms related to behavioral health, Medicaid and its expansion, safety net programs, child welfare, and the adoption of home-and community-based support services.

After leaving state government, Ms. Connolly joined the Pew Charitable Trusts. There she directed the substance use prevention and treatment initiative leading research and technical assistance efforts across the federal government and states to promote evidence-based transformation of the treatment system, expand the substance use disorder workforce, optimize coverage and reimbursement for effective treatment, and improve the delivery and coordination of care for underserved populations. Ms. Connolly has served as an adjunct professor in graduate programs at Seton Hall University, Rutgers University, and Georgetown University.
Beth holds a Bachelor's degree in Social Work and a Master in Public Administration both from Seton Hall University.

2023 HIDTA PREVENTION SUMMIT

RESOURCES

Protecting Youth from Unintended Harm: Using the Best Available Evidence to Inform a Thoughtful Approach to Sharing Drug Information for Prevention

Christine Steeger, PhD
Assistant Research Professor, Prevention Science Program
Institute of Behavioral Science, University of Colorado Boulder

Jessica Perkins, PhD, MS
Assistant Professor,
Department of Human and Organizational Development
Peabody College, Vanderbilt University

PRESENTER BIO

Christine Steeger, PhD

Dr. Steeger's research background and expertise are in Developmental Psychology and Prevention Science. In 2013, she received her doctorate degree in Developmental Psychology from the University of Notre Dame. In 2015, she completed a two-year NIH/NIDA T32 post-doctoral fellowship at the Yale University School of Medicine, Department of Psychiatry, Division of Prevention and Community Research. She then joined the Social Development Research Group (SDRG) at the University of Washington as a Research Scientist. Since 2017, Dr. Steeger has worked in the Institute of Behavioral Science at the University of Colorado Boulder and is currently an Assistant Research Professor in the Prevention Science Program.

Dr. Steeger currently leads a large-scale cluster randomized trial testing the effectiveness of a school-based preventive intervention to prevent or reduce adolescent substance use. She is also leading a pilot project focused on understanding disparities in nicotine and cannabis vaping among youth. Dr. Steeger is a senior reviewer for the Blueprints for Healthy Youth Development online registry of effective preventive interventions, with a primary role of evaluating the methodological quality (focused on internal validity) of published preventive intervention research. Additionally, she collaborates on a CDC-funded project that aims to reduce violence among youth in two high-burden Denver communities using a Communities That Care (CTC) approach.

PRESENTER BIO

Jessica Perkins, PhD, MS

Dr. Perkins is an interdisciplinary social and behavioral scientist. Her research broadly assesses social norms and social networks as drivers of substance use, violence, HIV prevention and treatment and co-occurring behaviors and health outcomes. Specifically, she focuses on identifying misperceptions about health-promoting norms within local networks as opportunities to implement norms-based strategies to encourage individual and collective change. Dr. Perkins' current research areas include: 1) leading a community-engaged, population-based cohort study about misperceived social norms and their effects on health outcomes among adults in rural Uganda; 2) assessing the role of social norms on health and development-related behaviors among adolescents and college students in the US; and 3) addressing structural and social determinants of stigma and HIV prevention and treatment outcomes among young adults in Tennessee through community-engaged quantitative and qualitative projects. Her published body of work around social norms and social context spans substance use prevention and recovery, intimate partner violence, bullying, weapons, and bystander attitudes, HIV testing, prevention, and medication adherence, food security, water security, and mental health. Dr. Perkins' teaching has included courses on alcohol and drug use among emerging adults in the United States and social norms approaches to health and community development.

University of Colorado Boulder

HIDTA Prevention Summit
October 12, 2023
1:30-2:30pm ET

Protecting Youth from Unintended Harm: Using the Best Available Evidence to Inform a Thoughtful Approach to Sharing Drug Information for Prevention

Christine M. Steeger, Ph.D.
Assistant Research Professor
Prevention Science Program, CU Boulder
christine.steeger@colorado.edu

Today's Outline

- Youth substance use prevention approaches
- Brief history of substance use prevention
- Role of different approaches in prevention
- Best practices of effective approaches
- Where to find evidence-based prevention programs
- Take-aways

Youth Substance Use Prevention

Drug Education/Drug Prevention/Substance Use Prevention

- Terms often used broadly as strategies for preventing youth (ages 12-18) substance use

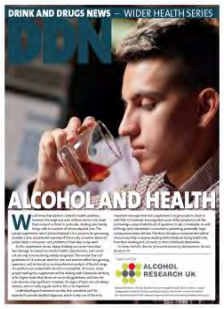
Substance use prevention outcome targets:[1,2]

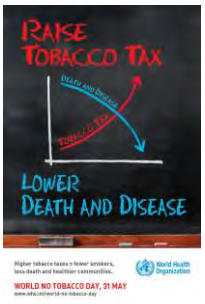
- Increasing knowledge about substances
- Delaying onset
- Reducing use
- Reducing misuse
- Minimizing harm

Youth Substance Use Prevention Approaches

Can occur in many settings and may encompass many prevention activities

- Information Sharing
- Awareness Campaigns
- Drug Education Curricula
- Preventive Interventions
- Policies





Can be stand-alone approaches or part of larger, more comprehensive and coordinated prevention efforts

Which of these approaches is effective? How do we know what works?

History of Substance Use Prevention Approaches

- Evolution of approaches over many decades
- Summary of approach and the evidence

Publication source: Partnership to End Addiction
RETHINKING SUBSTANCE USE PREVENTION: An Earlier and Broader Approach[3]

Prevention Approach: Scare Tactics

- Films or materials showing graphic images, sensationalizing risks, or telling horror stories

The evidence: may cause more harm than good and do not change substance use behavior.[4,5]

- **Why?** Youth may remember details delivered by someone with a personal account of drug use and recovery, but they may not make the connection between the story and their situation or behaviors.

Prevention Approach: Information Dissemination

- 1960s: Knowledge-based models, factual information

The evidence: by the late 1970s, this approach was determined to be ineffective in changing substance use behavior (though may increase awareness).[6,7]

- **Why?** Presenting facts does not ensure understanding or relatability of the information or changes in behaviors. These approaches can also normalize substance use.

Prevention Approach: Affective (Emotion) Education

- 1970s: Prevention efforts evolved to rely on educational curricula centered on value- or decision-making models.
- Aimed to reduce substance use through personal development and self-esteem strategies.[1,8]

The evidence: affective training approaches were largely ineffective in changing youth substance use behavior.[5,9,10]

Why? Missing interactive social skill building and drug resistance skills that can change behaviors → social competency programs.

Prevention Approaches: Research-Based, Evidence-based & Comprehensive Prevention

- 1980-early 2000s: greater acknowledgement that substance use prevention is complex[1,5]
  - Involve parents & communities
- Comprehensive programming that is grounded in science, theory-based, developmentally-focused, and uses data and evaluation
- Multi-tiered public health approaches, addressing risk and protective factors of substance use in multiple settings

Summary of What We've Learned in Prevention Approaches

Effective approaches

- Comprehensive, evidence-based prevention that address the root causes of problem behaviors

Ineffective approaches

- Scare tactics, punitive and zero tolerance approaches, information dissemination only, affective/emotion training and education-only models

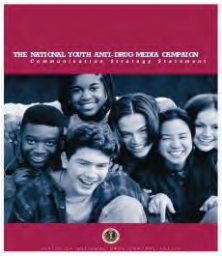
Many of these approaches are still popular despite being ineffective or having only weak evidence

…Is there a role of information sharing/campaigns and drug education curricula in prevention?

Yes, these approaches can still have value in comprehensive prevention efforts!

What we know: Information sharing materials and awareness media campaigns can have value as cost-effective methods that can effectively reach many youth

- FDA's *The Real Cost* tobacco-focused national campaign, The National Youth Anti-Drug Campaign (1998-2004), SAMHSA's "Talk. They Hear You." campaign



The Evidence for Information Sharing/Campaigns

What Studies Show

- Mixed evidence, but some campaigns may be more effective in changing perceptions, attitudes, and beliefs than reducing substance use behavior.[11-17]
- Some evidence of decreased risk for smoking initiation (e.g., *The Real Cost*).[16-17]
- But other campaigns may increase misperceptions (e.g., The National Youth Anti-Drug Campaign).[18]
  - Revamped version, *Above the Influence,* some positive effects for less marijuana use[19,20]

The Evidence for Information Sharing/Campaigns

Limitations of Current Research & Best Practices

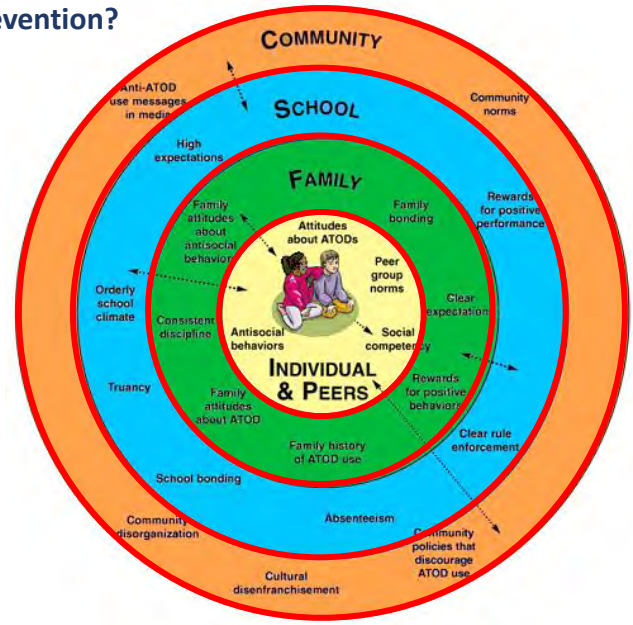
- Findings vary depending on the type of campaign and study design.[21,22]
- Many studies are focused on short-term effects or do not measure actual substance use behaviors beyond awareness, perceptions, and attitudes.
- There is a need to assess long-term effects through high-quality evaluations.
- Some current best practices in information sharing/campaigns: include true positive norm messaging, are theory-based and developmentally appropriate, and are part of a comprehensive prevention strategy.

The Evidence for Fentanyl Information Sharing/Campaigns

- Many information sharing materials have been developed at local and national levels.
- We know very little about the effectiveness of fentanyl information sharing/campaigns on changing youth substance use awareness, attitudes, and behaviors.
- Like other substance use prevention campaigns, we need more research evaluations.
- Best practices for fentanyl-specific prevention approaches are still unknown.

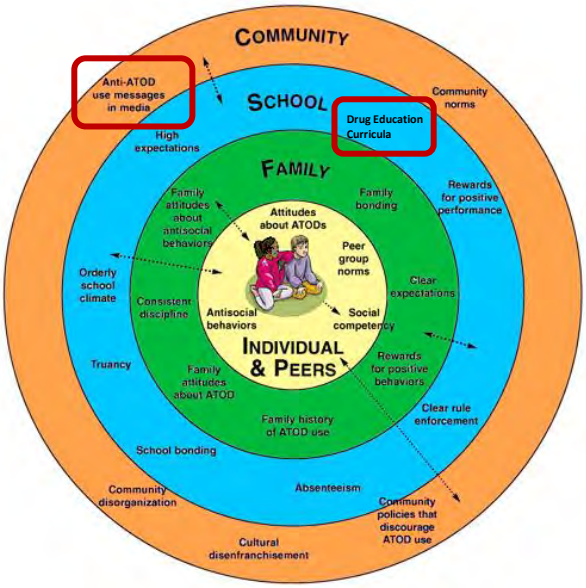
What do we mean by comprehensive prevention?

- Preventing substance use is multifaceted and requires a comprehensive community-based prevention strategy.
- Based on combined programs, practices, and policies grounded in evidence.
- The root causes of disordered and of positive development reach across all areas of influence: individual and peers, family, school, and community.



How have Information Sharing/Campaigns and Drug Prevention Curricula been effectively used in Comprehensive Prevention?

- **Anti-substance use campaigns and drug education curricula** can be useful, but alone are not sufficient to prevent substance use.
- Need to be part of a **comprehensive strategy** to address the root causes of substance use across multiple domains.
- Approaches can play a role in changing substance use attitudes or behaviors if they include **effective content** (e.g., social norms vs. just facts) and are coupled with **preventive interventions that include skill building**.



Best Practices in Effective Prevention Approaches

Information Sharing/Campaigns | **Drug Education Curricula** | **Preventive Interventions** | **Policies**

Best practices/core components:[1,5,23-27]

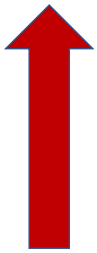
- Informed by science and guided by theory
- Developmentally appropriate
- Culturally and context sensitive
- Target known risk and protective factors
  - Risk factors: misperceptions of social norms, negative social influences
  - Protective factors: attitudes toward substances, skill development (social, emotional, cognitive, resistance skills)
- Interactive learning and skills practice

Best Practices in Effective Prevention Approaches

Information Sharing/Campaigns | **Drug Education Curricula** | **Preventive Interventions** | **Policies**

Additional best practices/core components:[1,5,23-27]

- Recognize and reinforce positive behavior
- Comprehensive interactive training for providers
- Uses peer leaders
- Comprehensive and multimodal intervention components
- Evidence-based program implementation



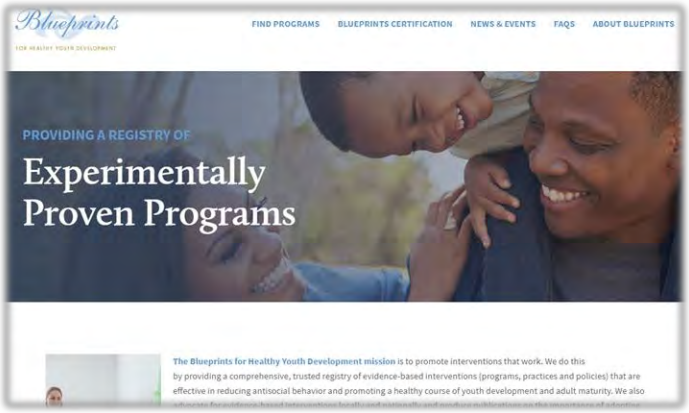
The most comprehensive evidence as an effective approach for the prevention of youth substance use

Evidence-based Preventive Interventions for Behavior Change

How do community members know what works?

Resources exist to select tested, effective programs for preventing youth substance use

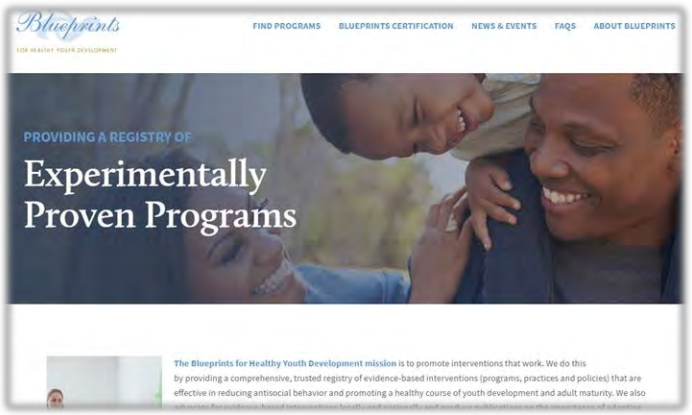
Blueprints!



A web-based registry of *experimentally proven programs* (EPPs) promoting the most rigorous scientific standard and review process for certification.

www.blueprintsprograms.org

Blueprints for Healthy Youth Development

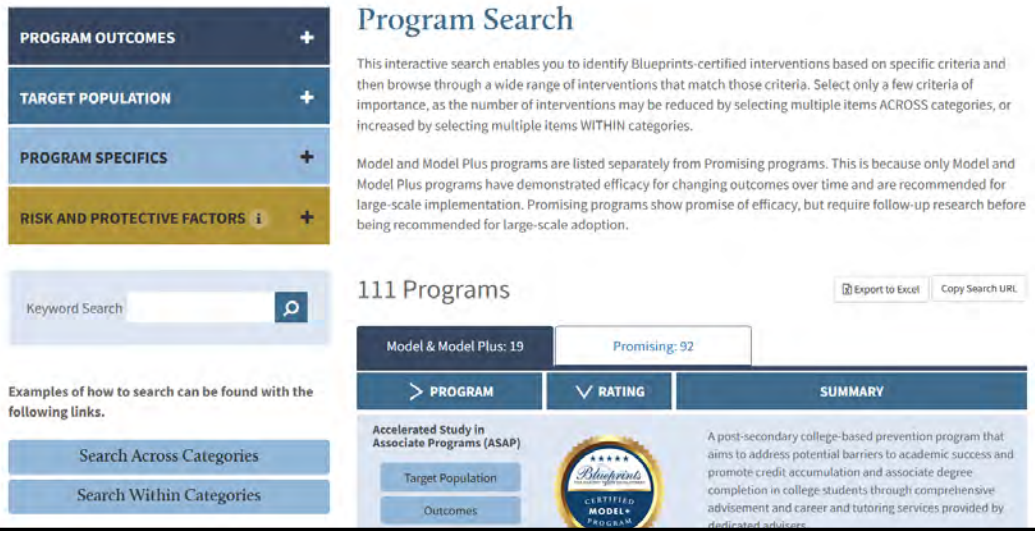


Goal:

To provide communities with a trusted guide to interventions that work.

www.blueprintsprograms.org

www.blueprintsprograms.org

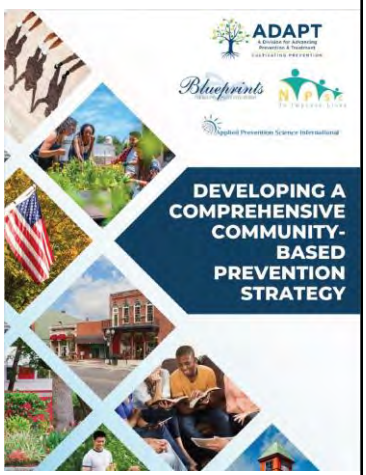


ADAPT Resources

Links to Other Registries and Resources

Take-aways

- There are several youth substance use prevention approaches with a range of evidence. Many information sharing materials/campaigns still need to be evaluated for effectiveness.
- Information sharing/campaigns and drug education curricula can still play a role in comprehensive prevention strategies.
- A comprehensive prevention strategy is based on key lessons learned from the prevention science field.
  - Resources: ADAPT's Developing a Comprehensive Community-based Prevention Strategy brief, CDC and SAMHSA



Take-aways, continued

- Be strategic in prevention approaches, have realistic expectations, and avoid unintended harm.
- If implementing a universal strategy targeted to all youth, need a thoughtful approach, informed by evidence (e.g., social norms communication, social-emotional skills training).

ADAPT Sharing Information Prevention Tool

- "Sharing Substance-Related Information with Youth (12-18) as a Universal Strategy: Integrating the Best Available Evidence to Protect from Unintended Harm"

University of Colorado Boulder

HIDTA Prevention Summit
October 12, 2023
1:30-2:30pm ET

Protecting Youth from Unintended Harm: Using the Best Available Evidence to Inform a Thoughtful Approach to Sharing Drug Information for Prevention

Thanks!

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References and Resources

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References and Resources, continued

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[27]Jenson, J. M., & Bender, K. (2014). *Preventing child and adolescent problem behavior: Evidence-based strategies in schools, families, and communities*. Oxford University Press.

References and Resources, continued

Where to find evidence-based prevention programs:

Blueprints for Healthy Youth Development online registry
https://www.blueprintsprograms.org/

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

Other helpful prevention resources:

Prevention Technology Transfer Center Network (PTTC): https://pttcnetwork.org/

Partnership to End Addiction: https://drugfree.org/

Best Practices in Effective Prevention Approaches

Best Practices/ Core Components	Description or Example
Guided by theory	Theoretical framework addresses multiple risk and protective factors in relevant individual, peer, school, family, and/or community settings
Developmentally appropriate	Intervention contains age-appropriate content and activities
Culturally and context sensitive	Relevant to targeted youth populations and environment/setting
Accurate peer behavior and social norms content	To counter misperceptions of peer substance use behavior, intentions not to use, communicate positive norms
Skills training	To help youth build skills (protective factors) in the following areas: resistance skills (messages from the media, normative education, resistance to peer influences, reinforcing anti-drug attitudes), emphasis on healthy behavior, social skills (communication and problem-solving), self-control, self-efficacy, assertiveness, emotional awareness, and strengthening personal commitment against substance use
Interactive delivery approach	Opportunities for youth to practice new skills, through cooperative learning, role-playing, and other group activities

Best Practices References: 1, 5, 23-27

Best Practices in Effective Prevention Approaches, continued

Best Practices/ Core Components	Description or Example
Positive Behavior Reinforcement	Recognize and reinforce positive behavior
Comprehensive interactive training for providers	Well-trained staff, sensitive, competent, adequate skills and buy-in; trusted adults
Uses peer leaders	Activities that are peer-led or include peer-led components
Comprehensive and multimodal intervention components	Components address multiple developmental domains and settings, intervention has adequate dosage, uses content reinforcement and provides additional resources
Evidence-based program implementation	Use existing, effective prevention programs (i.e., programs that have been well-evaluated for effectiveness using appropriate design, measures, and analysis), and collect data in your community (when possible) or track your state's Healthy Kids survey data

Best Practices References: 1, 5, 23-27

VANDERBILT UNIVERSITY

HIDTA Prevention Summit
October 12, 2023
1:30-2:30pm ET

Sharing Substance-Related Information with Youth aged 11-18: Integrating the Best Available Evidence

Part 2 (Presenting the Social Norms Framework)

Jessica M. Perkins, Ph.D.
Assistant Professor
Peabody College, Vanderbilt University
jessica.m.perkins@Vanderbilt.edu

The next 20 to 30 minutes

- Social Norms: Perception vs. Reality
- The Social Norms Approach
- The Social Norms Framework for Sharing Substance-Related Information
- Considerations for Sharing Fentanyl-Specific Information using a Social Norms Framework

Part 1: Social Norms Perceptions vs. Reality

Humans Are Social Animals

Perceived Norms vs. Actual Norms

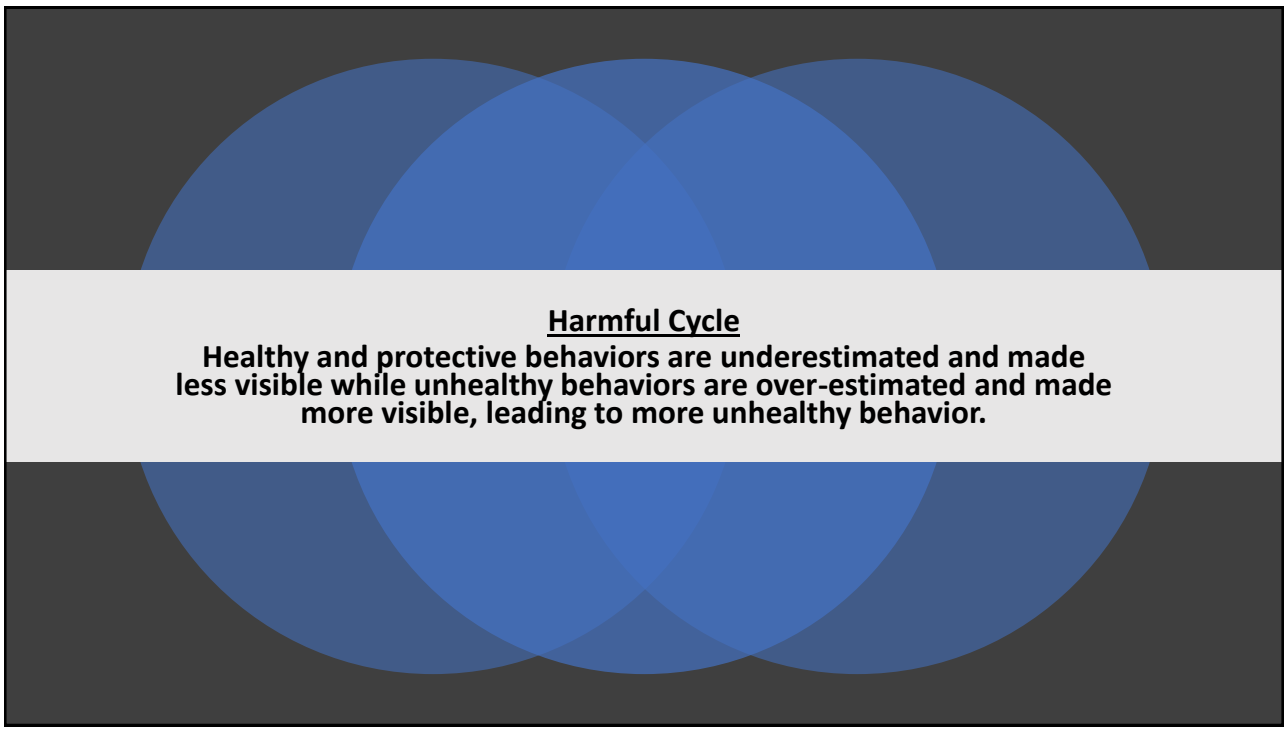
- **<u>Perceived Norms</u> are what individuals believe their peers think and do**
- **<u>Actual norms</u> are what most peers actually think and do**
- **Often, there is misalignment between perceived norms and actual norms → <u>Misperceived Norms</u>**
- People tend to incorrectly think that negative, unhealthy, and risk behavior and attitudes are common when, in fact, positive, healthy, and protective behavior and attitudes represent the majority.

Perceived Norms vs. Actual Norms

- **Both youth and adults *misperceive norms,* particularly around substance use**

Misperceived Norms Affect Attitudes and Behavior

1. **When people think substance use is the norm, they are more likely to make choices that align with that misperception (i.e., use, acceptance, or promotion of substance use).**
2. **People are more likely to hide or diminish their own healthy and protective choices, attitudes, and behaviors, which then become invisible to others.**
3. **People are less likely to speak up when they witness others engaging in or tolerating substance use.**



Part 2: Engineering Prevention and Individual and Social Change by Changing Perceptions

The Social Norms Approach

The *Social Norms Approach*

- **Aims to correct misperceived norms and strengthen accurate perceptions to, in turn, prevent and reduce risk behavior.**
- **Focuses on making healthy, positive, and protective actual norms more salient and visible to youth and other intended audience**

How It Works

Intervention	Change	Predicted Result
Intensive Exposure to Actual Positive Norm Messages about *Relevant Groups* to youth and associated adults (caregivers, teachers, coaches, etc.)	Less exaggerated misperceptions of peer norms or total perception correction	Uptake of healthier behavior or attitude and increased support for health-promoting behavior and bystander action

The Process (In Brief)

Identify	identify misperceived norms and existing positive norms about *relevant groups** from a *credible data source**
Train	teach those involved in the process about the approach and others who work with youth in the targeted audience about the approach to reduce the risk that they themselves will not undermine the communication with their own misperceptions
Design	design messaging based on actual local norms about no or low risk behavior among youth and high engagement in protective behaviors and attitudes among youth, and avoid ineffective/harmful messaging tactics
Expose	spread these accurate positive messages across youth populations within schools and other contexts and across affiliated adult populations such as caregivers, parents, and teachers.

Positive Norms

Actions

- Little to no substance use
- Protective strategies to avoid substance use or situations with substance use
- Engagement in alternative healthy behaviors for fun, to cope, etc.
- Bystander actions to prevent others from using
- Bystander actions to prevent harm when people do use

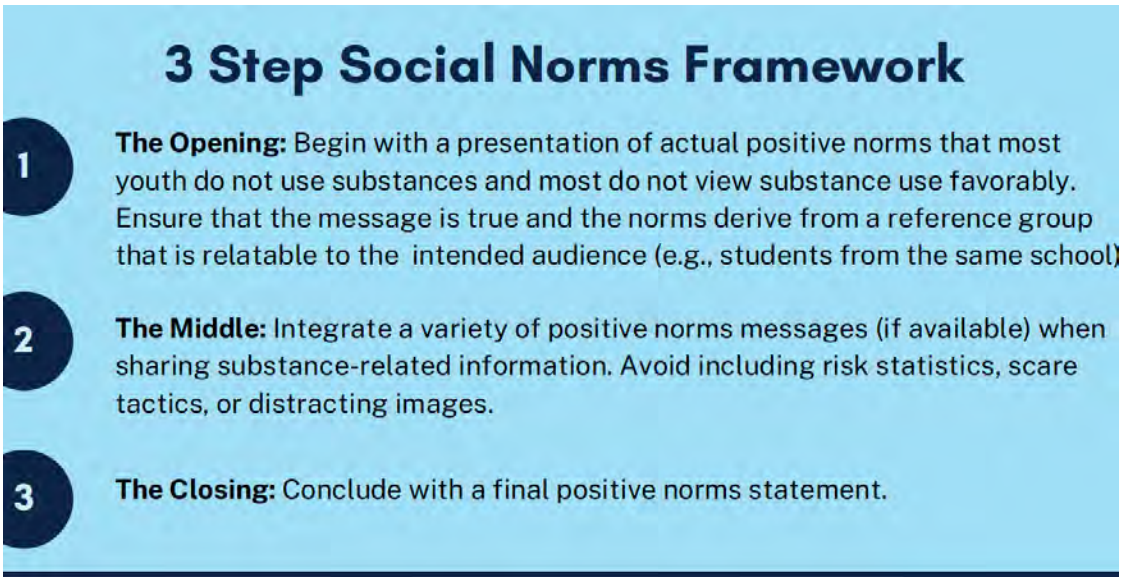
Attitudes

- Disapproval of substance use / not viewing it favorably
- Not stigmatizing others who avoid substance use or situations with substance use
- Approval of others who intervene to reduce others use and reduce potentially harmful consequences for those who do use

Evaluate (In Brief)

Request feedback	Engage a substance of intended audience to get feedback about messages, design, and implementation
Address kickback	Engage stakeholders, audience, and larger community to address pushback (disbelief in data, messages, etc.) and facilitate non-judgmental conversation about what the positive norms really are, how misperceptions are created and maintained, and help people wrestle with changing misperceptions
Assess change	Compare perceptions and outcomes to original data source and any other archival data available and plan for long-term data collection

Part 3: Building A Social Norms Framework for Sharing Substance Use Information



The Opening

Most youth in this school do not use the substance.

(behavioral norm)

Most youth in this school think that it's not good for you or your peers to use that substance.

(attitudinal norm)

All data reported here come from the 2022 survey of youth aged 13-18 in this school where 80% of youth responded.

The Middle

Most youth in this school engage in bystander action and protective strategies

Most youth in this school engage in these other healthy behaviors and view them favorably

Most youth in this school support risk management action if substance use occurs

The Middle Continued

Most parents and other adult caregivers of youth in this school disapprove of youth using substances

Most parents of youth in this school talk with their children about how to protect themselves and others

Compared to last year, two times more youth in this school feel comfortable calling for help if they think someone has overdosed

The Closing

Repeat important message about how most youth do not use substances and disapprove of other youth doing so.

Pair a few statements together for a broad, hopeful, summary message.

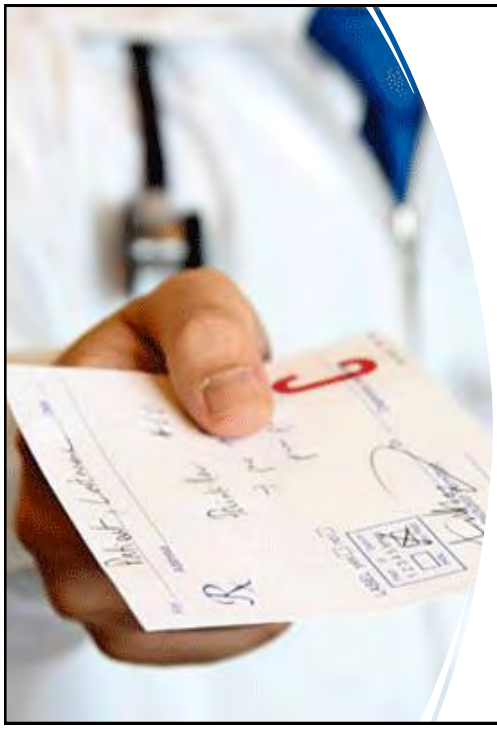
Remind audience where data in the positive norm messages are from.

Critical Steps

1. Find a credible data source
2. Interpret true positive norms (may need to flip the statistics)
3. Train stakeholders to minimize skepticism
4. Monitor outcomes to inform adjustments and address skepticism
5. The role of youth in the process

Part 4: Sharing Fentanyl Information through the Social Norms Framework

1. Focus on non-use norms and disapproval of use norms to reduce use of pills not prescribed by a health care provider
   - Most youth use do not take pills not prescribed to them
   - Reduces misperceptions about peer pressure to use



2. Present norms about use of pills in specific approved circumstances
   - Most youth get pills from a pharmacy through a prescription
   - Most youth take pills only in the way prescribed by a doctor

3. Provide information about support norms for bystander action
   - Most youth hare willing to get help or administer Narcan to a friend in case of an overdose
   - Most youth would help a friend get a fentanyl testing kit if they couldn't stop a friend from taking a substance

Check out the new tool!

Examples coming up next!

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Jessica M. Perkins, Ph.D.
Assistant Professor
Peabody College, Vanderbilt University
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Thank you!

RESOURCES

Case Study

Messaging to Youth about Fentanyl using a Social Norms Approach: The Colorado Campaign

Jaime Feld, MPH
Opioid Response Director, Colorado Attorney General's Office

Eric Anderson
Principle, SE2

Brandon Zelasko
Principle, SE2

PRESENTER BIO

Jaime Feld, MPH

Jamie Feld, MPH has 17 years of related behavioral health experience, the last nine specifically focusing on addressing the opioid crisis in Colorado. She is an epidemiologist by training and has served at various governmental agencies such as the US Department of Veterans Affairs, Centers for Disease Control and Prevention and the Colorado Consortium for Prevention Drug Abuse Prevention at CU Anschutz School of Pharmacy. She has led efforts in international, national, state, and local levels of the public sector. In previous roles, she provided subject matter support for the Opioid and Other Substances Interim Committee and the Behavioral Health Transformational Task Force at the Colorado General Assembly. She is currently the Director for the Opioid Response Unit at the Colorado Attorney General's Office. To date, more than $740 million in opioid settlement dollars has been secured by the Colorado Attorney General for addiction treatment, recovery, and prevention programs around the state.

PRESENTER BIO

Eric Anderson

Eric is a principal who co-founded SE2 a quarter-century ago. He has led behavior change projects focused on limiting harm to youth from marijuana, tobacco, and opioids, among other issues, while promoting positive social norms. As a father of teens and young adults, he recognizes the unique array of challenges facing young people today and is committed to supporting the next generations. Eric is a former journalist.

PRESENTER BIO

Brandon Zelasko

Brandon is a principal and a co-owner of SE2. He leads behavior change campaign strategy for SE2's clients. Brandon has been with SE2 for 13 years and has worked on behavior change campaigns addressing opioid prevention, tobacco cessation, youth vaping, STI testing and treatment, and mental health promotion. Brandon is a Colorado Governor's Fellow and serves on the board of Colorado Young Leaders.

CONNECT EFFECT

Applying the positive social norm framework to the radically different threat of fentanyl

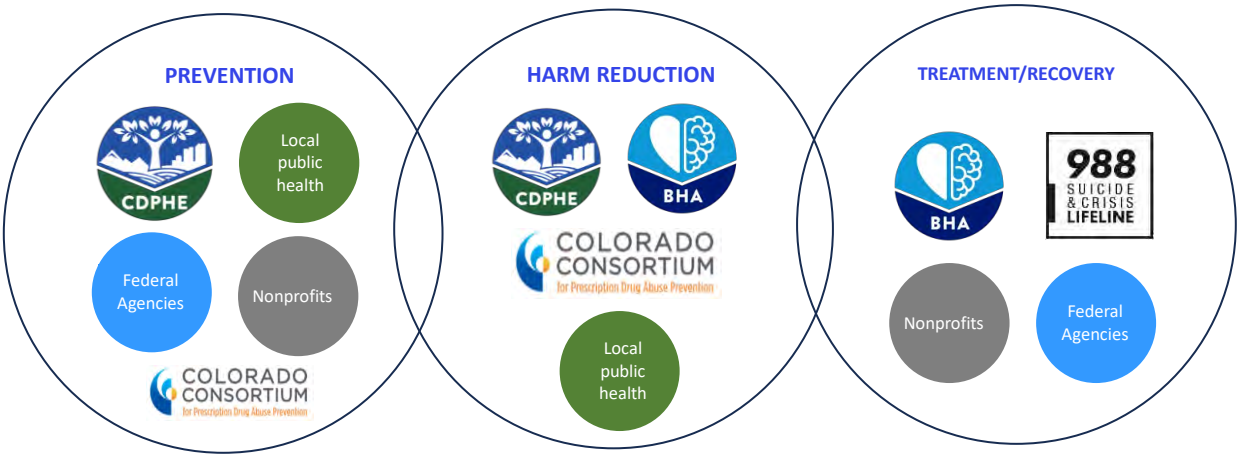
An Initiative of the
Colorado Attorney General's Office

HOW WE GOT HERE

- **Opioid settlement offers once-in-a-generation opportunity**
- **How Colorado is leveraging settlement funding**
- **The imperative to coordinate efforts across organizations**
- **Identifying partners to design and implement campaign**
- **Identifying gaps in the broad ecosystem of youth prevention**
- **Homing in on best practices and adapting them to fentanyl**
- **Maintaining do-no-harm mindset while charting new course**

A CROWDED ECOSYSTEM

Colorado campaigns live before Colorado Attorney General launch



OUR HYPOTHESIS

Campaign would need to employ fear-based and loss-framed messaging and visuals to jar key audiences to act

CONNECT EFFECT

RESEARCH

- Consulted with national experts
- Evaluated strengths and weaknesses of other campaigns
- Reviewed existing, Colorado-specific research
- Conducted primary research with community partners
  - Statewide polls with parents and youth
  - Discussion groups with youth
- Our conclusion: our hypothesis was WRONG

The Science of Social Norms

Professor Wesley Perkins:

- **Humans are influenced by peer norms**
- **Peer norms are one of the strongest predictors of behavior**
- **Peer norms are greatly overestimated when it comes to substance use and protective behaviors are underestimated**

Everybody does NOT do it

WHAT WE FOUND

- **Youth overwhelmingly make healthy choices**
- **Youth overestimate the number of their peers who make unhealthy choices and underestimate the number who make healthy choices**
- **Youth want facts and science, not scare tactics**
- **We must avoid perpetuating stigma**
  - **Judgment is ineffective at changing behavior; stigma encourages risky behavior (like using alone) and discourages people from seeking support, treatment**
- **Connection is a powerful upstream prevention factor for a variety of risky behaviors**

CONNECT EFFECT

CAMPAIGN OBJECTIVES

- **Increase knowledge of positive social norms**
- **Increase knowledge of fact-based information**
- **Show how to be an *active* bystander**
- **Increase confidence in protective skills**
- **Normalize open conversations (peer to peer and teen to parent/trusted adult)**
- **Promote the power of connection**

CONNECT EFFECT

AUDIENCES

Primary:
Youth ages 10-14 and their parents/trusted adults

Secondary:
Youth ages 15-18 and their parents/trusted adults

Why we focused primarily on younger adolescents:

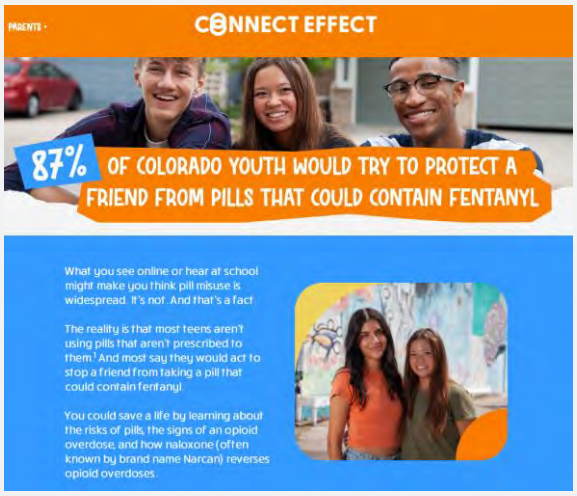
- Younger cohort is less likely to have experimented
- Builds refusal and bystander skills early, *before* they are exposed
- Younger teens are more influenced by their parents

YOUTH COMMERCIAL

YOUTH POSTERS

DIGITAL DOWNLOADS

DISPLAY ADS



WEBSITE

LESSONS LEARNED

- **Fentanyl's lethality makes it fundamentally different than other substances...**
- **...but the basic principles of social norming and connectedness still apply**
- **Positive social norm approach can be compatible with anti-stigma goals if we separate the behavior from the people (e.g., person-first language)**
- **Build on other efforts/campaigns without adding to clutter**
- **Campaigns can stress urgency of action while focusing on positive choices most youth are making**

NEXT STEPS

- Testing and learning as campaign progresses
  - See how the campaign performs; tweak messaging/targeting based on data
- Exploring third-party evaluation
- Engaging local partners to amplify the campaign
  - Regional opioid settlement partners who have own funding
  - Other community partners (mini-grants to nonprofits)

CONNECT EFFECT

SHARING THE CONNECT EFFECT

Connect Effect Campaign Toolkit

CONNECT EFFECT

CONNECT EFFECT

CONTACTS

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Brandon Zelasko, SE2
Brandon@SE2ChangeForGood.com

ADDITIONAL RESOURCES

Connect Effect

The reality is that most teens aren't using pills that aren't prescribed to them. And most say they would act to stop a friend from taking a pill that could contain fentanyl. **Connect Effect** is a statewide campaign to help Colorado teens and the adults in their lives start a conversation about pills and fentanyl that is grounded in the power of connection. The project, an initiative of the Colorado Office of the Attorney General, uses the science of positive norms to highlight that most teens are making healthy choices. Within this context, the campaign also shares factual information about the risks of fentanyl, signs of overdose, and how anyone can use naloxone to reverse it.

To learn more about Connect Effect go to
https://www.connecteffectco.org

2023 HIDTA PREVENTION SUMMIT

RESOURCES

Prioritizing Prevention to Address the Fierce Urgencies of Now

Carlton Hall

President and CEO, Carlton Hall Consulting LLC

PRESENTER BIO

Carlton Hall

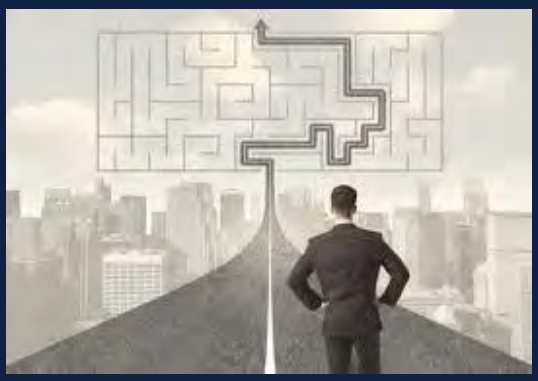
Carlton Hall is the President and CEO of Carlton Hall Consulting LLC (CHC) , a multi-faceted, full-service consulting firm designed to provide customized solutions and enable measurable change for communities, organizations, families and individuals. Carlton Hall has been providing intensive substance abuse prevention focused and community problem solving services to the nation for the last 25 years. His responsibilities, unique set of skills and experience have made him one of the most highly sought after instructors and guides for community problem solving across the nation and internationally, with successful achievements in South Africa, Ghana, Bermuda, Kenya and others. CHC is honored to be invited to contribute to annual convenings of The Commission on Narcotic Drugs (CND), the governing body of the United Nations Office on Drugs and Crime (UNODC). CHC has co-organized, delivered and participated in side-meetings and special events.

Carlton spent twelve years with the Community Anti-Drug Coalitions of America (CADCA) serving in several leadership positions and including most recently, Acting Vice President, Training Operations, and Acting Director for CADCA's National Coalition Institute.

Currently, Carlton and the CHC team provide executive training and technical assistance support to the Southeast PTTC (Region 4). Additionally, Carlton sits on several boards of directors, including, the National Alliance for Drug Endangered Children (NA-DEC) and Movendi International.

Learn more about Carlton at http://carltonhallconsulting.com/about.html

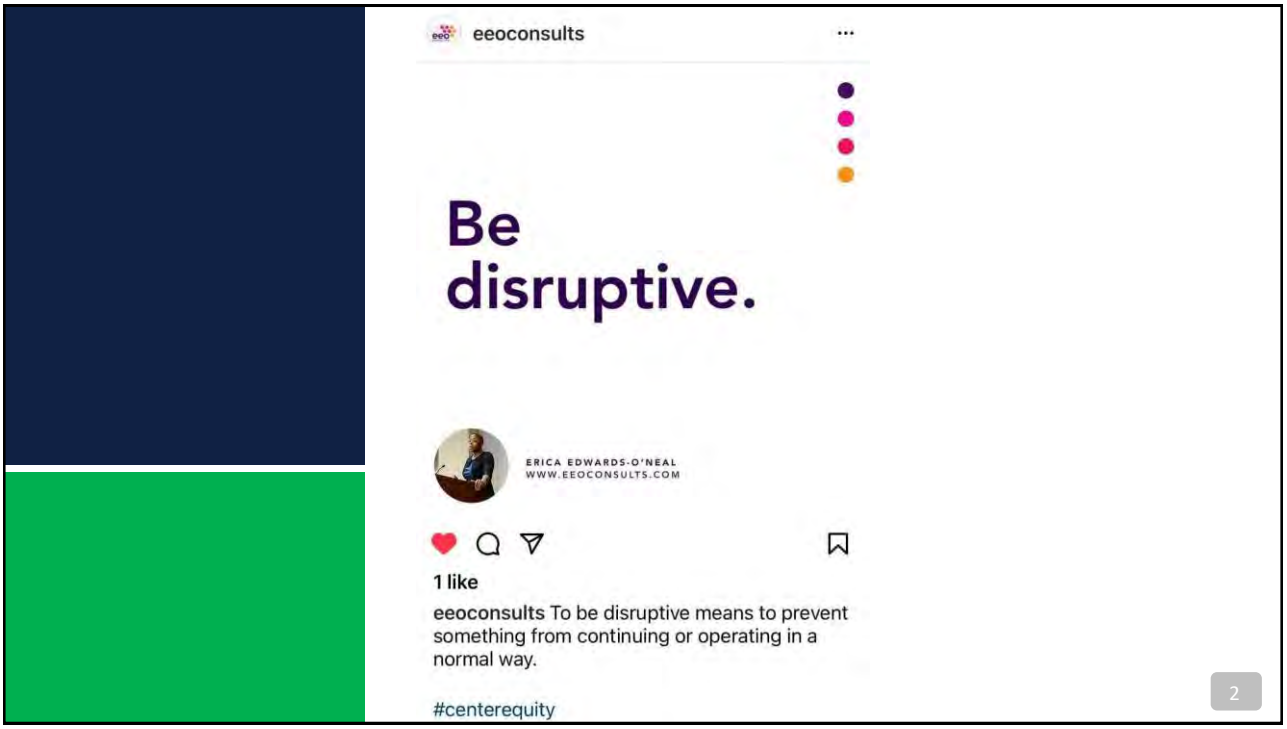
Prioritizing Prevention to Address The Fierce Urgencies of Now!



2023 HIDTA Prevention Summit – October 12th 2023

Carlton Hall Consulting LLC

Inspiring Solutions for a Better World



PEOPLE DON'T BUY WHAT YOU DO, THEY BUY WHY YOU DO IT.

Simon Sinek

Inspiring

What do **WE** believe?

- The most effective way of addressing a problem is to PREVENT it BEFORE it starts.
- We believe in the full engagement and empowerment of the community in their role to both understand and solve the problem.
- Being guided by science to achieve population-level change.

Inspiring Solutions for a Better World

PLEASE READ OUT LOUD!

PLEASE READ OUT LOUD!

PLEASE READ OUT LOUD!

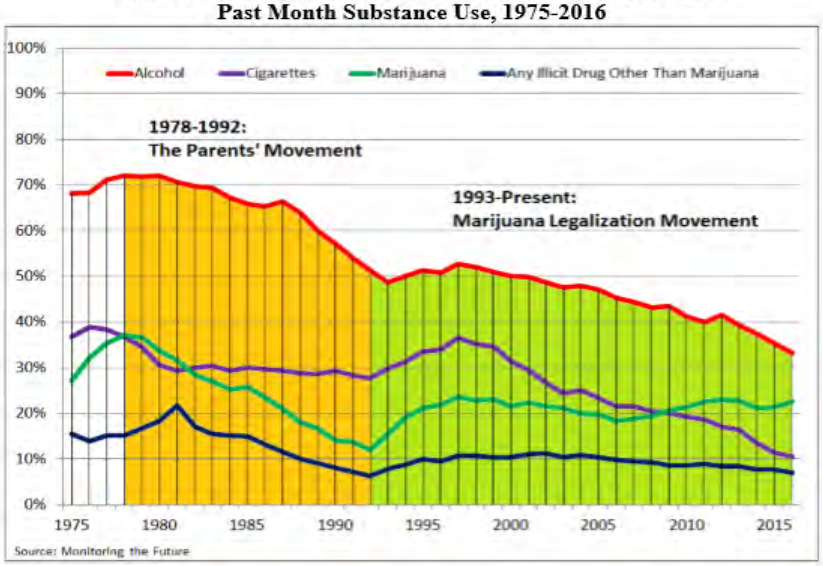
GAPS IN OUR NATIONAL CONVERSATION THAT MAY HAVE US…

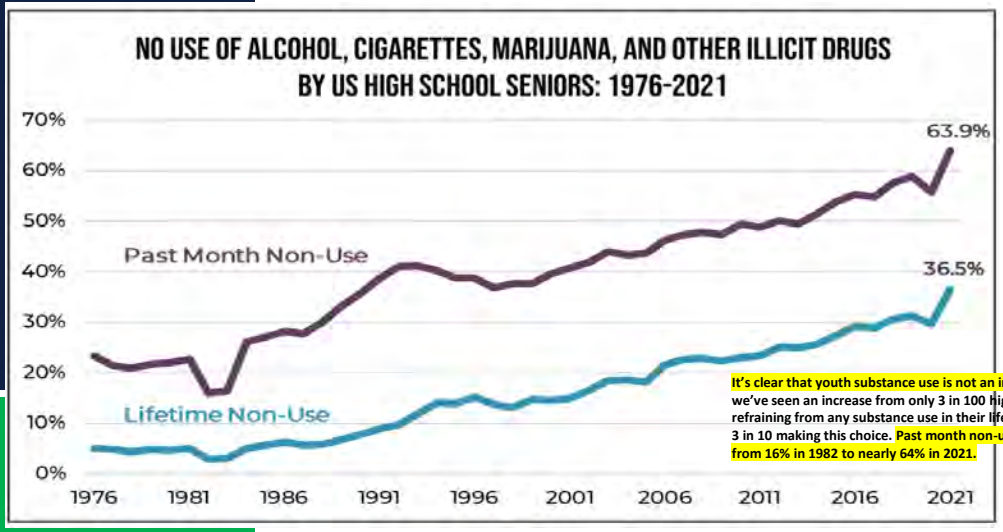
Trends in Substance Nonuse by High School Seniors: 1975–2018

An IBH study published in the peer-reviewed journal Pediatrics showed that from 1975-2014, in increasing and significant numbers, adolescents chose not to use any alcohol, cigarettes, marijuana, or other drugs.

Most recently IBH published an updated study in Pediatrics showing this trend continued through 2018

Figure 3. Percentage of US High School Seniors Reporting Past Month Substance Use, 1975-2016



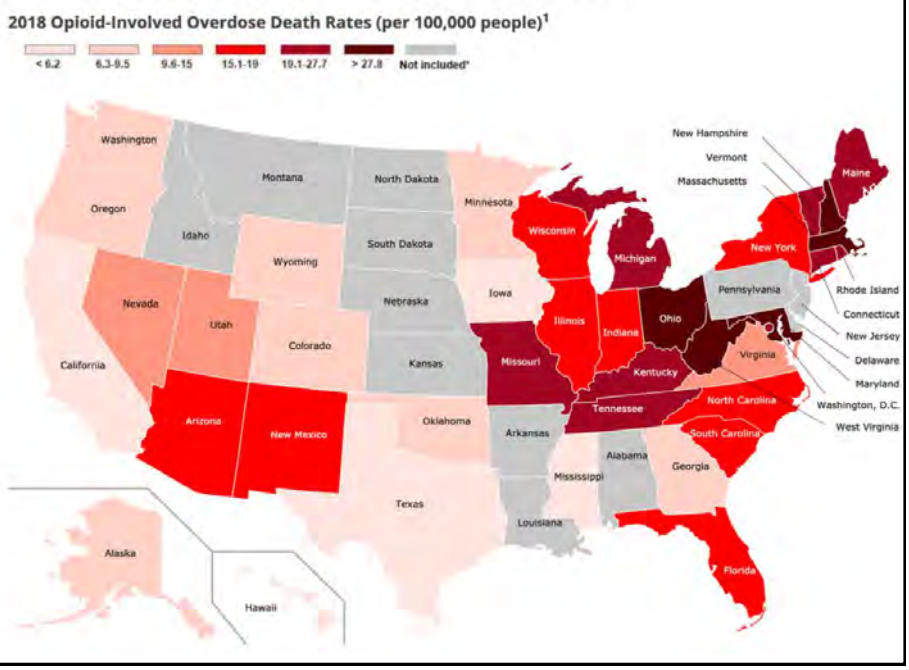


It's clear that youth substance use is not an inevitable. Nationally we've seen an increase from only 3 in 100 high school seniors refraining from any substance use in their lifetime to more than 3 in 10 making this choice. Past month non-use has increased from 16% in 1982 to nearly 64% in 2021.

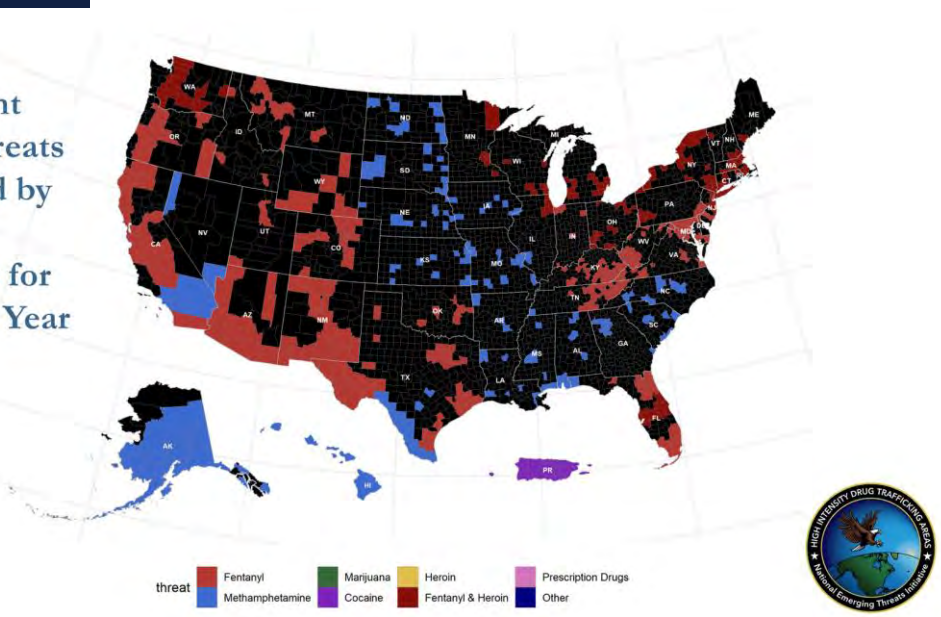
Inspiring Solutions for a Better World

11

Opioid Overdose Death Rate, by state (2018)



Most Significant Drug Threats Identified by HIDTA Directors for Calendar Year 2023



Carlton Hall Consulting LLC — *Inspiring Solutions for a Better World*

14

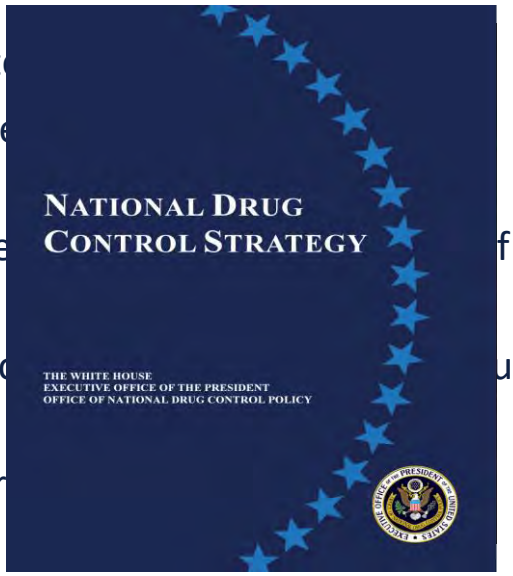
- Prevention Is about ide
  VULNERABLE in our p

  …and identifying wher
  VULNERABLE (Environ e
  Lifespan…

Prevention should be OBVIOUS!

Prevention Is: Across the Lifespan…

- **Infants** – FASD, effects of mat
- **Children** - second-hand smok secondary effects
- **Adolescents** – onset and expe f developing brain and bodies
- **College-aged and Adults** – pr use and dependence
- **Older adults** – prescription dr



Continuum of Care

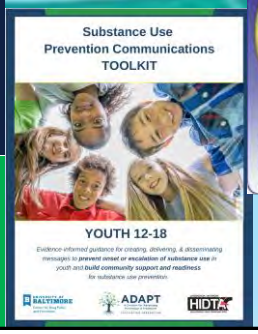
Source:http://mh.nv.gov/uploadedFiles/mhnvgov/content/Meetings/Bidders_Conference/Institute%20of%20Medicine%20Prevention%20Classifications-rev10.20.14.pdf

Prevention

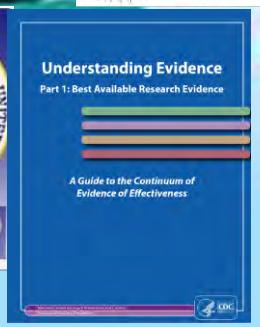
Public Health

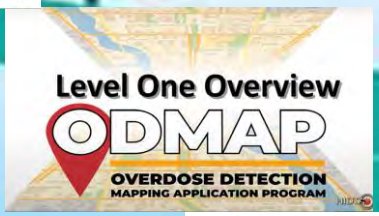
Criminal Justice

ADAPT
A Division for Advancing Prevention & Treatment
CULTIVATING PREVENTION



ONDCP



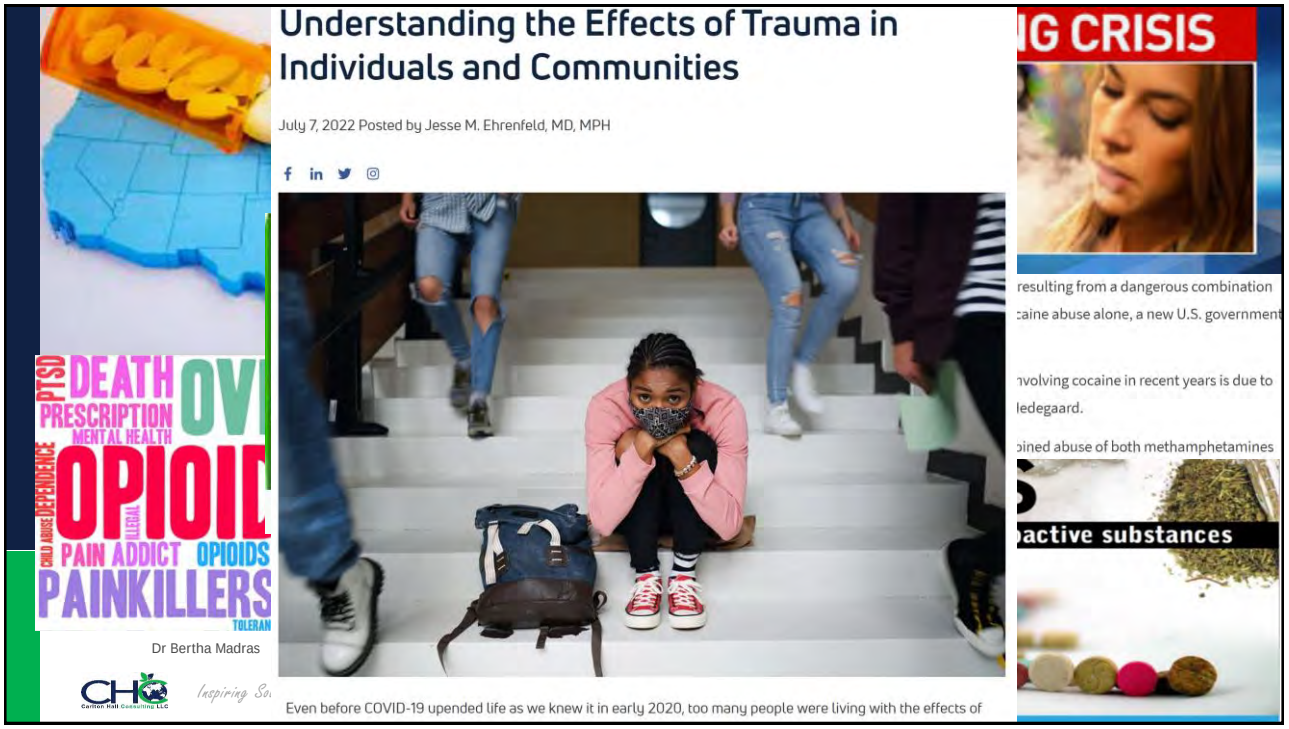


WASHINGTON / BALTIMORE
HIDTA
HIGH INTENSITY DRUG TRAFFICKING AREA

The Fierce Urgency of Now

"We are now faced with the fact that tomorrow is today. We are confronted with ***the fierce urgency of now.*** In this unfolding conundrum of life and history, there "is" such a thing as being too late. This is no time for apathy or complacency. This is a time for vigorous and positive action."

— **Martin Luther King Jr.**".


Understanding the Effects of Trauma in Individuals and Communities
July 7, 2022 Posted by Jesse M. Ehrenfeld, MD, MPH
DEATH
PRESCRIPTION
MENTAL HEALTH
OPIOID
PAIN ADDICT
OPIOIDS
PAINKILLERS
PTSD
CHILD ABUSE
DEPENDENCE
ILLEGAL
TOLERAN
Dr Bertha Madras
Even before COVID-19 upended life as we knew it in early 2020, too many people were living with the effects of
G CRISIS
resulting from a dangerous combination
aine abuse alone, a new U.S. government
nvolving cocaine in recent years is due to
ledegaard.
oined abuse of both methamphetamines
active substances


THE OTHER EMERGENCY
Covid-19 is undoing a decade of progress on the opioid epidemic
August 11, 2020
By Annalisa Merelli
Geopolitics reporter
RAB & GO
ROTISSERIE CHICKEN
Meal Combos

12 Month-ending Provisional N… …ose Deaths

Based on data

More than a million Americans have died from overdoses during the opioid epidemic

December 30, 2021 · 10:26 AM ET

BRIAN MANN

Activists participate in a candlelight vigil calling for an end to the nation's opioid addiction crisis at the Ellipse in Washington, D.C., in August 2017.

Alex Wong/Getty Images

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"As Chief, I grapple with the real-life, ongoing impact of the opioid epidemic on the Passamaquoddy people every day."

INDIAN TOWNSHIP CHIEF BILL NICHOLAS

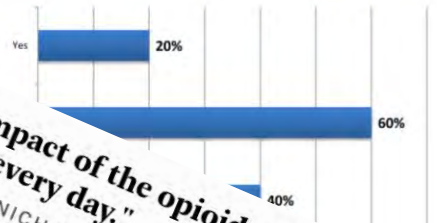
"As Chief, I grapple with the real-life, ongoing impact of the opioid epidemic on the Passamaquoddy people every day," Nicholas said. "This settlement may provide some limited financial relief to address the damage that we have experienced because of the

October 2018

Prepared by:
Nicholet Deschine Parkhurst, MSW, MPP
Anne Burke, MS
Alida Montiel, BA
Jonathan Davis, MS, MA
Jamie Ritchey, MPH, PhD

Support provided by:
Indian Health Service Cooperative Agreement
Public Health Emergency and Preparedness Technical Assistance

Figure 20: Do You Believe the Tribe Has Access to Adequate and Sufficient Resources to Address Opioid Abuse, to Treat Opioid Overdoses, and to Prevent Opioid Overdose Deaths in the Community?, Tribal Health Directors in AZ (2018) [abc]



[a] Mark all that apply.
[b] Answered: 5, Skipped: 0
[c] Source: ITCA Survey, Tribal Resources to Address the …

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Experience Addressing the Heroin/Opioid Crisis With the DEA

- Led the community engagement efforts for the Drug Enforcement Administration in cities across the nation.
- CHC has a team of nationally renowned experts and trainers allowing us to speak to a wide range of issues and challenges facing our nation and communities.

New Kind of Conversation on Engagement

Opioid Crisis in [redacted] County: Experts Explain the Epidemic

By **Mimi Michalski** - August 17, 2018 0

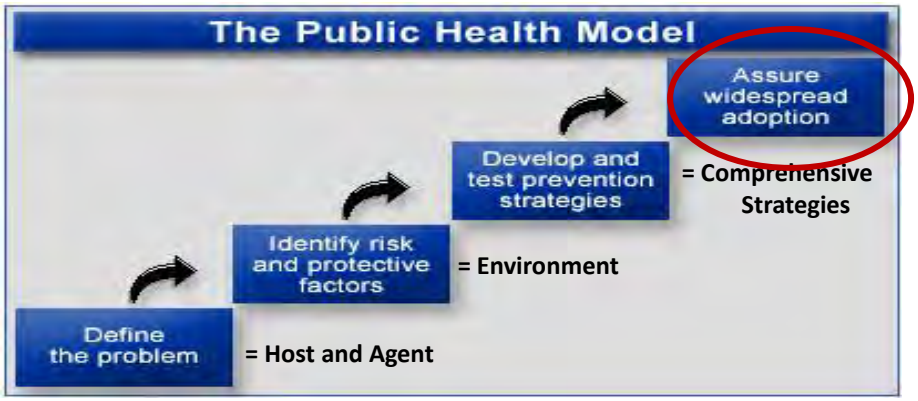
Share on Facebook Tweet on Twitter G+ P

Acting [redacted] County Prosecutor Robert [redacted] Addresses Attendees at Community Meeting

Acting [redacted] County Prosecutor Robert D. [redacted] hosted a Community Meeting on the opioid crisis on Wednesday, August 15 at the Glen Ridge Congregational Church. The event was co-sponsored by the New [redacted] County Prosecutor's Office and included speakers from RWJ St. Barnabas Health Institute for Prevention and Recovery, the [redacted] County Department of Health, and two nonpofits, Integrity House, and ADAPT (Alcohol and Drug Abuse Prevention Team).

What is the Next Role of Coalitions and Prevention?

Public Health Approach to Prevention



Source: https://www.cdc.gov/violenceprevention/publichealthissue/publichealthapproach.html

Respond In The Chat Box

Jina lako nani? Tafadhali

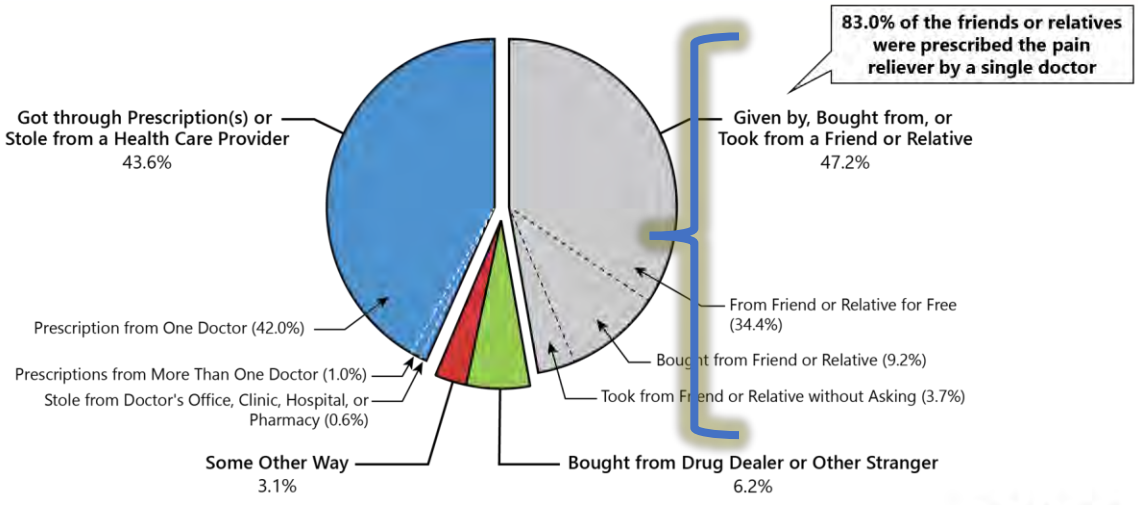
Clarifying the Role of Communities Applying Prevention Science

- Translate/ Clarify — Prioritize
- Focus Locally (Identify Local Conditions) — Concretize
- Define Strategic Leverage (Align Strategies) — Strategize
- Engage Effectively and Equitably — Evangelize

Changing the Conversation:
Opioids, Commercialization, Poly Drug Misuse and The Untapped Potential of Youth Leadership

Sources Where Pain Relievers Were Obtained for Most Recent Misuse in Past Year: Among People Aged 12+ Who Misused Prescription Pain Relievers in Past Year

PAST YEAR, 2020 NSDUH, 12+



9.3 Million People Aged 12 or Older Who Misused Pain Relievers in the Past Year

SAMHSA Substance Abuse and Mental Health Services Administration

32

SUD Prevention &Treatment efforts prevent the progression of OUD

Contrary to popular misconception, medical initiation is NOT the majority pathway to OUD

The vast MAJORITY of persons with OUD have PREVIOUS TROUBLE WITH OTHER SUBSTANCES

Dr Marc Fishman

American Society of Addiction Medicine

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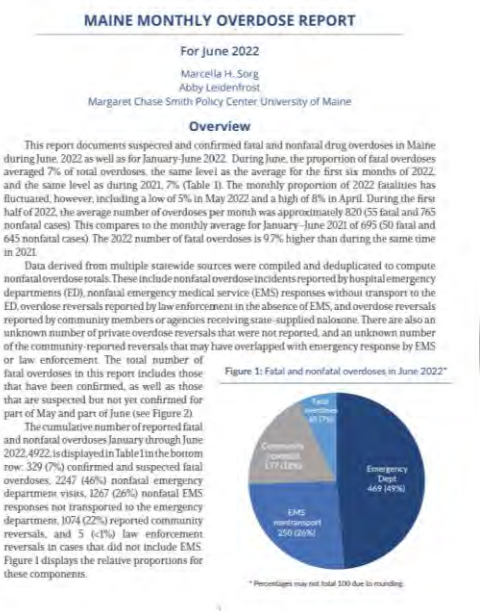


MAINE MONTHLY OVERDOSE REPORT

For June 2022

Marcella H. Sorg
Abby Leidenfrost
Margaret Chase Smith Policy Center University of Maine

Overview

This report documents suspected and confirmed fatal and nonfatal drug overdoses in Maine during June, 2022 as well as for January-June 2022. During June, the proportion of fatal overdoses averaged 7% of total overdoses, the same level as the average for the first six months of 2022, and the same level as during 2021, 7% (Table 1). The monthly proportion of 2022 fatalities has fluctuated, however, including a low of 5% in May 2022 and a high of 8% in April. During the first half of 2022, the average number of overdoses per month was approximately 820 (55 fatal and 765 nonfatal cases). This compares to the monthly average for January–June 2021 of 695 (50 fatal and 645 nonfatal cases). The 2022 number of fatal overdoses is 9.7% higher than during the same time in 2021.

Data derived from multiple statewide sources were compiled and deduplicated to compute nonfatal overdose totals. These include nonfatal overdose incidents reported by hospital emergency departments (ED), nonfatal emergency medical service (EMS) responses without transport to the ED, overdose reversals reported by law enforcement in the absence of EMS, and overdose reversals reported by community members or agencies receiving state-supplied naloxone. There are also an unknown number of private overdose reversals that were not reported, and an unknown number of the community-reported reversals that may have overlapped with emergency response by EMS or law enforcement. The total number of fatal overdoses in this report includes those that have been confirmed, as well as those that are suspected but not yet confirmed for part of May and part of June (see Figure 2).

The cumulative number of reported fatal and nonfatal overdoses January through June 2022, 4922, is displayed in Table 1 in the bottom row: 329 (7%) confirmed and suspected fatal overdoses, 2247 (46%) nonfatal emergency department visits, 1267 (26%) nonfatal EMS responses not transported to the emergency department, 1074 (22%) reported community reversals, and 5 (<1%) law enforcement reversals in cases that did not include EMS. Figure 1 displays the relative proportions for these components.

Figure 1: Fatal and nonfatal overdoses in June 2022*

*Percentages may not total 100 due to rounding

Increasing Polysubstance Use Involving Fentanyl

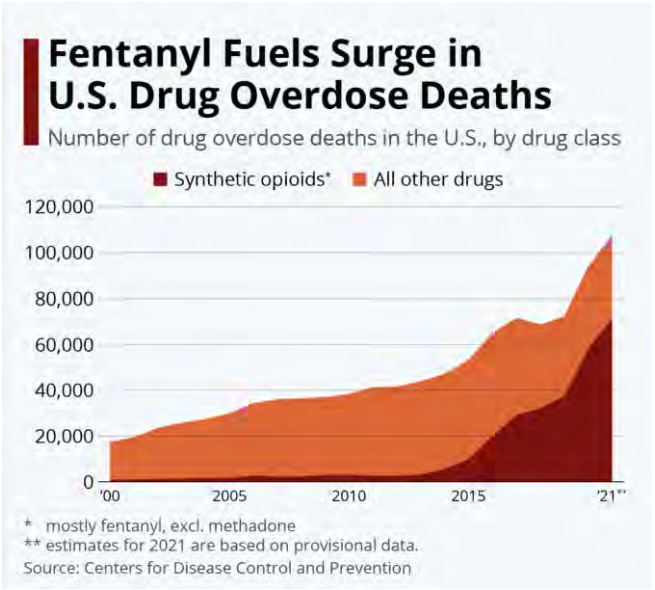
- Nonpharmaceutical fentanyl was the most frequent cause of death mentioned on the death certificate.
- Fentanyl is nearly always found in combination with multiple other drugs.
- An average of 3 drugs listed on death certificates, (sometimes up to 6), including cocaine, methamphetamine, pharmaceutical opioids and xzylazine.

https://mainedrugdata.org/june-2022-monthly-overdose-report/

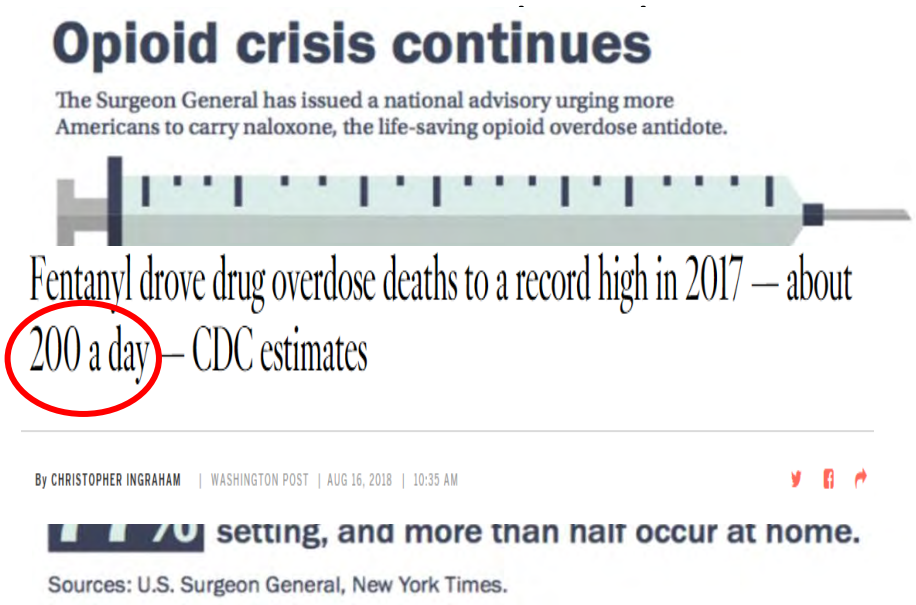
The Real Problem: Polysubstance Use

"First, there are virtually no drug overdose deaths where fentanyl is the only drug present. The "fentanyl" problem is 100 percent a polydrug problem."

- Dr Robert DuPont



In response to The Washington Post's series on fentanyl, IBH President Robert L. DuPont, MD authored a letter to the editor, published on December 16, 2022:



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https://www.cdc.gov/stopoverdose/polysubstance-use/index.html

THE DANGERS OF POLYSUBSTANCE USE

- **Mixing Stimulants** *Examples of stimulants:* ecstasy (MDMA), cocaine, methamphetamines, amphetamines (speed)
- **Mixing Depressants** *Examples of depressants:* opioids (prescription opioids, heroin, morphine, oxycodone, hydrocodone, fentanyl), benzodiazepines
- **Mixing Stimulants and Depressants** Mixing stimulants and depressants ***doesn't balance or cancel them out***.
- **Drinking alcohol while using other drugs**

https://www.cdc.gov/stopoverdose/polysubstance-use/index.html

Considerations for Prevention Addressing Polysubstance Use

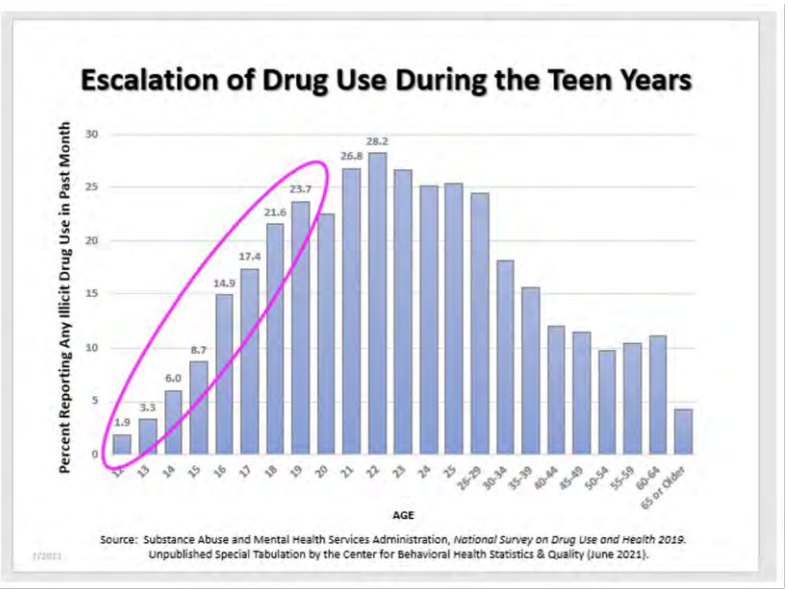
1. Recognize polysubstance use (intentional or unintentional) is the rule rather than the exception.
2. People use multiple substances to minimize side-effects and withdrawal symptoms as well as to boost effects of primary substance.
3. Identify detailed histories that include asking patients why they use each substance and how their use of each substance is related.
4. Ask about tobacco and nicotine use and recognize them as form of polysubstance.
5. Provide harm reduction services to engage and improve the safety of people who use multiple substances.

Boston Medical Center's Office Based Addiction Treatment Training and Technical Assistance (OBAT TTA) Team.

The Vulnerable Adolescent Brain

Adolescence is a critical risk period for substance use initiation and adverse outcomes related to substance use.

This trajectory speaks to the need to understand what drives youth drug use, identify current and emerging trends, and match programs and policies with local conditions so as to effectively reduce youth substance use.

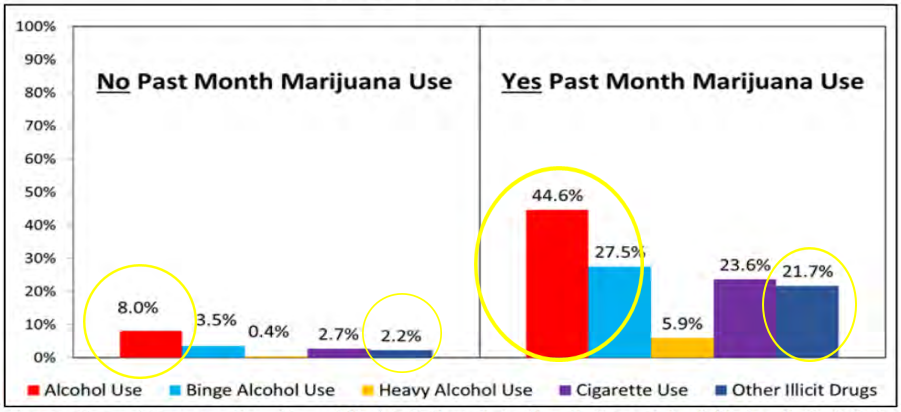


Research Questions

1. Is the use of one substance by adolescents associated with increased risk for using any other substance, regardless of use sequences?

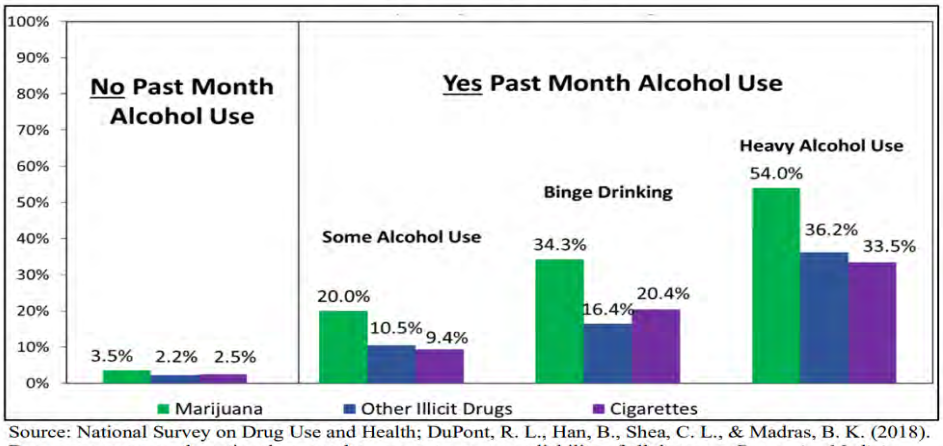
2. Is non-use of one substance associated with decreased risk for using other substances?

Figure 2. Past Month Marijuana Use is Associated with Higher Use of Other Drugs Among Youth Aged 12-17



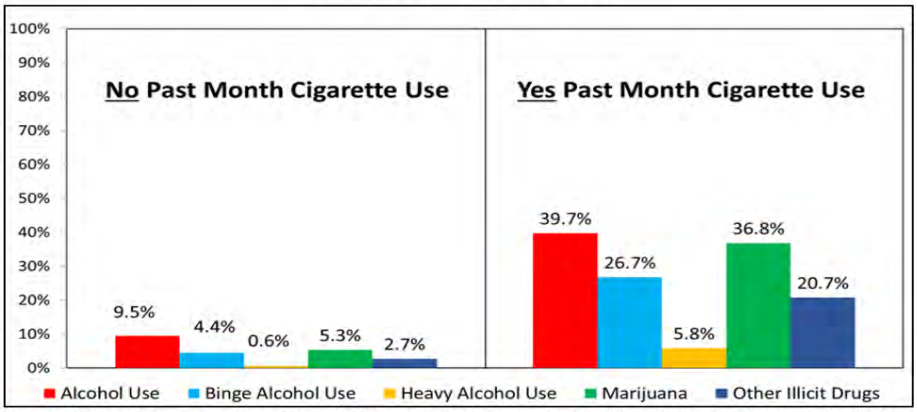
Source: National Survey on Drug Use and Health; DuPont, R. L., Han, B., Shea, C. L., & Madras, B. K. (2018). Drug use among youth: national survey data support a common liability of all drug use. *Preventive Medicine, 113*, 68-73.

Figure 1. Past Month Alcohol Use is Associated with Higher Use of Other Drugs Among Youth Aged 12-17



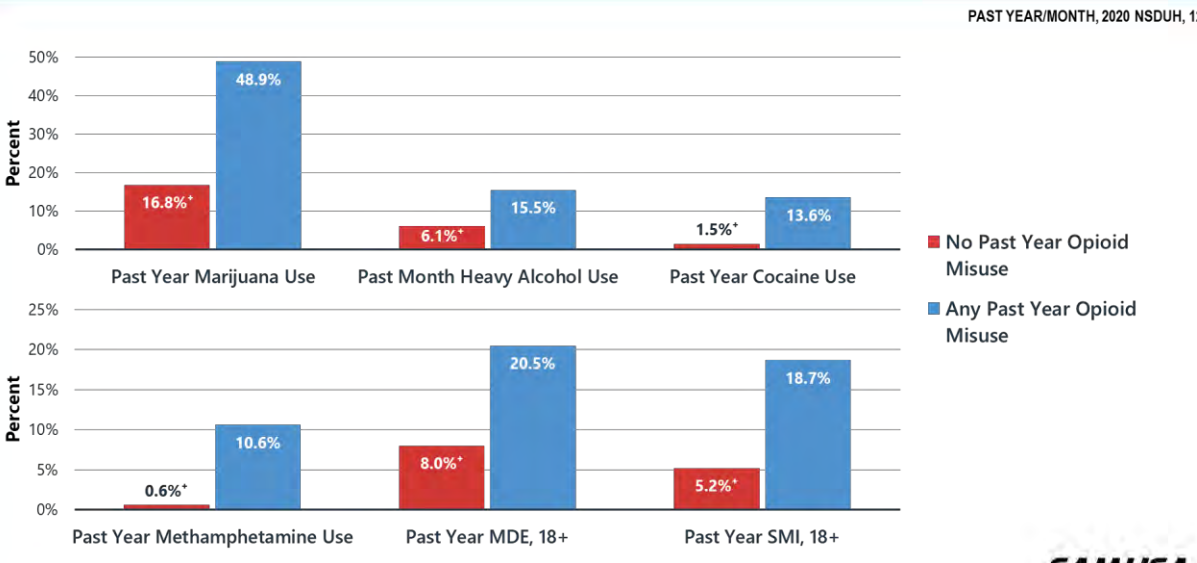
Source: National Survey on Drug Use and Health; DuPont, R. L., Han, B., Shea, C. L., & Madras, B. K. (2018). Drug use among youth: national survey data support a common liability of all drug use. *Preventive Medicine, 113*, 68-73.

Figure 3. Past Month Cigarette Use is Associated with Higher Use of Other Drugs Among Youth Aged 12-17



Source: National Survey on Drug Use and Health; DuPont, R. L., Han, B., Shea, C. L., & Madras, B. K. (2018). Drug use among youth: national survey data support a common liability of all drug use. *Preventive Medicine, 113*, 68-73.

Substance Use in Past Year/Month: Among People Aged 12+; Major Depressive Episode (MDE) and Serious Mental Illness (SMI) in Past Year: Among Adults Aged 18+; By Level of Opioid Misuse in Past Year



+ Difference between this estimate and the estimate for people with past year opioid misuse is statistically significant at the .05 level.
Estimates for Past Year MDE and Past Year SMI are among adults aged 18 or older.

SAMHSA
Substance Abuse and Mental Health Services Administration

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Marijuana contains serious risk for poly substance misuse.

+ Difference between this estimate and the estimate for people with past year marijuana use is statistically significant at the .05 level.

SAMHSA
Substance Abuse and Mental Health Services Administration

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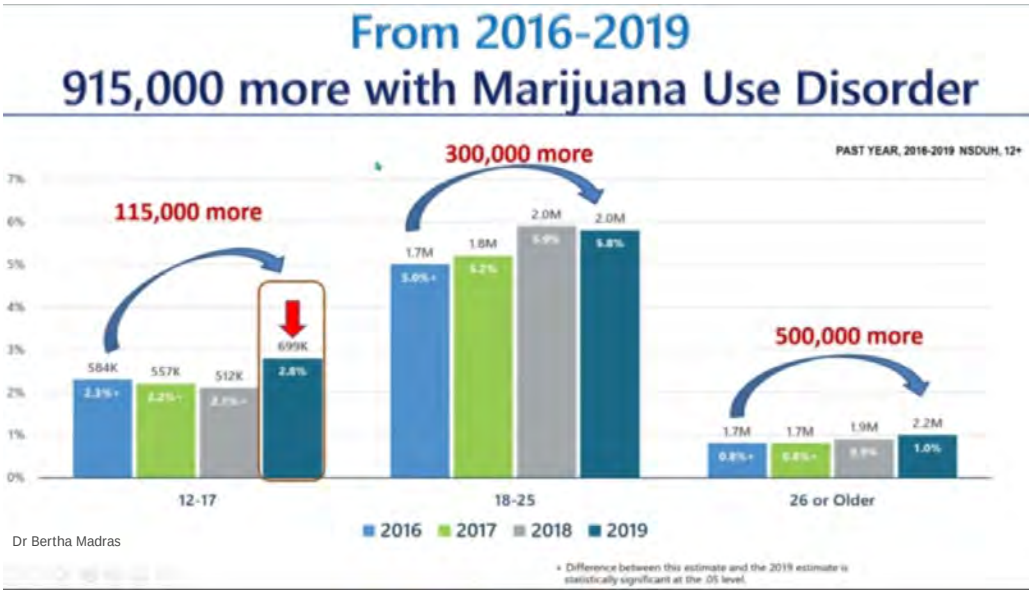
Marijuana industry could be worth $50 billion annually by 2026

By Trey Williams
Published: Apr 22, 2017 9:51 a.m. ET

Aa

Weed companies are hoping the U.S. government will not disrupt a sector that is raising valuable tax revenue for states

Commercialized Recreational Pharmacology



Dr Bertha Madras

Youth Drug Use is Not Inevitable

IBH has conducted original analyses of national data sets on youth substance use behaviors with two critical findings:

- For teens, all substance use is related. The use of any one substance increases the likelihood of using others; similarly, not using any one substance decreases the risk of using others.
- More than ever, American youth are choosing to not use any

One Choice

THE GOAL OF YOUTH DRUG PREVENTION IS ONE CHOICE

No use of any alcohol, nicotine, marijuana or other drugs for health.

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Why is it important to engage youth as transformational leaders/ Prevention Influencers in community change efforts?

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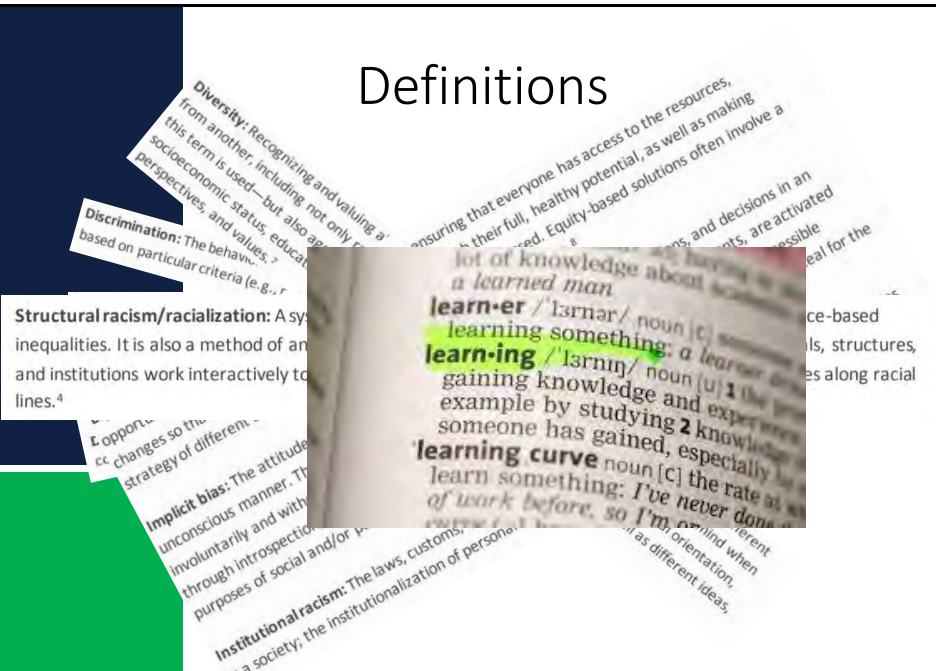
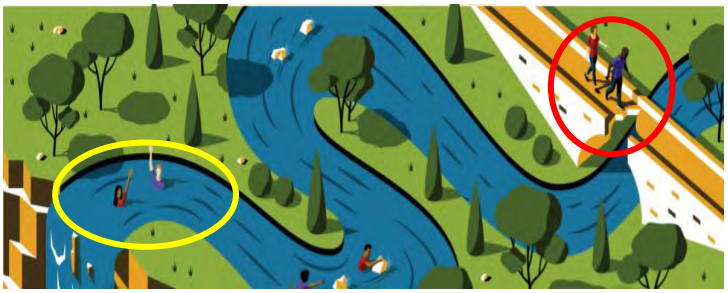
Changing the Conversation: Equitable Engagement

Definitions



The River Story



Downstream Upstream

https://www.dhs.wisconsin.gov/publications/p02695a.pdf

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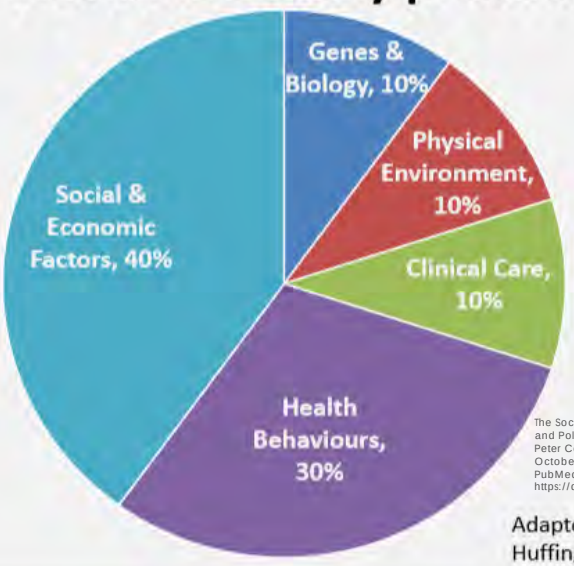
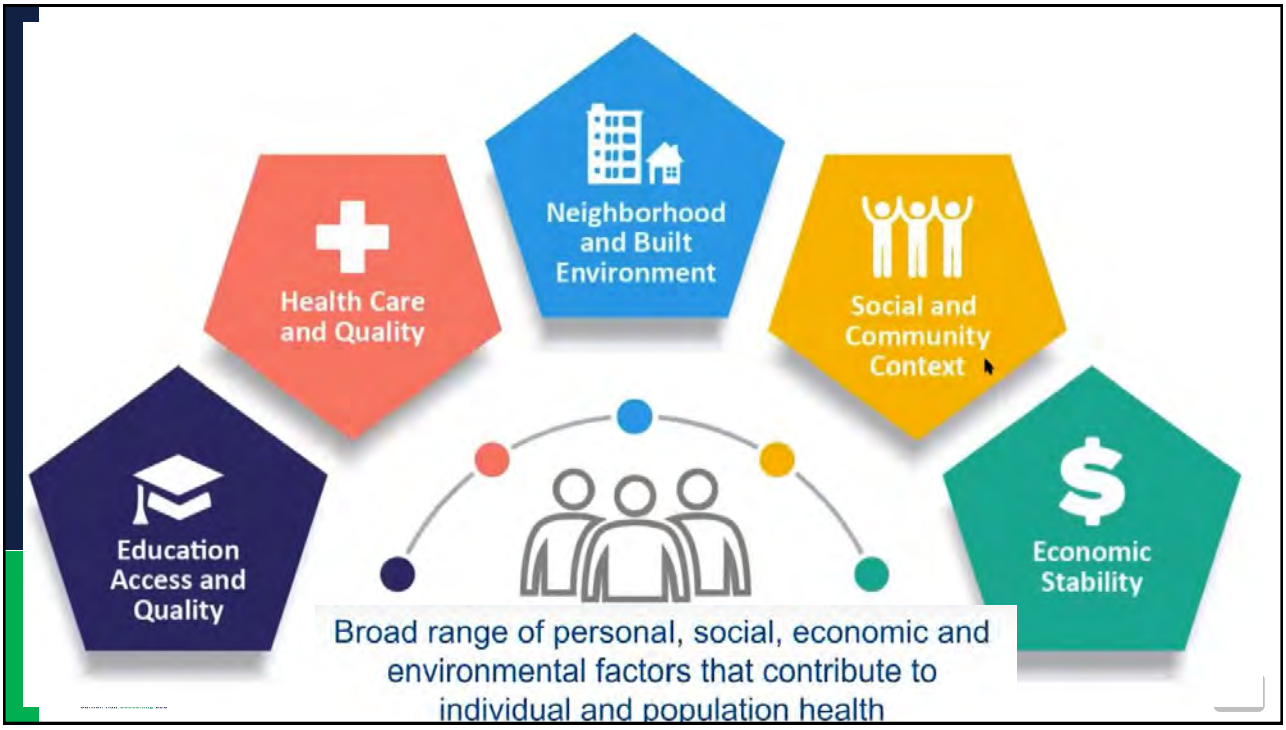
Health is socially produced



The Social Construction of Illness: Key Insights and Policy Implications
Peter Conrad, Kristin K. BarkerFirst Published October 8, 2010 Research Article Find in PubMed
https://doi.org/10.1177/0022146510383495

Adapted from John Weeks, Huffington Post (2016).



Moral Determinants of Health

The Moral Determinants of Health

When the fabric of communities upon which health depends is torn, then healers are called to mend it. The moral law within insists so.

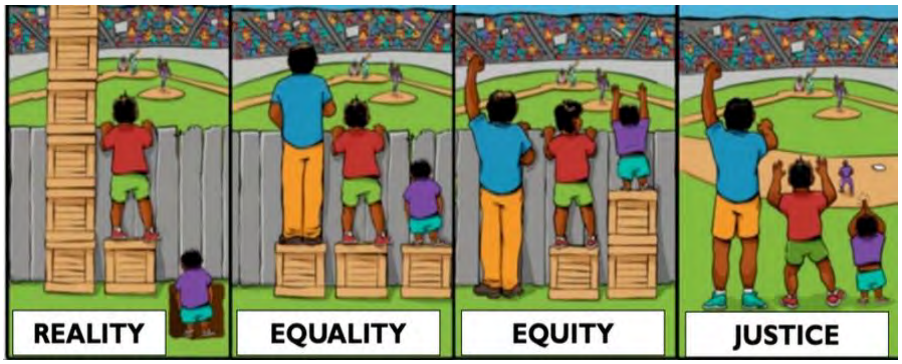
Moral determinants of health refer to the VALUES we decide will be the foundations of our work, polices and investments. They reinforce a shared commitment to speak and act in the face of injustice.

> Healers are called to heal. When the fabric of communities upon which health depends is torn, then healers are called to mend it. The moral law within insists so. Improving the social determinants of health will be brought at last to a boil only by the heat of the moral determinants of health.

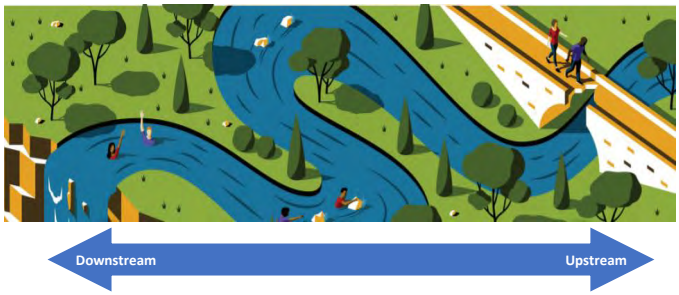
Berwick DM. The Moral Determinants of Health. JAMA. 2020;324(3):225–226. doi:10.1001/jama.2020.11129

Moral Determinants of Health

A Comprehensive Approach in Achieving Community-level Change



The River Story – Disparities: Who is Downstream…. and why them?



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Strategies & Health Equity - Conside

Well-designed strategies can include supportive activit to **address barriers or unintended consequences** underserved populations may face during implementation.

Without a deliberate focus on health equity in the strategy development process, strategies may **unintentionally widen health inequities**.

Source: CDC Health Equity Guide : https://www.cdc.gov/nccdphp/dnpao/health-equity/health-equity-guide/

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QUESTIONS FOR ADVANCING EQUITY AND INCLUSION

"1. Where are the decision-making points that affect outcomes?

2. What decisions/actions may be reinforcing the status quo, implicit bias and current inequities?

3. What alternative action options could produce different outcomes?

4. Which action will best advance equity and inclusion?

5. What reminders, supports and accountability systems can be structured into routine practices to keep equity as a high priority?"
- Race Forward

http://grenetwork.org/wp/wp-content/uploads/2014/04/An-Introduction-to-Racial-EquityAssessment-Tools.pdf

Public Health, Social Justice and Reform

The greatest advances in health status and life expectancy occurred during the early 20th century and resulted from social movement efforts including establishing housing and factory codes, abolishing child labor, improvements in living standards, legislation of food safety among others..***Later, the civil rights and women's movements with public health played a central role.***

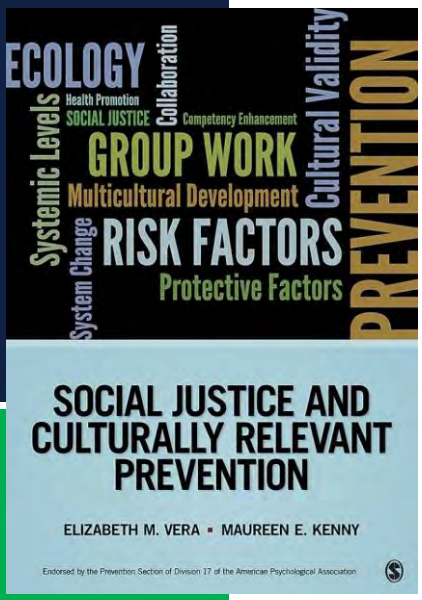
Improvements happened as much from social justice reform and political victories as economic growth, and medical and technological advances.

However, since 1920, public health has retreated from its prominent social change role as the emphasis on science overwhelmed the support for social justice and reform. ***Contemporary practices focus on individual behavioral change instead of confronting inequitable class, gender and racial systems***.

Attention is rarely given to the institutions producing the patterns of disease, the determinants of health, the conflicts, and the histories of struggle, required to make advances.

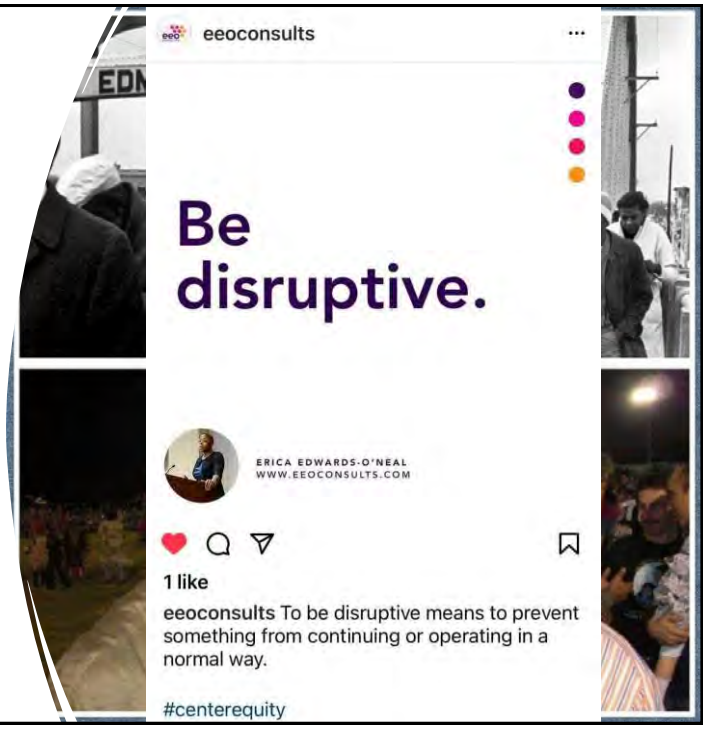
If social movements advanced public health in the past…what is required today?

- Dr. Richard Hofrichter, the Senior Director of NACCHO's Health Equity and Social Justice Program



Getting Into Good Trouble!

- Prevent use of any/all drugs during adolescence. One Choice!
- Challenge myths and educate the relationship & realities of commercialized polysubstance misuse.
- Build upon and expand post-overdose response capacity & engagement .
- Apply pressure emphasizing Equitable questioning and SDOH considerations
- Make Prevention Obvious!




Drug Enforcement Administration
OPERATION ENGAGE
Targeting the local drug threat and engaging community leaders to reduce drug abuse
Inspiring Solutions for a Better World
National Alliance For Drug Endangered Children
Help. Hope. Support.
DONATE TODAY
Find Out How You Can Help
Search...
Home
About Us
Training & TA
Resources to Download
CheckDEC App
DEC Alliances
Our Partners
Support DEC Efforts
Contact Us
National Alliance for Drug Endangered Children (National DEC) develops coordinated, nationwide efforts to address legal or illegal substance misuse affecting children and families and offers help, hope and support. We organize, train and support multidisciplinary teams of professionals forming DEC Alliances at the state, regional, tribal or local level.
As a trauma informed organization, we build awareness so that those affected are appropriately identified, receive appropriate intervention and services. The services provided by DEC Alliance professionals help children, family members and those in substance misuse. The goal is to break generational cycles of substance misuse, reduce trauma and improve community health and well-being.
National DEC exists to build awareness, provide training and programs, and offers tools or best practices to help make a difference in the lives of children, families and communities.

THANK YOU!

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QUESTIONS

2023 HIDTA PREVENTION SUMMIT

RESOURCES

Closing Remarks & Resources to Support Your Next Steps

Jayme Delano, MSW
Deputy Director, National HIDTA Program

Lora Peppard, PhD, DNP, PMHNP-BC
Director, ADAPT
Deputy Director for Treatment & Prevention, W/B HIDTA

PRESENTER BIO

Jayme Delano, MSW

Jayme A. Delano, Deputy Director for the HIDTA program at the Office of National Drug Control Policy, has experience spanning years working in public health and public safety. She is characterized in multiple areas to include oversight of Federal grant programs; subject matter expert supporting interagency task forces and work groups; leader of daily operations of alternative to incarceration programs for substance use disorder population; hiring manager and supervisor of management teams that worked with organizations to affect the culture and climate necessary for programmatic success; developer and overseer of research activities; provision of technical assistance and training to criminal justice agencies; therapist in community-based clinics; and private practitioner treating people with varied mental health diagnoses.

Ms. Delano is an adjunct professor at Ottawa University and Rio Salado Community College. She holds an MSW from New York University, and a BA in Criminal Justice from Long Island University, C.W. Post Campus.

PRESENTER BIO

Lora Peppard, PhD, DNP, PMHNP-BC

Dr. Lora Peppard is the Deputy Director for Treatment and Prevention for the Washington/ Baltimore HIDTA and the Director of ADAPT, a national training and technical assistance division supporting the integration of evidence-based substance use prevention strategies into communities. She also serves as Executive Director for the new Center for Advancing Prevention Excellence at the University of Baltimore and President of the American Psychiatric Nurses Association. Prior to her appointment with HIDTA, she was an Associate Professor at George Mason University and Project Director for several federally funded substance use and behavioral health prevention grants.

Dr. Peppard has over 20 years of clinical experience as a psychiatric nurse practitioner in emergency, inpatient and outpatient settings. She has developed innovative, system-wide programs to address the unmet substance use and behavioral health needs across a variety of populations. Dr. Peppard serves as a community, state, national, and international consultant on substance use and behavioral health prevention. She has authored several peer-reviewed publications on her work.

2023 HIDTA PREVENTION SUMMIT

Future Support

1. Technical Webinars
   - Developing a Comprehensive Community-Based Prevention Strategy
   - Adapting Prevention Content across Developmental Stages
   - Ways of Engaging Youth in Prevention
2. Campaign & Workshops
   - Sharing Substance-Related Information with Youth
3. Subscription List

ADAPT A Division for Advancing Prevention & Treatment CULTIVATING PREVENTION

WASHINGTON / BALTIMORE HIDTA HIGH INTENSITY DRUG TRAFFICKING AREA

2023 HIDTA PREVENTION SUMMIT

Thank you for joining us!

Keep cultivating prevention!

ADAPT A Division for Advancing Prevention & Treatment CULTIVATING PREVENTION

WASHINGTON / BALTIMORE HIDTA HIGH INTENSITY DRUG TRAFFICKING AREA