**ONDCP PUBLIC HEALTH & PUBLIC SAFETY - PREVENTION**

# Inter-American Drug Abuse Control Commission
## SIXTY-SECOND REGULAR SESSION



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# Office of National Drug Control Policy



- Component of the Executive Office of the President.

- Coordinates drug control activities and related funding across the U.S. Federal government.

- Produces the annual *National Drug Control Strategy*

# Data-Driven Prevention

- Effective prevention is research & data-driven: We know what works

- Surveillance a key tool for targeting and evaluating prevention efforts; requires significant investment

Public health surveillance is the ongoing systematic collection, analysis, and interpretation of data, closely integrated with the timely dissemination of these data to those responsible for preventing and controlling disease and injury.*

*Thacker S. B., Berkelman R. L. (1988). *Public Health Surveillance in the United States. Epidemiologic Reviews*. 10:164–90. in Nsubuga, P. et al () Public Health Surveillance: A Tool for Targeting and Monitoring Interventions. In Jamison D.T. et al. eds. (2006). Disease Control Priorities in Developing Countries. 2nd edition. The International Bank for Reconstruction and Development, Washington, DC. Oxford University Press, New York.

# Sources of Drug Surveillance Data in the U.S.

- Commercial and government sectors
- Statistical and administrative convenience samples
- Statistical Surveys
- Forensic analyses
- Programmatic data
- Drug use, availability, consequences
- Geographic and temporal

# Examples of U.S Data Sources

- Workplace Drug Testing: *Private labs collect data and report on trends.*

- National Forensic Laboratory Information System (NFLIS): *Systematically collects and reports on tests conducted through local, state, and federal labs*

- Treatment Episode Data Set (TEDS): *Data from government funded treatment programs*

- National Survey on Drug Use and Health (NSDUH): *Annual nationwide survey of representative sample of U.S. population aged 12 and over*

- Monitoring the Future (MTF): *Ongoing study of the behaviors, attitudes, and values of American secondary school students, college students, and young adults*

- Death certificates measuring major causes of death from injury: *Collected from states by U.S. Centers for Disease Control & prevention*

# Example: Administrative Data

- Type of Data: State Injury Death Records

- Strengths
  - Accessible Online
  - National & State Trends

- Limitations
  - Inconsistent Standards
  - 11-Month reporting delay
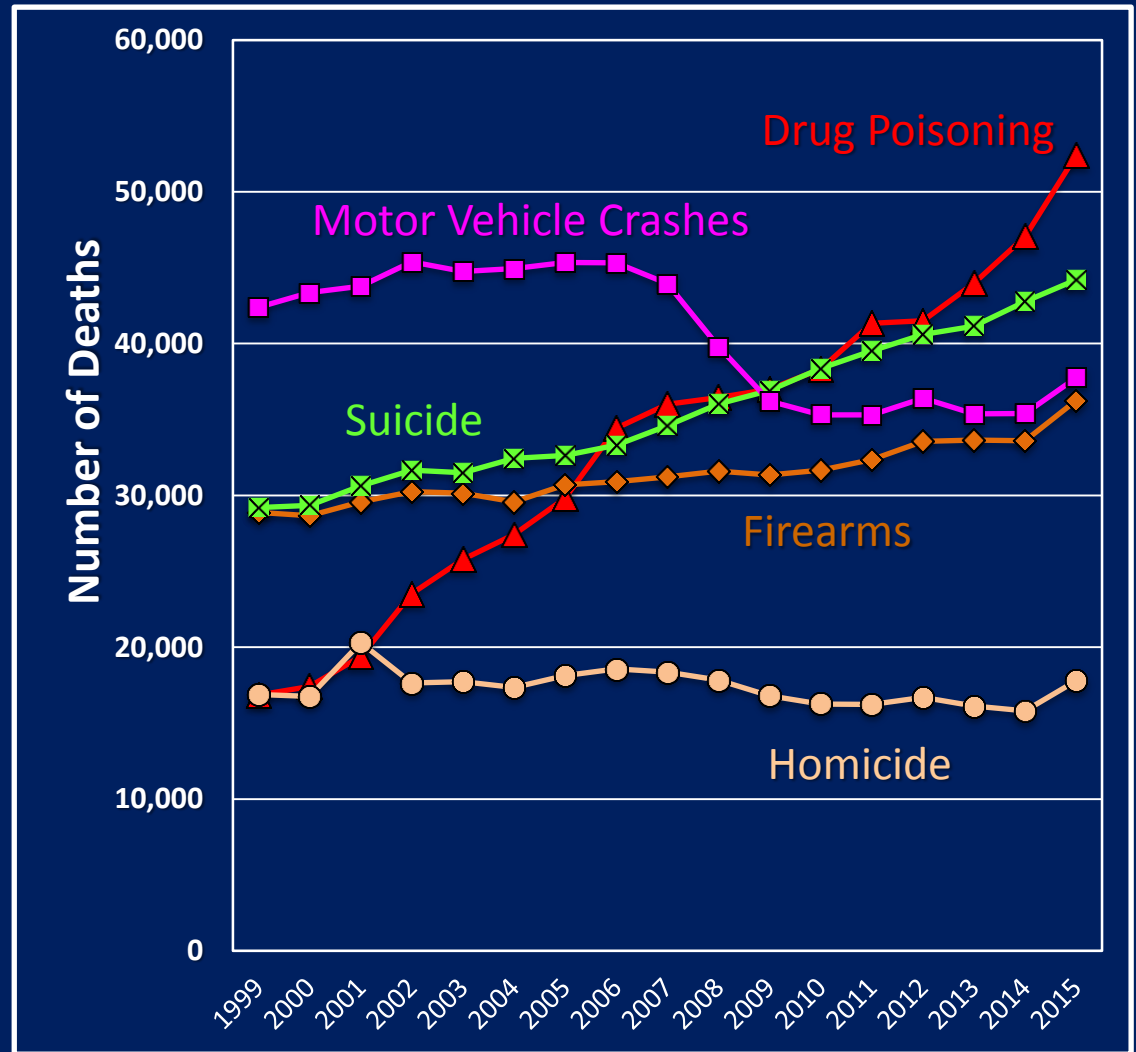
Source: Centers for Disease Control and Prevention, National Center for Health Statistics. *Multiple Cause of Death 1999-2015* on CDC WONDER Online Database, released 2016. Extracted by ONDCP from http://wonder.cdc.gov/mcd-icd10.html on December 8, 2016.

## Injury Deaths by Cause 1999-2015

# Example: Statistical Survey Data

## Escalation of Drug Use in Adolescence – Point in Time Data



Source: SAMHSA, *2015 National Survey on Drug Use and Health* (September 2016).

2/2017
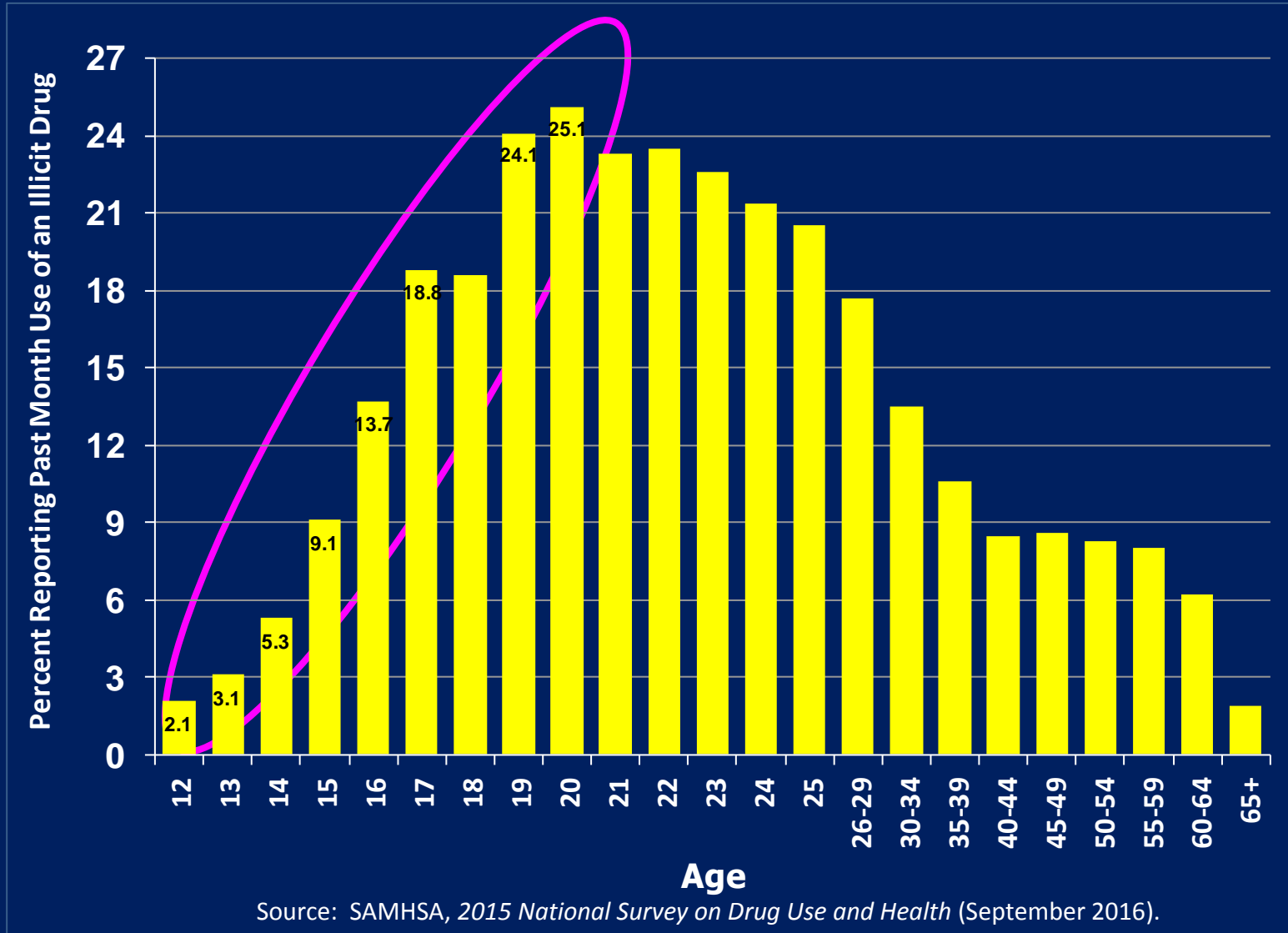
# Prevention Overview

- What is Evidence-Based Prevention

- What is NOT evidence-based prevention

- Types of Prevention

- Effective Prevention Programs

# Prevention Works

Evidence-based prevention approaches are:

- Research based

- Can be replicated, and with Fidelity

- Must be implemented over an extended period of time, evaluated and

- Tailored to the needs of specific communities target root problems that can lead to youth substance use.

- Not all approaches to prevention are effective and there is no one-size fits all approach to every community.

# Not Evidence-based Prevention

- One time events
- Public awareness/public affairs campaigns
- Health fairs
- Information dissemination
- Programs not scientifically researched and implemented over time

# Types of Prevention Intervention

- **Universal:** target the <u>entire</u> population, e.g.
  - Setting a minimum legal drinking age or reducing the availability of substances in a community
  - *LifeSkills Training*, a school-based program delivered over 3 years

- **Selective:** target those "<u>at risk</u>," e.g.
  - *Project Toward No Drug Abuse*, which focuses on youth who are at high risk for drug use and violence.

- **Indicated:** target those <u>who are already using</u>, e.g.
  - *Coping Power*, a 16-month program for children in Grades 5 and 6 who were identified with early aggression.
  - *Project Toward No Drug Abuse* (can be used for both selective and indicated populations)

National Research Council and Institute of Medicine. (2009). *Preventing mental, emotional, and behavioral disorders among young people: Progress and possibilities.* Washington, DC: National Academies Press.

U.S. Department of Health and Human Services., Office of the Surgeon General.  (2016*). Facing Addiction  in America: The Surgeon General's Report on Alcohol, Drugs, and Health*. Washington, DC.

# Five Things to Know
# About Prevention Science

- High impact on morbidity & mortality

- Reduce risk factors & increase protective factors

- Substance use can be prevented

- Mobilize across disciplines

- Increase evidence based prevention

Source. J. D., J. M. Jenson, R. Catalano, M. W. Fraser, G. J. Botvin, V. Shapiro, C. H. Brown, W. Beardslee, D. Brent, L. K. Leslie, M. J. Rotheram-Borus, P. Shea, A. Shih, E. Anthony, K. P. Haggerty, K. Bender, D. Gorman-Smith, E. Casey, and S. Stone. 2015. Unleashing the Power of Prevention. Discussion Paper, Institute of Medicine and National Research Council, Washington, DC.

# Develop a Strategic Plan

- Conduct need assessment-population, resources and readiness to address community problems.

- Identify target population i.e. school aged children, veterans, college.

- Build capacity to address needs.

- Implement prevention strategies, such as environmental policy initiatives

- Monitor and evaluate results

# Prevention Plan Should Include

- Accountability-measuring and reporting performance

- Capacity-increasing the availability of services

- Effectiveness-improving quality of services

- Sharing information- coordinated funding & policy

- Substance use must be addressed comprehensively, across multiple sectors

# Seven Strategies for Community Change

1. Provide information
2. Build skills
3. Provide support

Individual

4. Change incentives / consequences
5. Reduce barriers / enhance access
6. Change physical design of the environment
7. Modify policies and broader systems

Environmental

# Is Prevention Cost-Effective?

**YES! For every dollar spent estimated savings are:**

- Strengthening Families Program  $7.82

- Guiding Good Choices $11.07

- Seattle Social Development Project $3.14

- Life Skills Training (LST) $25.61

- CTC $4.23 - $8.22

- PROSPER $8.94 -$26.74

Sources: S. Aos, R. Lieb, J. Mayfield, M. Miller, A. Pennucci. (2004) Benefits and Costs of Prevention and Early Intervention Programs for Youth. Olympia: Washington State Institute for Public Policy;

Kuklinski, Margaret R., et al. "Cost-benefit analysis of Communities That Care outcomes at eighth grade." *Prevention Science* 13.2 (2012): 150-161;

Overview of Evidence Base: Partnership Model and Delivery System at http://helpingkidsprosper.org/.

# Resources

- **National Registry of Evidence-based Programs and Practices:** http://www.nrepp.samhsa.gov/Index.aspx

- **US Surgeon General's Report on Alcohol, Drugs and Health:** https://addiction.surgeongeneral.gov/chapter-3-prevention.pdf

- **UNODC International Standards on Drug Use Prevention:** https://www.unodc.org/unodc/en/prevention/prevention-standards.html

- **Blueprints:** http://www.blueprintsprograms.com/programCriteria.php

# Conclusion

- Invest in surveillance systems and utilize available data to address the problem.

- Develop a strategic plan that guides your process.

- Collaboration is critical to maximizing resources.

- Utilize evidence-based programs, policies and practices.

# Questions/Comments

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# WhiteHouse.gov/ONDCP