Addressing the Opioid Crisis: Translating PROSPER Prevention Science into Rural Community Practice

Utah Opioid Summit

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Topics Covered

1. **Rationale** for Prevention-focused Delivery Systems, especially in Rural Communities

2. **Overview** of PROSPER System and Evidence-Based Programs on Menu

3. **PROSPER Research Findings**, Including Relative Reductions in Opioid Misuse

4. **PROSPER Adaptations** to Increase Flexibility and Enhance Opioid Outcomes

5. **PROSPER Network Support** for **State Adoption of PROSPER**
“Rural Communities are approaching a perfect storm.”*

• Opioid and other drug problems continue to escalate, with nearly half of adults directly affected

• As the service needs grow, in 85% of rural counties behavioral health/prevention services are sparse or non-existent

* See Ron Manderscheid, Behavioral Healthcare Executive, April 13, 2018
NEXT CHANCE for OPIOID PREVENTION ??? MILES
To Avoid a Perfect Storm, We Build on What is Already There, Across US Counties

PROSPER does this by:

1. Forming **community partnerships**, or teams, led by County Extension that include public schools, public health, and other community-based organizations

2. Using **evidence-based** programs and strategies that are designed for all youth and families

3. Creating an **Extension-based system of support** for community teams

4. Focusing on **quality** and **sustainability** of implementation
Topic 2: Overview—PROSPER: A State Prevention Delivery System

PROSPER State Partnership

**Community Teams**
(Implement and Sustain Programs in the Community)

**Prevention Coordinator Team**
(Links Community to the Extension system and provides Technical Assistance)

**State Management Team**
(Coordinate TA, Provide Guidance and on-going support)
Who Is Involved At The Community Level?

• PROSPER Community Teams start with between 8-10 members including:
  – County Extension Team Leader (Typically .20 FTE)
  – School-based Co-team Leader
  – Community volunteers
    o Local mental health/public health representatives
    o Local substance abuse agency representative
    o Parents
    o Youth

• Membership expands as teams mature
PROSPER: A State Prevention Delivery System

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Prevention Coordinator Team—Technical Assistance System is Key

• Typically, requires .20 FTE per supported team

• Attend team meetings in their assigned community

• Contact Team Leaders nearly every week to discuss PROSPER activities and goals

• Interact with other Prevention Coordinators to share successful strategies and approaches

• Act as liaison between their community team and the State Management Team to problem solve issues before they become severe
PROSPER is a State Prevention System

**PROSPER State Partnership**

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**State Management Team**
(Coordinate TA, Provide Guidance and on-going support)
State Management Team

Includes Extension administration, faculty, evaluator

- Provides oversight and guidance for the effort across the state

- Coordinates with state agency partners (e.g., Dept. of Public Health) to explore opportunities to share resources

- Works on integration of PROSPER roles into plans of work

- Oversees data collection and ensures information is used to make adjustments when necessary
The Universal Evidence-Based Programs

- **Family-focused Programs**
  - Guiding Good Choices
  - Strengthening Families Program: For Parents and Youth 10-14 (SFP 10-14)

- **School-based Programs**
  - LifeSkills Training (LST)
  - All Stars
  - Lions Quest-Skills for Adolescence

- Training and implementation costs vary by program
Example of Results from Universal Family Program—Lifetime Prescription Drug Misuse during Young Adulthood

**Notes: General=Misuse of narcotics or CNS depressants or stimulants.**


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Example of Results from Universal Family + School Program—Lifetime Prescription Drug Misuse during Young Adulthood: **All Youth**

<table>
<thead>
<tr>
<th>Age</th>
<th>SFP 10-14+LST</th>
<th>CONTROL</th>
</tr>
</thead>
<tbody>
<tr>
<td>POM</td>
<td>2.5*</td>
<td>6.2</td>
</tr>
<tr>
<td>PDMO</td>
<td>2.5*</td>
<td>6.5</td>
</tr>
<tr>
<td>POM</td>
<td>4.2*</td>
<td>8.4</td>
</tr>
<tr>
<td>PDMO</td>
<td>4.4*</td>
<td>8.9</td>
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<tr>
<td>POM</td>
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<td>8.8</td>
</tr>
<tr>
<td>PDMO</td>
<td>6.3</td>
<td>9.4</td>
</tr>
</tbody>
</table>

Note. PDMO = prescription drug misuse overall; POM = prescription opioid misuse; *P < .05; **P < .01.
Example of Results from Universal Family + School Program—Lifetime Prescription Drug Misuse during Young Adulthood: **Higher-risk**

Note. PDMO = prescription drug misuse overall; POM = prescription opioid misuse; *P < .05; **P < .01.

Universal Programs Have Economic Benefits

Researchers have estimated that for each dollar invested for a universal family program, there is up to a $9.60 return.

So, in a Nutshell...

- **Pattern of long-term positive findings** for a number of substances, including prescription drugs, into young adulthood

- Intervention effects are the same or stronger for **higher-risk subgroups** than those for lower-risk subgroups

- Universal programs can be **cost effective/cost efficient**
Putting It All Together—

PROSPER is an Evidence-based System to support the sustained delivery of Evidence-based Programs through Extension’s Infrastructure.
Topic 3: Research Findings—How PROSPER Was Evaluated

- Collaboration with Penn State University
- Design: RCT of 28 school districts (14 IA, 14 PA)
  - Full partnership with community teams vs.
  - Delayed intervention (programs without teams)
- Participants: Two cohorts of 6th grade children ≈ 5,500 students per cohort; 2nd cohort has ≈ 1,000 intensive assessment families
- Multimethod, multi-informant measurement (now at 9th wave of data collection—post high school)
Evidence that PROSPER Works to Produce Positive Parenting Outcomes

Parents who use more effective management strategies:

- More consistent discipline
- Less harsh discipline
- More warmth in the parent-child relationship
- More frequent parent-child activities
- Better family cohesion
Evidence that PROSPER Works to Produce Positive Youth Outcomes

- Better at problem solving
- Less likely to hang out with classmates that get into trouble
- More likely to refuse offers of alcohol and other drugs
- Less likely to believe that substance use has positive effects
- More likely to delay initiation of substance use, or to use less frequently
- Less likely to engage in problem behaviors including conduct problems
- Positive effects on peer networks
Outcomes Show Delays in Youth Substance Use

*Significant intervention-control differences at 4½ years past baseline

<table>
<thead>
<tr>
<th>Lifetime/New User Rates</th>
<th>Initiation Indices</th>
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<tbody>
<tr>
<td>Alcohol</td>
<td>Gateway</td>
</tr>
<tr>
<td>Drunkenness</td>
<td>Illicit</td>
</tr>
<tr>
<td>Cigarettes</td>
<td>Past Year Rates</td>
</tr>
<tr>
<td>Marijuana</td>
<td>Drunkenness</td>
</tr>
<tr>
<td>Inhalants</td>
<td>Marijuana</td>
</tr>
<tr>
<td>Meth</td>
<td>Inhalants</td>
</tr>
<tr>
<td>Ecstasy</td>
<td>Meth</td>
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</tbody>
</table>

*Although primary outcomes of interest vary by participant age, positive findings have persisted into young adulthood.
PROSPER: Prescription Drug Misuse during Young Adulthood

• PROSPER vs. Control differences are statistically and practically significant.

• For every 100 young adult misusers in non-PROSPER communities, there would be about 20-26 fewer in PROSPER communities.

PROSPER: Cost Effectiveness of Prescription Drug Misuse

• Each youth engaging in nonmedical prescription opioid use costs society an estimated $8,965/year.

• PROSPER researchers evaluated most effective combinations of family and school programs.

• Cost effectiveness ranged from $613 to $4,923 (cost to prevent one youth from misusing opioids before 12th grade).

• This means there is at least $4,042 in cost savings to society per case.
Topic 4: PROSPER Adaptations to Address the Opioid Crisis

1. We are developing strategies to make the PROSPER system more streamlined to fit into today’s Extension context of limited budgets and staff

2. We are adding components to enhance opioid-related outcomes in rural communities

3. We are building our capacity to support other states who want to adopt it

4. We are working on proposals to support these efforts and scale up PROSPER in other states
Here’s One Illustration of PROSPER Adaptations for the Opioid Crisis

PROSPERing Step-by-Step, State-by-State (P2S)
Training System Demonstration Project at ISU

- Grounded in PROSPER delivery system + Universal Prevention Curriculum
- Links Extension, public school, & public health systems
- Trains Extension educators to provide community-based universal programs with opioid misuse prevention content
- Builds capacity within states through a TOT Model
Topic 5: PROSPER Network Support for Adoption in Other States

- We developed a PROSPER Network Team housed at Iowa State University
- Members of the Network Team support a national network of PROSPER states
- The Network Team is made up of trainers, technical assistance providers, evaluation specialists, and senior prevention scientists
- We are currently working with 6 states
What Does the Network Team Do to Support States Implementing the PROSPER Model?

The PROSPER Network Team provides comprehensive implementation support, including:

– A complete set of implementation materials
– Tailored, ongoing TA for field and evaluation activities
– Annual reports with implementation data
– Access to web-based applications and resources
– Assistance with sustainability planning and resource generation at the state- and community-levels
– Use of the PROSPER brand
– Guidance in application of best prevention practice
Potential Funding Strategies For State Adoption

• Apply for NIFA grant programs that cover PROSPER personnel and programming costs
  – Children Youth and Families At Risk (CYFAR)
  – Rural Health and Safety Education (RHSE)

• Change Extension plans of work to include PROSPER role

• Apply for external funding to support programming or use internal funding for program implementation until community teams secure local external resources to foster sustainability

• Stay tuned for potential opportunities from the PROSPER Network to support states ready to adopt PROSPER!
THANK YOU from PPSI and The PROSPER Partnership Group

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The National Institute on Drug Abuse
For Additional Information...
How PROSPER Differs from a Program

• It is **proven, state-based, science-driven** – a training, TA and program delivery system designed to support sustained, high quality implementation of evidence-based programs

• Adopting PROSPER benefits from **careful consideration and buy-in** across multiple levels within Extension and from partnering schools

• It requires a **substantial initial investment**, often with external funding, but also has large **potential return** on the investment

• The returns concern potential community level, **public health impacts** and **infrastructure** developed to facilitate expansion within a state
It’s a Model for a Delivery System!
Why Does PROSPER Use Universal Evidence-Based Programs?

- They address the **risk and protective factors** that are common to multiple types of substance misuse.
- Most are strengths-based and focus on skill-building to achieve results.
- There is **evidence of “crossover” effects** to outcomes not directly targeted (e.g., academic success).
- They have been shown to **help higher-risk** youth and families without needing to specifically target them.
# Topic 2: Key Findings from Partnership-based Universal Intervention

## PROSPER: Indications of Cost Effectiveness/Efficiency

### SFP 10-14 Implementation: PROSPER vs. Other

<table>
<thead>
<tr>
<th></th>
<th>PROSPER Low Estimate</th>
<th>PROSPER High Estimate</th>
<th>Other Estimate</th>
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<tbody>
<tr>
<td>Direct Costs Per Family</td>
<td>$278.56*</td>
<td>$348.25*</td>
<td>$851.00</td>
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</table>

* Represents a 59-67% reduction in costs

* Also, cost effectiveness improves over time—cost per case of marijuana lifetime use prevented decreases by 60% from 7th to 10th grade

2. A currently funded NIFA RHSE project that:

- Expands the menu of programs delivered by community teams to include opioid-specific content
- Adds community-based strategies known to reduce supply (e.g., drug take-back events, patient/provider education)
- Increases Extension awareness of the issue and provides educators and partners with training and tools to be part of the solution in their communities
Here’s Where We Are Going...

3. Capacity-building grant proposal to be submitted to NIFA’s RHSE 2018 program
   • Focus will be on building the PROSPER Network’s capacity to provide training and technical assistance to new states on streamlined P2S Training System
   • Will also facilitate capacity-building in new states by potentially providing funds for start-up support

We will be looking for potentially interested states to work with us on this project, if interested, please let us know!
Current Federal Policy Development—Increasing Attention to Evidence-Based Opioid Prevention

Harnessing Prevention to Address the Opioid Epidemic: Why, How and Where to From Here

Congressional Briefing

July 25, 2017

Richard Spoth, Director
Partnerships in Prevention Science

Reported research has been funded by the National Institute on Drug Abuse (DA013709, DA028879), the Centers for Disease Control, and the Annie E. Casey Foundation, with support from the National Institute on Alcohol Abuse and Alcoholism.

September 15, 2017

Governor Chris Christie, Chair
President’s Commission on Combatting Drug Addiction and the Opioid Crisis
White House Office of National Drug Control Policy
750 17th Street, NW
Washington, DC 20503

Dear Chairman Christie:

On behalf of the American Psychological Association (APA) and our 115,700 members and affiliates, we commend your efforts to address the opioid epidemic and appreciate the opportunity to provide input to the President’s Commission on Combatting Drug Addiction and