Substance Use and Addiction Translational Research Network
Arizona State University

2023 SATRN RETREAT

FINAL REPORT
SEPTEMBER 2023

Executive Summary

The 2023 retreat of the Substance use and Addiction Translational Research Network (SATRN) at ASU was held May 5, 2023, at the 850 PBC building in downtown Phoenix. The retreat was attended by three dozen individuals representing Arizona community-based substance use prevention, harm reduction, and treatment organizations; medical, public health, and payor organizations; government policy-makers; and academic researchers from a variety of disciplines.

The retreat's main focus was the soon-to-arrive first wave of funding from national settlements with opioid manufacturers and distributors: how to use these funds in strategic, evidence-based ways to reduce harm associated with substance use disorders; and how to capitalize on the opportunity to learn much more about what approaches are most effective, for whom, and under what circumstances. The day's agenda included:

- An update on SATRN's affiliation with the NIDA Clinical Trials Network.
- A group activity identifying crucial gaps in substance use-related science.
- A presentation by Rebecca Sunenshine, Medical Director of the Maricopa County Department of Public Health, on the "state of the county" in regard to opioid overdose incidence as well as preliminary findings of the Maricopa needs assessment.
- A strategic planning session on how to define and measure success after opioid settlement-funded work is done.
- A presentation on evidence-based prevention programs with demonstrated efficacy in reducing youth substance use.
- A presentation on the relationship between practice-based evidence and evidence-based practice.
- Ample time for networking and discussion among those with shared interests.

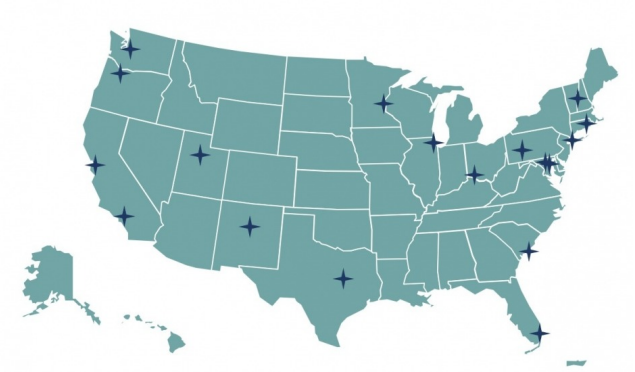
This report provides in-depth analyses of the gaps-in-science and "what does success look like?" activities, as well as briefly summarizing some presentations. The report may offer some guidance to public health departments, research funding agencies, and researchers themselves regarding evidence-based investment of opioid settlement funds, evaluation plans for opioid settlement-funded work that will help build knowledge for the future, and new research that is needed to address known gaps in the evidence base for this important public health work.

Inquiries regarding SATRN, this report, and the 2023 retreat may be addressed to SATRN Director Michelle "Lani" Shiota, Ph.D., at lani.shiota@asu.edu.

Update: SATRN and the NIDA Clinical Trials Network

The National Institute of Drug Abuse Clinical Trials Network (CTN) is a formal collective of research teams based at major academic institutions, designed and funded to carry out large-scale, multi-site clinical trials of novel substance use treatments and intervention tools. The CTN currently consists of 18 "nodes" around the United States (see Figure 1).

Figure 1: NIDA Clinical Trials Network Nodes



Nodes receive infrastructure funding that can be used to support node leaders' dedicated time, seed grants for pilot projects, and other preliminary research-related needs. Nodes are expected to submit proposals for "concepts" or study ideas, which are reviewed separately from the standard NIH review process. While some early-stage study concepts are funded for implementation only within the proposing node, funding of a typical study is followed by a call for other nodes to submit applications in partnership with affiliated community agencies (e.g., substance use treatment centers, primary care clinics, hospitals, etc.). The primary node for the study selects study sites, and project-specific funding is allocated to both the primary node and study site nodes to carry out the project under the primary node's supervision. This allows for randomized controlled trials of new treatments, in particular, to be statistically well-powered and include diverse populations.

At the time of the retreat, SATRN had developed relationships with two nodes: one at the University of Utah, and one at the University of New Mexico. Through the Utah node, SATRN had proposed Terros Health as a potential site for an approved study (very important, as the ability to identify and recruit appropriate sites and quickly prepare these applications is crucial to success as a CTN affiliate – thank you Terros!). In addition, SATRN Director Lani Shiota attended the 2023 meeting of the CTN in Bethesda, MD (their first in-person since the pandemic), learning about upcoming CTN priority areas, meeting representatives of other nodes, and gaining visibility for SATRN; Scott Leischow and Raminta Daniulaityte attended the meeting remotely as well.

While node affiliations allow SATRN to engage with the CTN by proposing study concepts and sites, they do not provide crucial infrastructure funding to support SATRN or our seed grant program, and they constrain opportunities for leadership within the CTN itself. To this end, SATRN/ASU aims to join one of the existing nodes as a partner in applying for renewal of node status – a process that will occur in 2023-24.

Update as of September 2023: SATRN is excited to partner with *the NIDA-CTN Southwest Node, currently at the University of New Mexico (PI: Kim Page)* in their application for renewed node status. The joint application will focus on ongoing development of an opioid vaccine; culturally appropriate prevention, treatment, and harm reduction approaches among Hispanic and Native American populations; and interventions addressing substance use-related stigma as the three distinct node foci during the upcoming grant period. Our shared interest and expertise in these topics, excellent working relationship, and rich potential for collaboration make New Mexico an ideal partner. We look forward to sharing more information in the months ahead.

Activity: Gaps in Substance Use-Related Science

The aim of this hands-on activity was to draw upon the SATRN community's expertise to:

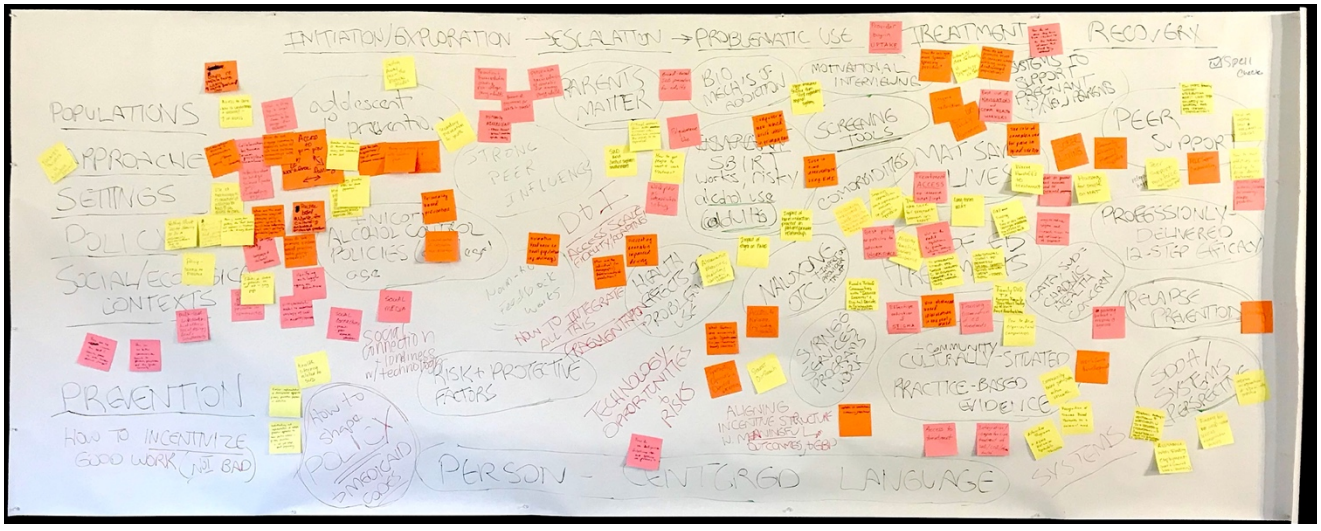
(1) summarize where existing research on SUD and related processes is already strong; and
(2) identify important gaps in that evidence base, where more research is urgently needed.

To visualize the space, a large sheet of paper was used to represent the timeline of substance use disorder, moving left-to-right from initiation through escalation, problematic use, treatment, and recovery (see Figure 2). The horizontal space was organized loosely into "rows" for populations, approaches/techniques, settings, policies, social/environmental contexts, and prevention.

First, attendees nominated areas where the existing research foundation for evidence-based practice is already strong. These were written on the paper, and circled in green. Strengths identified were:

- The nature of and health risks associated with SUD are well-characterized.
- Efficacy of adolescent primary prevention approaches is well-documented, specifically in terms of: the role of parenting and parenting training; peer support; and the impact of peer descriptive norms/modeling.
- Risk and protective factors for problematic use/SUD are well-characterized.
- Valid and effective tools are available for screening/SBIRT (screening, brief intervention, and referral to treatment), though only for alcohol, and with adults.
- Harm reduction efficacy in saving lives is well-documented (naloxone, needle exchange).
- Evidence base is strong for efficacy of some treatment approaches, specifically: Motivational interviewing; medication-assisted treatment; peer support components in treatment; the 12-step approach when professionally facilitated; and some relapse prevention techniques.
- Implications of Social Determinants of Health are well-documented.

Figure 2: Gaps in SUD Science Activity



Attendees next used sticky notes to write down, and place on the matrix, specific topics for which they felt additional research is urgently needed. While these were color-coded such that academic researchers' contributions (pink/salmon) and community agency representatives' contributions (yellow) could be

distinguished, the overlap between them was remarkable; these groups' perspectives seemed very much in sync. Contributions were not always phrased as gaps in research per se; language often pointed to gaps in practice. However, the latter could often be paired with, or interpreted in light of, a corresponding absence of evidence base to guide practice or practical application.

Once the sticky notes were in place, the group gathered around the paper and identified common themes. These are written on the butcher paper in red. Considering themes identified during the meeting as well as in later analysis, ten core gaps in the research evidence base emerged (see Appendix A for the text of all sticky note entries on these or "other" themes).

1) Implications of substance use-related stigma among health care providers, service organizations, and the general community; and effective ways to reduce stigma.
2) Expansion of research on prevention (which currently focuses on primary prevention for adolescents), particularly in terms of:
    a. Other age groups, e.g., younger children and adults
    b. Secondary prevention (i.e., intervention as problematic use emerges/escalates)
    c. Alternatives to opioids in pain management
    d. Cannabis-related prevention
    e. Settings beyond schools, such as workplaces, streets
3) Understanding predictors of/processes associated with substance use escalation to problematic levels, beyond broad demographic predictors.
4) Innovative treatment approaches, particularly enhanced family/peer support during treatment (including keeping families together), and novel approaches such as EMDR and psychedelic-assisted therapies.
5) Best practices for recovery, including sober living and long-term medication-assisted treatment.
6) Dissemination and implementation of evidence-based approaches, with particular focus on:
    a. Improving scalability and increasing access.
    b. Opportunities, risks associated with technologies such as online prevention, telehealth screening/treatment, just-in-time intervention tools, and social media.
    c. How to impact policy-makers, especially in terms of funding and regulation.
7) What systems-level approaches are effective in addressing social determinants of health related to substance use disorder?
8) Addressing disparities and reaching underserved communities, with particular emphasis on:
    a. How to increase availability in "service deserts" (e.g., rural communities).
    b. Underserved populations including ethnic/racial/cultural, LGBTQ+, immigrant and non-English-speaking.
    c. Taking practice-based evidence seriously, rather than relying exclusively on academic-origin EBP to define acceptable approaches.
9) Workforce development
10) Increasing provider "buy-in" for evidence-based practices and providing quality care

In addition to gaps in the *content* of the research base, 10 sticky notes commented on limitations in the research *process* that create barriers for evidence-based practice. These reflected four themes:

- The research process is extremely slow, taking many years (by one estimate, an average of 17 years; Green, 2008[1]) for research products to reach clinical practice.
- Need for more extensive community/academic partnership in substance use-related research.
- Fragmentation of the relevant science, evidence, and resources – especially problematic given that substance use and addiction are inherently multi-level phenomena (i.e., neuroscience, psychology, behavior, family) embedded in societal and economic systems.
- Need to recognize "whole-human" health in research, rather than being limited by a medical model defining addiction as a disease of the brain and emphasizing individual-level features.

Summary

The activity proved useful in identifying distinct gaps in substance use-related science that create barriers to preventing, treating, and ameliorating substance use harm. Agreement between academic researchers and community-embedded practitioners on these gaps was high. Notably, several of the gaps identified in this exercise were articulated as priority areas for NIDA generally, and the Clinical Trials Network in particular, at the 2023 NIDA-CTN meeting. These gaps are identified as key priority areas for SATRN as well in terms of seed grant funding, support for new collaborations, and advocacy for the broader substance use research agenda.

[1] Green, L. W. (2008). Making research relevant: if it is an evidence-based practice, where's the practice-based evidence?. *Family Practice*, *25*(suppl_1), i20-i24.

Maricopa County Substance Use Update

This presentation by Dr. Rebecca Sunenshine, Medical Director of the Maricopa County Department of Public Health, offered an overview of substance use and related needs, with particular emphasis on opioids and overdose prevention/remediation. Key items from the "state of the county" included:

- Rates of drug overdoses (fatal and non-fatal) and of opioid-specific overdose deaths have been steadily rising since 2012, and continue to do so. More than two-thirds of all drug overdose deaths in Maricopa County from 2019-2021 involved opioids.
- Overdose deaths attributable to fentanyl and other synthetic opioids have skyrocketed, with 2021 rates increasing 6000% from 2012 to 2021, and, continue to rise. Compared with prescription opioids and heroin, fentanyl accounts for a high (2/3 of deaths in 2021) and rapidly rising proportion of overdose deaths.
- At the same time, the proportion of overdose deaths involving methamphetamine is also rising in Maricopa County. Many overdose-related deaths involve multiple substances.
- Overdose death rates are highest among males (relative to females); individuals aged 25-44; and American Indians, Native Alaskans, and African Americans.
- The intersection of substance use, homelessness and heat is a distinct problem contributing to overdose-related deaths in Maricopa County.

Dr. Sunenshine noted that in addition to the upcoming opioid settlement funds, Maricopa County has historically received funding for substance use-related efforts from the U. S. Substance Abuse and Mental Health Services Administration (SAMHSA), via AHCCCS (i.e., Medicare in Arizona). Recognizing the value of long-term strategic planning for deploying these funds with the greatest impact, MCDPH is conducting a formal needs assessment with the input of a community advisory board that includes several SATRN affiliates. Data sources for this needs assessment include existing surveillance data; situational analysis guided by the advisory board; key informant interviews; an electronic survey of the community; and listening sessions with providers and members of the general community. Key needs in preliminary findings as of May 2023 were:

- Funding/billing codes for AHCCCS and other payors to cover "wraparound" services and social determinants of health necessary to ensure effective care, such as transportation and housing.
- Mechanisms and funding for more efficient connections between levels of care, i.e., the "warm handoff" problem.
- Recovery housing that allows people receiving medication-assisted treatment.
- Stigma-reduction training for medical care providers.

A final report from the Maricopa County substance use needs assessment is anticipated in Fall 2023.

Opioid Settlement Fund Activities in Arizona: Defining Success and Developing a Research Agenda

Funds from the various opioid settlements are beginning to reach U.S. states. As of Summer 2023, the estimated total for the State of Arizona was $1.2 billion over the next 19 years. Arizona opioid settlement funds will be allocated on a percentage basis among state-level accounts (handled by the Arizona Attorney General's Office), counties, and cities/municipalities in accordance with the *ONE Arizona Memorandum of Understanding* (henceforth ONE AZ MOU). According to the ONE AZ MOU, these funds must be deployed to ameliorate harms associated with opioid and other substance use, in accordance with opioid abatement strategies enumerated in the MOU.

In this exercise we considered the extraordinary opportunity opioid settlement fund activities might offer for the growth of scientific knowledge about preventing, treating, and ameliorating harm linked to substance use, above and beyond direct impact of these activities on the community. We considered two key questions: (1) what would success look like?; and (2) what novel programs of research are needed to support success?

Defining and Measuring Success: Toward a Statewide Evaluation Plan

Entities around the state are committed, through the ONE AZ MOU, to investing in opioid abatement strategies that are evidence-based, evidence-informed, or at least promising based on existing research. The need for outcome evaluation is also widely recognized. However, community agencies often lack resources and expertise to design and implement rigorous program evaluation. Moreover, individual program evaluation plans tend to result in a scattered evidence base, with a plethora of measures, data collection timelines, and approaches to data analysis, making it difficult to synthesize data across different programs in a meaningful way.

SATRN aims to propose a unified, statewide evaluation plan, to be used as much as possible to assess impact of opioid settlement fund activities. As the first step in developing this plan, retreat attendees considered the following: 20 years from now, what would "success" look like? The items generated by retreat attendees could be organized by level of analysis: individual, provider, structural, and societal outcomes.

In August 2023 a team of researchers from ASU and the University of Arizona met to follow up on the initial discussion held at the retreat, consider the items in each level of analysis, and edit and add items. The resulting framework is summarized in Table 1 (purple text indicates items added during the follow-up meeting).

Research Needed to Support Success

Retreat attendees further noted that, while the existing evidence base is strong for some outcomes above – i.e., activities, programs, and policies likely to produce success can be clearly identified - this is not the case for others. Attendees nominated the following topics on which new research is urgently needed, strengthening the evidence base for action and evaluation (new items added during August 2023 discussions are in purple text):

- SUD surveillance – rapidly identifying which drugs are being used, where, and how, as well as overdose rates and outcomes. What surveillance resources already exist, and how are they being accessed/used?
- What is the current state of SUD care infrastructure? What services are out there, where, and how are they interconnected?
- What policies, regulations, training and/or licensing requirements promote high-quality treatment and recovery, reduce number of ineffective/predatory business in this space?
- Where are the gaps in the workforce? What capacity types, locations are most in need?

Table 1: Defining Success in Impact of Activities Funded by Opioid Settlement Funds

Individual	Provider
Objective • Reduced youth use rates for addictive substances • Reduced substance use-linked recidivism • Improved outcomes for substance-exposed babies *Subjective* • Reduced adult use rates for addictive substances • Increased perceived risk associated with opioid use • Treatment options "rebranded," perceived as appealing • Improved quality of life for PWUD, those in recovery	• Increased MAT providers across disciplines/contexts • Universal SUD screening • Universal screening for ACES • Increased high-quality SUD treatment workforce • Mandatory CME for all providers includes SUD • Same-day treatment is available for anyone, anywhere • Increased workforce for social determinants of health • Increased support for children, families impacted by OD/SUD • Reduced stigma against PWUD • Provider readiness to engage with innovations beyond abstinence orientation, EBPs including harm reduction
Structural	**Community/Societal**
• Increased continuity of SUD care; defined pathways from one level of care to the next • Billing codes cover prevention, wraparound services • Increased tracking/surveillance of emerging drugs • Greater connection of behavioral health, other agencies • Existing SUD care network is mapped, trackable • Decriminalization of SU to facilitate reentry • Tracking of, support for substance-exposed babies • Infrastructure to address urgent research questions • Oversight of OSF funds, by general public and state	• Reduced rate of substance use-linked mortality • Reduced overdose rate • Reduction of substance use-linked violence • Reduced stigma against PWUD • Increased integration of PWUD into society • Reduced incarceration rates due to substance use • Reduction in homelessness • Community readiness to implement evidence-based practices, both acceptance and pragmatic

Notes: OSF = opioid settlement funds. SUD = substance use disorder. PWUD = people who use drugs. OD = overdose.

- How to reduce substance use-related stigma, among medical professionals, service providers, and the general community? How to define and measure structural substance use bias.
- How to address disinformation, especially in web-based rapid information transmission environments?
- What model for fully integrated care is most effective for substance use disorder treatment, considering comorbidities and social determinants of health?
- What approaches are most effective for influencing policy-makers and others with policy/structural influence?
- Need valid, reliable, consensually-accepted measures for opioid-related treatment outcomes (e.g., retention, interruption)
- Need valid, reliable, consensually-accepted measures for opioid stigma – by medical professionals, the general community, and self-stigma/stereotype threat among people who use drugs.

Update as of September 2023: In partnership with the Maricopa County Department of Public Health, SATRN has continued working toward an evaluation plan assessing impact of opioid settlement fund activities at the regional, funded program, individual client/patient/service recipient, and general community levels of analysis. Through a series of meetings we have identified operational measures, and aim to present a proposed evaluation plan for statewide implementation (to the greatest extent possible) in October. SATRN will also be pursuing grant funding, contracts, and donations to conduct new research needed to support success.

Evidence-Based Substance Use Prevention Programs for Youth: An Overview

In a pair of talks, ASU's Sabrina Oesterle and Cady Berkel offered an overview of prevention programs with well-established efficacy in preventing youth substance use. A key point across these talks was that preventing youth substance use initiation and escalation does not actually require substance use-specific interventions. Rather, a large and consistent body of evidence indicates interventions that succeed in modulating broader risk and protective factors for healthy youth development (e.g., healthy parenting, youth socioemotional skills, community stability) are effective at preventing substance use, as well as youth violence and delinquency, risky sexual behavior, and mental health problems such as depression and anxiety. As a result, investing in these "all-purpose" interventions can have a wide range of benefits for a community's youth.

Osterle's talk described the overarching *Communities that Care (CTC)* system through which communities engage in a guided procedure for assessing community-specific profiles of risk and protective factors, and identifying specific evidence-based programs to address the latter. Rather than being an intervention program per se, CTC is a support system for matching evidence-based programs to each community's distinct needs, based on community data and input from a coalition of community leaders. This talk included a summary of findings from a community-randomized controlled trial of CTC in 24 communities across seven U.S. states, demonstrating reduction in and prevention of substance use in the communities receiving CTC relative to control communities.

Berkel's talk offered an overview of interventions developed and efficacy-tested by researchers at ASU's REACH Institute, all focusing on the family as the unit of intervention. Many of these programs are designed as intensive interventions for families coping with a particular stressor such as divorce, the death of a parent/ primary caregiver, parents who are active military or veterans, and parental incarceration. Others are designed for general implementation at developmental sensitive periods around substance use and other risky behavior – particularly the transition from middle to high school.

Information about the programs covered in these presentations, as well as three additional, school-based programs appropriate for K-12 levels, is summarized in Appendix B.

Conclusion

The 2023 SATRN retreat was a unique opportunity for academic researchers, community practitioners, and policy-makers to join forces in analyzing the state of substance use disorder science, identifying gaps in the evidence base for high-impact real-world practice, and beginning to develop an agenda for the next wave of research. The retreat also drew upon the SATRN's community's diverse expertise to lay the foundation for an opioid settlement fund evaluation plan, aimed at learning as much as possible from the work supported by these funds. Our community's work continues, and SATRN aspires to be a resource for research and practice alike in the years ahead.

Appendix A

Text of All Sticky Note Entries in the "Gaps in SUD Science" Activity

1) Societal Issues, especially stigma

- Stigma reduction
- Effective reduction of stigma
- Ways to reduce stigma and increase access to and utilization of treatment
- Criminalization of substance use disorder
- Harm associated [with] stigma from first responders/hospital systems
- Impact of stigma on people who use drugs
- How do we destigmatize substance use and substance use problems?
- How to drive organizational compassion

2) Prevention Expansion/Innovation

- What is prime age to target prevention? Needs to be younger than adolescent
- Earlier implementation of developmentally appropriate primary prevention programs or activities
- Understanding and implementation of multiple prevention approaches to have positive outcomes in primary prevention, i.e., not just school-based programming
- Secondary prevention for youth
- Cannabis & psychosis?
- Prevention & harm reduction of cannabis use among young adults
- Preventing cannabis-impaired driving
- Synthetic opioids & overdose prevention
- Managing patients with chronic pain
- The role of cannabis use for pain in opioid use disorder
- Personality-based prevention [tailored prevention?]
- Social literacy related to substance use disorder
- Broad-based SUD prevention for adults
- Workplace as intervention setting
- Street outreach

3) Understanding substance use escalation

- Understanding individual (vs. demographic) determinants [predictors] of escalation?
- Effects of covid-19 on problematic substance use and mental health in young people
- Polysubstance use
- Substance use disorder and justice system involvement

4) Treatment Innovations

- How to get people to want & seek treatment
- Non-abstinence-based interventions in the real world
- Recognition of trauma-based therapies as a universal need
- Social connection – parents, peers, romantic partners
- Although research shows better outcomes when families are involved this needs to be expanded
- Family substance use disorder treatment keeping family together & treating as a unit, pregnant and parenting women
- How peer/family support interventions affect long-term recovery, in general and for specific populations
- Need to improve peer involvement in processes
- Integration/comprehensive treatment of SUD/co-occurring diseases/physical health
- Alternative medicine, herbology, natural healing
- Alternative programs, e.g., EMDR, ketamine, psychedelic therapies

5) Recovery

- Long-term MAT
- Sober living
- Housing for people on MAT
- Community re-entry and recovery support

6) Dissemination & Implementation

Access & scalability

- Infrastructure to bridge science-practice gap (intermediary orgs)
- Expand access to primary prevention [circle with workforce, funding]
- Promotion and dissemination of prevention science, theory, understanding of the field
- More [prevention?] intervention possibility/capacity in different spaces – healthcare, schools, community services agencies, etc.
- Scaling up of evidence-based prevention in communities
- Access to naloxone (e.g., vending machines)
- Uptake of prevention/screening/treatment
- Training-dissemination of evidence-based treatments

Role & implications of new technology (opportunities, risks)

- Use of technology in escalation of addictive behavior and in access to care
- Computer or web-based brief interventions in primary care
- Social media
- Just-in-time interventions use EMI [EMA?]

How to impact policy?

- How can we better communicate research to providers, policymakers, and the broader community?
- Getting stuck with having to do a [treatment] modality and not others due to policy
- Policy – science to practice
- Moving away from putting the most funding and emphasis into treatment and into primary prevention
- What are the most effective ways of changing policy-maker opinion to facilitate interventions that aren't politically palatable-popular?
- How do we promote evidence-based practices with policy-makers?
- Impacts of capitalism, white supremacist values on policy & approach
- GAP – funding → Time in care limitations challenges understanding how effective an intervention may be

7) Systems-level policy re: SDOH & funding – What works?

- Multi-level interventions that address social ecology levels simultaneously
- Improve incorporation of SDOH into practice
- How do we move the focus from individual treatment to the systemic influences that should be addressed?
- Best use of navigators and community health workers
- Warm handoffs to treatment
- How to most effectively use funding to drive desired outcomes
- Housing!
- Funding for wrap-around services – transportation, housing
- Assistance with finding employment (MAT & criminal history = barriers)
- Economic analysis upstream of investment in treatment & recovery programs → downstream value to systems & individuals if ???

8) Disparities and Reaching Underserved Communities

- Access to care – who is underserved in access & unseen?
- Pockets of over-saturation vs. disparity or no service
- Rural & tribal communities with "service deserts" & digital divide so telehealth not an option
- Prevention & harm reduction among non-college young adults
- Culturally appropriate
- Gaps re: populations, e.g., LGBTQ, Native Americans, dads
- Longitudinal studies of population special cohorts: justice-involved; LGBTQ+, BIPOC, others
- Barriers: Poverty & language-based & no-citizenship & cultural
- Primary prevention EBPs for diverse populations!
- Biopsychosocial model to understand etiology of SUD in minority populations
- Minority adolescents – ethnic/racial, sexual orientation, gender identity
- Differential trajectories for LGBTQ+ youth?

- Normative feedback in novel populations (e.g., military)
- Treatment intervention studies for justice-involved people with co-occurring diagnoses, e.g., mental health, serious mental illness
- How do we promote trust in services when working with disadvantaged populations?
- Missing practice-based evidence
- Practice-based evidence for recovery, relapse prevention

9) Workforce development

- Workforce development
- Access to treatment
- How do we get more Spanish-speaking providers?
- Treatment access especially intensive outpatient/inpatient
- Providers who care for pregnant women on MAT
- Best policy or policies to advance workforce
- Preventing burnout & turnover at agencies
- Peer support workforce – more positions than people
- Peer support credentialing

10) Provider Issues: Incentivizing EBPs and discouraging "bad actors"

- Provider buy-in, uptake
- Policies that regulate out bad actors in treatment; system is easy to work around
- What are the needed regulations to promote effective substance use treatment?

11) Other research needs

- Impact of harm reduction practice on patient/provider relationships
- What factors are associated with "spontaneous" (i.e., non-treatment-based) remission?

Appendix B: Summary Table, Evidence-Based Substance Use Prevention Programs for Youth

Org. Level	Program Title	Contact Email/web site	Target Audience	Structure/Format	Other
Community	Communities that Care	Sabrina Oesterle sabrina.oesterle@asu.edu Margaret Kuklinski mrk63@uw.edu	Whole communities	varies	www.communitiesthatcare.net Process for IDing specific intervention programs tailored to community needs
Family	New Beginnings	Sharlene Wolchik wolchik@asu.edu	Separating/divorced parents	10-session groups	Asynchronous online version available
	Resilient Parenting for Bereaved Families	Irwin Sandler rpbf@asu.edu	Families experiencing death of a parent	10-session groups	Asynchronous online version available
	Bridges	bridgesprogram@asu.edu	Middle-to-high school transition	4 or 9 sessions	Spanish version available
	ADAPT	info@adaptparenting.org	Military, 1st responder, refugee families	Several formats available	www.adaptparenting.org
	Family Check-Up 4 Health	Cady Berkel cady.berkel@asu.edu	Appropriate for all families	Single session w. tailored follow-up	Spanish version available
	Caring for the Caregivers	Cady Berkel cady.berkel@asu.edu	Families of children w. parental incarceration	TBD	Still in development
School	Positive Action	www.positiveaction.net	Grades K-6 and 7-8	Lessons/grade K-6: 140 @15 min 7-8: 82 @15-20 min	Onsite training: $3000/1 day + travel Curriculum: $390-460/teacher Material refresher: $70-130/class
	Botvin LifeSkills Training	www.lifeskillstraining.com	Grades 6-8	30 sessions/3 years	Onsite training: $3500/1 day + travel Curriculum: $125/teacher Materials: $5/student
	Project Towards no Drug Abuse	tnd.usc.edu	At-risk high school youth	12 40-min sessions over 3 weeks	Onsite training: $2100/2 days + travel Curriculum: $200/teacher Materials: $12/student

- Additional information on these and other evidence-based youth prevention programs can be found at the Blueprints for Healthy Youth Development website: www.blueprintsprograms.com