



# Foundation *for* Opioid Response Efforts

## Program Advisory Meeting on Family- and Community-Based Prevention

### Key Takeaways

On December 4, 2020, the Foundation for Opioid Response Efforts (FORE) convened a virtual advisory meeting to discuss family- and community-based prevention of substance use disorder (SUD). The goal was to enhance FORE's understanding of the state of the field and identify opportunities to expand access to prevention services, particularly for children and families.

One in eight (8.7 million) children ages 17 or younger resided in households with at least one parent who had a SUD in the past year.<sup>1</sup> Growing up under these circumstances can undermine a child's sense of safety and stability and put them at risk for other adverse childhood experiences, including neglect.<sup>2</sup> These adverse experiences also increase the risk of the child misusing drugs as they become adolescents and young adults. The prevalence of SUD within families underscores the need for a comprehensive approach to substance use prevention, one that addresses the needs of the entire family and attends to the traumatic experiences that may accompany substance use. The advisory meeting also focused on how best to engage community members and organizations in this work.

Participants were asked to recommend ways FORE could support the development and use of evidence-based prevention practices and bring them to the attention of policymakers, as well as the staff of community-based organizations and agencies that work closely with families, including in family courts and foster care agencies. This document summarizes key takeaways and list of recommendations from the meeting. The full report is being finalized and will be posted on our website.

#### ***Defining scope***

Participants urged the foundation to broaden the definition of "family" to include grandparents, aunts, uncles, and other members of the community who are often tasked with caring for the children of parents with an SUD. They also urged the foundation to determine if the focus would be on the most vulnerable, or all, families. It also will be important to consider whether FORE's efforts will target opioid use disorder (OUD) prevention or opioid misuse more generally.

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<sup>1</sup> <https://www.samhsa.gov/newsroom/press-announcements/201708241000>

<sup>2</sup> [https://www.cdc.gov/violenceprevention/aces/fastfact.html?CDC\\_AA\\_refVal=https%3A%2F%2Fwww.cdc.gov%2Fviolenceprevention%2Facestudy%2Ffastfact.html](https://www.cdc.gov/violenceprevention/aces/fastfact.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fviolenceprevention%2Facestudy%2Ffastfact.html)

### ***Current models***

Participants described several models that could be adapted or adopted for preventing OUD in families, and among adolescents and young adults in particular, including psychoeducation and trauma-informed approaches. Some of the suggested models, such as Focus on Families and the Strengthening Families Program, give parents tools and strategies for preventing substance use in their children.<sup>3,4</sup> Participants also discussed the need for models that allow communities to select interventions based on local needs and customize them based on the entity implementing the program (e.g., health departments, community leaders). Two participants offered the Communities That Care model as an example of an approach that offers such flexibility.

### ***Points of intervention***

Multiple participants discussed the importance of supporting primary care/pediatric practices in prevention efforts, perhaps by integrating addiction-related support services delivered by nurses or other practitioners into primary care. One participant recommended exploring alternate strategies for reaching those who are distrustful of health care providers and pointed to a model of sending medical students to housing projects to discuss health interventions. Community-level approaches should be owned and operated by community leaders, but engage the criminal justice, education, and health care sectors as well as local businesses. Schools may also serve as a point of intervention, though many need additional funding to help.

### ***Customizing programs to discrete populations***

Participants highlighted the importance of developing and supporting interventions for groups with distinct needs and those at heightened risk, including mothers who are incarcerated and families facing economic distress during the pandemic, and developing the evidence base around what works and doesn't. Much of the existing literature focuses on substance use generally and not opioid misuse in particular. In addition, lower-resourced communities, including rural and tribal communities, may need additional supports to test new models and evaluate their impact.

### ***Addressing the social determinants of health***

Participants noted that to build resilient communities, social determinants of good health such as stable housing, early childcare, and gainful employment must be in place and suggested FORE call attention to social policies and practices that can rejuvenate communities.

## **OPPORTUNITIES**

FORE asked participants to identify one or two projects that the foundation could support or undertake to address the issues discussed in the meeting. Participants identified the following:

### **A. White Papers, Analytic Activities, and Other Materials**

- Draft a white paper about trauma as it relates to children in families with OUD and disseminate the paper to agencies and programs that can provide assistance.
- Develop a resource center that can serve as a repository for all pertinent information on prevention, including resources customized for judges, teachers, and families. This

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<sup>3</sup> <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3025601/>

<sup>4</sup> <https://www.extension.iastate.edu/sfp10-14/content/curriculum>

- resource could also be used by communities to share solutions.
- Create best practice guidelines of one to two pages in length, drawing on recent literature. These should be customized for health care practitioners, teachers, judges, and other individuals implementing prevention efforts.
  - Develop laminated cards for judges and other parties with key prevention strategies and referral pathways (e.g., explanation of SUDs, alternative approaches to removing children from their homes).
  - Distribute the National Institute on Drug Abuse's list of effective prevention methods to policymakers.
  - Develop a certification for model and promising programs.
  - Collect personal stories on prevention efforts to bolster studies and illustrate their findings.
  - Develop a compendium of evidence-based interventions.

## **B. Meetings or Conferences**

The participants recommended that FORE hold meetings and conferences to:

- Bring together stakeholders to coauthor reports on effective interventions.
- Help policymakers understand what prevention is and is not while emphasizing the importance of implementing prevention strategies.
- Follow the activities of the new Congressional Prevention Caucus.
- Convene foundations and entities focused on community prevention to develop a coordinated plan for addressing social determinants in a systematic fashion. This should be done at the national, city, and neighborhood levels.

## **C. Funding Opportunities**

The participants suggested that FORE consider funding:

### Studies/Demonstrations/Pilots

- Efforts to identify gaps in existing prevention programs, suggest solutions, and support their implementation.
- Study and address disparities in prevention services by geography and among different populations (e.g., rural, urban, and racial and ethnic groups).
- The testing of public health models that address prevention (e.g., using the public health workforce to conduct outreach and work with communities to build recovery capital.)
- Studies of innovative models of financing prevention interventions.
- Research on the implementation of prevention programs to identify essential components and implementation challenges.
- Replication of evidence-based interventions in communities or populations that have not yet been studied.
- Pilot programs for the most vulnerable children to determine which intervention strategies are effective and not in particular communities.

- Replication of successful evidence-based intervention programs for children who are abused or neglected, some of whom have parents with OUD.
- Programs that help parents address their needs so that they can take better care of their children and/or creating interventions that are not punitive and provide parents with the skills they need to manage children effectively.

#### Health Care–Based Programs

- Initiatives that encourage primary care providers, including pediatricians, to speak with children and parents about substance use and screen for it.
- Implementation of prevention programs for family members in primary care settings.
- Initiatives that integrate behavioral and physical health services in rural, urban, and tribal communities and provide parenting supports.

#### Community-Based/Social Determinants Projects

- Assess efforts to address a single social determinant of health (e.g., living wages, universal or early childcare, transportation, or education) and its impact on OUD.
- Neighborhood-specific efforts to educate residents about prevention and reduce social and economic stressors (e.g., support for housing, ability to earn an adequate income, and education.) Determine how these resources may impact OUD prevention.
- Initiatives that bring various stakeholders (e.g., parents and children or other individuals within the community, such as faith leaders) together to codesign prevention strategies.
- A systematic review of studies exploring the interplay of social connection, social networks, social capital, and opioid use.
- An exploration of how to work across silos and sectors to lay the groundwork for more comprehensive community interventions.
- Initiatives that engage the recovery community in prevention efforts.

#### **D. Educational Efforts**

The participants recommended that FORE offer or fund the following educational efforts:

- Educate policymakers about the need to prioritize opioid prevention efforts. FORE could work independently or with other foundations to educate policymakers about the need to effectively implement prevention programs.
- Create educational materials for various audiences on what they can do when caring for children and families with OUD (e.g., educating judges on what medication for opioid use disorder is and the importance of not penalizing families for using it).
- Partner with Aspen Institute to educate health care systems about the need to implement prevention programs for family members in integrated primary care settings. These programs should include tools and skills needed to reduce the risk that children develop a SUD.

## ATTENDEES

The following individuals attended the advisory board meeting. FORE is grateful for their time and contributions. Their participation in the meeting does not constitute their endorsement of this document.

Chair:

- Ruth Katz, Vice President and Executive Director, Health, Medicine and Society Program at the Aspen Institute

Attendees:

- Ursula Bauer, Ph.D., M.P.H., Senior Advisor, Office of the Surgeon General, Department of Health and Human Services
- Kelli Caseman, Executive Director, Think Kids
- Nabarun Dasgupta, Ph.D., M.P.H., Injury Prevention Research Center, Eshelman School of Pharmacy, and Gillings School of Global Public Health, University of North Carolina at Chapel Hill
- Linda Rose Frank, Ph.D., M.S.N., Professor of Public Health, Medicine & Nursing, Department of Infectious Disease & Microbiology, Graduate School of Public Health; Principal Investigator, MidAtlantic AIDS Education & Training Center, University of Pittsburgh; Chancellor's Distinguished Public Service Award Recipient Chair, City of Pittsburgh, HIV Commission
- Michael Fraser, Ph.D., M.S., Chief Executive Officer, Association of State and Territorial Health Officials (ASTHO)
- Amy Goldstein, Ph.D., Prevention Research Branch Chief, Division of Epidemiology, Services and Prevention Research, National Institute on Drug Abuse
- Philip W. Graham, Dr.P.H., M.P.H., Director, Center on Social Determinants, Risk Behaviors, and Prevention Science, Behavioral Health Research Division, RTI International
- J. David Hawkins, Ph.D., Co-Developer, Communities that Care; Founding Director, Social Development Research Group; and Emeritus Endowed Professor of Prevention, School of Social Work, University of Washington
- Thomasine Heitkamp, L.C.S.W., Chester Fritz Distinguished Professor, University of North Dakota
- Patricia Strach, Ph.D., Professor of Political Science and Public Administration & Policy, University of Albany, SUNY
- José Szapocznik, Ph.D., Professor of Public Health Sciences, University of Miami Miller School of Medicine
- Joseph R. Turner, J.D., Co-Founder, President, Chief Executive Officer, Exponents, Inc.

FORE Board Member:

- Adrienne Brown, M.S.W., L.M.S.W., Former Senior Administrator, Alcoholics Anonymous, World Services and Administration for Children Services

FORE Staff and Consultant:

- Karen Scott, M.D., M.P.H., President of FORE
- Shibani Gambhir, M.P.A., Chief Operation Officer at FORE
- Ken Shatzkes, Ph.D., Senior Program Officer at FORE
- Lydia Tschoe, M.H.A., Program Associate at FORE
- Katherine Hamilton, Operations Associate at FORE
- Stacey Worthy, Esq., Principal at Sequel Health Law PLLC