

# Technical Information

***SAMHSA***

Substance Abuse and Mental Health  
Services Administration

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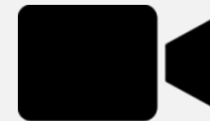


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**LIVE**

This webinar is now live.



It is being recorded.



Please remain muted.

# Welcome

## Central East PTTC Webinar

# Ongoing Opioid Epidemic Part 2: Lessons Learned and Looking Ahead

*The Central East PTTC is housed at the Danya Institute in Silver Spring, MD*

Oscar Morgan  
Executive Director

Deborah Nixon Hughes  
Project Director



# Technology Transfer Centers

Funded by Substance Abuse and Mental Health Services Administration

Each TTC Network includes **13** centers.



Network Coordinating Office

National American Indian and Alaska Native Center

National Hispanic and Latino Center

10 Regional Centers (aligned with HHS regions)

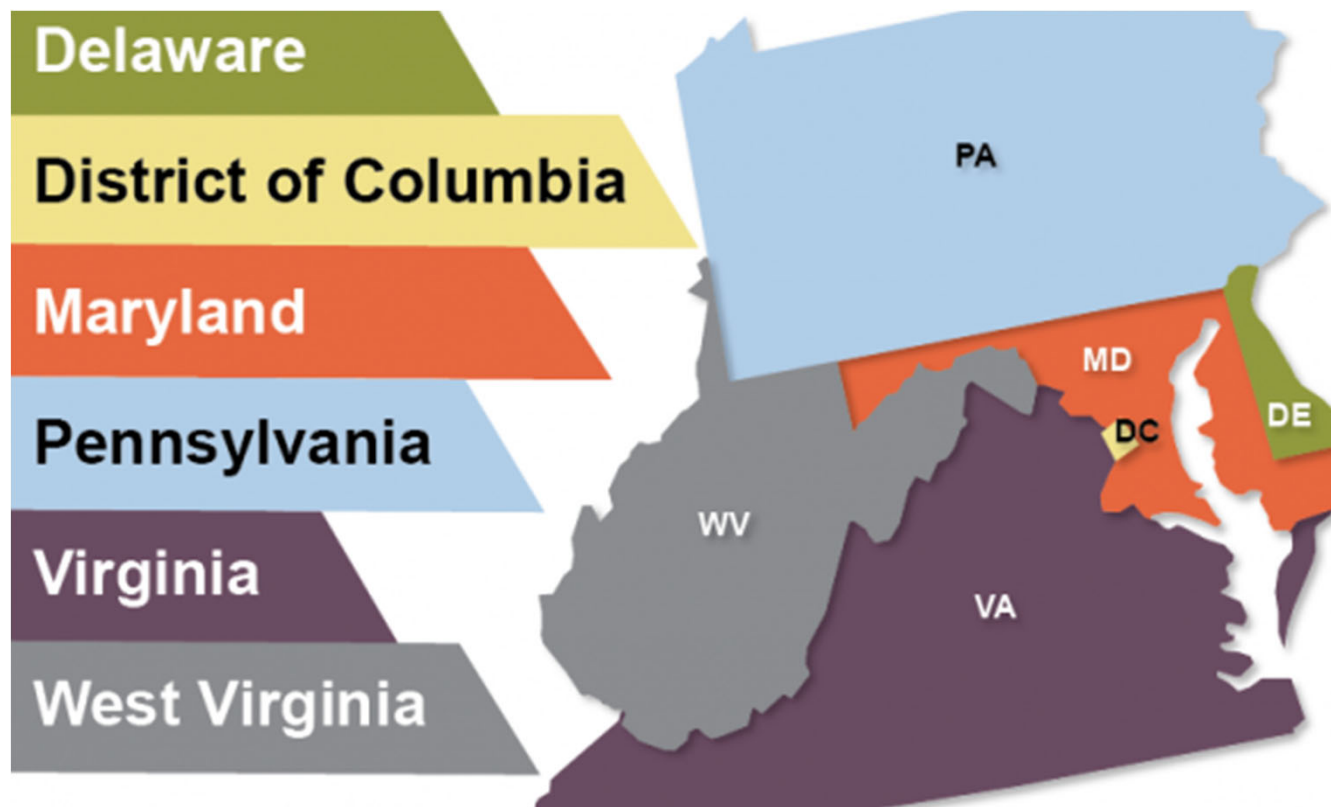


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# Central East Region

## HHS REGION 3



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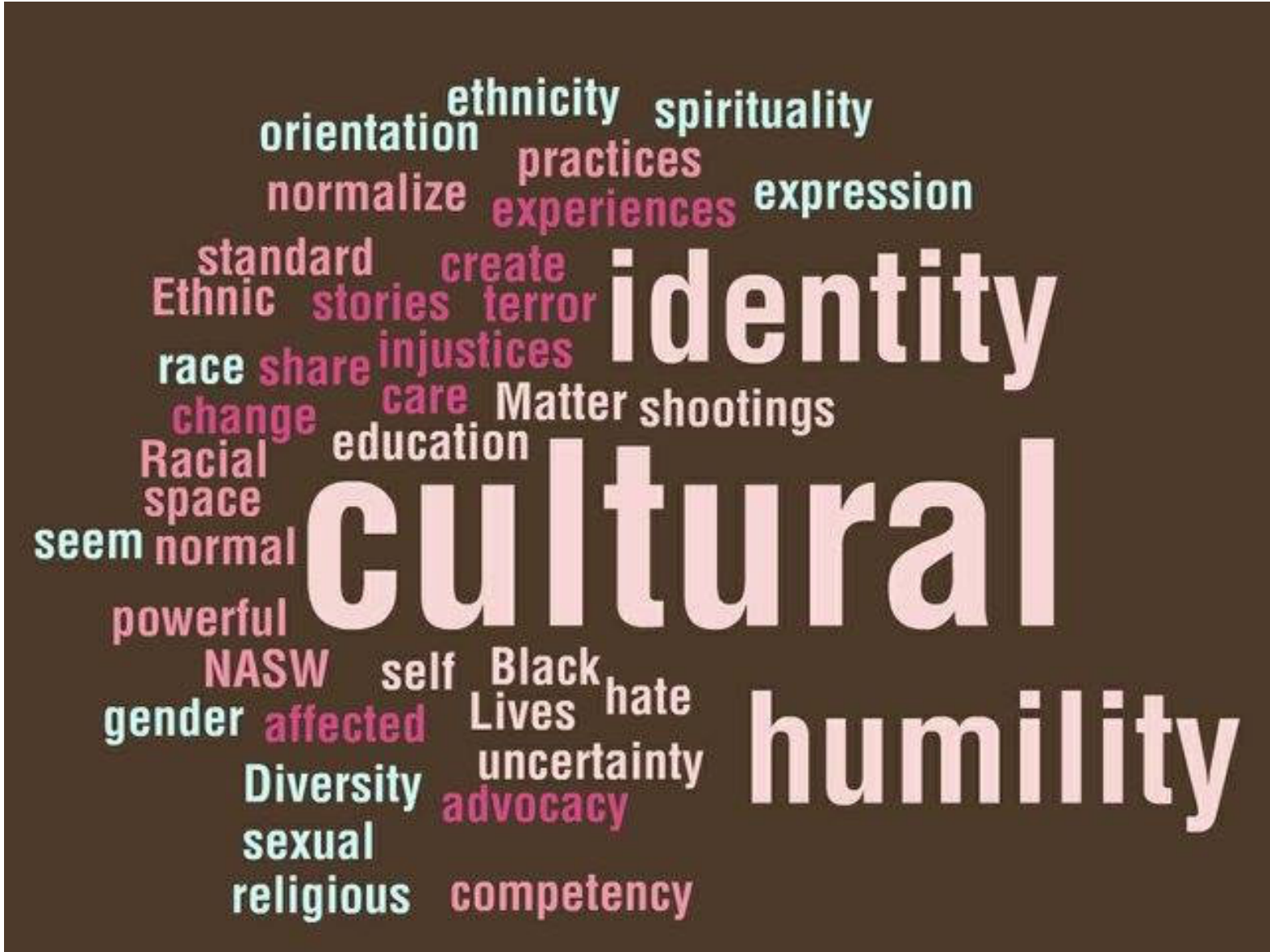
The use of affirming language inspires hope.

**LANGUAGE MATTERS.**

**Words have power.**

**PEOPLE FIRST.**

The PTTC Network uses affirming language to promote the application of evidence-based and culturally informed practices.



# PTTC Mission



To Strengthen the Capacity of the Workforce

1

To Deliver Evidence-Based Prevention Strategies

2

Facilitate Opportunities for Preventionists to Pursue New Collaboration Opportunities, which include Developing Prevention Partnerships and Alliances

3

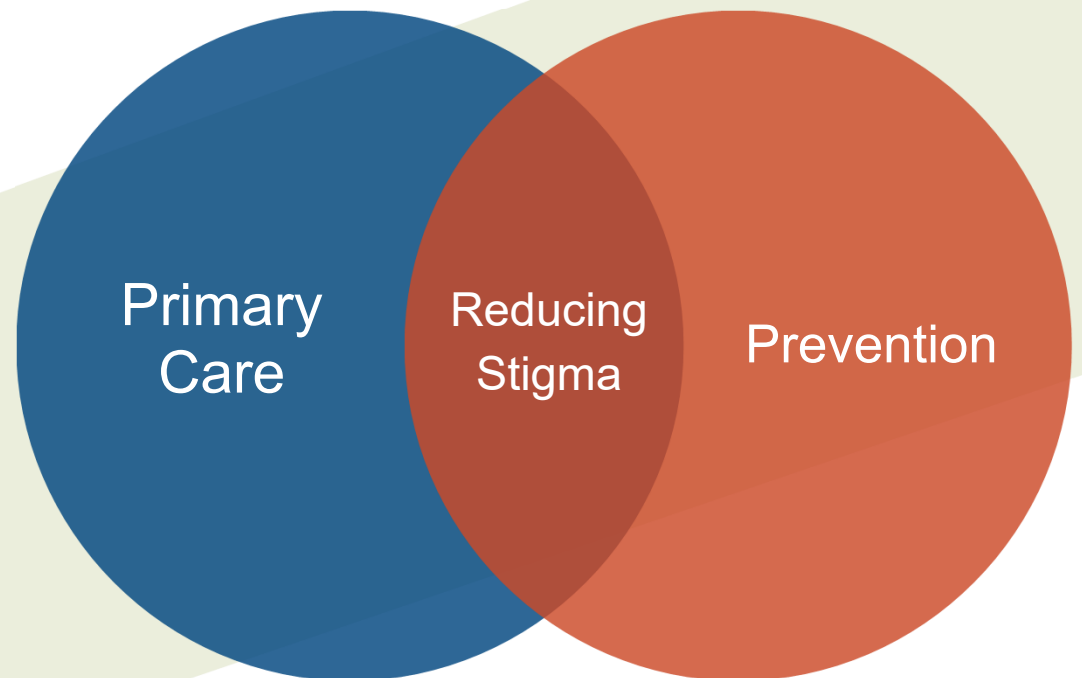


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# Central East PTTC Specialty Area

Engaging and Collaborating  
with Primary Care Providers  
for Substance Use  
Prevention





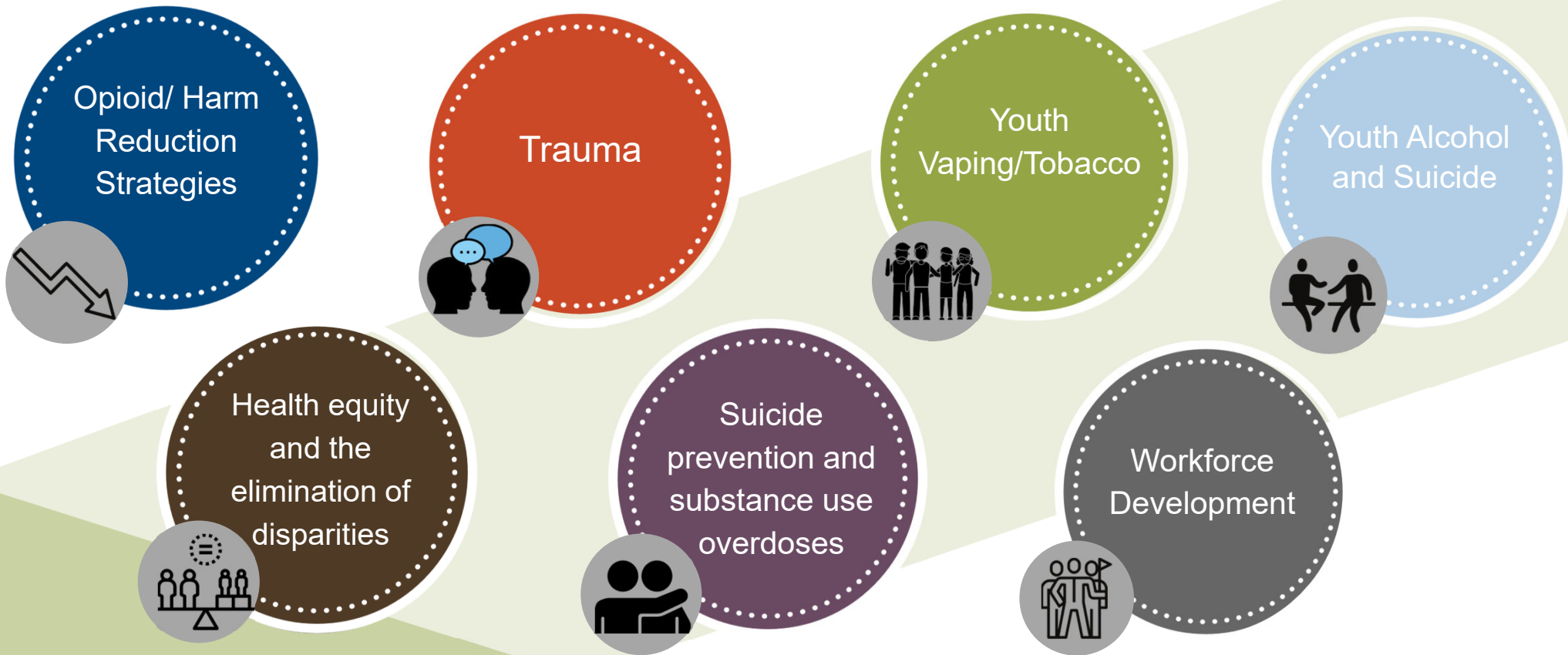
# Eligibility



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# PTTC Focus Areas



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# Services Available



Online Courses



Technical Assistance



Skill Based Training



Webinar



Toolkits



Facilitate Prevention Partnership & Alliances



Research Learning Collaborative



Newsletter



Technology Driven Models



Literature Searches



Virtual Meeting



Research Publication



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# Other Resources in Region 3



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**ATTC**

Addiction Technology Transfer Center Network  
Funded by Substance Abuse and Mental Health Services Administration



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**MHTTC**

Mental Health Technology Transfer Center Network  
Funded by Substance Abuse and Mental Health Services Administration



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Prevention Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration

# The Ongoing Opioid Epidemic Part 2: Lessons Learned and Looking Ahead

**Josh Esrick**

PTTC Prevention Specialist  
Senior Policy Analyst  
Carnevale Associates, LLC

**Emily Patton**

Research Associate  
Carnevale Associates, LLC

**June 14, 2022**

**SAMHSA**  
Substance Abuse and Mental Health  
Services Administration

**THE DANYA INSTITUTE**

# Presenters



Josh Esrick



Emily Patton



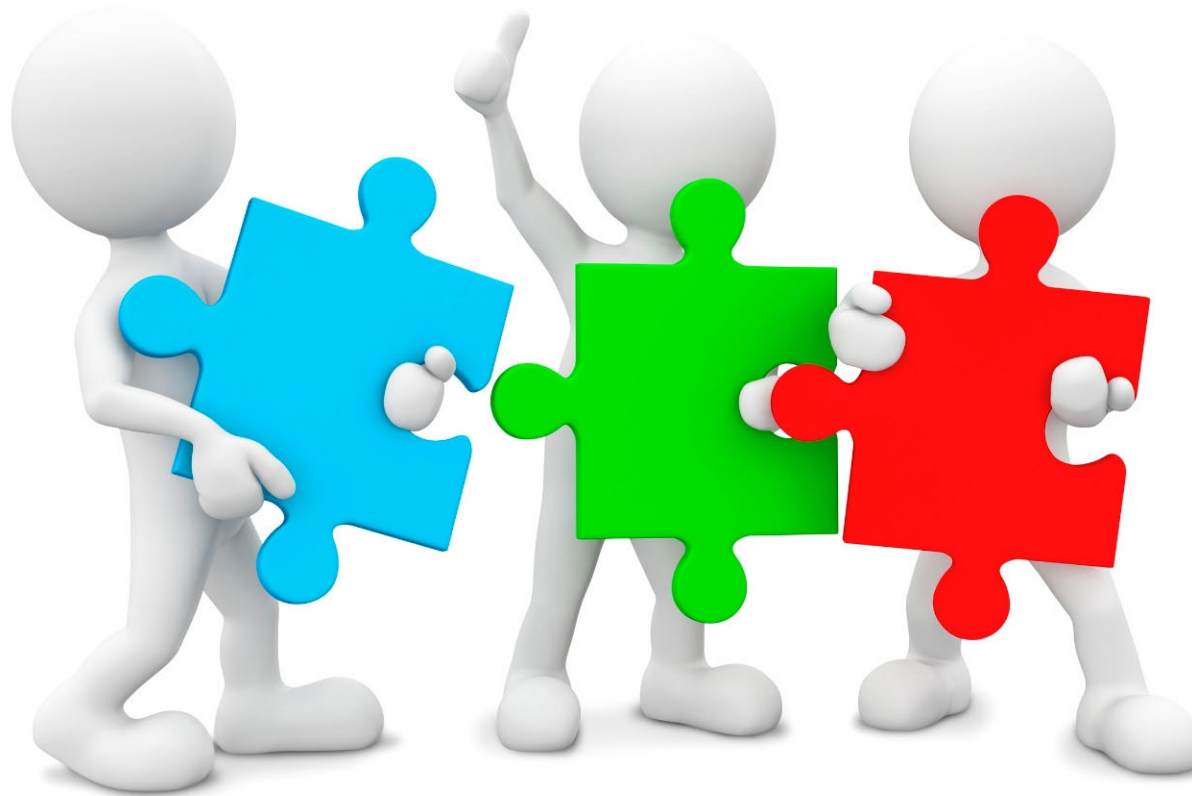
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# Learning Objectives

- Review evidence-based and promising practices for preventing opioid use and overdoses
- Discuss opportunities for improving polysubstance use prevention
- Overview strategies for expanding opioid prevention collaborative activities
- Explore other lessons learned from the opioid epidemic

# Evidence-Based Programs & Practices



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# Opioid Use Prevention

- Youth transitioning into adulthood have some of the highest rates of alcohol and substance misuse
- Prevention can reduce the burden of substance misuse and its associated costs and risks by targeting those in young adulthood
- Programs are typically designed for implementation in specific settings

# Types of Program Approaches

- Knowledge-based
- Social competence
- Social influence
- Instruction combining social competence and social influence
- Family-focused



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# Opioid Specific EBPs

- **I Hear What You're Saying**

- Universal program for youth aged 10-17
- Can be done at home and on a computer
- Works to change girls' risk and protective factors through mother- daughter interactions
- Incorporates developmentally-tailored audio, animation, graphics,
- Nine 35-to-45-minute interactive sessions
- Has shown reductions in use of alcohol, marijuana, and prescriptions drugs (including opioids) at one-/two-year follow-ups



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# PROSPER

- PROmoting School-community-university Partnerships to Enhance Resilience
- Universal program for youth aged 10 to 17
- Delivery system to foster implementation of evidence-based youth and family interventions
- By Grade 12 (Year 5 of intervention): Lower lifetime rates of prescription opioid or other prescription drug misuse

# LifeSkills Training (LST)

- Classroom-based universal prevention program for ages 12-14; intended to reduce alcohol, tobacco, and marijuana use, & reduce violence
- Primary implementers are teachers
  - Should attend a 15-hour training and obtain program materials
- Among other outcomes, students reported significantly lower use of nonmedical prescription opioids.



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# Familias Unidas

- Multilevel family-based intervention for Hispanic adolescents and their families
- Primarily delivered through multi-parent groups, which aim to develop effective parenting skills, and family visits
- In addition to other outcomes, Familias Unidas participants have reported significantly lower prescription drug use at 12-months post-baseline
- Another study found that illicit drug use went from 29.1% to 22.5% nine months post-intervention

# Strengthening Families Program: For Parents and Youth 10-14

- Seven-session, facilitator-led group parenting and youth skills program
- Can be implemented in schools or community centers
- Intervention has shown significant effects at decreasing prescription drug misuse
- Some evidence that integrating the school-based LST with the family-based SFP 10-14 may be an effective strategy to reduce prescription opioid misuse for higher-risk participants

# Other EBPs for Illicit Substance Use

- Knowledge-based
  - Guiding Good Choices (Parent Education)
  - Communities that Care (Community Mobilization)
- Instruction combining the social competence and social influence approaches
  - Good Behavior Game
  - Project Toward No Drug Abuse (TND)
- Family-focused
  - Fast Track
  - Adults in the Making (AIM)
- Screening, Brief Intervention, and Referral to Treatment (SBIRT)



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# Environmental EBPs and the SDOH

- SDOH are the conditions around us, and environmental strategies seek to change those conditions
- Part of a public health approach to prevention
  - Working with stakeholders outside prevention
- Part of a comprehensive approach to prevention when implemented alongside behavioral strategies
- Broad reach, cost efficient, sustainable, enduring effects

# Some Federal Efforts and Resources

- Prescription Drug Monitoring Program Training and Technical Assistance Center (PDMP TTAC)
- Operation Prevention (DEA)
- Rx Awareness Campaign (CDC)
- Faith-Based Opioids Toolkit (HHS)
- Evidence-Based Practices Resource Center (SAMHSA)

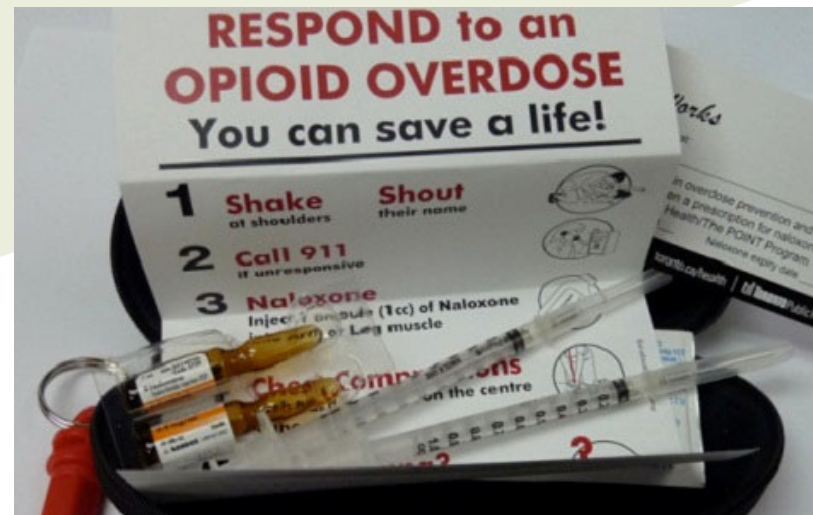
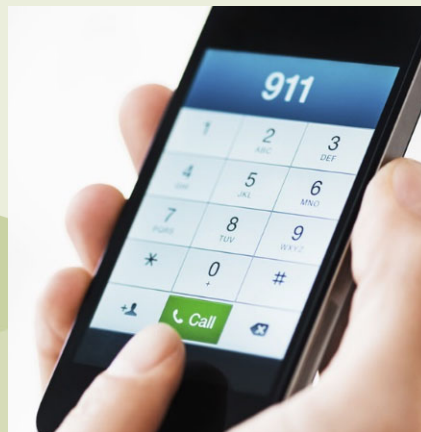
# Strategies Addressing Overdoses

- Two key goals:
  - Preventing overdoses from becoming fatal
  - Preventing overdoses from occurring in the first place
- Lots of overlap, but sometimes different strategies and stakeholders



# Preventing Overdoses From Becoming Fatal (SAMHSA)

- Training laypersons on identifying and responding to overdoses
- Encourage public to call 9-1-1
  - Good Samaritan laws
- Expanding naloxone access; OEND programs



# Overdose Prevention Strategies

- Loss-of-tolerance education
- Dangers-of-substance-mixing education
- Post-overdose follow-up and connection to services
  - “Knock and Talks”



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# Overdose Prevention Strategies

- Support development of overdose early warning systems
- Increase scope of harm reduction programs
- Expand awareness of prescriber guidelines and provide prescriber education
- Implement social marketing and information dissemination campaigns
- Ongoing regular prevention efforts



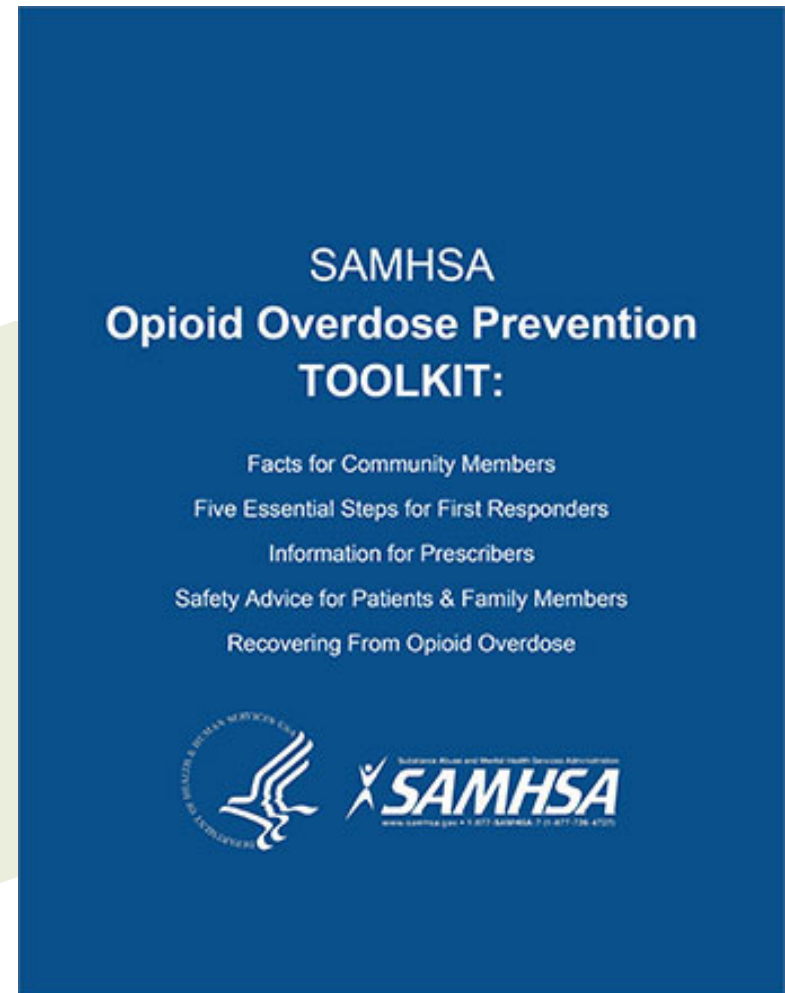
# Upstream Overdose Prevention

- Opioid overdoses result from opioid use/misuse, either intentionally or unintentionally
- Any prevention activity focused on that misuse/use “upstream” of overdoses can help prevent future overdoses



# SAMHSA Opioid Overdose Prevention Toolkit

- Opioid Use Disorder Facts
- Five Essential Steps for First Responders
- Information for Prescribers
- Safety Advice for Patients & Family Members
- Recovering From Opioid Overdose





# Improving Polysubstance Use Prevention

- Universal and Selective Prevention
- Indicated Prevention
- Harm Reduction

## Preventing Polysubstance Use in Primary Care Settings

Published on June 1, 2021



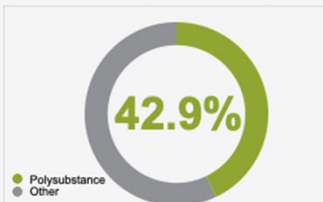
Polysubstance use is the recurrent use of multiple illicit substances, legalized substances, or prescription drugs in a manner other than as prescribed. Using a single substance significantly increases the risk of using additional substances, and evidence suggests that most people who have substance use disorders are polysubstance users. Polysubstance use can stem from various behavioral cues or demand elasticity and can occur sequentially or concurrently.

### WHY WE NEED TO ADDRESS POLYSUBSTANCE USE

- 1** Polysubstance users face significantly higher risks of co-occurring behavioral disorders, cognitive disorders, and physical health problems.<sup>2</sup>
- 2** Polysubstance use is more common among minority populations that suffer from discrimination.<sup>3</sup>
- 3** Preventing polysubstance use can improve health outcomes and reduce inequities.

### PREVALENCE OF POLYSUBSTANCE USE

Polysubstance use prevalence is high in substance use treatment admissions



Nearly half (42.9%) of treatment admissions are for polysubstance use<sup>4</sup>

However, over 80% of people in need of substance use treatment do not receive it



Their polysubstance use prevalence is unknown, but may be even higher<sup>4</sup>

# Universal and Selective Prevention

- Prevention campaigns (e.g., social marketing or educational events) are most effective when focusing on a single substance (Esrick et al)
- If polysubstance is a major issue, consider instead:
  - Skills-based prevention
  - Addressing social determinants of health
  - Supply reduction



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# Indicated Prevention

- Screening is paramount
  - Identify if risk is intentional or unintentional polysubstance use
- For unintentional, provide educational info
  - Potentially leading to harm reduction measures
  - Consider whether prevention or a referral to treatment for the primary use is also appropriate
- For intentional, could consider focusing on risks
  - **Lack of research on best practices**
  - Referral to treatment if appropriate

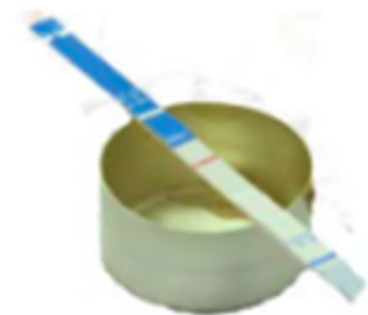


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# Harm Reduction (SAMHSA)

- Fentanyl testing strips
- Naloxone distribution to people without primary opioid use
- Safe injection site pilot programs



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# Prevention and Collaboration



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# Importance of Collaboration

- Allows greater sharing of data and knowledge
- Expands capacity for engaging in services
- Provides access to wider array of skills
- Increases stakeholder buy-in of services
- Promotes opportunities for diverse perspectives
- Improves service access to hard-to-reach populations



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# Building Community Awareness

- Having a high degree of community awareness and understanding of relevant substance use issues is key to successful prevention programming
- Two aspects:
  - Understanding the scope and severity of the problem
  - Readiness to address relevant issues
- Working with collaborative partners can naturally raise awareness about the importance of substance use issues

# Key Stakeholders

- Schools
- Faith-based groups
- Community organizations
- Peer support groups
- Youth groups
- Local health agencies
- Opioid prescribers and pharmacies
- First responders
  - EMS, Police, Firefighters
- Laypersons
  - Individuals who witness an overdose
  - Friends and family members



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# Other Key Stakeholders (SAMHSA)

- Hospitals and urgent care centers
- Substance use treatment providers
- Recovery support service providers
- Harm reduction organizations
- HIV prevention programs
- Corrections Department discharge staff
- Legislators/Polycymakers
- And others!



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# Helpful Tips to Start the Process

- Determine why you are seeking a collaborative partnership
- Identify all your potential collaborative partners
- Decide which partners and stakeholders would be most relevant to your goals
- Establish shared goals
- Promote open communication
- Be responsive to partners questions and needs

# Create an Elevator Pitch (SAMHSA)

- Short, persuasive explanation of:
  - Who you are (if no relationship already exists)
  - Why you want to collaborate
  - How you envision the collaboration functioning
  - What benefits they would see from collaborating
- Focus on concrete details, but remember to be brief
- Establish the benefits of collaboration and consider any barriers that may currently exist or that could come up as part of the collaborative process

# Lessons Learned



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# Lessons Learned

- Over the course of the opioid epidemic, prevention has learned a lot about the most effective and efficient processes and strategies
- Need to ensure these lessons learned continue to guide our efforts to prevent opioid misuse
- Many can also be used to guide our efforts to address future substance use issues

# Lessons Learned

- Importance of Evidence and Data
- Collaboration Strategies
- Education Strategies
- Need for Addressing Root Causes
- Better Understanding of Disparities

# Importance of Evidence and Data

- During the opioid epidemic, the prevention field has learned a lot about improving processes
  - Using evidence to guide decision making
  - Collecting and analyzing data
  - Following principles of strategic planning
  - Reviewing research behind potential strategies
- All these processes have improved our response to the epidemic, and all are relevant to future prevention issues

# Collaboration Strategies

- Many new community partners have been identified and prevention has learned new collaborative strategies:
  - Community readiness assessments
  - Getting on to public agendas
  - Elevator pitches
  - Building trust and collaborative visions
  - Synergizing activities



# Education Strategies

- Prevention has learned a lot about what sorts of prevention education are most effective for various needs and populations
- Some of these are opioid-specific and so maybe cannot be directly used to address other substance needs
- But the field has also learned general strategies for creating new or adapting existing programs to fit local needs



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# Need For Addressing Root Causes

- Prevention has learned that supply- and surface-level-demand- orientated strategies are not sufficient
  - Focusing on the supply of Rx opioids led to heroin substitution
  - Focusing on attitudes towards opioids *did* help, but the epidemic continues
- Need to address the underlying "why?" of opioid misuse, which often overlaps with other forms of substance use



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# Better Understanding of Disparities

- Prevention has recognized the impact that people's environments around them can have on their health
- And recognized that these environments are often unequal for reasons entirely outside of individual people's control
- In addressing environmental factors, prevention needs to recognize the disparities that have impacted them and seek remedies



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# Conclusion

- The opioid epidemic continues to be a major public health issue
- There are many evidence-based strategies for preventing misuse and overdoses
- Need to continue expanding these strategies as well as addressing SDOH
- Many lessons learned from the epidemic that the prevention field should continue to incorporate into their work



Josh Esrick & Emily Patton  
[jesrick@danyainstitute.org](mailto:jesrick@danyainstitute.org)  
[Emily@Carnevaleassociates.com](mailto:Emily@Carnevaleassociates.com)

# Contact Us



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Central East PTTC website:  
[www.pttcnetwork.org/centraleast](http://www.pttcnetwork.org/centraleast)

Danya Institute website:  
[www.danyainstitute.org](http://www.danyainstitute.org)

Deborah Nixon-Hughes, Director:  
[dhughes@danyainstitute.org](mailto:dhughes@danyainstitute.org)

Danya Institute email and phone:  
[info@danyainstitute.org](mailto:info@danyainstitute.org)  
(240) 645-1145

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