

HPOE *Live!*

2017 Webinar Series

The presentation will begin shortly.

The content provided herein is provided for informational purposes only. The views expressed by any individual presenter are solely their own, and not necessarily the views of HRET. This content is made available on an “AS IS” basis, and HRET disclaims all warranties including, but not limited to, warranties of merchantability, fitness for a particular purpose, title and non-infringement. No advice or information provided by any presenter shall create any warranty.

Addressing the Needs of our Communities through Evidence-Based Prevention



Bethany Deeds, PhD, MA

Chief, Prevention Research Branch

National Institute on Drug Abuse

January 19, 2017



Topics for Discussion

- Evidence Based Prevention
 - What is it? Research Lens.
 - Principles
 - Interventions (e.g., programs)
 - Systems Models (Prosper & Communities that Care)
- Cost-Effectiveness
- Resources

Research Lens: Interventions - Levels of Risk

Universal

- Everyone in a general population regardless of risk

Selective

- Groups at elevated risk - based on individual, family or contextual characteristics

Indicated

- Individuals who have begun using and are at high risk for use/abuse

Tiered

- Incorporates two or more levels

Research Lens: Risk & Protective Factors

EXAMPLES OF RISK AND PROTECTIVE FACTORS

Risk Factors	Domain	Protective Factors
Early Aggressive Behavior	Individual	Self-Control
Poor Social Skills	Individual	Positive Relationships
Lack of Parental Supervision	Family	Parental Monitoring and Support
Substance Abuse	Peer	Academic Competence
Drug Availability	School	Anti-Drug Use Policies
Poverty	Community	Strong Neighborhood Attachment

Reduce these

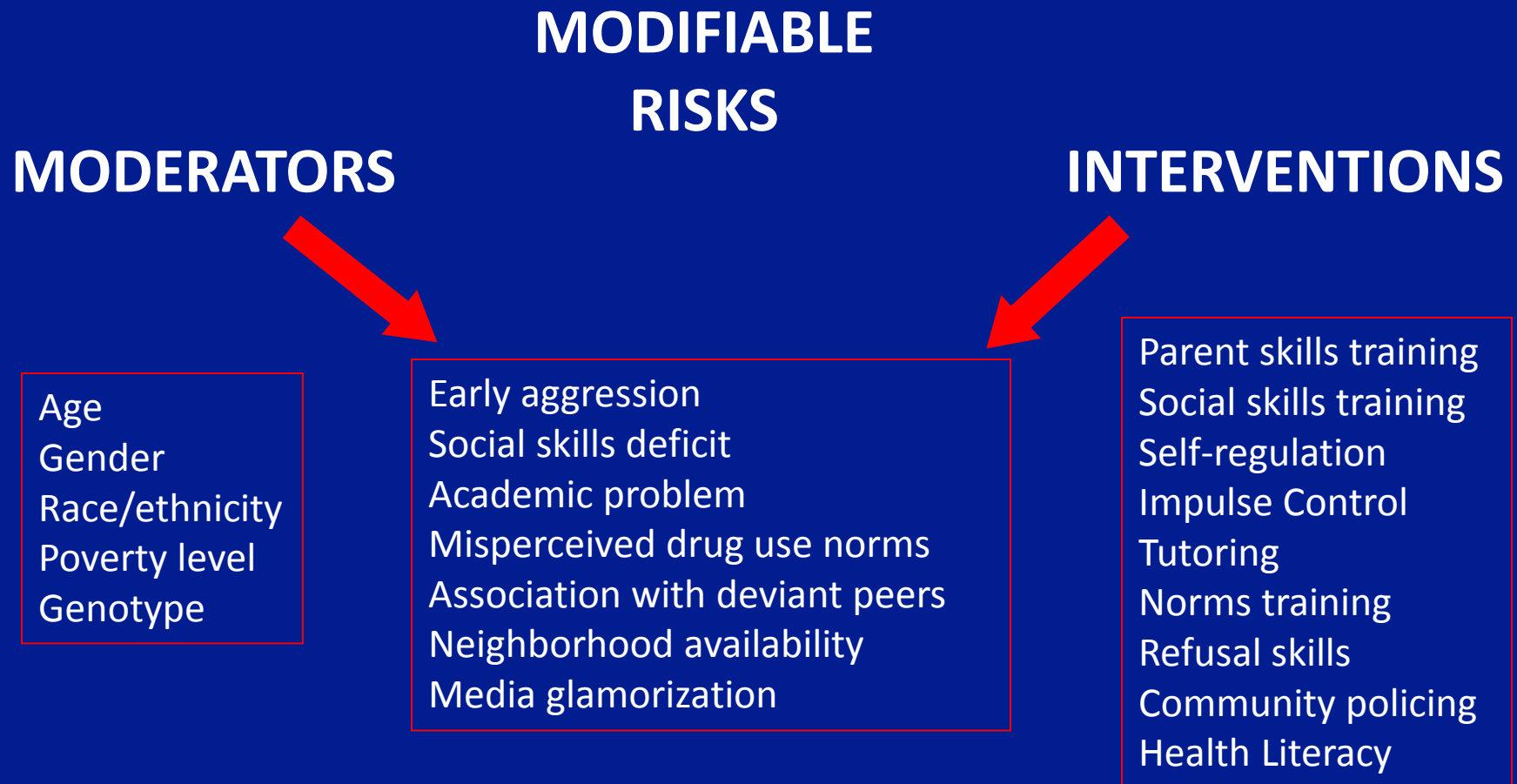


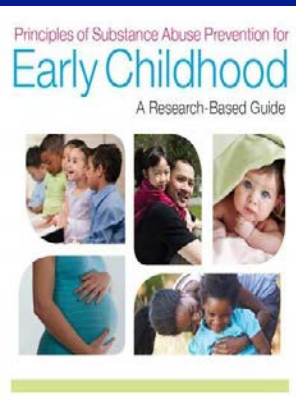
Elevate these



*Prevention Approaches Aim to
Enhance Protective Factors & Reduce Risk Factors*

Research Lens: How Prevention Interventions Work





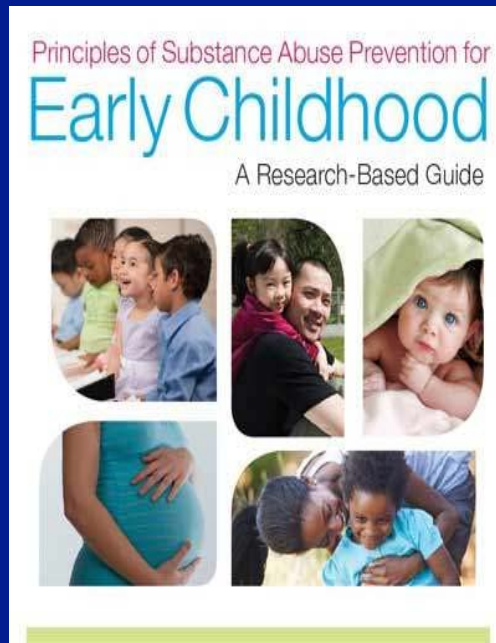
Prevention Principles (2016)

Examples of established substance use prevention principles for early childhood:

- Intervening early in childhood can alter the life course trajectory in a positive direction
- Intervening early in childhood can both increase protective factors and reduce risk factors
- Intervening in early childhood can have effects on a wide array of behaviors, even behaviors not specifically targeted by the intervention

Principles of Substance Abuse Prevention for Early Childhood: A Research-Based Guide

- Table of Contents:
 - Why is Early Childhood Important to Substance Abuse Prevention?
 - Risk and Protective Factors
 - Intervening in Early Childhood
 - Research-Based Early Intervention Substance Abuse Prevention Programs
 - Selected Resources
 - Appendices
 - Developing Interventions
 - Implementing Interventions



<http://www.drugabuse.gov/publications/principles-substance-abuse-prevention-early-childhood/index>

Prevention Interventions

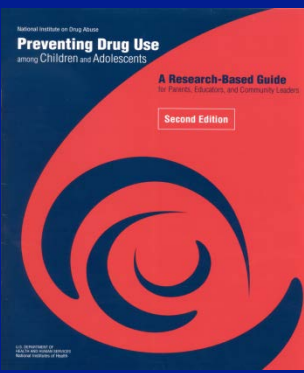
Program	Target Population or Setting	Level of Risk
Infancy & Toddlerhood		
Durham Connects (Dodge, 2013)	Mother, Father (when possible), Child	Universal
Early Steps, Family Check Up (Shaw et al., 2006)	Mother, Child	Selective
Family Spirit (Mullany et al., 2012)	Mother, Child	Selective
Nurse Family Partnership (Olds, 2002)	Mother, Father (when possible), Child	Selective
Preschool		
Multidimensional Treatment Foster Care for Preschoolers (Fisher & Chamberlain, 2000)	Foster Family, Child	Selective

Prevention Interventions

Program	Target Population or Setting	Level of Risk
Transition to Elementary School		
Caring School Community Program (Battistich et al., 1997)	School, Teacher, Family, Child	Universal
Classroom-Centered Intervention (Good Behavior Game) (Kellam & Rebok, 1992)	Classroom, Child	Universal
Linking the Interests of Families and Teachers (Reid et al., 1999)	Classroom, Child, Family	Universal
Raising Healthy Children (Catalano et al., 2003)	Family, Child, Classroom	Universal
SAFEChildren (Tolan et al., 2004)	Family, Child	Universal (in high risk communities)
Seattle Social Development Program (Hawkins et al., 1999)	School, Parent/Family, Child	Universal

Prevention Interventions

Program	Target Population or Setting	Level of Risk
Transition to Elementary School		
Early Risers "Skills for Success" Risk Prevention Program (August et al., 2001)	Parent, Child	Selective
Kids in Transition to School (Pears et al., 2007)	Child	Selective
Fast Track Trial for Conduct Problems (CPPRG, 2000)	Family, School, Class, Child	Tiered
Incredible Years (Webster-Stratton et al., 2008)	Family, Child, Classroom	Tiered
Positive Action (Flay et al., 2001)	Family, School, Class, Child	Tiered
Schools and Homes in Partnership (Barrera et al., 2002)	Parent, Child	Tiered

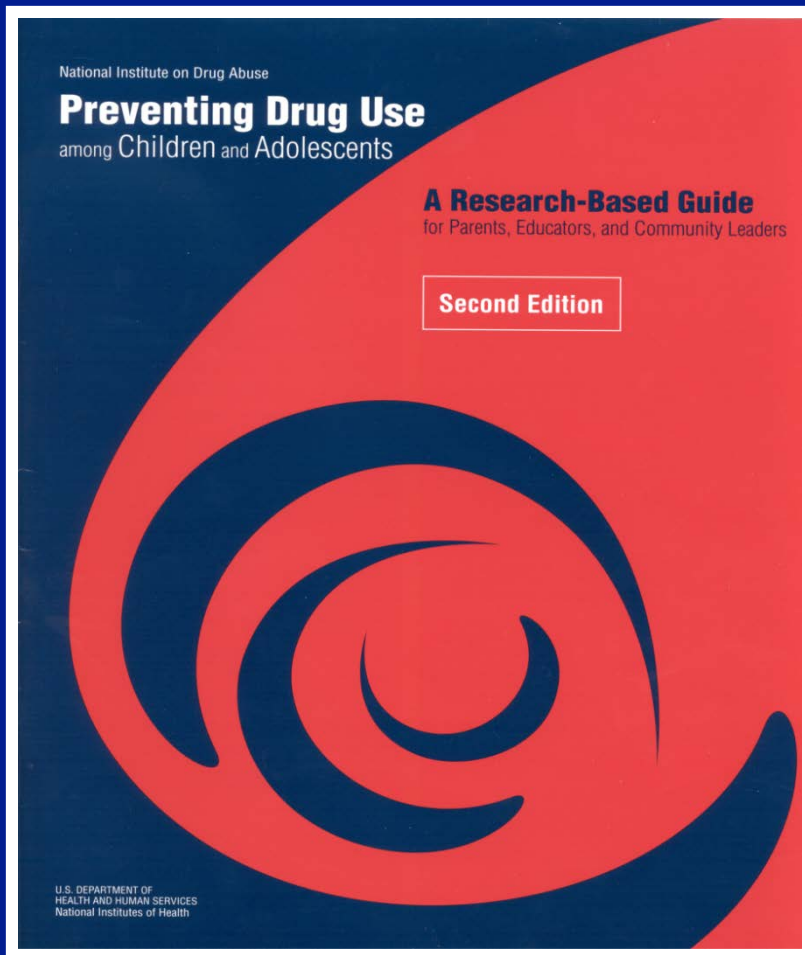


Prevention Principles (2003)

Examples of established principles for preventing drug use among children and adolescents.

- Universal interventions have impacts on higher risk youth.
- Prevention interventions can have an effect on multiple risk behaviors including those not a focus of the intervention
- Prevention interventions implemented during earlier developmental periods have effects during adolescence and later developmental stages.

Preventing Drug Use among Children & Adolescents



- Derived from an extensive literature review of published articles from NIDA funded research
- Reviewed by an expert scientific panel
- Reviewed by a professional practitioner panel
- Resulted in 16 principles

<https://www.drugabuse.gov/publications/preventing-drug-abuse-among-children-adolescents/preface>

Prevention Interventions

Program	Target Population or Setting	Level of Risk
Elementary School		
Caring School Community Program (Battistich et al., 1997)	School, Teacher, Family, Child	Universal
Classroom-Centered Intervention (Good Behavior Game) (Kellam & Rebok, 1992)	Classroom, Child	Universal
Promoting Alternative Thinking Strategies-PATH (Greenberg & Kusche et al., 1998)	Classroom, Child	Universal
Seattle Social Development Program (Hawkins et al., 1999)	School, Parent/Family, Child	Universal
Focus on Families-FOF (Catalano et al., 1999)	Family, Child	Selective
Early Risers "Skills for Success" Risk Prevention Program (August et al., 2001)	Parent, Child	Selective
Fast Track Trial for Conduct Problems (CPPRG, 2000)	Family, School, Class, Child	Tiered

Prevention Interventions

Program	Target Population or Setting	Level of Risk
Middle School		
Guiding Good Choices-GGC (Hawkins et al. 1999)	Parent/Family	Universal
Life Skills Training (LST) Program (Botvin et al. 1995, 1997, 2003)	Classroom, Child	Universal
Lions-Quest Skills for Adolescence-SFA (Eisen et al., 2002)	School, Child	Universal
Project ALERT (U.S. Dept. of Education, 2001)	Classroom, Child	Universal
Project STAR (Chou et al., 1998)	Community, School, Parent/Family, Child	Universal
Strengthening Families Programs (Spoth, Redmond, & Shin, 2000,2001)	Parent/Family, Child	Universal
Coping Power (Lochman & Wells, 2002)	Parent/Family, Child	Selective
Adolescent Transitions Program-ATP (Dishion, et al. 2002)	School, Parent/Family, Child	Tiered

Prevention Interventions

Program	Target Population or Setting	Level of Risk
High School		
Life Skills Training (LST) Program: Booster Program (Botvin et al. 1995, 1997, 2003)	Classroom, Child	Universal
Lions-Quest Skills for Adolescence-SFA (Eisen et al. 2002)	School, Child	Universal
Project ALERT Plus (U.S. Dept. of Education 2001)	Classroom, Child	Universal
Strengthening Families Programs (Spoth, Redmond, & Shin 2000,2001)	Parent/Family, Child	Universal
Adolescents Training and Learning to Avoid Steroids –ATLAS (Goldberg et al 2000)	Team, athlete, Parent/Family	Selective

Systems Models

- Build infrastructure and sustainability at state and local levels
- Implement evidence based interventions in real world settings
- Demonstrate community/population level impacts
 - **Communities That Care (CTC)**
 - **PROSPER**
 - **PRO**moting **S**chool-community-university **P**artnerships to **E**nhance **R**esiliency

The Communities That Care Prevention System



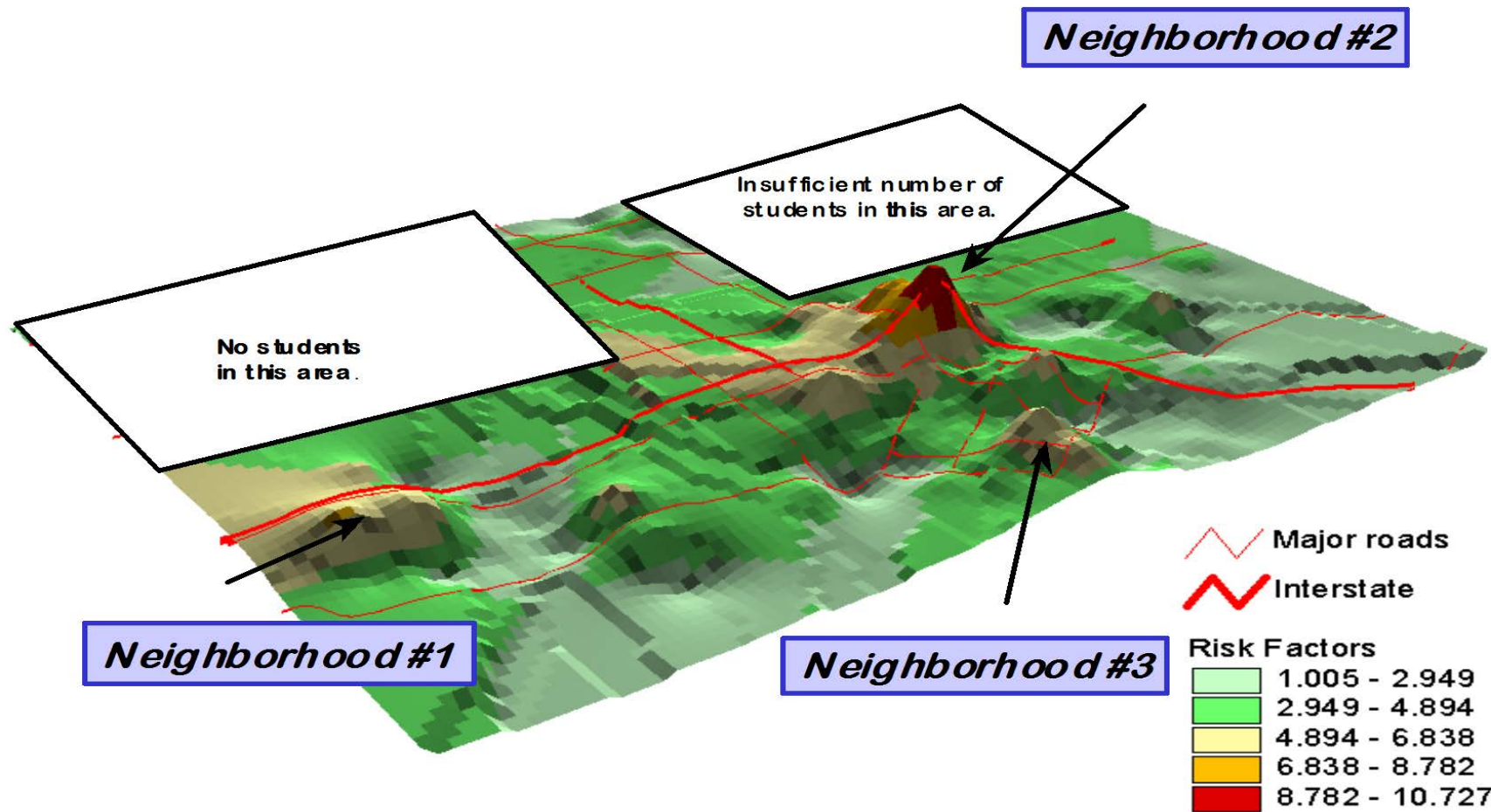
Build a coalition of diverse stakeholders to achieve collective impact.

Assess and prioritize for action- risk, protection, and health and behavior outcomes.

Address priority risks with evidence-based preventive interventions.

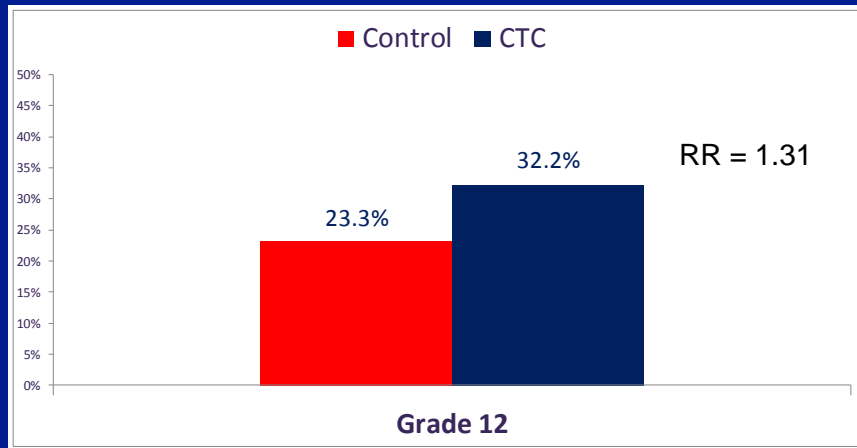
Sustain high fidelity implementation of preventive interventions to reach all those targeted.

Distribution of Risk in a City

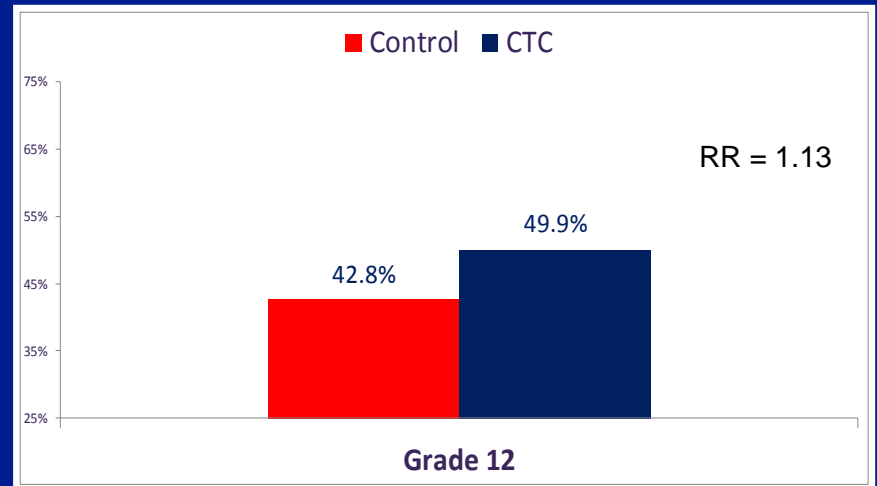


Sustained Abstinence through Grade 12

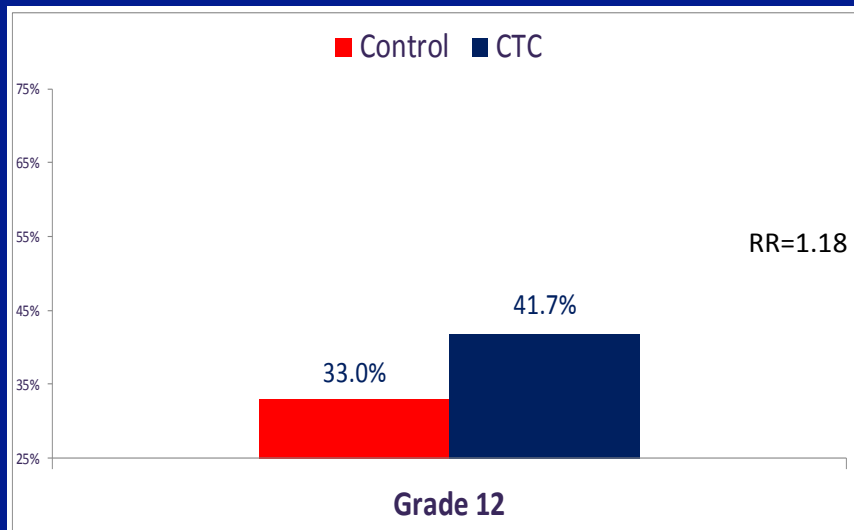
Never Used Alcohol



Never Smoked Cigarettes



Never Engaged in Delinquency



Also, findings for sustained abstinence of:

- Any drugs (RR=1.32)
 - Gateway drugs (RR=1.31)
- And cumulative incidence of
- Violence (RR=0.86)

all $p < .05$

You can find CTC here:

<http://www.communitiesthatcare.net/>

The screenshot shows the homepage of the Communities That Care website. The header features the logo with three stylized figures holding hands under a house icon, the text "communities that care", and the tagline "Strong Communities, Successful Kids". Social media icons for Facebook, Twitter, Google+, and YouTube are in the top right, along with "Contact" and "Login" links. A navigation menu includes "Home", "How It Works", "Research & Results", "Get Started", "News", and "About". The main content area has a large map of the United States with a video player overlay. A text box on the map says "CTC can help you prevent problems before they start... » Watch video". To the right, a "SUPPORT OUR WORK" section contains a paragraph about donations to the University of Washington Center for Communities That Care and a "Give Now!" button. Below that is a "FEATURED COMMUNITY" section with a thumbnail for "Tooele Communities That Care".

communities that care
Strong Communities, Successful Kids

Home How It Works Research & Results Get Started News About

CTC can help you prevent problems before they start... » Watch video

SUPPORT OUR WORK

Your donation to the University of Washington Center for Communities That Care will help kids thrive.

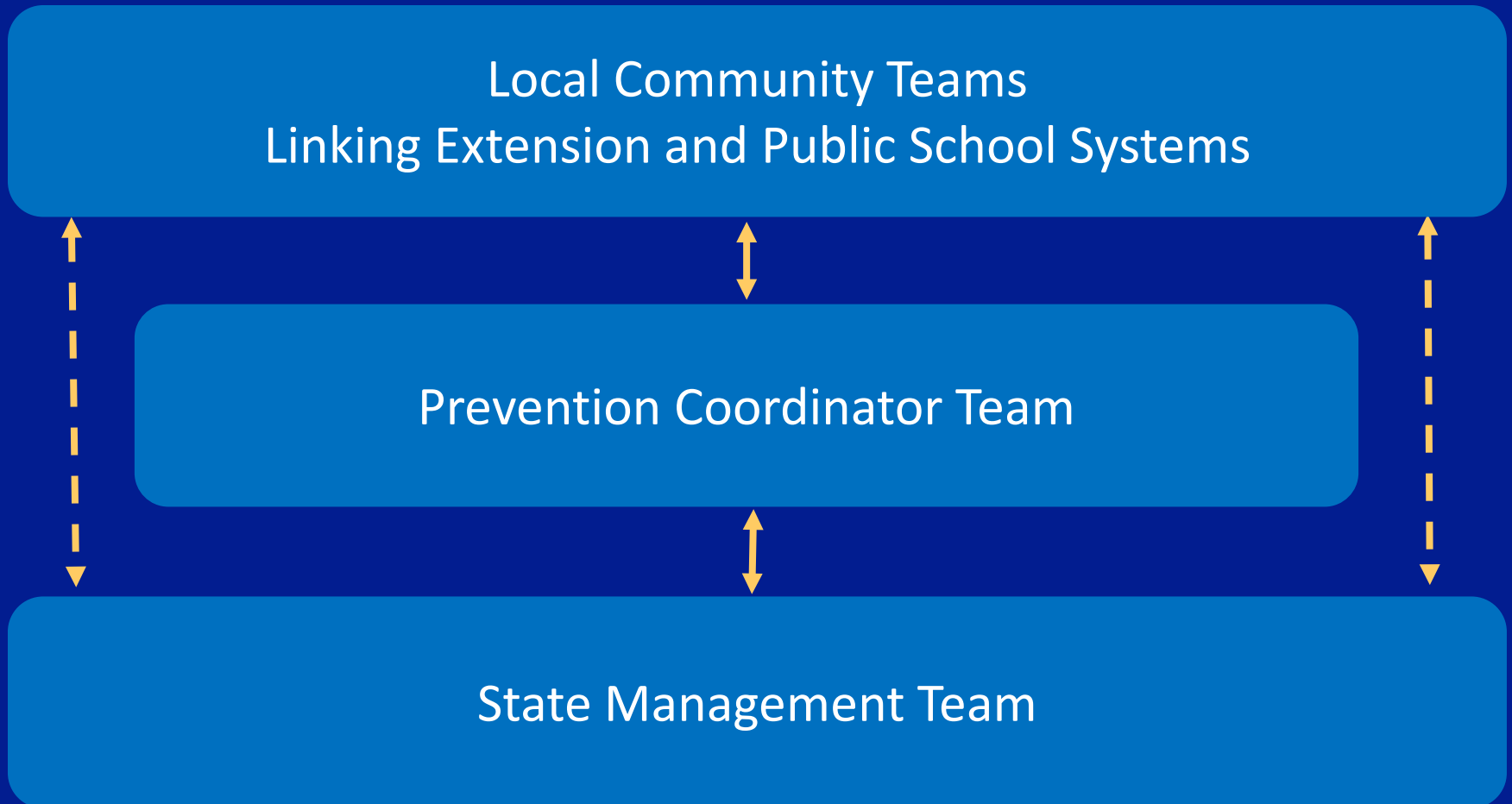
Give Now!

FEATURED COMMUNITY

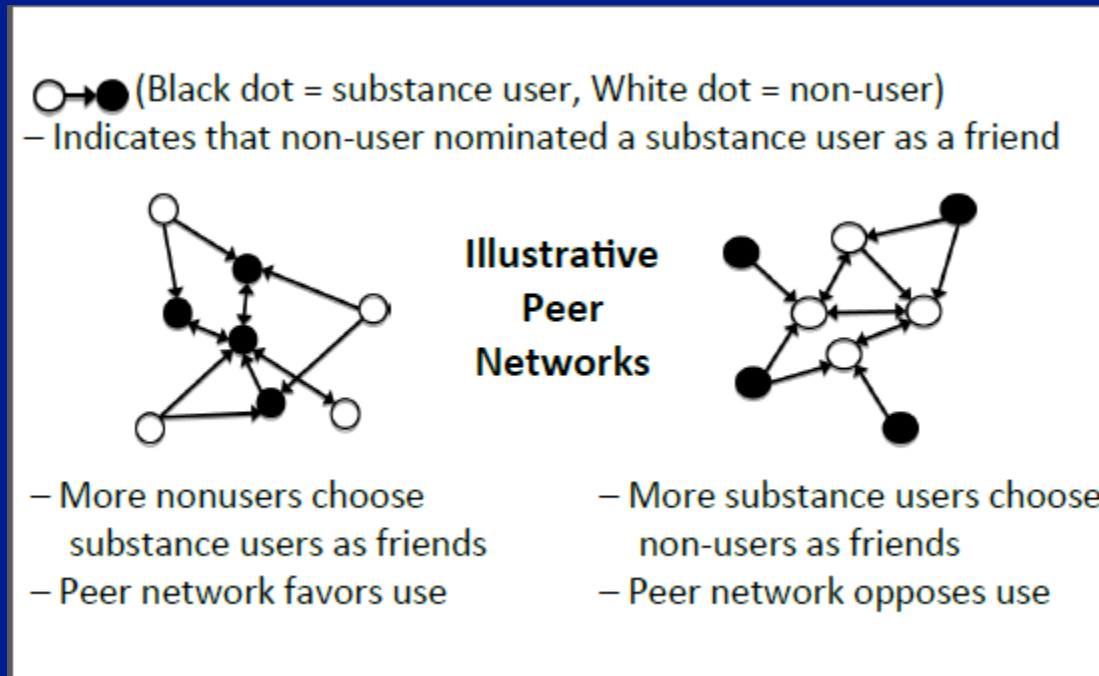
Tooele Communities That Care

Communities That Care (CTC) employs a proven, community-change

PROSPER Partnership Model



PROSPER intervention shifts peer influence toward non-users.



Osgood, Feinberg, Gest, Moody, Ragan, Spoth, Greenberg & Redmond (2013). Effects of PROSPER on the influence potential of prosocial versus antisocial youth in adolescent friendship networks. *Journal of Adolescent Health, 53*(2), 174-179.

You can find PROSPER here: <http://helpingkidsprosper.org/>



[CONTACT](#) | [LOGIN](#)

We've Got Prevention Down To A Science

[What Is PROSPER](#)

[How It Works](#)

[Proven Results](#)

[About Us](#)

[Support PROSPER](#)

Recognized by the **Coalition for Evidence-Based Policy**



We've got prevention down to a science.

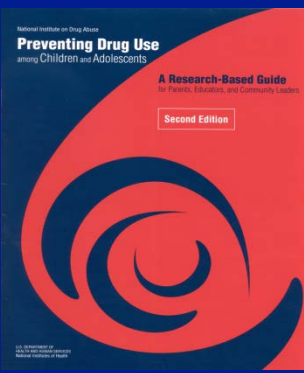
Most prevention programs for youth promise to reduce problem behaviors. And they can look good. On paper. But do they work?

Prevention scientists are discovering that results often fall far short of expectations. For some programs, it's because they were not tested. For



PROSPER was recently featured in the Office of Disease Prevention and Health Promotion's *Who's Leading the Leading Health Indicators? - Substance Abuse*.

[Click here to find out more](#)



Prevention Principles (2003)

Another example of established principles for preventing drug use among children and adolescents.

- Prevention interventions and systems can significantly reduce health and broader social costs.

Is prevention cost-effective? YES!

For every dollar spent... this could be saved

- Strengthening Families Program \$7.82
- Guiding Good Choices \$11.07
- Seattle Social Development Project \$3.14
- Life Skills Training (LST) \$25.61
- CTC \$4.23 - \$8.22
- PROSPER \$8.94 - \$26.74

Sources: S. Aos, R. Lieb, J. Mayfield, M. Miller, A. Pennucci. (2004) Benefits and Costs of Prevention and Early Intervention Programs for Youth. Olympia: Washington State Institute for Public Policy;
Kuklinski, Margaret R., et al. "Cost-benefit analysis of Communities That Care outcomes at eighth grade." *Prevention Science* 13.2 (2012): 150-161;
Overview of Evidence Base: Partnership Model and Delivery System at <http://helpingkidsprosper.org/>.

Where to find your local prevention researchers?

U.S. Department of Health & Human Services

NIH Research Portfolio Online Reporting Tools (RePORT)

Search

HOME | ABOUT RePORT | FAQs | GLOSSARY | CONTACT US

QUICK LINKS RESEARCH ORGANIZATIONS WORKFORCE FUNDING REPORTS LINKS & DATA

Home > RePORTER > Query Form

MyRePORTER Login Register System Health: GREEN

NIH RePORTER Version: 7.3.0 CHECK OUT FEDERAL RePORTER

About RePORTER DATA FAQ ExPORTER RePORTER Manual RSS of Newly Added Projects

QUERY BROWSE NIH MATCHMAKER ^{BETA}

SUBMIT QUERY CLEAR QUERY

Fiscal Year (FY): Active Projects SELECT
Current FY is 2016

RESEARCHER AND ORGANIZATION

Principal Investigator (PI) / Project Leader: (Last Name, First Name) Use '%' for wildcard in PI names
Enter several PI/Project Leader names OR PI Profile IDs

City: Use '%' for wildcard

Organization: LOOKUP Please enter at least 3 characters to use Lookup.
 Contains Begins with Exact

State: SELECT

Country: SELECT

Department: SELECT

Congressional District: SELECT

Organization Type: SELECT

DUNS Number:

TEXT SEARCH

Text Search (Logic): Search in: Projects Publications News

Limit Project search to: Project Title Project Terms Project Abstracts

Limit Publication search to: Start Year: 2015 End Year: 2016

PROJECT DETAILS

Project Number/ Application ID: Agency/Institute/Center: Admin Funding SELECT

Additional Resources

- **National Registry of Evidence-based Programs and Practices**
<http://www.nrepp.samhsa.gov/Index.aspx>
- **Mentor International**
<http://preventionhub.org/practice/examples-effective-practice>
- **Blueprints**
<http://www.blueprintsprograms.com/programCriteria.php>
- **Washington Cost Analysis Resource**
<http://www.wsipp.wa.gov/Reports/04-07-3901>
- **Society for Prevention Research**
<http://www.preventionresearch.org/>
- **National Prevention Science Coalition** <http://www.npscoalition.org/>

National Institute on Drug Abuse (NIDA) Prevention Research Branch

Bethany Deeds - Branch Chief, deedsb@nida.nih.gov

Jacqueline Lloyd – Deputy Branch Chief

- Adolescents, emerging and young adults, adults, selective & indicated interventions, DIDARPs

Aria Crump – Adolescents, emerging/young adults, universal interventions, NA/AI, prescription drug use

Rich Jenkins – HIV/AIDS, high risk HIV populations

Belinda Sims – Early childhood, dissemination & implementation, training mechanisms.

Karen Sirocco - Neuroscience, translation, tobacco control

And a 192 current prevention research grantees!



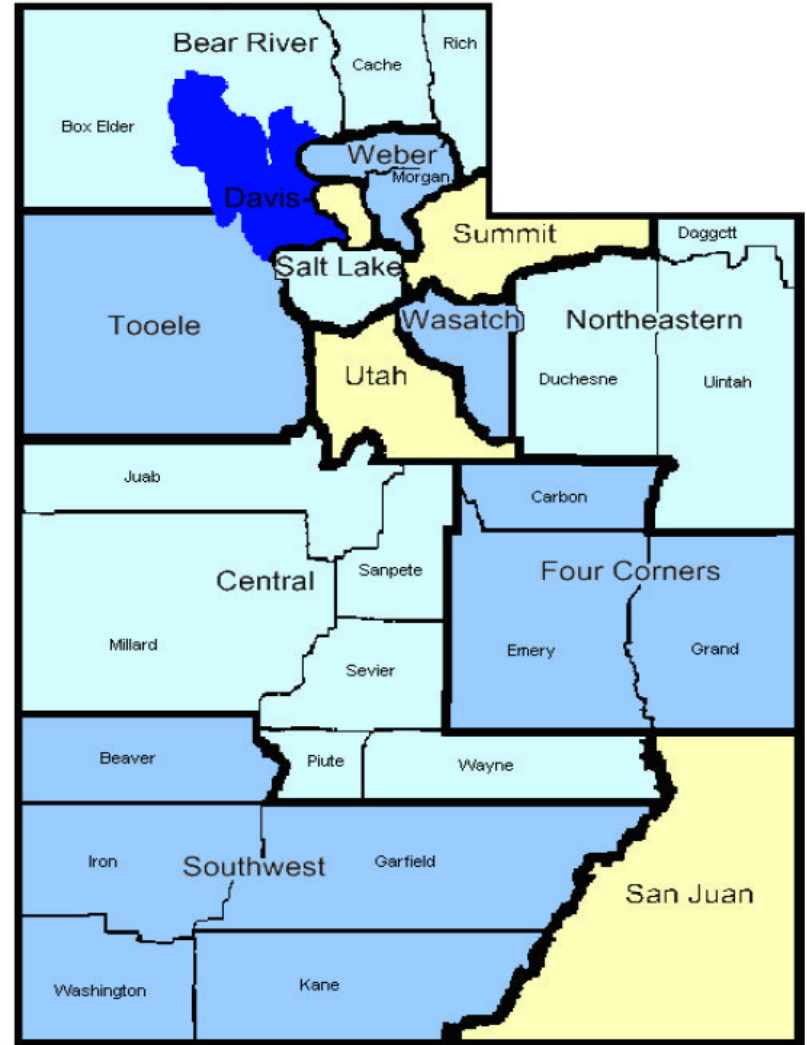
Preventing Prescription Opioid Misuse

A PUBLIC PRIVATE PARTNERSHIP

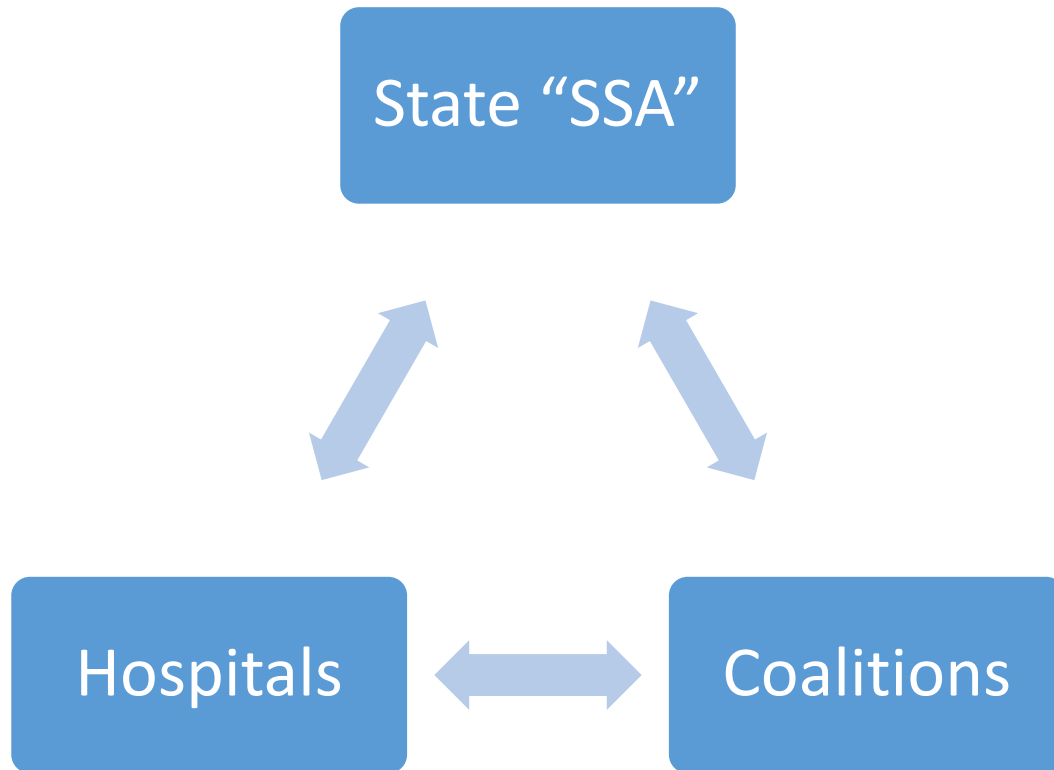
CRAIG POVEY, UTAH DIVISION OF SUBSTANCE ABUSE AND MENTAL HEALTH

LISA NICHOLS, INTERMOUNTAIN HEALTHCARE

Utah's Prevention System



Carefully Planned, Strategic Process



Ground Level Work (at the top floor)

- National Prevention Network
- Federally Qualified Health Care Centers
- Substance Abuse and Mental Health Services Administration

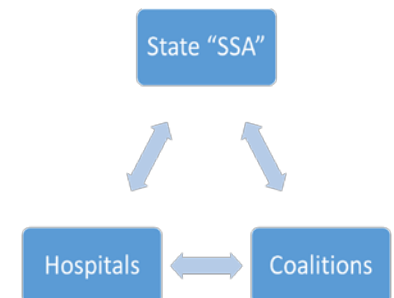
Unleashing the Power of Prevention

National Academy of Medicine

- Every day across America, behavioral health problems in childhood and adolescence, from anxiety to violence, take a heavy toll on millions of lives. For decades the approach to these problems has been to treat them only after they've been identified—at a high and ongoing cost to young people, families, entire communities, and our nation.... we can reduce the incidence and prevalence of behavioral health problems in this population by 20 percent from current levels
- Drs Jeffery Jenson, Richard Catalano, Gilbert Botvin, David Hawkins, & Brian Bumbarger

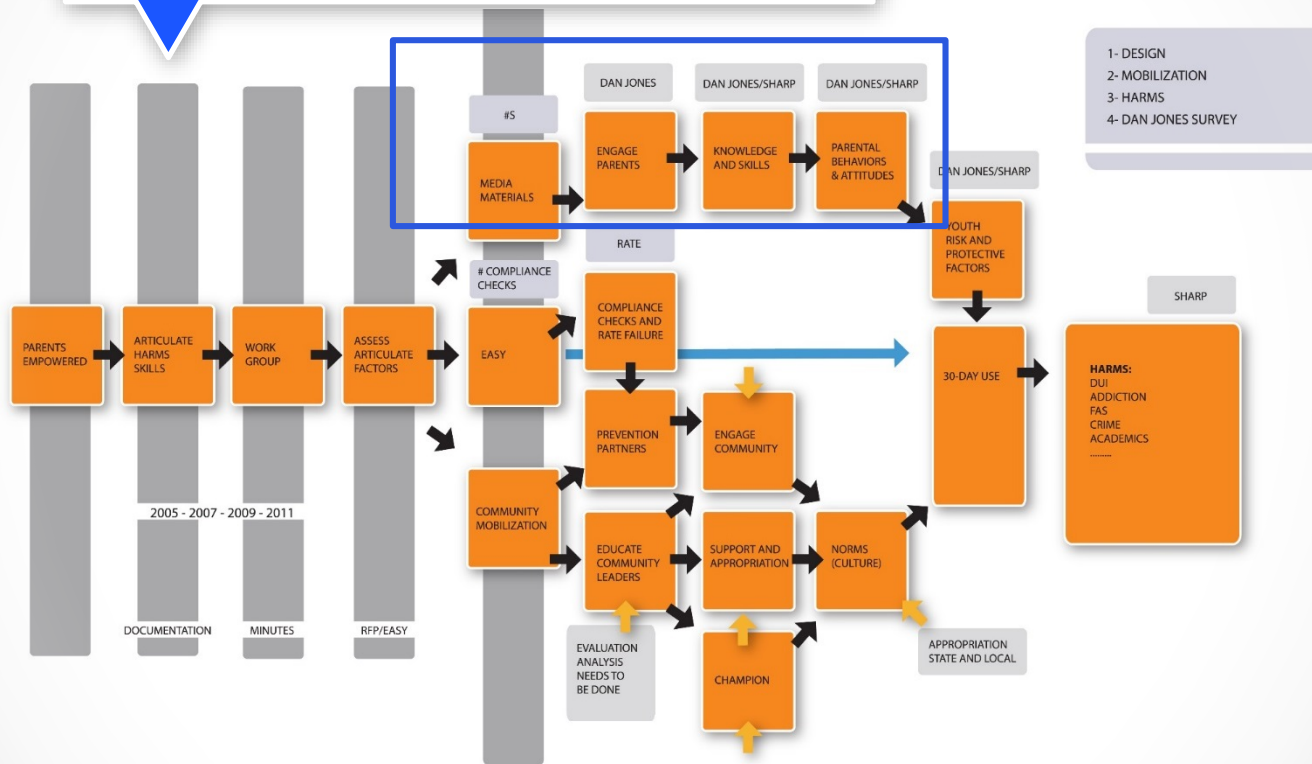
Connections

- Attended “Unleashing the Power of Prevention” Summit
 - Provided meeting space for Unleashing in Weber County
- Attended Utah Coalition Summit
- Underage Drinking Prevention Effort
- Prescription Drug Prevention Effort
 - Legislative Process
- Connecting/supporting Communities That Care



MASTER STRATEGIC PLAN

MORE THAN JUST A MEDIA CAMPAIGN,
A COMMUNITY INITIATIVE



Intermountain Healthcare & Murray City



Intermountain Healthcare & Murray City



Press Conference Done Well = > \$50,000.00



<http://www.good4utah.com/news/intermountain-healthcare-announces-new-campaign-against-opioid-addiction>

<https://www.ksl.com/?sid=41300969&nid=148&title=growing-effort-to-help-decrease-the-number-of-opioid-related-deaths-in-utah>

<http://fox13now.com/2016/08/31/campaign-aimed-at-increasing-awareness-about-opioid-misuse/>

[https://www.facebook.com/search/top/?q=univision Utah](https://www.facebook.com/search/top/?q=univision%20Utah)

<http://www.standard.net/Health/2016/09/01/Utah-Opioid-abuse-awareness-effort-announced-at-McKay-Dee-Hospital.html>

Communities That Care (CTC)

- Evidence based, Owned by SAMHSA, Highlighted by NIDA,
- DSAMH office provides incentives for using CTC – fidelity
- Moab Utah and Moab Regional Hospital mobilizing CTC
 - Prevention worker presented data to key leaders
 - The Hospital CEO was there – discussion about Community Health Needs Assessment
 - The hospital is not the expert at community substance abuse prevention/ mental illness prevention, yet that's where their assessment was leading them.

Moab

- Moab Regional Hospital proposed a transition in their staffing patterns
- Their community development director & marketing director dropped the marketing and picked up “coalition coordinator”



Use Only As Directed Campaign

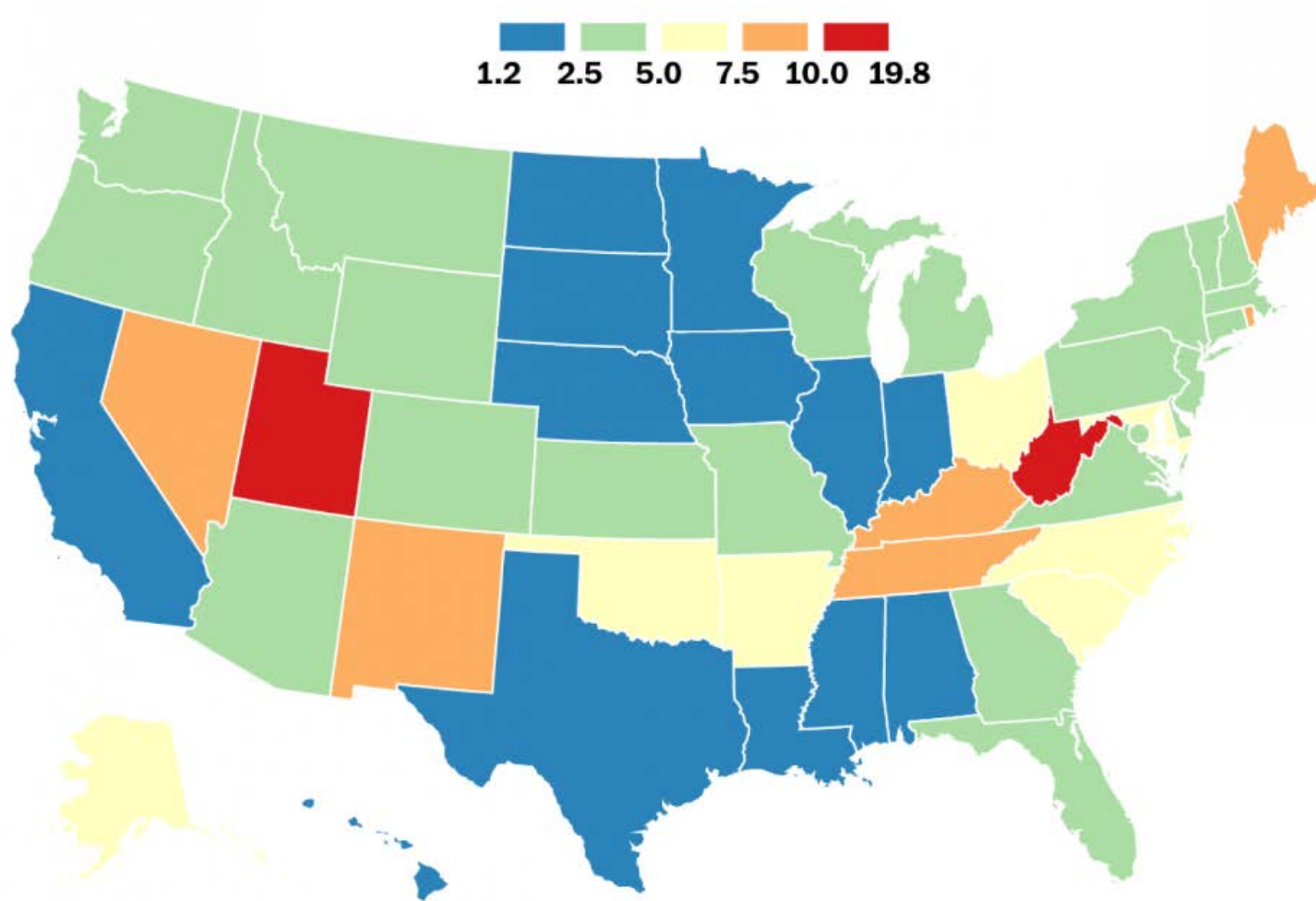


USE ONLY AS DIRECTED

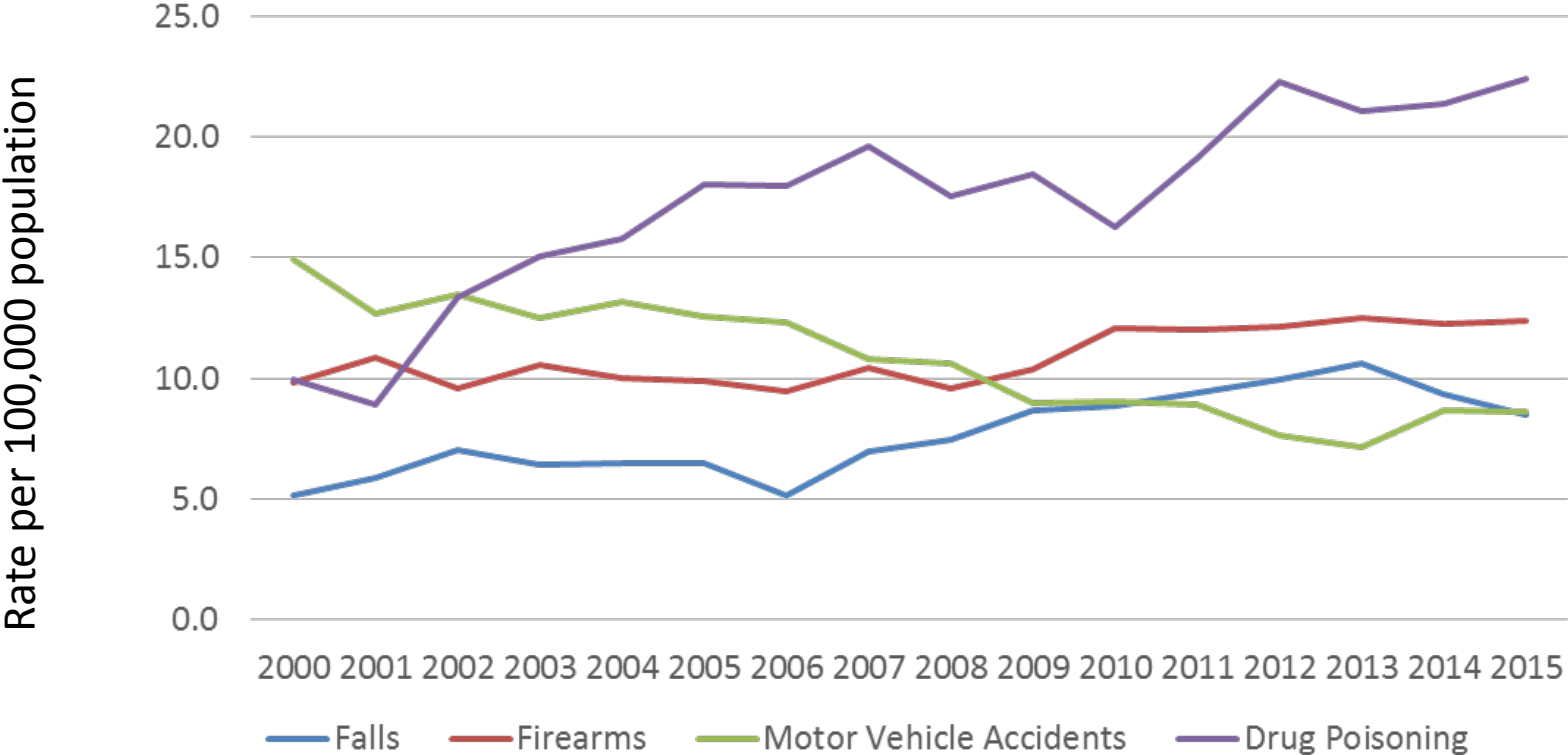
DON'T ADD ADDICTION TO INJURY
Not all #fails need opioids.

Video

2015 “Natural” Opioid Related Deaths



Rate of leading causes of injury deaths per year Utah 2000-2015

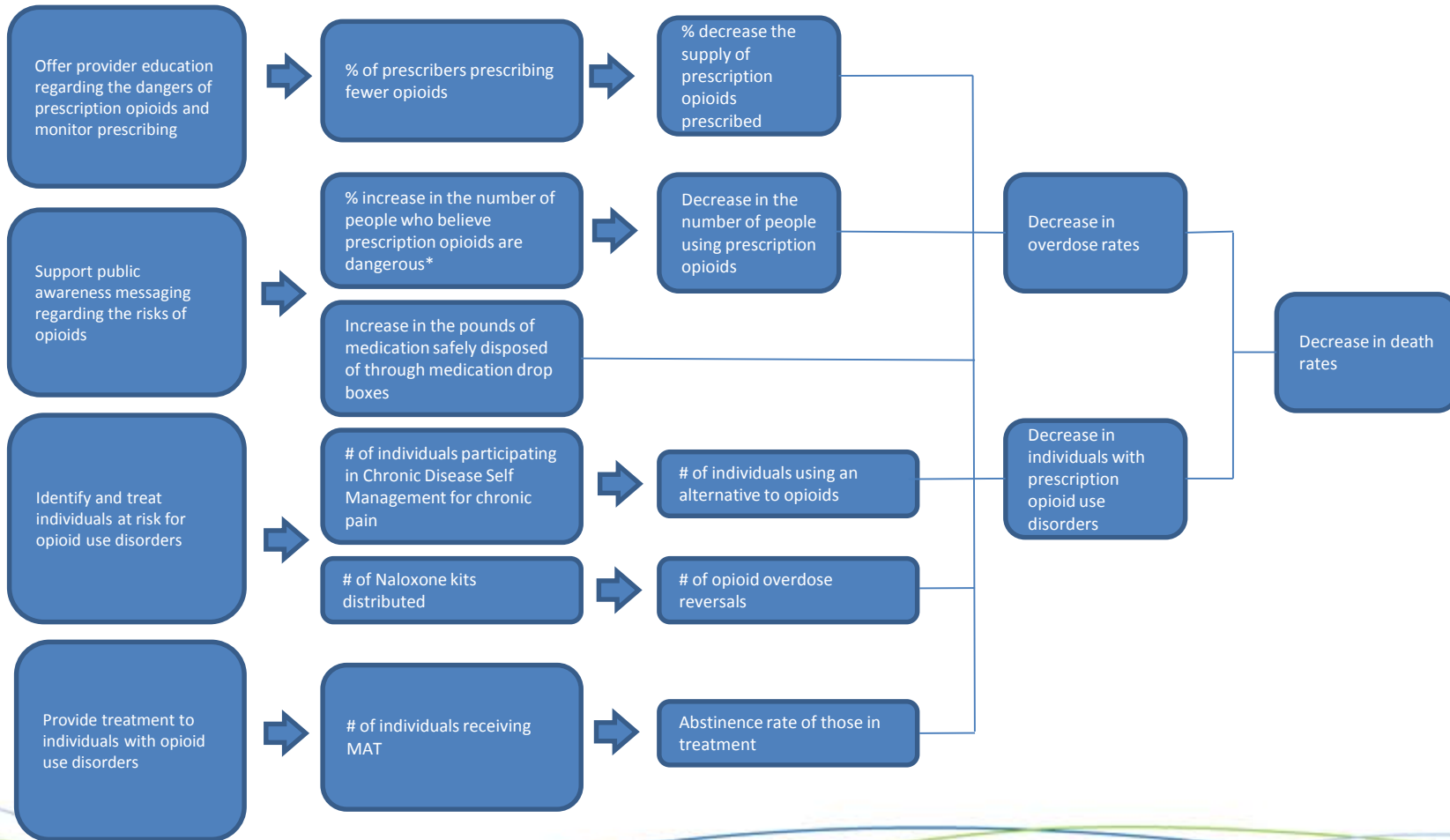


Drug poisoning is the leading cause of injury deaths in Utah

The Opioid Community Collaborative

The charter of the OCC is to plan and implement strategies to decrease the burden of pharmaceutical drug, misuse, abuse and overdose in the state of Utah.

Opioid Community Collaborative



Intermountain Healthcare Support

- Contributing to Leadership
 - Intermountain staff co-chair each of the committees a community partner
 - Host meetings
- Financial Support
 - \$3.5 million dollars over the course of three years to support public awareness messaging and treatment
- Training
 - Offering training to other organizations regarding prescribing practices and medication assisted treatment

Partners

- Commission on Criminal and Juvenile Justice
- Federally Qualified Health Center
- Intermountain Healthcare
- Local and State Behavioral Health Authorities
- Local Prevention Coordinating Councils
- Local Pharmacies
- Local Police Department
- Poison Control Center
- SelectHealth
- University of Utah
- Use Only As Directed
- Utah Department of Health

Raising Awareness



THERE ARE 7,000 OPIOID PRESCRIPTIONS
FILLED IN UTAH EVERY DAY



IT'S NO SECRET

SPEAK OUT

Opioids can cause physical dependence after just seven days of use. Talk to your doctor about possible opioid alternatives.

Intermountain Healthcare

LEVEL 3

LEVEL 3

Evacuation Plan In Case Of Fire Do Not Use Elevators

LEVEL 3

Administration
Heart Institute
Labor & Delivery
Laboratory
Mammography
Medical Records
Nuclear Medicine
Pharmacy
Purkiner Family Surgery

← Patient Room Go to Visiting

Physician Office
1000 - 10
2400 - 24
3400 - 34
4400 - 44

UTAH NEEDS A BREAK-UP

OPT OUT

There are 7,000 opioid prescriptions filled daily in Utah. Ask your doctor about other effective painkillers.

USE ONLY AS DIRECTED

LEVEL 3

Evacuation Plan In Case Of Fire Do Not Use Elevators

THERE'S NO SUCH THING AS SAFE LEFTOVERS

THROW OUT

Leftover prescriptions are responsible for much of Utah's opioid abuse. Use the hospital pharmacy's drop box to safely dispose of leftover medications.

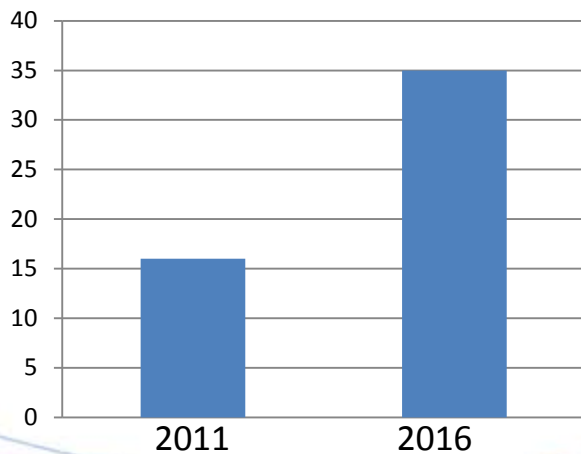
BONNEVILLE

LEVEL 3

Evacuation Plan In Case Of Fire Do Not Use Elevators

Limiting the Supply - Prescription Drop Boxes

- 21 Intermountain community pharmacies have installed medsafes receptacles
- Over 11,000 pounds of medication disposed of
- Financial support for eleven new community-based drop boxes in 2017



35% of individuals surveyed in 2016 used drop boxes as compared to 16% in 2011



Identify and Manage Individuals at Risk



Provision of Naloxone rescue kits to those in treatment and their family members

Funding to and collaboration with Utah Naloxone to distribute rescue kits

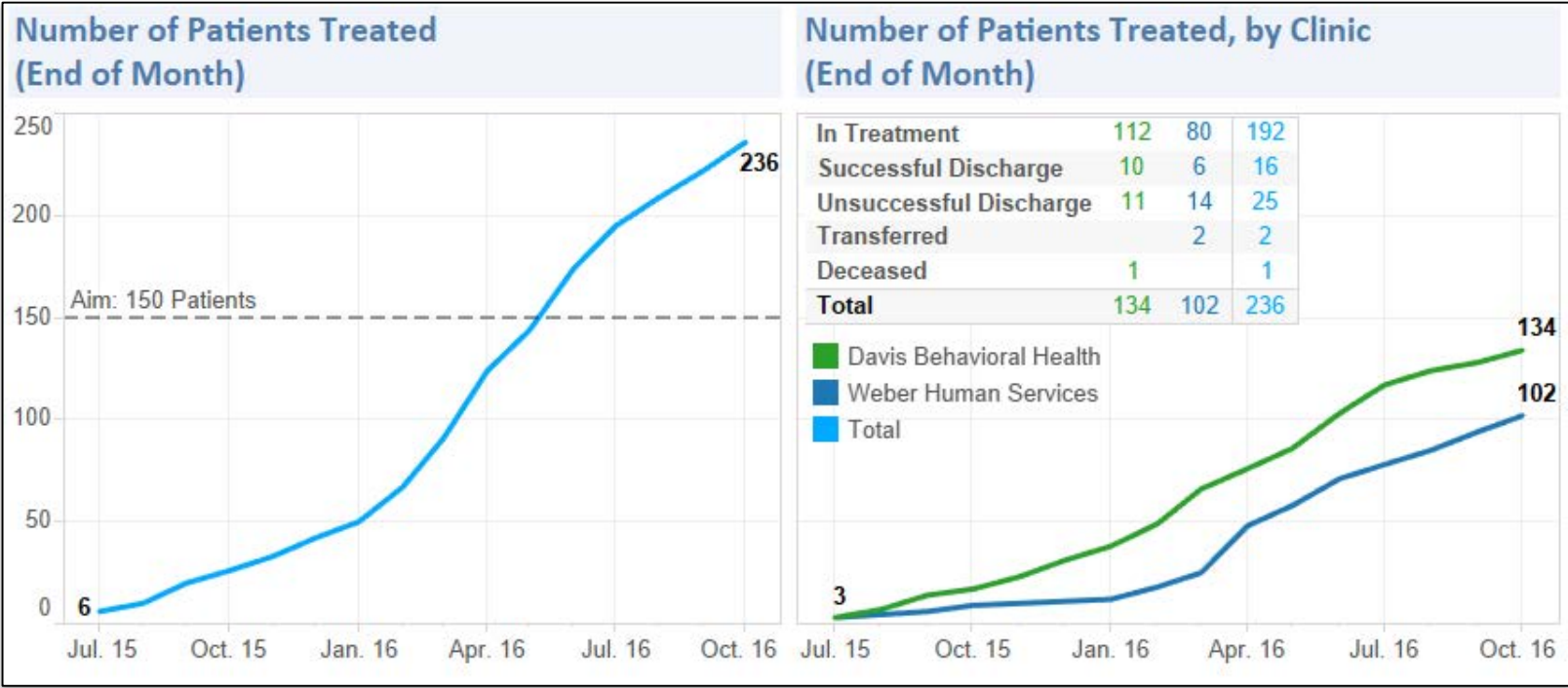
214 kits have been dispensed through Intermountain Pharmacies through the Collaborative Practice Act

Chronic Disease Self Management

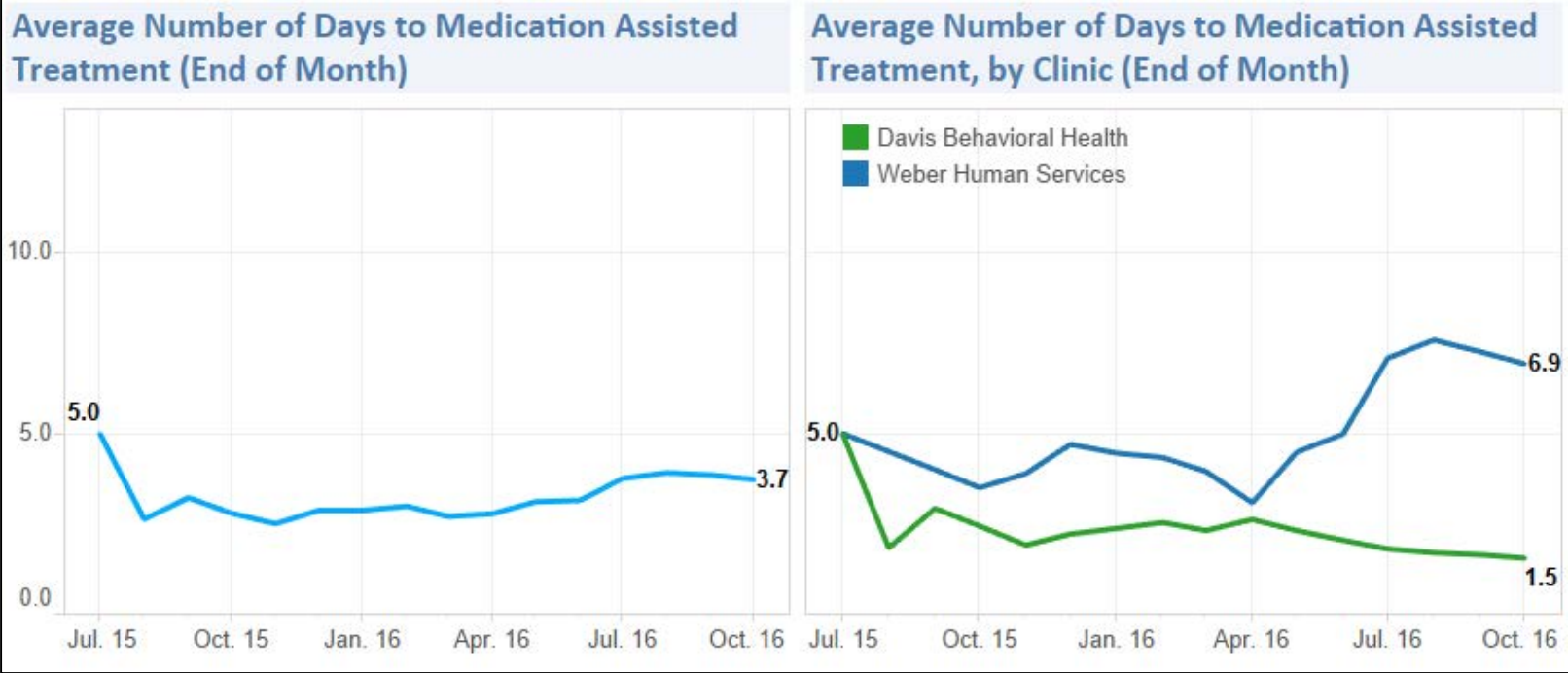
Chronic disease self-management is an education program developed at Stanford for individuals with chronic diseases including chronic pain. The workshops are designed to improve self-confidence and a person's ability to control symptoms.

The Opioid Community Collaborative will work with community partners to offer up to 21 new courses in community-based settings annually.

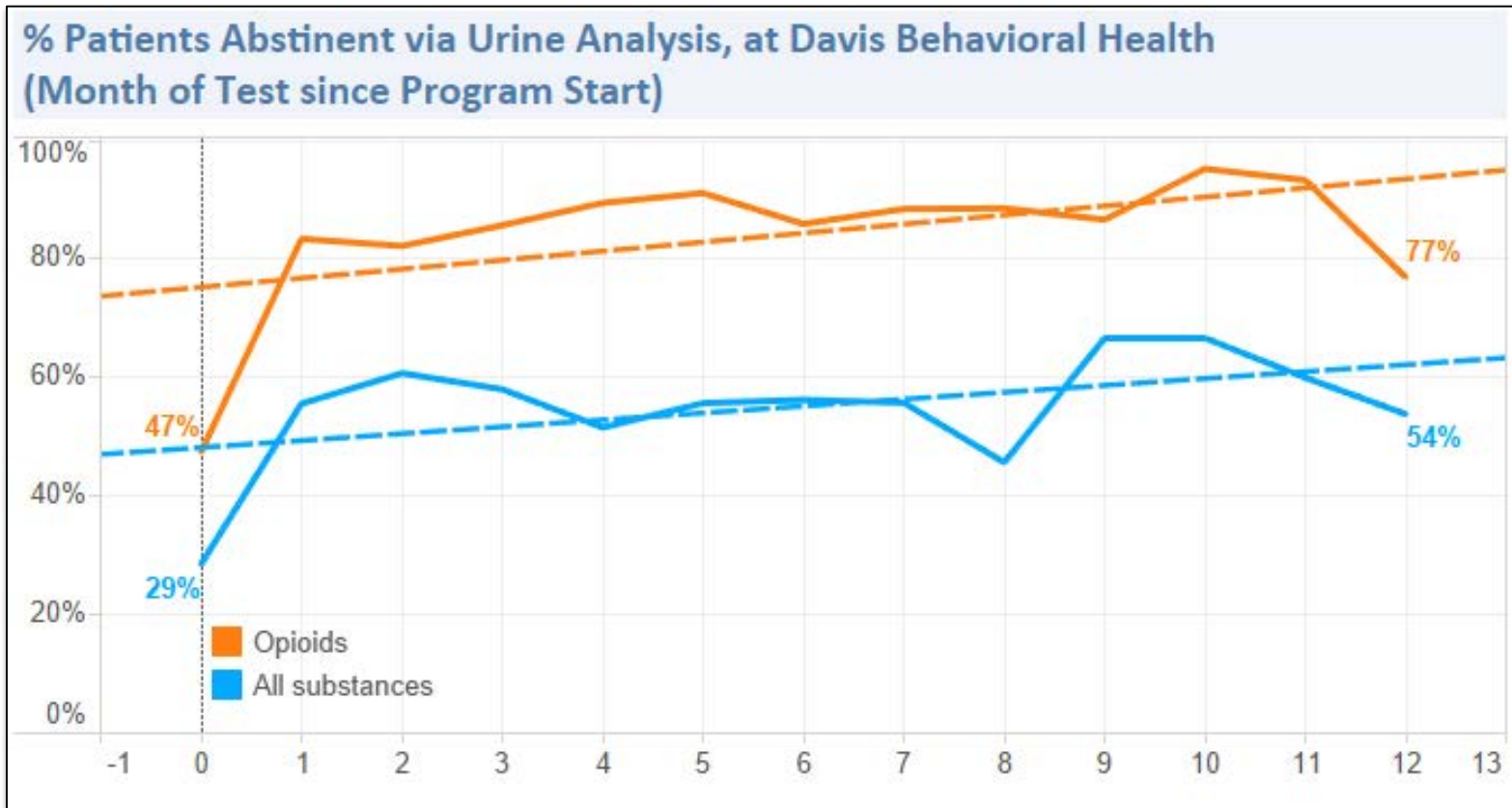
Treating Individuals with Opioid Use Disorders



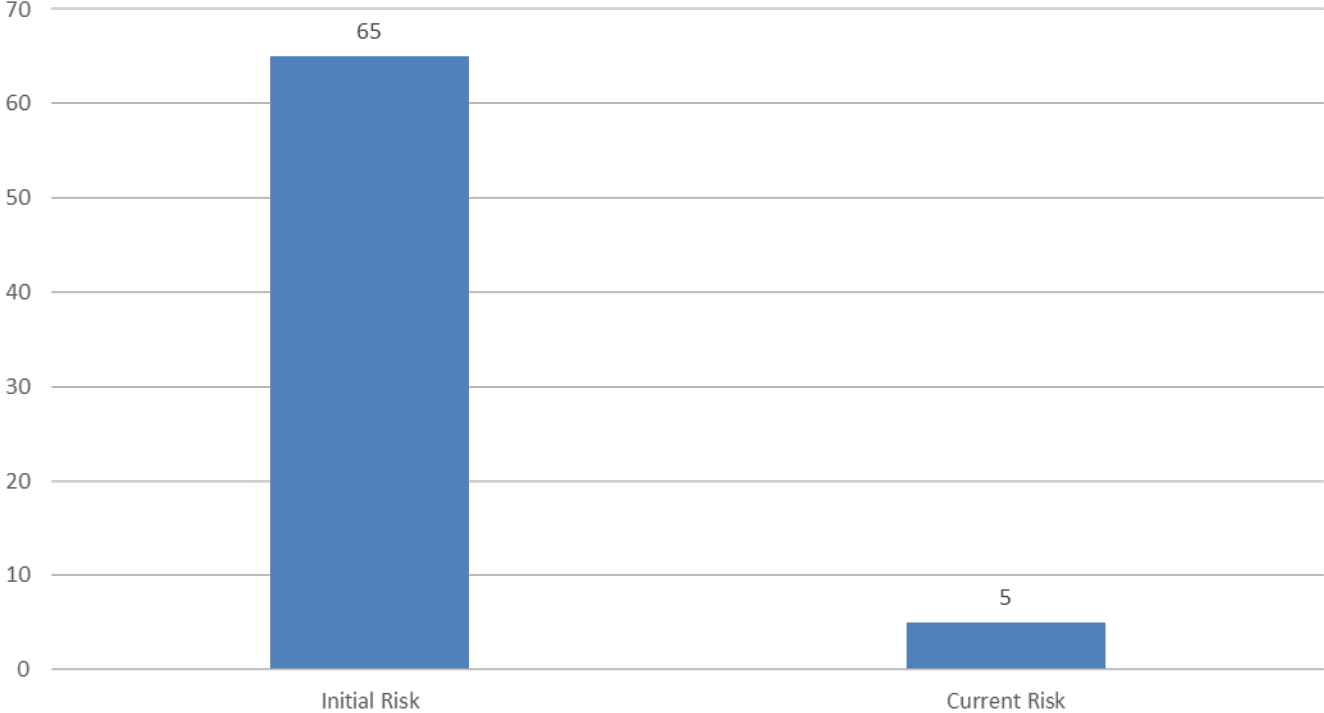
Rapid Access to Treatment



Abstinence Rates



Risk Levels 6+ Months Medication Assisted Treatment





The Opioid Community Collaborative received the 2016 Governor's Award for outstanding achievement in substance use disorder treatment

What's Next?

- Hospital in Salt Lake City looking at teaming up with county prevention system to kick off a prescription drug abuse prevention effort
- BCTC is writing a grant to provide funding for additional work and public awareness in their area- including Intermountain's Utah Orthopedics Center
- Map is being made showing local coalitions overlaid with Intermountain Facilities.

Thank you!
Questions?

HPOE *Live!*

2017 Webinar Series

**Please click the link below to take our
webinar evaluation. The evaluation will
open in a new tab in your default browser.**

<https://www.surveymonkey.com/r/hpoe-webinar-01-19-17>

HPOE *Live!*

2017 Webinar Series

Follow us on Twitter



@HRETtweets

#hpoe

HPOE *Live!*

2017 Webinar Series

Upcoming HPOE Live! Webinars

- **March 2, 2017**
 - Progress at the Intersection of Patient Safety and Medical Liability

For more information go to hpoe.org