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# Harnessing Prevention to Address the Opioid Epidemic: Why, How and Where to From Here

## Congressional Briefing

July 25, 2017

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Reported research has been funded by grants from the National Institute on Drug Abuse (DA013709, DA028879), the Centers for Disease Control and Prevention (DP002279), and the Annie E. Casey Foundation, with co-funding from the National Institute on Alcohol Abuse and Alcoholism.

# Topics

- 1. Why:** Evidence on Reduced Prescription Drug Misuse and Economic Benefits
- 2. How:** Evidence of Effective Community Systems to Support Proven Prevention
- 3. Where to:** Scale Up of Community Systems & Related Workforce Development

# WHY?

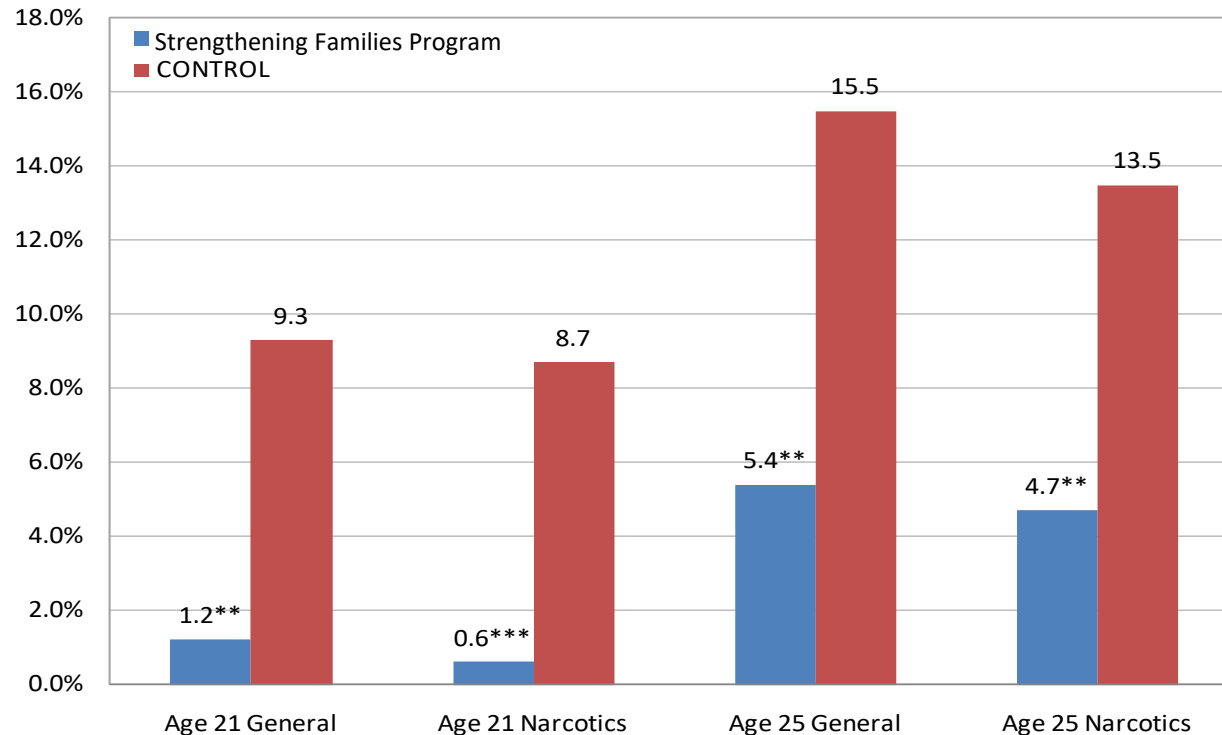


It works and saves money!

# Long-Term Impacts of Primary Prevention in Three Studies Conducted Over Past Two Decades

- **Three longitudinal, randomized, controlled trials – data collected up to 14 years past baseline**
- **School districts** assigned to study conditions
- Emerging data on Prescription Drug Misuse (PDM) warranted adding measures of those outcomes
- Examined **whether comparable or greater benefit for higher-risk youth** (risk-related moderation)

# Example from “Project Family” – Young Adult Outcomes of 6<sup>th</sup> Grade Program Lifetime Prescription Drug Misuse (PDM)



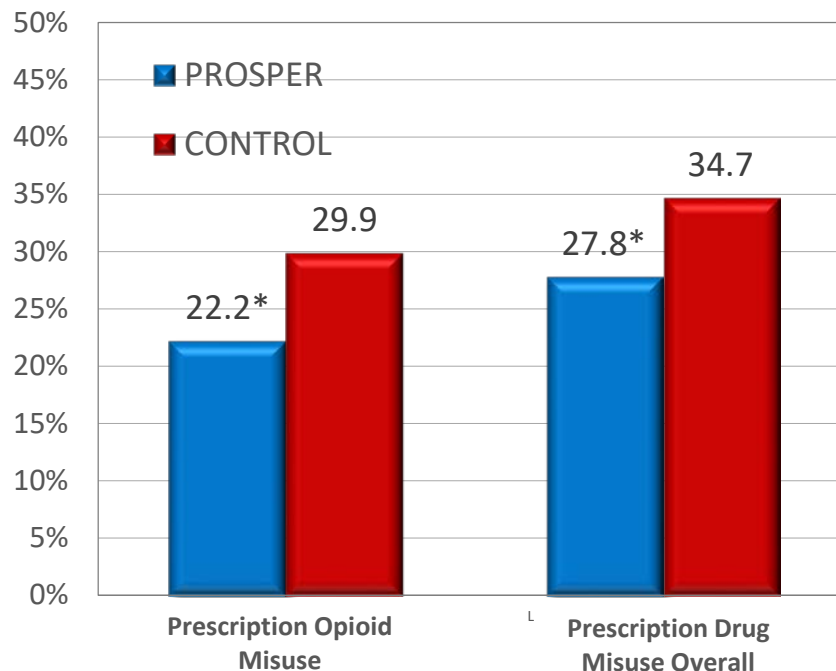
**Both PDM outcomes at both time points statistically and practically significant.**

\*\*p<.01; \*\*\*p<.001; RRRs = 65-93%

Sources: Spoth, Trudeau, Shin, et al. (2013). Longitudinal effects of universal preventive intervention on prescription drug misuse: Three RCTs with late adolescents and young adults. *American Journal of Public Health*, 103, 665-672. Also see Spoth, Trudeau, Shin & Redmond (2008). Long-term effects of universal preventive interventions on prescription drug misuse. *Addiction*, 103(7), 1160-1168.

Notes: General=Misuse of narcotics or CNS depressants or stimulants.

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



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

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

Source: Spoth, Trudeau, Shin, Ralston, Redmond, Greenberg & Feinberg (2013). Longitudinal effects of universal preventive intervention on prescription drug misuse: Three RCTs with late adolescents and young adults. *American Journal of Public Health, 103*, 665-672.

# PROSPER Study: Cost Effectiveness

- Each youth engaging in nonmedical prescription opioid use **costs society an estimated \$8,965/year**
- Study evaluated most effective combinations of universal family and school programs
- **Cost effectiveness ranged from \$613 to \$4,923** (cost to prevent one youth from misusing opioids before 12th grade), **at least \$4,042 less than societal cost per case**
- Life Skills Training & the Strengthening Families Program: 10-14 was most cost efficient combination

Source: Crowley, D. M., et al., (2014). Can we build an efficient response to the prescription drug abuse epidemic? Assessing the cost effectiveness of universal prevention in the PROSPER trial. *Preventive Medicine*

# So, Why Else? Reviews of the Scientific Literature Show

- “Universal” primary prevention programs address common risk/protective factors for all types of use; don’t need to target PDM specifically
- Common sources of prescription drugs are friends and relatives—potential participants in universal prevention
- **2011 Surgeon General Expert Panel**—recommended that consider primary universal intervention as part of strategy
- **2016 Surgeon General Report**—critically important to invest in spreading of proven prevention



# How ?



Community Systems for Quality,  
Sustainable Delivery of Evidence-Based  
Prevention in Our Communities!

# Types of Universal Interventions Proven Effective

- Target modifiable risk and protective factors in **family and school environments**
- Build youth skills and competencies, like problem solving



# Example of Program Reducing PDM: Iowa Strengthening Families Program (Project Family Study)

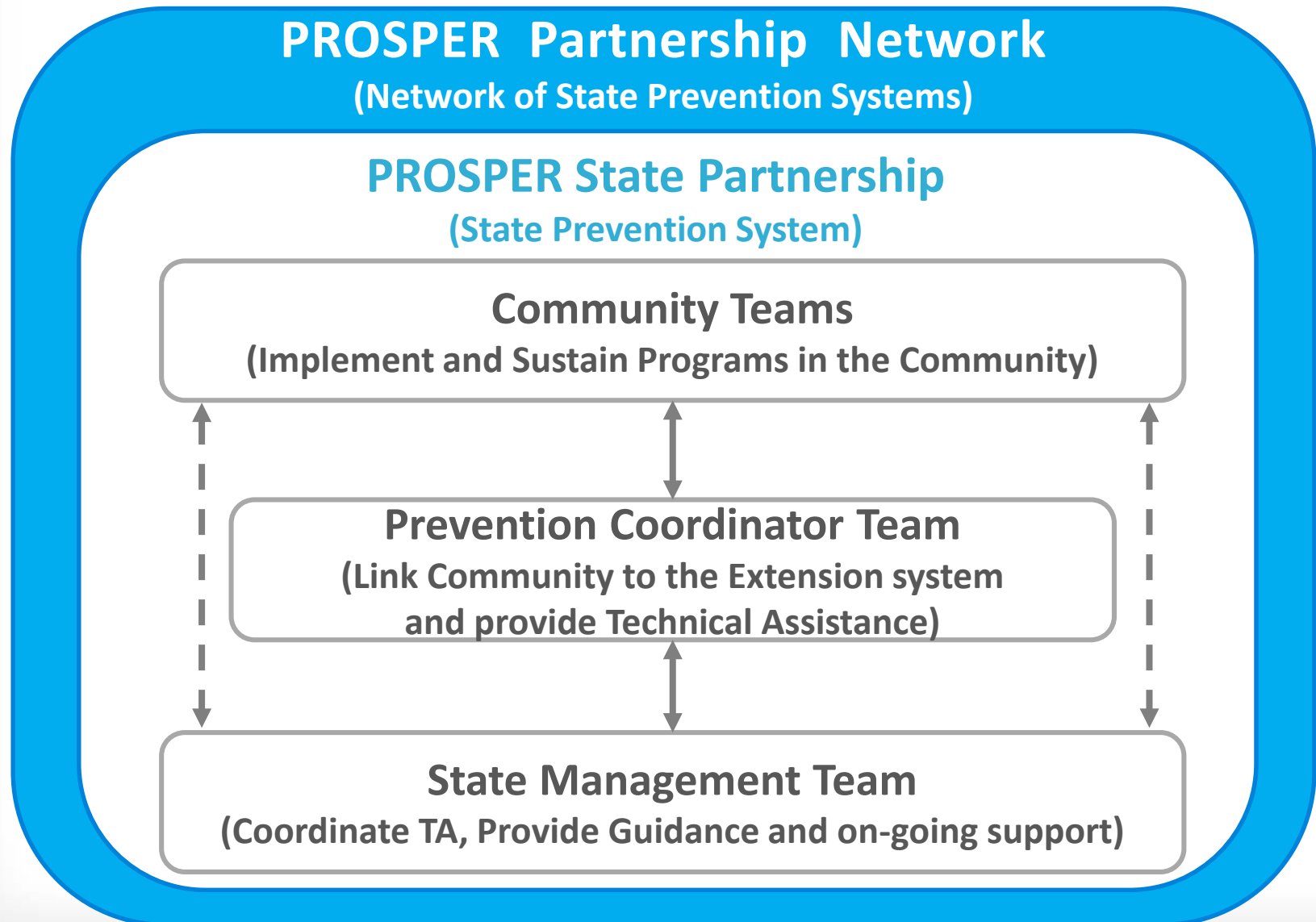
- Objectives
  - Enhance family protective factors
  - Reduce family-based risk factors for child problem behaviors
- Administration/Program Length
  - **7 weekly two-hour sessions**
  - **Sessions include one hour for separate parent and child training and one hour for family training**
- Parent and Child Involvement
  - Children and parents attend all sessions

# Example of Program Reducing PDM: Life Skills Training\*

- Objectives
  - Enhance social and psychological competencies
  - Increase knowledge of substance use consequences
- Administration/Program Length
  - **15 sessions, plus boosters**
  - **Taught in school classrooms**
  - Typically, one or two sessions per week

\*The ISFP intervention summarized above was later updated and renamed the Strengthening Families Program: For Parents and Youth 10-14; its summary description is the same as the ISFP.

# Example of Community Prevention Delivery System: PROSPER



# PROSPER is a Model for a Community-Based Delivery System!



It uses existing community infrastructures.

# PROSPER Community Teams

- Plan, coordinate family programs, including recruitment and monitoring for quality
- Work with the school to coordinate a school program, including monitoring for quality
- Generate resources for ongoing programming, with
  - Local mental health/public health representatives
  - Substance abuse agency
  - Law Enforcement
  - Ministry/Clergy Representative
  - Parents
  - Youth who have been through family program
  - Representative from local youth programs/service

# 3. Where to?



Spread Proven Prevention  
Thru Expanded Community Systems  
& Workforce Development!



# 2016 Surgeon General Report Recommendation

- Apply proven Community-Based Delivery Systems (e.g., Communities That Care, PROSPER, and others)



# Universal Prevention Curriculum (UPC) to Develop Prevention Workforce\*

- Comprehensive, prevention science-based trainings
- Includes community systems training, with introduction to CTC and PROSPER
- Designed for both Prevention Coordinators and Community Implementers
- Has professional network and credentialing system
- Has emerging consortium of universities to support dissemination

\*Supported through the U.S. Department of State & The Colombo Plan; developed through the Applied Prevention Systems International. North American Coordinating Center located at PPSI, Iowa State University.

# Workforces to Prevent Opioid Misuse: The Plan for a PROSPERing Communities Project

- Purpose
  - Community prevention workforce development in that expands the number of communities showing reductions in opioid misuse
- Goals
  - Organize state-based steering committees
  - Initiate Nationwide Prevention Workforce Development Partnership Network Organization
  - Develop multi-year plan for pilot dissemination projects, a controlled study & scale up

# Workforces to Prevent Opioid Misuse: The PROSPERing Communities Project

- **Demonstration Phase**
  - Groundwork in 5 states—20 trainees for Universal Prevention Curriculum
  - States select 6 of the trained individuals for Emerging Leadership Workshop
- **Controlled Study Phase**
  - A controlled study in 22 states (including the initial implement preventive interventions), in at least 4 communities
- **Sustainability and Scale Up Phase**
  - Train for sustainability and develop “Training of Trainers” (Emerging Leadership)

# Conclusions and Implications

- **Pattern of long-term positive findings** across 3 controlled studies, up to 14 years past baseline, even without content specific to the prevention of PDM
- **Proven interventions are cost effective**
- Positive PROSPER findings on PDM show how real-world systems for proven prevention can work
- **Overall, primary prevention have potential public health impact and economic benefits**
- **This public health impact could be enhanced through community prevention systems and workforce development!**

# Recommended Next Steps

- Like teaching people (whole communities) to fish!
- Three Steps:
  1. Train prevention workforce on a state-by-state basis, building on existing workforce, collaborating with stakeholder state/federal agencies
  2. Train workforce to apply proven community systems for delivering evidence-based prevention programs
  3. Build on existing state infrastructures (Education Systems); and “build them out” by growing an emerging leadership, trainer-of-trainers program
- Support projects like PROSPERing Communities (for \$10M over 5 years, with a high ROI).

# THANK YOU from PPSI and The PROSPER Partnership Group

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IOWA STATE UNIVERSITY™  
University Extension

*Funded by*  
*The Centers for Disease Control and Prevention*  
*The Annie E. Casey Foundation*  
*The National Institute on Drug Abuse*



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We've Got Prevention Down To A Science

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How It Works

Proven Results

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Success is too important to leave to chance



### 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 others, it's ineffective implementation. For still others, it's the lack of continued financial and community support for long-term sustainability, even when the program has positive results.

Learning from this research, we have developed a system for implementing quality, evidence-based prevention programs. Our approach has been tested with over 10,000 youth and their families since 2004.



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](#)

PROSPER has been recognized by two of the most rigorous review panels for prevention programs, the *Coalition for Evidence-Based Policy* and *Blueprints for Healthy Youth Development*.