

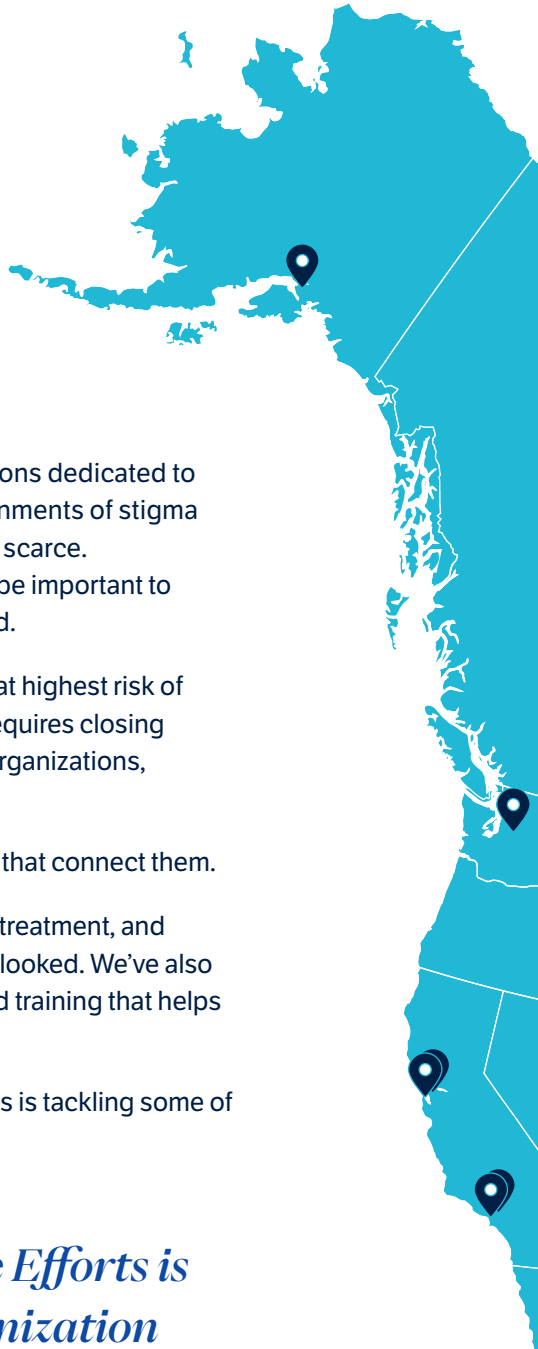


## Foundation *for* Opioid Response Efforts



# Building Bridges, Saving Lives

Impact Report 2024



**W**hen we launched FORE in 2018, many organizations dedicated to preventing opioid overdoses operated in environments of stigma and isolation. Opportunities to collaborate were scarce. To change the trajectory of the opioid crisis, we knew it would be important to connect people and organizations that were traditionally siloed.

Achieving ambitious goals — including reaching populations at highest risk of overdose and disrupting generational cycles of addiction — requires closing the gaps between researchers, clinicians, community-based organizations, policymakers, and people affected by opioid use.

In our first seven years, FORE has focused on building bridges that connect them.

Through collaboration, we've expanded access to prevention, treatment, and recovery supports for populations whose needs are often overlooked. We've also filled critical gaps in knowledge by funding policy research and training that helps health care professionals deliver evidence-based care.

The year's impact report shows how our community of grantees is tackling some of the greatest impediments to saving more lives.

*The Foundation for Opioid Response Efforts is the only national grantmaking organization focused exclusively on accelerating solutions to ending the opioid and overdose crisis.*

**COVER PHOTOS (FROM TOP)**

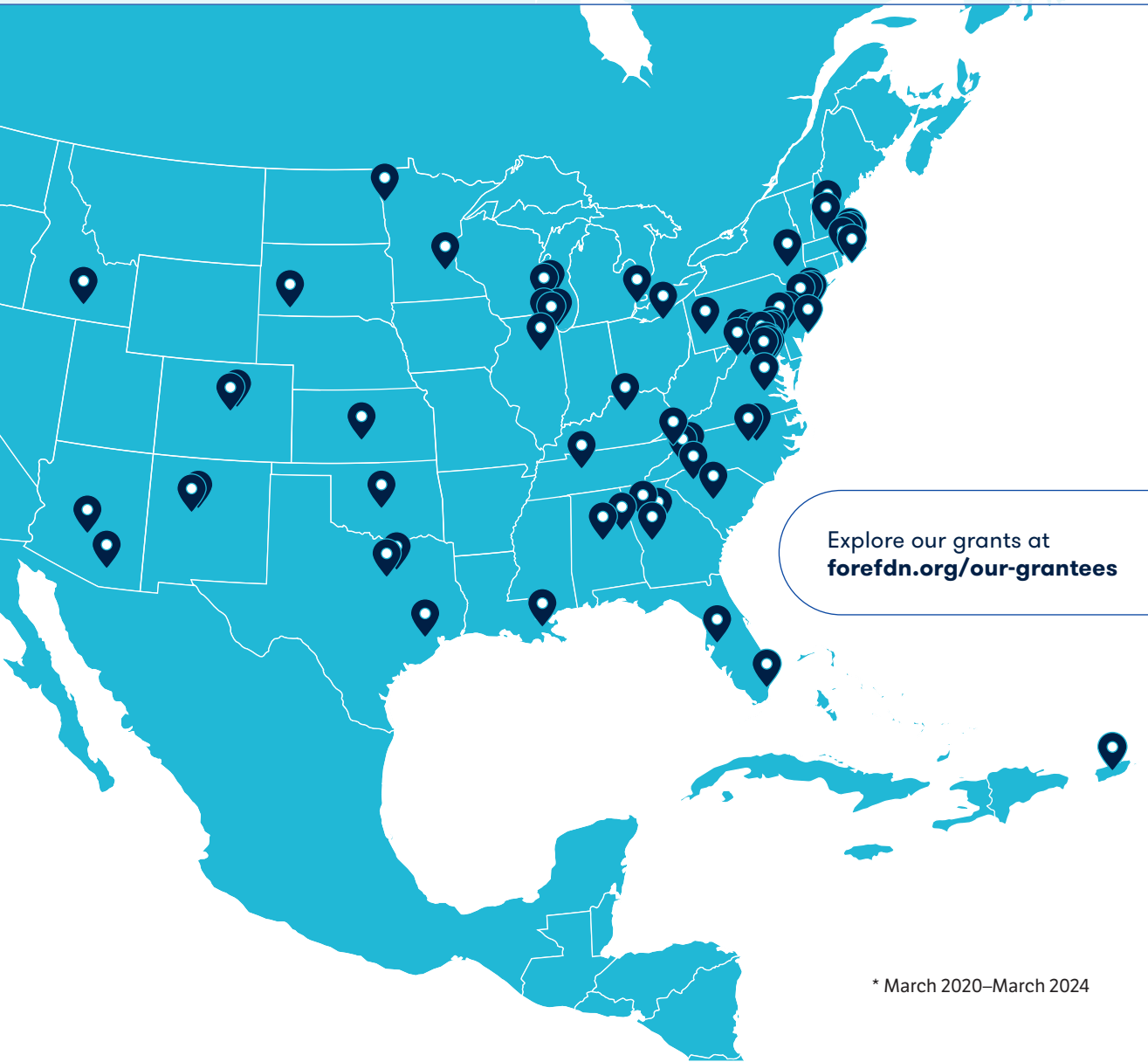
Simply Hope, a community-based organization in rural Burley, ID, launched a public awareness campaign to call attention to the opioid crisis and the need for recovery supports.  
Photo credit: Jordan Oakes

Team Lily, a clinic at Zuckerberg San Francisco General Hospital, was designed to make it easier for patients affected by mental illness, substance use disorders, homelessness, and intimate partner violence to access maternity care.  
Photo credit: Luke Covert

Karli, a bright and furry Muppet from *Sesame Street*, helps children understand they're not alone by sharing her story and offering support for those whose parents are facing addiction.  
Photo credit: Noah Friedman

Grants awarded\* **105**

Funds awarded **\$42.4 M**



Explore our grants at [forefdn.org/our-grantees](https://forefdn.org/our-grantees)

\* March 2020–March 2024

# Leveraging Data to Predict and Prevent Overdoses

Across the US, communities have struggled to capture current overdose data and keep pace with changes in the drug supply that impact overdose rates. Recognizing that communities need more timely and actionable data to respond effectively, FORE provided researchers at four universities — **Brown University School of Public Health**, the **Medical College of Wisconsin**, **Tufts University School of Medicine**, and the **University of North Carolina at Chapel Hill** — with funding to develop new tools for monitoring the drug supply and predicting increases in overdose risk based on local conditions.

The tools our grantees developed in partnership with community organizations also bridge the communication divide between people who use drugs and public health officials tasked with designing interventions, making it possible to detect on-the-ground changes that may require a shift in policy or practice.

**testRI Local Sample Testing SPOTLIGHT**  
**Nitazenes Found in Samples from the Local Rhode Island Drug Supply**

testRI is a two-year study to find out what is in the drug supply in Rhode Island and how changes to the supply are impacting people who use drugs in our community. We are testing used equipment, like pipes and syringes, that are collected from the community or donated by individuals or local organizations. Samples are tested using advanced confirmatory toxicology testing (LC-GTOF-MS).

Data from all samples tested in the study can be found on <https://preventoverdose.org/local-drug-supply/>

\*Samples we have collected and tested only represent a small part of the local drug supply in Rhode Island and may not represent the broader drug supply in the state. Samples are also not being tested in relation to overdose so outcomes from use, like overdoses, are unknown.

**Background:**

Recently, nitazenes (isotonitazene, metonitazene, and protonitazene) – a dangerous class of synthetic opioids – were detected in drug samples sold as fentanyl or ‘dope’ in Rhode Island.

Nitazenes are a novel class of synthetic opioids with varying potency that can be less potent to up to 40 times more potent than fentanyl. Nitazenes have never been approved for medical use in the United States.

Nitazenes have recently been reported in the drug supplies throughout the US including in Philadelphia, Washington DC, Ohio, and Chicago. In these locations, nitazenes have been detected in various forms including powder, solid, and liquids.

**Why does this matter?**

Nitazenes are present in the drug supply with and without knowledge of people who use drugs.

The high potency of nitazenes combined with inexperience with dosing, lack of awareness of nitazene presence, and mixing into drugs that already contain fentanyl increases overdose risk.

Human clinical data on nitazenes including risk for dependence, tolerance, and withdrawal with chronic use is limited.

Nitazenes have a different structure than other opioid classes and are not detected using standard urine drug testing or fentanyl test strips.

**Health Effects:**  
 The three nitazenes – isotonitazene, metonitazene, and protonitazene – found in samples from Rhode Island are reported to have similar or higher potency than fentanyl.

In all drug samples, a nitazene was found in combination with fentanyl, fentanyl analogs, and xylazine.

These findings are consistent with findings in drug samples across the country where nitazenes have been detected and mixed with fentanyl.

Nitazenes cause opioid effects, and risk of overdose from nitazene exposure is high.

Naloxone (Narcan) is effective in treating nitazene-related opioid overdoses.

◀ By partnering with harm reduction organizations throughout Rhode Island, Brown University researchers were able to collect and test drug samples and report when new hazards, like the animal tranquilizer xylazine, appeared in the local drug supply.

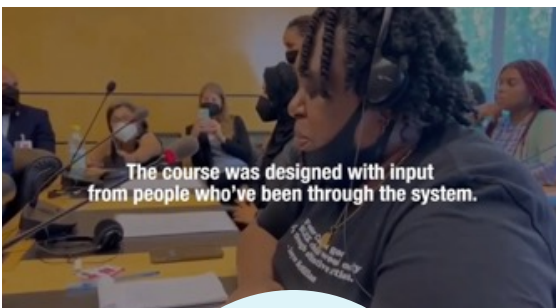
Drug samples, including used drug paraphernalia, refuse, and product, were submitted anonymously and voluntarily by the harm reduction organizations’ clients.

Once analyzed at a hospital toxicology lab, the results were published on the state’s overdose data dashboard ([PreventOverdoseRI.org](https://PreventOverdoseRI.org)) and promoted via social media and posters distributed to community-based organizations and state listservs. The information helped harm reduction organizations and service providers, including clinicians, effectively support those at highest risk of overdose in managing their risks.

# Eliminating Stigmatizing Hospital Policies and Practices

Fear of judgment from doctors, nurses, and other health care professionals often prevents people with opioid use disorder (OUD) from seeking life-saving care. Our Opioid Crisis Innovation Challenge made it possible for teams from **Friends Research Institute** and the **University of California, San Francisco (UCSF)**; **Montefiore Medical Center**; the **University of Massachusetts Dartmouth**; and **Weill Cornell Medicine** to design tools for detecting and addressing stigma and other forms of bias that manifest in personal interactions and institutional policies.

The Friends Research Institute and UCSF developed a virtual, 8-module training program that educates physicians, nurses, social workers, and other health care providers about how fear of being reported to the child welfare system prevents patients from seeking prenatal care and substance use treatment. Clinicians and hospital staff often make such reports reflexively, thinking that doing so will connect families to services. Hospital staff are often unaware of the negative consequences of reporting, including the impact of family separation on early childhood development. The team also supports a cohort of health care providers who have committed to pursuing changes in drug testing and reporting practices and policies within their own institutions, communities, and states.



◀ The *Doing Right at Birth* training helps health care professionals navigate the legal, scientific, and ethical aspects of child welfare reporting.



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Our goal is to ensure that child welfare reporting is done in a way that is ethically sound, respectful, grounded in evidence, and within but not exceeding legal requirements.”

– Mishka Terplan, MD, MPH, Friends Research Institute

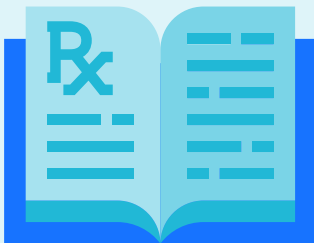
# Engaging Pharmacists in Improving Treatment Outcomes and Preventing Overdose Deaths

Studies have found fewer than 60 percent of US pharmacies have the life-saving medication buprenorphine in stock, putting patients with OUD at risk of treatment interruptions and overdose. Five FORE grantees are partnering with pharmacists to close the gap.

Their projects leverage data to identify neighborhoods that lack access to the medication, support pharmacists in dispensing practices, and enlist pharmacists in providing care where physician prescribers are limited.



The **University of Southern California Alfred E. Mann School of Pharmacy and Pharmaceutical Sciences** is using data from 60,000 chain and independent pharmacies to identify neighborhoods that lack access to buprenorphine and populations most at-risk for treatment interruptions if their pharmacies stop carrying their medication.



**Howard University**, the **University of Kentucky**, and the **University of Rhode Island** are training pharmacy personnel on the evidence-based management of OUD. In one project, pharmacists in Connecticut and Ohio will be trained to prescribe buprenorphine and provide maintenance care in collaborative care arrangements with physicians in areas where access to other clinician prescribers is limited.

To help pharmacists understand the key role they play in preventing overdose deaths, faculty from the **University of Houston**, the University of Texas at Austin, and the University of Southern California schools of pharmacy partnered to develop a first-of-its-kind practice guideline for the nation's 60,000 community pharmacists.

Designed in collaboration with the National Association of Boards of Pharmacy and the National Community Pharmacists Association, the guideline has been endorsed by a wide array of professional societies and advocacy organizations and is available at [ncpa.org/opioids](https://ncpa.org/opioids).

## The Pharmacy Access to Resources and Medication for Opioid Use Disorder (PhARM-OD) Guideline outlines steps pharmacists can take to ease access to buprenorphine:

- ✓ Maintain a sufficient supply of buprenorphine
- ✓ Recognize that opioid use disorder is a chronic disease with adverse outcomes that can be prevented by treatment
- ✓ Use prescription drug monitoring programs to supplement rather than substitute for clinical judgment when making dispensing decisions
- ✓ Don't assume that because a person had to travel to fill a prescription or is paying cash that the person is misusing or diverting buprenorphine
- ✓ Review telehealth prescriptions and prescriptions from in-person encounters with the same criteria
- ✓ Recognize reasons providers may elect to prescribe buprenorphine monotherapy
- ✓ Consider dispensing a minimal partial quantity of the prescription if there is a delay in communicating with prescribers
- ✓ Treat people living with OUD with empathy, compassion, and support



“

Our team is now working with a panel of individuals with lived experience, the Behavioral Health Foundation, Faces and Voices of Recovery, and the O'Neill Institute to develop a patient bill of rights and a communication toolkit to help patients access buprenorphine in pharmacies.”

– Tyler Varisco, PharmD, PhD, the University of Houston College of Pharmacy

# Breaking the Generational Cycle of Addiction

Through grants to 13 organizations, FORE’s Family- and Community-Based Prevention Program has made it easier for families to access evidence-based programs that mitigate the effects of adverse childhood experiences and build resiliency in families impacted by substance use disorders. By offering supports to parents and children, and meeting families where they are — including schools, treatment centers, and primary care clinics — they are helping to disrupt generational cycles of addiction.

In Morgan County, WV, roughly 30 percent of students in the school district are living with someone other than a parent or stepparent and 90 percent of abuse and neglect cases working their way through the local court involve parental substance use, according to the **Morgan County Partnership**. The group was founded by local citizens, nonprofit leaders, and school staff who wanted to help youth build resilience and avoid addiction.

With a FORE award, the Morgan County Partnership embedded social workers and a mental health counselor into local schools to screen students for behavioral health needs. Students who may be at risk of substance misuse and those who have endured adverse childhood experiences are offered a range of supports, including one-on-one counseling and therapy groups focused on grief and loss, anxiety, and trauma.



Photo credit: Luke Covert

◀ More than 2,000 youth and families have received therapeutic supports over the last three years.

The FORE award also enabled the Morgan County Partnership to bring several local agencies and organizations together and coordinate their efforts to support families.

Some help families navigate abuse and neglect cases, while others help meet basic needs, or offer parenting education as well as caregiver support groups for family members who have loved ones on the path to recovery.



## Giving Clinicians, Caregivers, and Community Providers the Tools to Talk to Children About Parental Substance Use

Karli, a Muppet from *Sesame Street*, is a 6½ year old going through a tough time while her mother is in recovery. She gives voice to the experiences of young children affected by a parent’s substance use disorder.

With funding from FORE, **Sesame Workshop**, the global nonprofit behind *Sesame Street*, is helping to support adults — clinicians, social workers, educators, childcare providers, parents, and others — on how to engage young children in conversations about addiction, a parent’s absence, and the journey to recovery.

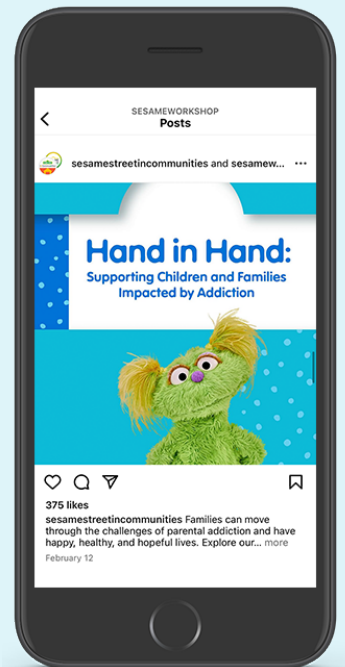
A free online training course for providers, videos, storybooks, digital games, articles, and other resources model strategies to help children overcome the trauma of parental addiction and build resilience, while providing age-appropriate messages and tools for caring adults to help children cope.

“These resources aim to help adults acknowledge children’s big feelings and trauma during these tough times and provide comfort that they are not alone and they have a strong support system,” said Jeanette Betancourt, EdD, senior vice president of U.S. Social Impact at Sesame Workshop.



Photo credit: Sesame Workshop. Photographer: Zach Hyman

For more information, visit [sesame.org/parentaladdiction](https://sesame.org/parentaladdiction)

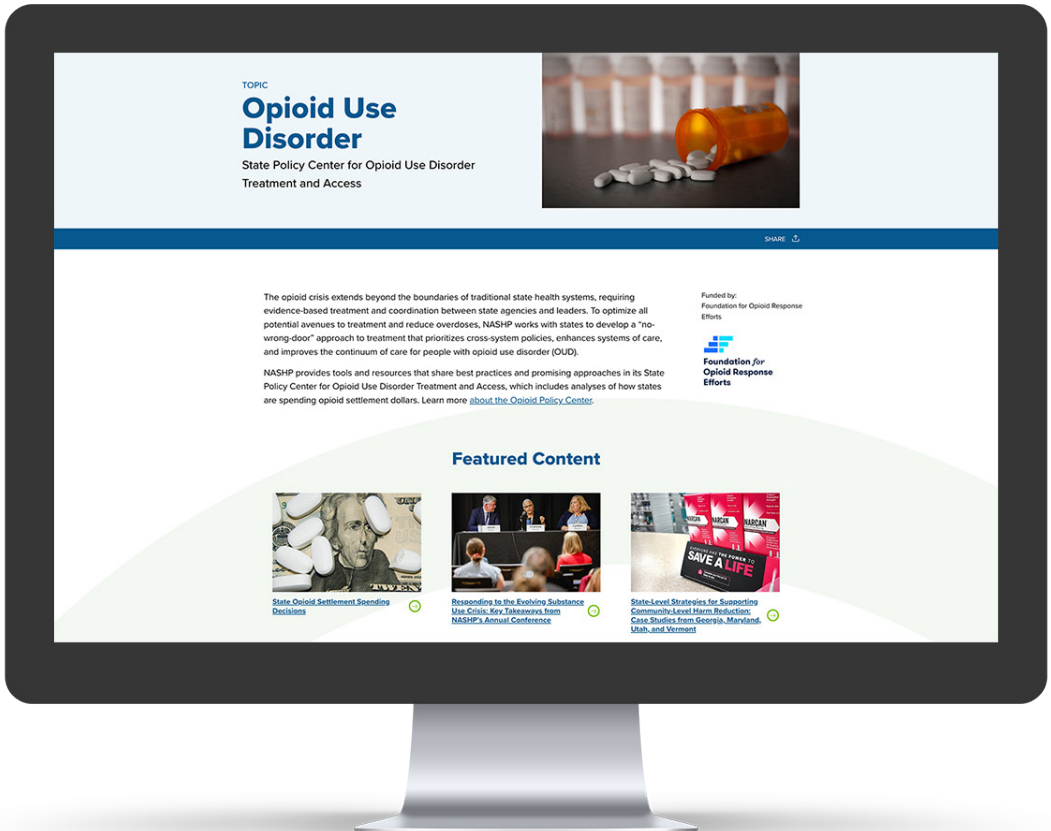


- ▲ Two FORE grantees — the **Morgan County Partnership** and **Denver Health & Hospitals** — helped test the training materials and suggested ways of making physical spaces in provider offices, schools, and community-based organizations more inviting to children.
- ◆ Elmo comforts Karli whose mother is affected by addiction.

# Helping States Optimize Funding from Opioid Settlements

With FORE’s support, the **National Academy of State Health Policy (NASHP)** launched the State Opioid Settlement (SOS) Learning Network, a nonpartisan forum for state leaders to share best practices for distributing settlement dollars and investing in substance use prevention, treatment, harm reduction, and recovery infrastructure. More than 120 officials from 40 states and the District of Columbia have taken part.

NASHP also maintains a public tracking tool with up-to-date information on state-level opioid settlement spending and priorities and offers webinars and publications that showcase how state-specific policies can be leveraged to increase access to services and supports.



# Serving as a Resource to Federal Policymakers

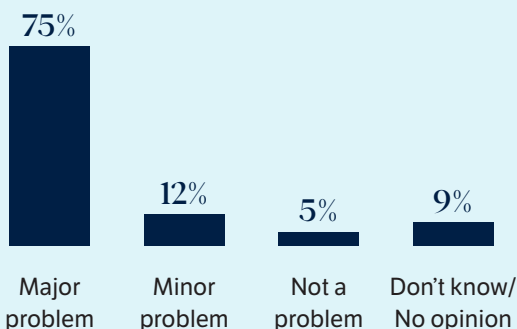
The **Bipartisan Policy Center (BPC)**, a Washington, DC-based think tank, combines the best ideas from both parties as it develops policy recommendations for promoting health and wellbeing. With FORE funding, it convened an Opioid Crisis Task Force, made up of six experts who made **recommendations** for improving the effectiveness of federal funding for prevention, treatment, and recovery services.

Additionally, over the past two years, BPC staff have facilitated Hill briefings and met with members of Congress, their staff, and administration officials to provide technical assistance on a wide range of addiction-related topics, including building capacity and infrastructure for administering behavioral health services and tracking data on the opioid crisis.

## OPIOID EPIDEMIC: PERCEPTION

**Three in four adults see the opioid epidemic as a major problem in the United States.**

How much of a problem, if at all, do you think the opioid epidemic is in the United States?



## GOVERNMENT ACTION

**Bipartisan support exists for increasing funding to address the opioid epidemic and overdoses.**

In your opinion, should the federal government invest more, less, or about the same amount of money to address the opioid epidemic and overdoses?

Percent answering "invest more"



▲ A national **survey** conducted by Morning Consult for BPC in August 2024 found Americans viewed the opioid crisis as a major issue. The survey also found bipartisan support for increased federal investment to combat the crisis.

# Exchanging Knowledge and Creating Connections

Our All-Grantee Meeting and webinars bring innovators from across the US together to exchange ideas and share their learnings, experiences, and innovations. By forging connections among people with lived experiences of OUD, researchers, clinicians, community leaders, and policymakers working to save lives, these events have helped identify unmet needs and new ways of accelerating action to end the opioid crisis.



Photo credit: Noah Friedman, Sarah Klein, and the Center for African American Recovery Development.



## Webinars

**May 2023** Impact of the End of the COVID-19 Public Health Emergency on Opioid Use Disorder Treatment

**June 2023** Strengthening the Opioid Use Disorder Workforce: Findings from a Groundbreaking Multi-State Survey of Peer Recovery Coaches

**January 2024** Federal Policy and Regulatory Opportunities to Address the Opioid and Overdose Crisis in 2024

**March 2024** State Policy Landscape to Address the Opioid and Overdose Crisis in 2024

- At the 2024 All-Grantee Meeting, staff from Intercambios Puerto Rico and Casa de Salud described the benefits and challenges of melding harm reduction and treatment services.
- After an All-Grantee Meeting, staff from the Center for African American Recovery Development and the Agency for Substance Abuse Prevention partnered with the NOLA Recovery Collective to bring anti-stigma training to faith-based leaders in New Orleans.

# Promoting Best Practices

Through issue briefs, journal articles, and conference presentations, FORE grantees and staff have highlighted concrete ways of changing policy and practice to increase access to care, promote recovery, and prevent substance use disorders in future generations.

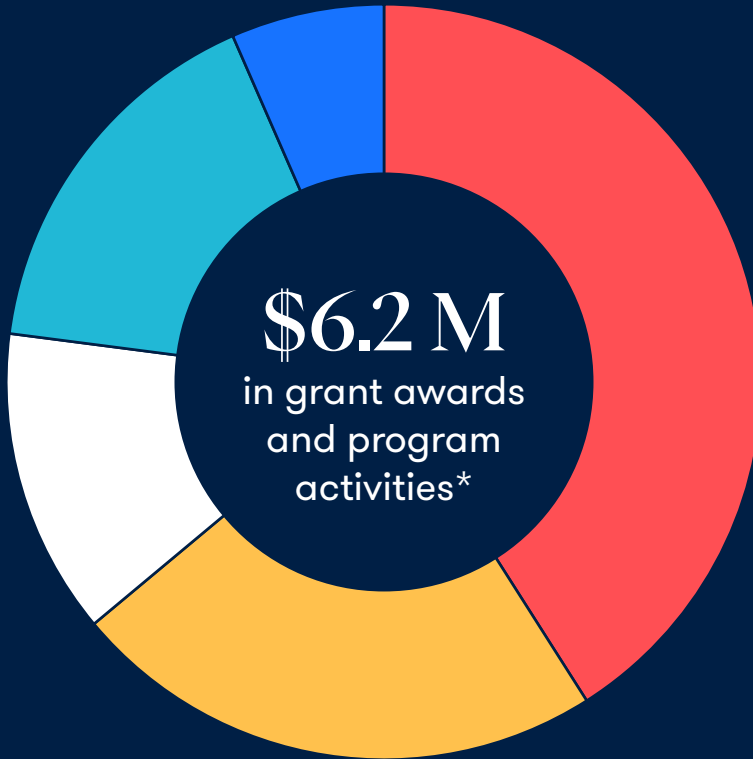


## Grantee Publications April 2023–March 2024

<b><i>American Journal of Drug and Alcohol Abuse</i></b>	Opioid Use Disorder Treatment and the Role of New Jersey Medicaid Policy Changes: Perspectives of Office-Based Buprenorphine Providers (A. Mahone et al.)
<b><i>American Journal of Preventive Medicine</i></b>	Insufficient Impact: Limited Implementation of Federal Regulatory Changes to Methadone and Buprenorphine Access in Arizona During COVID-19 (B.E. Meyerson et al.)
<b><i>Drug and Alcohol Dependence</i></b>	Prevalence of Fentanyl in Methamphetamine and Cocaine Samples Collected by Community-Based Drug Checking Services (K.D. Wagner et al.) The Journey to Overdose: Using Spatial Social Network Analysis as a Novel Framework to Study Geographic Discordance in Overdose Deaths (A. Forati et al.)
<b><i>Health Affairs</i></b>	Prevention: The Missing Link in Our Efforts to Support Families Impacted by the Opioid Epidemic (J. Leightly et al.)
<b><i>International Journal of Drug Policy</i></b>	Comprehensive Testing and Rapid Dissemination of Local Drug Supply Surveillance Data in Rhode Island (A.B. Collins et al.) The Adoption and Sustainability of Digital Therapeutics in Justice Systems: A Pilot Feasibility Study (J.A. Wilde et al.)
<b><i>JAMA Network Open</i></b>	Emergency Department Access to Buprenorphine for Opioid Use Disorder (A.A. Herring et al.) Buprenorphine Utilization and Prescribing Among New Jersey Medicaid Beneficiaries After Adoption of Initiatives Designed to Improve Treatment Access (P. Treitler et al.)
<b><i>Journal of Behavioral Health Services &amp; Research</i></b>	Assessing Feasibility and Barriers to Implementing a Family-Based Intervention in Opioid Treatment Programs (K.K. Rigg et al.)
<b><i>Journal of Nursing Scholarship</i></b>	Perceived Stigma, Barriers, and Facilitators Experienced by Members of the Opioid Use Disorder Community When Seeking Healthcare (M.K. McCurry et al.)
<b><i>Journal of Substance Use &amp; Addiction Treatment</i></b>	Dialing For Doctors: Secret Shopper Study of Arizona Methadone and Buprenorphine Providers, 2022 (B.E. Meyerson et al.) Implementation of an Office-Based Addiction Treatment Model for Medicaid Enrollees: A Mixed Methods Study (P. Treitler et al.)
<b><i>Substance Use &amp; Addiction Journal</i></b>	Initiation and Receipt of Medication for Opioid Use Disorder Among Adolescents and Young Adults in 4 State Medicaid Programs in 2018: Improving Medicaid Quality Metrics (V. Lynch et al.)
<b><i>National Academy for State Health Policy</i></b>	An Early Look at State Opioid Settlement Spending Decisions (S. Mermin et al.) How Kansas and Colorado Use Opioid Settlement Funds to Promote Evidence-Based Practices in Prevention, Treatment, and Recovery (R. Falkner et al.)
<b><i>Urban Institute</i></b>	Substance Use Disorder and Mental Health Diagnoses Among Medicaid-Enrolled Youth Before the Pandemic: Summary of Findings from Four States and the District of Columbia (V. Lynch et al.)

# Financials

April 2023–March 2024



● Access to Treatment  
**\$2.5 M**

● Fellowships and Training  
**\$1.4 M**

● Engaging and Empowering Vulnerable Families and Communities to Prevent Opioid Use Disorder and Overdose  
**\$0.8 M**

● Community-Driven Responses to Opioid Use Disorder and Overdose Mortality  
**\$1.0 M**

● Convening and Resource Development  
**\$0.4 M**

\* \$6,177,975

Complete financial statements for fiscal year 2024 are available on FORE's website.

# FORE Grantees

March 2020–March 2024

Addiction Policy Forum	Healthy Schools Campaign	Providence Center
Addiction Recovery Coalition of New Hampshire	Hektoen Institute of Medicine	Public Health Institute
Agency for Substance Abuse Prevention	Henry Ford Health System	RAND Corporation
Allegheny Health Network	Hispanic Urban Minority Alcoholism and Drug Abuse Outreach Program	Regents of the University of California
American Academy of Pediatrics	Holler Harm Reduction	Renewal House
Amistades	Housing Works	RTI International
Association of Recovery in Higher Education	Illinois Association of Free and Charitable Clinics	Rutgers, the State University of New Jersey
Avivo	Intercambios Puerto Rico	Sesame Workshop
Ballad Health	Jewish Family Service of Atlantic County	Simply Hope Family Outreach
Baltimore Safe Haven	Joan and Sanford Weill Medical College of Cornell University	Temple University
Bipartisan Policy Center	Legal Action Center of the City of New York	Thomas Jefferson University
Brown University of Providence	Legal Aid Services of Oklahoma	Tufts University
Cabin Creek Health Systems	Maggie's Place	UNC Horizons
Casa de Salud	Martinsburg Initiative	University of Alabama at Birmingham
Center for African American Recovery Development	Massachusetts General Hospital	University of Arizona
Center for Counseling & Consultation	Medical College of Wisconsin	University of California, San Francisco
Chicago Recovering Communities Coalition	Meta House	University of Houston
Coweta Force	Midlands Recovery Center	University of Kentucky Research Foundation
Denver Health and Hospitals Foundation	Montefiore Medical Center	University of Maryland, Baltimore
Emergency Medicine Foundation	Morgan County Partnership	University of Massachusetts Dartmouth Foundation
Equal Justice Works	Mountain Area Health Education Center	University of Miami
Faces and Voices of Recovery	Mountain Top Cares Coalition	University of New Mexico Health Sciences Center
FAVOR Upstate	My Fathers House Nashville	University of North Carolina at Chapel Hill
Formerly Incarcerated Transitions Clinic Program	National Academies of Sciences, Engineering, and Medicine	University of North Dakota
Foundation for Healthy Communities	National Academy for State Health Policy	University of Pittsburgh
Frederick County, Div. of Fire & Rescue Services	National Indian Youth Leadership Development Project	University of Rhode Island
Friends Research Institute	National Pharmaceutical Association Foundation	University of South Florida
Georgia Institute of Technology	New York State Psychiatric Institute	University of Southern California
Health Brigade	NYU Grossman School of Medicine	University of Washington
Healthy Alaska Natives Foundation		Urban Institute
		Voices of Community Activists & Leaders (Vocal-NY)
		Young People In Recovery

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DFASAM**

Senior Physician Research Scientist  
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\* As of March 2024

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