National Prevention Science Coalition

*to improve lives*

# Comprehensive National Strategy to Prevent Opioid Use Disorder by Leveraging Empirical Evidence from Prevention Science

The United States (US) finds itself in a clash between epidemics – more aptly referred to as a "syndemic". For several years now, we witnessed an unprecedented rise in opioid overdoses from both nonmedical use of prescription pain relievers and opioids accessed through street sources (SAMHSA: The Opioid Epidemic), with a 200% increase in opioid-related deaths in one decade. The opioid crisis claims more lives than from car crashes, gun violence, or murders altogether, on an annual basis. Now however, in the midst of the COVID-19 pandemic, rates of opioid use and overdose deaths have reached unimaginable proportions (CDC 2021). ***In a 12-month period between 2020-2021, the U.S. lost more than 100,000 people to overdose deaths*** (NYT 2021).

Families and communities across the US have been devastated by the ready availability of dangerous synthetic opioids such as fentanyl, at a time when formal and informal protective support networks have been disrupted by the pandemic. But also, let us not forget that smoking, drug use and alcohol use rank as the second, eighth, and twelfth contributors to mortality in the U. S. totaling close to 700,000 deaths per year (Ritchie & Roser, 2019). This estimate doesn't include the excess contribution that these substances make to the country's morbidity and social burden on families and communities.

Expanding upon the provision of and access to treatment, addressing opioid use disorder (OUD) as a psychiatric illness, reducing access to opioids, enhancing regulatory controls, reducing stigma, and increasing awareness in public service and justice systems about the disorder are essential components of a comprehensive strategy to address OUD (AMA, 2021). ***However, a critical piece is missing; namely, PREVENTION***. Systematically addressing conditions known to increase risk for behavioral problems among vulnerable populations and promoting protective factors are strategies consistently found to prevent substance use in general and OUD in particular. Investments in this approach will result in significantly lower rates of OUD in our current and subsequent generations of youth and therefore are cost effective in terms of required social and health services, treatment, and lowered productivity. Over the past 30 years prevention research has enhanced our knowledge about the factors and processes leading to psychoactive substance abuse, including opiates, resulting in a broad array of evidence-based interventions and strategies.

***Based on this strong scientific foundation, this Policy Brief outlines a national blueprint to guide public health policies and prevention services to address not only opioid use but the abuse of psychoactive substances that negatively impact individuals, their families, and communities***. Such an approach is only effective when integrated into a comprehensive national service delivery system based on an assessment of need delivered at the community level and supported by a monitoring data structure.

## What Science Tells Us about Pathways to OUD

Scientists have been working to identify the personal and environmental conditions that are conducive to substance use and leading to substance abuse, and to understand the nature of "resistance" factors that protect some individuals from initiating use and if use has been initiated, escalating their use (Rose et al., 2019; Vanyukov et al., 2016). Two NIH institutes – the National Institute on Drug Abuse and the National Institute on Alcohol Abuse and Alcoholism – have extensively supported studies of the etiology of substance use, as well as abuse and dependence. The research funded by these two agencies alone have produced abundant knowledge on the problem and its causes, which have led to significant advances in its prevention and treatment (NIDA and NIAAA Decades of Research).

The research is clear that the development of substance/opioid use disorders (SUD/OUD) is preceded by a variety of psychological and behavioral problems, including academic failure, conduct problems, impulsivity, anxiety, depression, and stress-related disorders (Causes of Drug Addiction). These problems often arise due to

detrimental social determinants of health (e.g., poverty, family dysfunction, inequities, lack of community supports) that create environments unable to foster effective cognitive, coping, and prosocial skills. These environments are often rife with opportunities and influences to engage in antisocial behavior (e.g., lack of supervision, deviant peer groups, marketing of abusable substances, community violence). The risks have a universal impact but are infinitely more impactful for individuals with a history of adverse childhood experiences (ACEs) (Fishbein & Ridenour, 2014). ***The ACE Study (AJPM 1998) found that individuals who experienced 4 or more ACEs - 12.5% of the population - were 1030% more likely to partake in intravenous drug use.*** Further research found that the ACE-related population attributable risk for overdose deaths from heroin and synthetic opiates was 78%.

Another risk scenario often ignored is that many individuals with OUD are polysubstance users or have shifted to other drugs, primarily heroin, as a response to opioid mitigating strategies to deter abuse and diversion. Some have even argued that the opioid-centric approach contributes to the continuation of drug overdose death. Since many, if not all SUDs likely share the same antecedents, the case for upstream prevention becomes even more relevant.

The presence of protective factors, on the other hand, mitigate risks, even in the face of adversity. They include warm and involved caregivers, academic competence, neighborhood and school attachment, strong self-regulatory and social competency skills, effective anti-drug and harm reduction policies, job opportunities, and more. An understanding of this sequencing has led to the development of numerous prevention strategies designed to support healthy parenting, strengthen cognitive controls, foster prosocial behaviors, teach adaptive ways of managing stress, provide opportunities for mobility, reduce health and educational disparities, and promote trauma-informed practices in communities and child-serving institutions. ***Programs and policies of these sorts need to be implemented across the life-course with special emphasis during key developmental transitions (e.g., early childhood and adolescence) to provide for a safe, nurturing environment for healthy development.***

Taking this knowledge into account will enable the formulation of policy solutions that are appropriately targeted to different subgroups and environmental contexts. In fact, the multiple life-course conditions that influence whether an individual will develop OUD are alterable and, in many cases, preventable. Protective conditions can be strengthened, while detrimental conditions can be attenuated or eliminated altogether.

Implementation of effective policy solutions will, in turn, inform wiser expenditures with potential to make a measurable dent in the problem. Proactive strategies for early identification of the warning signs and preventing exposure to contributory conditions during childhood are most promising. In short, true improvements in our nation's drug policies require a more balanced portfolio that supports tertiary approaches (e.g., treatment, regulations) and a hefty dose of prevention, guided by empirical evidence. Furthermore, there are the added benefits of these prevention strategies such as improved academic performance, reduced bullying and violence, and better emotional and physical health that enhance positive community participation.

**An Evidence-Based Policy Response**

In the course of rapidly responding to the devastation of OUD and the unprecedented rise in related deaths, we have not invested as heavily as we should in strategies generated by prevention science that target the causal influences on OUD. ***They are all addressable earlier in life, prior to entrenchment of the disorder, which means broadly implementing these strategies have potential to significantly shrink the OUD crisis.***

The evidence presented in this Policy Brief emphasizes the importance of: (a) preventable conditions that pose a significant risk for OUD; and (b) systematic and high quality delivery of evidence-informed programs and policies (Prevention and Intervention). We have the capacity to jump-start a path to better child and family wellbeing, thereby averting trajectories away from substance use, abuse and eventual OUD. Presented below is a plan that incorporates 6 significant and interrelated components:

1. Broad and systematic investment in evidence-based prevention programs
2. Building a comprehensive, integrated substance use delivery system to scale-up and -out, and sustain evidence-based programming.
3. Broadening and strengthening public health policies
4. Investment in prevention research
5. Enhancing state and national epidemiologic monitoring and surveillance systems

6. Assist with collaborative data sharing

***1. Broad and systematic investment in evidence-based programs.*** The three most important environments affecting young people's development are families, schools, and neighborhoods. Building a comprehensive prevention system requires that we offer evidence-based programs and policies in each of these domains to mitigate harmful influences, ***including investing in research and development of new promising practices***. This type of integrative approach brings together all sectors working on some aspect of prevention and/or public health with stakeholders and community leadership to develop a plan that addresses a wide range of risk factors. The return on investment will be improvements in multiple child outcomes, from problems in early grade school to juvenile justice involvement that otherwise drive pathways to OUD***, as well as the financial return of reduced costly systems involvement and a stronger workforce***. A comprehensive prevention system has the potential to mitigate the impact of "toxic" social conditions on families and community institutions, such as school disciplinary practices, that ultimately give rise to behavioral problems such as substance abuse and OUD.

Risk factors that underlie these issues can be comprehensively and effectively addressed by optimizing and scaling evidence-based family, school and community-level preventive interventions and policies. At least 17 evidence-based family-based programs have been shown to significantly improve the quality of family life to prevent many behavioral problems, including substance abuse, antisocial behavior, anxiety, depression, risky sexual behavior, school absences, and academic performance (Leslie et al., 2016). Numerous tested and effective school-based interventions can prevent these problems as well, from early childhood into adulthood (Hawkins et al., 2015; NCR/IOM 2009 Report) by improving school climate and school bonding. Also, more than 40 policies have proven benefits in increasing families' economic and social stability (Spencer & Komro, 2017), which, in turn, reduces substance abuse. Extensive analyses of the costs and benefits of these programs indicate that most cost far less than they save in reduced healthcare, criminal justice, mental health, and educational costs, and in increased income among recipients (WSIPP, 2016). Below are descriptions of exemplary programs.

**Sample of Family and School Programs Shown to Reduce Behavioral Problems and Substance Use**

- ***Incredible Years.*** Prevents and treats young children's behavior problems and promotes their social, emotional and academic competence. (https://incredibleyears.com/)
- ***Good Behavior Game***. Universal school-based primary prevention. Avoids stigma and is beneficial to all, regardless of risk status. Improves mental and behavioral health outcomes into adulthood. (http://paxgoodbehaviorgame.promoteprevent.org/what-pax-good-behavior-game)
- ***Triple P.*** Positive parenting program that affects multiple outcomes and reduces risk for SUDs. (https://www.triplep-parenting.com/nc-en/triple-p/)
- ***Strengthening Families Program and its adapted version for Black Families, SAAF.*** Evidence-based family skills training program for high-risk and general population families, specifically showing reductions in SUD and useful for parents with SUD and their children. (https://strengtheningfamiliesprogram.org/)
- ***Life Skills Training.*** Shown to reduce substance use and violence through cognitive-behavioral *skills* that enhance self-esteem; decision-making, problem solving and critical thinking. (https://www.lifeskillstraining.com/?gclid=Cj0KCQjwxdSHBhCdARIsAG6zhlV3lJXigJfSPZ21-jbSKTkHjxXjVoQ9RmOJ7wlYLoCNowAblJ3E7EoaAoCwEALw_wcB)
- ***Project TND (Toward No Drug abuse)***. An interactive classroom-based substance abuse prevention program that focuses on three factors that predict tobacco, alcohol, and other drug use, violence-related behaviors, and other problem behaviors among youth, including: Motivation factors (i.e., students' attitudes, beliefs, expectations, and desires regarding drug use); Skills (effective communication, social self-control, and coping skills); and Decision-making (i.e., how to make decisions that lead to health-promoting behaviors). https://tnd.usc.edu/
- ***Multisystemic Therapy***. Therapists work in the home, school and community and are on call 24/7 to provide caregivers with the tools they need to transform the lives of troubled youth. Research demonstrates that MST reduces criminal activity and other undesirable behavior. At the close of treatment, 87% of youth have no arrests. (https://www.mstservices.com/)
- ***Blended strategies including universal, selected and indicated in a tiered system.*** Selection of programs for any given community is based on identified needs. This comprehensive approach has broad population reach (see below).

**Sample of Community-Based Strategies Shown to Reduce OUD and Improve Overall Health Outcomes**

- ***A community-based approach supportive of coordinating systems of care across different agencies and providers***. One such system, the Community HUB model, involves identifying an at-risk population (e.g., families impacted by caregiver SUD, poverty, or marginalization) and encourages agencies to identify and refer all eligible families to a single agency that provides a home or community visit by a case manager who assesses family needs and facilitates appropriate referrals with an emphasis on evidence-based service. A Community HUB, for example, might train their case managers in parenting support services and engage families in evidence-based parenting support services.
- ***Promoting School-Community-University Partnerships to Enhance Resiliency (PROSPER).*** PROSPER is based on a multi-tiered structure consisting of (a) community teams, (b) a state-level management team, (c) a prevention coordinating team, and (d) a national-level tier, the PROSPER Network Team. The Network Team includes prevention scientists, faculty, and professionals involved in the development and original implementation of PROSPER in Iowa and Pennsylvania. PROSPER combines family- and school-based prevention approaches and targets families with middle-school children. Community teams select a family and school program from a menu of PROSPER-supported, evidence-based programs (EBPs) and manage program delivery. PROSPER has been shown to reduce delinquency and substance use during high school and promote family management practices and parent-child affective quality.
- ***Communities That Care (CTC).*** CTC is designed to reduce levels of adolescent delinquency via the selection and use of effective prevention programs tailored to a community's specific risk and protection profile. Through training events and community activities, CTC aims to produce community-level changes in the service system characteristics, including increased collaboration among providers and greater adoption of evidence-based programs that address risk and protective factors the community prioritizes. In turn, reductions in community risk factors reduce adolescent delinquent behaviors.

***NPSC recommends sufficient and sustainable investments in the implementation, broad availability, and ongoing evaluation of these interventions and health-level policies to increase capacity of government agencies, practitioners/clinicians, schools, and communities.***

2. **Building a Comprehensive, Integrated Substance Use Delivery System to Scale-up and -out, and Sustain Evidence-Based Programming.** Legislation is needed to enable societal sectors and systems to be more responsive to the needs of the U.S. population (refer to 5 below) by supporting a national system of services, from universal prevention programming to more targeted and indicated interventions. Supports should be designed to reach different groups; e.g., nonusers (to reinforce their non-use), those vulnerable to initiation or who have already initiated (to prevent progression to abuse), and those with a substance use disorder who opt not to enter treatment or are receiving treatment and require reintegration into the community. ***A fully integrative and comprehensive system coordinates evidence-based approaches, from prevention and harm reduction, to treatment and recovery services, and supportive policies***. Cross sector/system collaborations are critical to a comprehensive plan to thwart the opioid epidemic. The physical, behavioral and social health sectors are inextricably intertwined. Fragmented response systems create barriers to achieving this goal. Policies that support this integration will lead to fundamental changes to more effectively and equitably advance healthy outcomes and prevent development of OUD. Changing infrastructure, incentives, and funding streams to support greater collaboration and teamwork provide for a "whole-community" approach.

***Policies are recommended that provide for program offerings, implementation, scaling and evaluation/continuous learning in a way that is well-coordinated across systems.***

Multiple layers of influence are, thus, the focus of policies that are articulated in real-world terms, define governance and support systems, outline and resource delivery mechanisms, and ensure feedback loops between governance-support-delivery systems for optimal implementation and scaling. Each layer must work interactively to create a hospitable environment for best results. This process is known as the Interactive Systems Framework for Dissemination and Implementation, a framework that has been adopted by the CDC. Specific features supportive of systems change are delineated below.

- ***Establish a sustainable funding stream to support prevention.*** Programs exist within networks of social ecological systems in which people are embedded. To be successful, even the most effective off-the shelf programs require systems-level buy-in and support. Administrations involved (ONDCP, CDC, SAMHSA, NIH, HRSA) may use their budget authority to encourage its agencies to allocate funds towards

prevention. The lead federal entity could convene agencies around this Call to Action to provide training and technical assistance grants to support high quality implementation and evaluation. It may also convene stakeholders who are vital to include in these discussions and that can rally administrations to focus on prevention.

- ***Capitalize on existing infrastructure***. Work with the single state alcohol and drug agency. Each SSA will have a member in the National Prevention Network and would also work in coordination with the education, public health, and other relevant systems at the state and local level.
- ***Focus on evidence-based investments with continuous quality improvement implementation.*** Support evidence-based programs and ongoing performance accountability (e.g., assessment, feedback, and technical support). In general, the larger and longer term the investments (such as an endowment fund for prevention) the better, while investments in specific programs may be useful only temporarily, depending on trends in drug use patterns and underlying conditions.
- ***Establish a screening and referral infrastructure (SRI) model***. Educate and equip a range of professionals working with youth and families considered at-risk and communities with a high prevalence of risk conditions. This workforce spans educational, justice, public health, primary care, child welfare, and other sectors/systems. Each contains its own infrastructure, however most have not accommodated the knowledge and practices generated by prevention science, nor do they collaborate to provide a concerted and consistent response to individuals and families in need. Each sector can be equipped with well-tested tools for conducting health risk appraisals and preventive counseling throughout development. (Matson et al., 2021), thereby averting trajectories away from substance abuse altogether.
- ***Embed strong intermediary support***. Embedding intermediary organizations is vital for the assessment and community-driven response to local needs. Such organizations offer a menu of programs and policies that specifically address the needs of any given community, and they provide ongoing consultation and technical assistance on selecting, implementing, and evaluating prevention efforts. They are typically able to stay well-connected to emerging evidence, have a strong focus on equity and community inclusion, and be able to work at the state-level to guide ongoing system design and improvement. See the EPISCenter at Penn State University for an exemplar.

***NPSC recommends emphasizing and supporting technical assistance mechanisms for all federal funders as an essential partner in translating, implementing, and evaluation evidence-based strategies in communities.***

- ***Enhance professional development of a prevention workforce.*** Recommendations from California's Substance Abuse Prevention Workforce Development Survey Report 2013 are to: 1) promote and create professional and/or educational avenues for individuals to pursue substance abuse prevention as a viable, credible, and transferrable career; 2) enhance the opportunities and systems to build the capacity of the substance abuse prevention field; and, 3) promote and foster leadership for substance abuse prevention. We also recommend ongoing training and continuing education for the prevention workforce.

3. **Public Health Policies** available at the community level will support the basic needs of the population in the form of health care, education, housing, employment, and social nets to enable full participation of all community members in the economic, social, and physical health of the population. Such services play a significant role in addressing those societal factors that impact health and social equity putting individuals and families at risk to many detrimental social and health problems such as substance use generally and OUD specifically.

4. **Invest in Prevention Research.** Although many preventive interventions have been demonstrated to disrupt pathways to substance abuse and OUD, there are many outstanding questions and inconsistent results. For example, not all recipients respond well to existing interventions, which means more effective intervention models, targeting strategies, and implementation processes need to be developed. There is also a need for translational research to determine how to move the science more rapidly from program development to efficacy testing to routinized delivery systems.

   A vitally important consideration is that risk factors are more prevalent in disadvantaged and marginalized communities due to broad social and structural influences on health outcomes, including poverty and discrimination (Dwyer-Lindgren et al., 2017). For these reasons, research is needed to develop and

experimentally evaluate comprehensive interventions to affect behavioral and physiological risk factors that lead to disparities. At the same time, experimental research is needed to evaluate systems change and policy strategies for reducing poverty, inequities, and discrimination that in large part are the primary determinants of poor health outcomes, including OUD. And additional research is needed to advance our understanding of resistance or protective factors that are associated with maintaining behavioral health and with the ability to avoid OUD in the face of adversity.

***NPSC recommends that an advisory group be formed to identify gaps in our knowledge regarding the development, implementation, evaluation, and dissemination of an array of preventive interventions and policies to address outstanding scientific questions, with direct implications for more efficient and effective uptake in communities.***

***We further recommend increased federal funding of studies into programmatic methods to utilize current and emerging knowledge on pathways to OUD to quell the opioid crisis and other substance abuse issues nationally (Federal Funding for Research and Policy Change).***

***We further recommend that investments be made in field experiments with randomization to intervention and control groups as funds are dispersed. There are myriad ways to implement this protocol either at the department or agency level or through contracting during disbursement to states/localities. Doing so will facilitate evaluation of how the funds are being used and whether objectives are achieved. This is important for sustainability and scaling.***

**5. Enhancing state and national epidemiologic monitoring and surveillance systems.** In 1991, the Substance Abuse and Mental Health Services Administration assumed oversight of several important monitoring systems including the National Household Survey on Drug Use and Health, the National Survey of Substance Abuse Treatment Services (in 2021 changed to the National Substance Use and Mental Health Services Survey), and the Treatment Episode Data Set) and a national surveillance system, Drug Abuse Warning Network (DAWN) that will be initiated again in the future. The National Institute on Drug Abuse supports the Monitoring the Future Study and the National Drug Early Warning System (NDEWS). These data sets have the potential to inform not only the service needs of the population but also to assess accessibility and barriers to the utilization of services. Furthermore, the data serve to monitor the utilization and short-term outcomes of the services and can help identify service insufficiencies and gaps. A surveillance system that would include DAWN and well as the NDEWS along with the Office on National Drug Control Policy's Community Drug Early Warning System would provide timely alerts of emerging patterns of substance use including new psychoactive substances, new ways to administer existing substances and new users of these substances. The latter system also has the potential to analyze seized drugs to determine their potency, their contents, as well as added adulterants that have health implications (Browns et al., 2021).

**6. Assist with Collaborative Data Sharing.** OUD is an inter-state issue, requiring coordination to ensure both federal and state agencies are connected and data can be shared across jurisdictions. There is a wealth of data already collected by the federal and state governments and other agencies and organizations reflective of a broad range of phenomena, from physical health to juvenile and criminal justice to climate change. Existing data reserves are currently not well organized and thus an infrastructure is needed to increase the utilization of these data. In addition, public-private partnerships can encourage data sharing between researchers, private healthcare, emergency, criminal justice, and laboratory services.

***NPSC recommends the development of a national data sharing system to track important indicators, including drug-related behaviors and their consequences (e.g., rates of use in middle school, services utilization, overdose), and risk and protective factors, as well as their geospatial distribution.***

***We further propose the construction of a National Clearinghouse that will broadly address the priorities stated by the Evidence-Based Policy Act by providing infrastructure and detailed implementation guidance for rigorously evaluated programs and policies shown to reduce substance use.***

Until now, many drug control strategies we have invested in either have not been evaluated or have not produced sufficient effect sizes to justify their implementation or continuation, and the same is true for programs to reduce mental health problems. The proposed Clearinghouse will organize the large reserve of data on evidence-based

programs and policies within a platform amenable to uptake by a range of end-users (e.g., community stakeholders, practitioners, policymakers, governmental agencies) working toward a solution to the exorbitant rates of opioid and other substance use.

**Building a strong community-based infrastructure to support preventive interventions**

To effectively address OUD at all levels, we propose a multi-phased plan to develop and implement a national community-based integrated system of evidence-based substance use prevention services by the year 2030.

FIVE INITIAL PHASES ARE NECESSARY TO BEGIN THE PROCESS OF MAKING SYSTEMIC CHANGES TO HOW WE APPROACH SUBSTANCE USE AND ITS CONSEQUENCES IN THE US:

Phase I—Problem Assessment and Framing the Elements of a Strategic Plan. Conduct a two-day meeting of approximately 25 leaders including substance use epidemiologists, prevention, and treatment researchers and practitioners, law enforcement, judiciary, schools, families, communities, policy makers, and health services. The outcome of the meeting will be a refinement to the model of a community-based integrated comprehensive substance use service delivery system, a summary of challenges to building such a system, and the initial framework for a strategic plan to develop demonstration systems that will be closely evaluated. The plan will include goals, objectives, performance outcomes, and key actions for successful implementation. The plan will also outline recommendations and implementation steps, and other possible funding sources. Public health policies and prevention services can only be effective when encompassed within the framework of a comprehensive plan; as such, The National Prevention Strategy will emphasize the utility of prevention as a vital component of the overarching plan, from primary prevention and harm reduction, to treatment, rescue, and recovery.

Phase II—Expanded Stakeholder Involvement. The final comprehensive strategy will be disseminated to the public and an expanded team to obtain input and support for a community-based integrated and comprehensive service delivery system and for the concept of demonstrations. These additional planners will likely represent the public sectors (federal, state and local governments) and will help to forge implementation approaches.

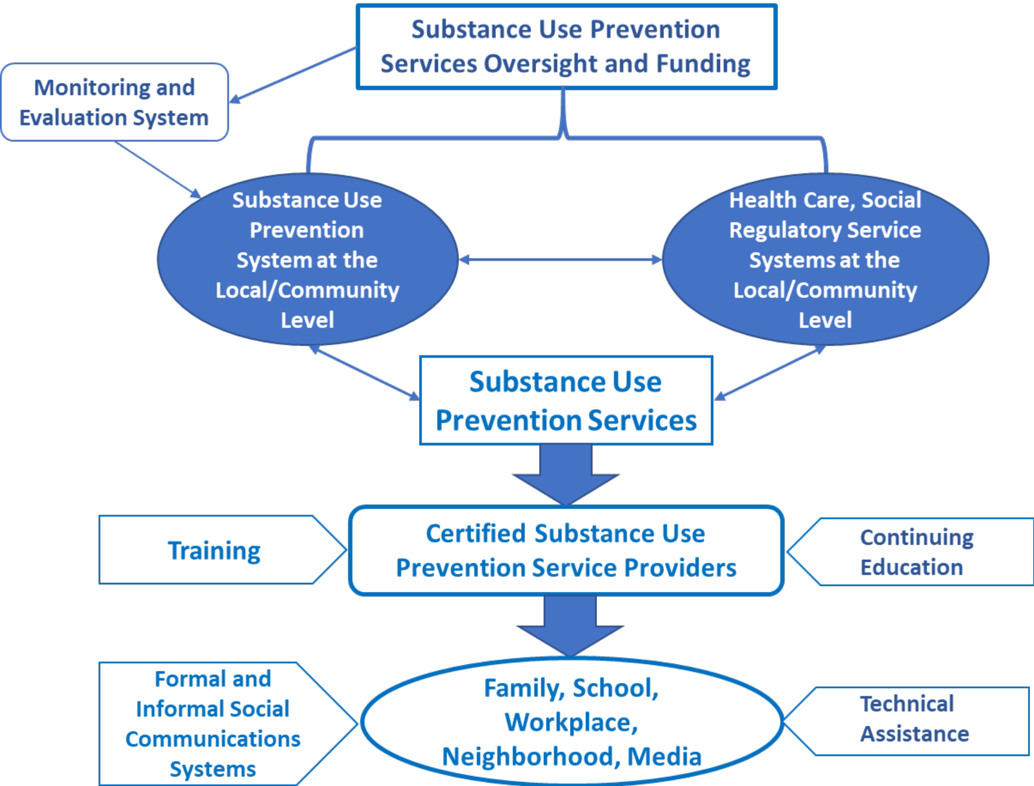
Phase III—Develop Training and Technical Assistance Protocols to Professionalize the Prevention Workforce. Working with universities and prevention specialists, this phase would train prevention specialists both through a degree program and through continuing education (credit hours can be provided through NPSC). Training would ultimately credential individuals based on work experience and test scores with quality upgrades over time, and assist communities with building an implementation system to support prevention, including health and social services, schools, parent groups, businesses, law enforcement and the judicial system.

Phase IV—Build Community-level Assessment systems. A comprehensive prevention system requires screening, early intervention, referral, and monitoring systems that link service needs with research-based programming.

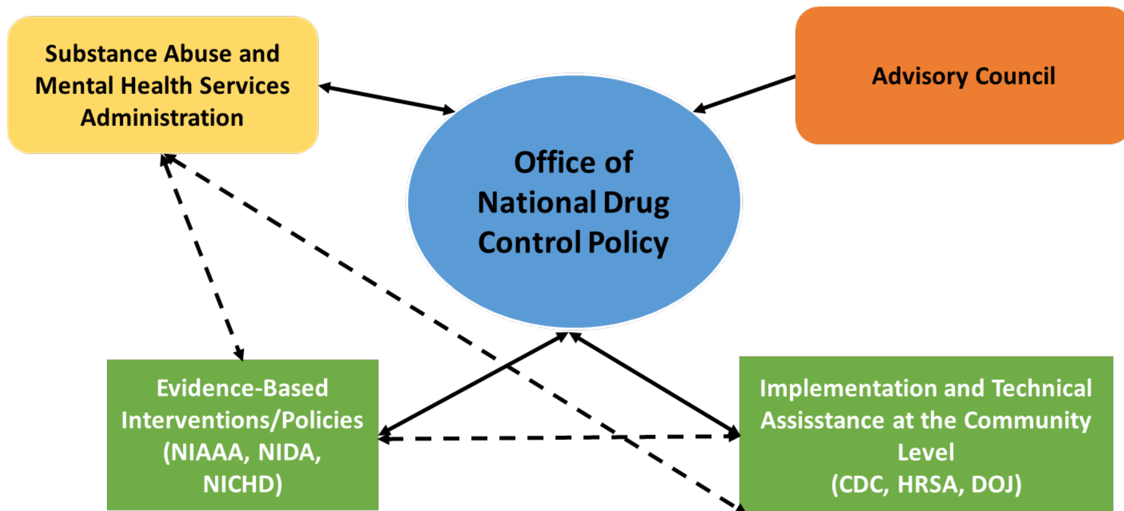
Phase V—Identify a Model Community Prevention, Early Intervention, and Treatment Infrastructure. Communities will benefit from a guidance document drawing from the results of Phases I-III that delineates how to professionalize and implement a comprehensive prevention system. This would involve the development of a model representing the continuum of services that are recommended and the concept of supporting three or more demonstration sites that will be monitored, evaluated, and refined.

**A proposed structure for the National Substance Use Prevention Services System follows:**

# A National Substance Prevention Service Delivery System

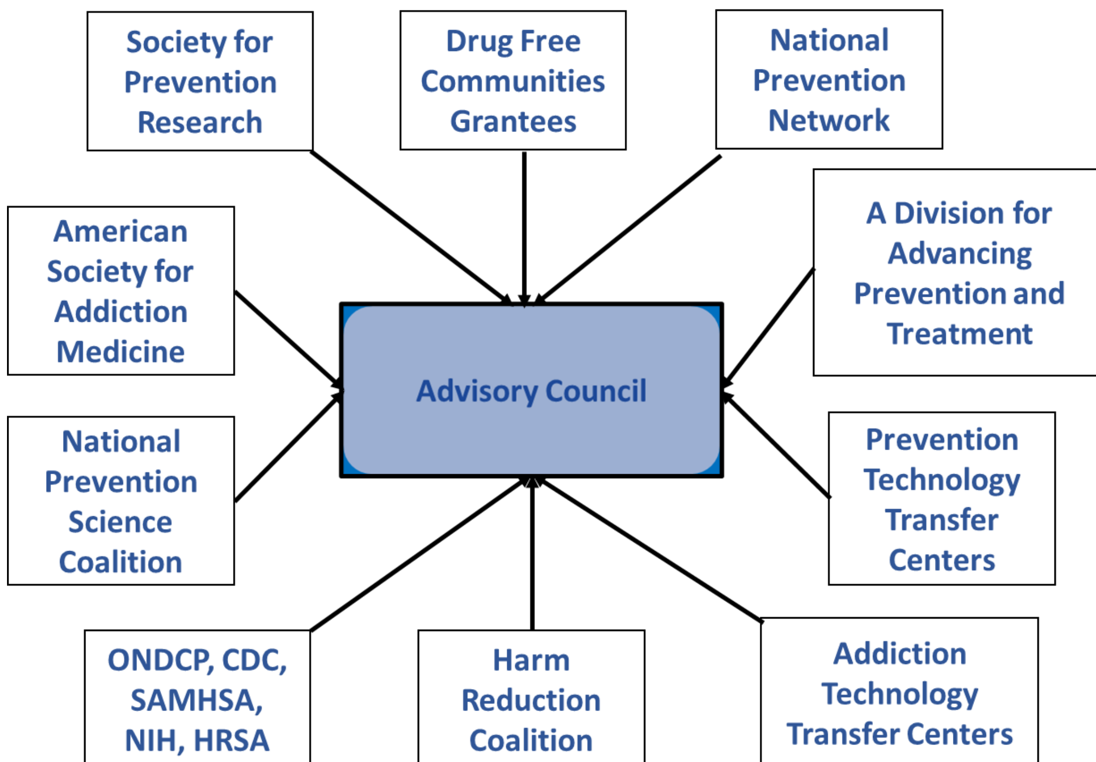


**And this system could be supported by these agencies:**




1. SAMHSA - Building a comprehensive, integrated substance use delivery system to scale-up and -out, and sustain evidence-based programming informed by an Advisory Council that reflects a range of expertise and interests and Supported by ONDCP
2. ONDCP-Coordinates federal agencies that inform the substance use delivery system overseen by SAMHSA
3. ONDCP and CDC - Broadening and strengthening public health policies
4. NIDA, NIAAA, NICHD, HRSA, ONDCP and CDC - Investment in prevention, treatment, policy and implementation research
5. SAMHSA and CDC - Enhancing state and national epidemiologic monitoring and surveillance systems
6. SAMHSA, CDC, NIH Institutes - Assist with collaborative data sharing

**And guided by an Advisory Council that includes key organizations:**



A deep understanding of research and evidence-based practices and policies increases the potential to positively impact those affected by the opioid crisis, stemming overdoses, and ensuring preparedness for future drug-related issues. It is especially essential that federal, state, and local leaders critically examine current approaches for addressing opioid addiction and overdoses to ensure the policies and programs implemented have maximal impact.

***Contact the National Prevention Science Coalition to Improve Lives (NPSC) for further information and guidance.***

Dr. Diana Fishbein (dfishbein@unc.edu) founded and co-directs the National Prevention Science Coalition for Improving Lives (NPSC), a national organization dedicated to the transfer of knowledge from the basic sciences to practical settings and public health policies. She is a senior scientist at the Frank Porter Graham Child Development Institute, University of North Carolina-Chapel Hill. And she is part-time research faculty in the Department of Human Development and Family Studies at The Pennsylvania State University.

Dr. Zili Sloboda is the President of Applied Prevention Science International, a company focused on building the capacity of prevention professionals worldwide to build and sustain community-based comprehensive evidence-based prevention interventions and policies. Dr. Sloboda served as the Director of the Division of Epidemiology and Prevention Research at the National Institute on Drug Abuse that included building and oversight of a national research agenda on drug abuse and HIV/AIDS epidemiology and prevention and was a founder of both the U.S. and E.U. Societies for Prevention Research.