

FACING ADDICTION COMMUNITY CONVENING GUIDE: Substance use prevention, screening, and early intervention



Facing Addiction

FacingAddiction.org



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What is Facing Addiction?

Facing Addiction is a national, non-profit organization dedicated to unifying the voices of the more than 45 million Americans and their families directly impacted by addiction. Facing Addiction is bringing together the best resources in the field to reduce the human and social costs of addiction, every year, until this public health crisis is eliminated.

One key strategy for this work is the Facing Addiction Action Network, which is a coalition of organizations that represents diverse areas of interest across the spectrum of substance use and addiction issues. From

recovery community organizations to family advocacy groups, prevention and education networks, public health agencies, labor partners, faith leaders, and many more, Action Network members co-created and stand in support of the Facing Addiction Action Agenda. It is through the strength of these tremendous local and national partners that this ambitious agenda will be accomplished and we will be able bring forth real solutions to the addiction crisis.

To review Facing Addiction's Action Agenda please [click here](#).

The need for a Community Convening Guide

A key objective of Facing Addiction's Action Agenda is to spread the awareness and adoption of youth prevention activities in your communities, examples of which include evidence-based prevention programming highlighted in the 2016 U.S. Surgeon General's Report on Alcohol, Drugs, and Health; as well as SBIRT (Screening, Brief Intervention & Referral to Treatment) into new settings such as primary care/pediatricians, educational institutions, and community-based health clinics.

To accomplish this goal, Facing Addiction has produced this community convening guide that will provide organizing tools and amplification support for community forums held on this critical issue across the country in 2017 and beyond. The local forums will focus on the importance and urgency of implementing and scaling the use of evidence-based prevention practices, screening, and early intervention in local communities.

The guide will:

- Provide an outline for organizing a forum in your community to promote effective youth prevention programs
- Demonstrate the necessity and efficacy of evidence-based prevention practices
- Underscore the necessity of SBIRT programming, citing both the latest research as well as examples of successful program implementation

This guide may be used by any community group or organization that wants to raise awareness of, and work toward implementing, these practices to address substance use issues and prevent addiction.

Why communities must focus on young people to lower addiction rates

Addiction is often an adolescent onset illness. A 2011 study showed that 9 out of 10 adults with a substance use disorder began using before the age of 18¹. This fact has huge implications for prevention and early intervention: if we can delay the onset of heavy substance use among young people, we can avoid some of the long-term social and public health impacts of addiction.

Not only are adolescent brains more susceptible to addiction, they're more susceptible to other related trauma brought on by substance use. Increasingly, we have evidence that heavy alcohol and other drug use in adolescence can cause long-term damage to the prefrontal cortex and hippocampus. One resource in this area is a presentation by Dr. Sharon Levy from Boston Children's Hospital that contains in depth information on the effects of alcohol and marijuana on the teen brain².

In 2016, the United States Surgeon General released the seminal report on Alcohol, Drugs, and Health: *Facing Addiction in America*. This comprehensive report concludes that several methods of substance use prevention, screening, and brief interventions are effective in lessening substance use with those deemed "at risk," and that such practices are also highly cost-effective³.



Organizing a forum in your community

We believe hosting a forum or town hall-style meeting—where community leaders, parents, students, elected officials and others can attend—is a vital first step to both gaining and understanding the best practices across the country that could be implemented in your community.

The following steps are recommended as you prepare to present the information that follows in this guide.

Meeting with community leaders

Prior to organizing a community forum, it is critical to socialize this guide among specific community leaders and ensure that those ultimately responsible for the implementation of youth prevention practices are in agreement about their necessity and effectiveness. These initial meetings will be a critical step and will give your community a sense of how steep the climb may be in order to see the development or expansion of these programs. Examples of leaders to approach include primary care providers, pediatricians, school guidance counselors and administrators, school health counselors, PTA representatives, law enforcement, and prospective elected officials. Given the growing conversation surrounding substance use disorders and the opioid epidemic, arranging these meetings as either a concerned citizen, parent, or even professional should not be difficult.

In addition to meeting with community leaders, it will be critical to organize and engage young people in your community to be a part of developing a forum around these issues. Educating and engaging adolescents can serve as a vital step in terms of raising awareness and promoting activism from key figures in your community.

The tone of these initial meetings will also serve to inform the overarching message of the forum, and help you determine your target audience (i.e. parents, educators, etc).

Once these initial meetings take place and key leaders in these constituencies are on board for the

conversation, you should design a forum that utilizes your core leaders' collective expertise. We suggest forming a host committee to help you and/or your organization build your community forum.

Designing a forum program

An appealing forum that not only covers the core issues but is also appealing to potential attendees is critical in order to build a sizable crowd for your event. The look of your program may vary depending upon the feedback from your initial meetings with community leaders.

Ideally, you want to build a program that:

- Is interactive and draws community members to attend
- Utilizes respected voices from within your community
- Outlines your community's current challenges regarding substance use disorders
- Highlights examples of programming more effective than those you currently have in place
- Proposes a strong community-centered approach moving forward—proposing solutions to the problem you've outlined

Potential forum format

- Introduction of host committee
- Status of the substance use and addiction issues for young people in your community
 - Utilize facts and data—make sure you have handouts with this information available; Facing Addiction and other community stakeholders can aid in the assembling this information
- Discussion of evidence-based prevention practices
- Introduction of SBIRT—remarks from medical and education leaders



- Overview of what currently exists in your community
 - This information can be collected through personal research as well as meetings and conversations with key leaders in your community
- Proposed vision for what should exist in your community
- Make an “ask” of your attendees and review next steps

The last step is critical—utilize those in attendance to begin garnering more public momentum for these changes. This forum is only a first step—the goal must be to rally attendees and other community leaders to support this local policy initiative to get the programming implemented into necessary institutions

Identifying panelists

The strongest potential panelists will be many of those host committee members you recruited in your initial meetings. These community leaders will add credibility to the subjects you are discussing. However, policy experts are not the only panelists you should recruit for your program.

Individuals come to the issues of addiction and recovery largely based on personal experience. Bringing young people and individuals from your community onto your panel—those who are willing to share their own personal connection to this issue—is one of the single most effective ways to change public perception and create momentum. Identifying members of your community who could have avoided personal challenges had many of these proposed programs been in place is a persuasive way to get the community behind your efforts. When hosting a forum on issues specific to young people, it is vital that their voices are a central component.

Building a crowd

Building a large group of attendees at your forum can be a stressful experience. The following are suggestions for getting an attentive and sizable crowd at your forum:

- Print easy-to-read flyers promoting the event, with all pertinent details (Who, What, Why, Where, When)
- Attend as many community meetings as possible (PTA, City Council, Neighborhood Association, etc) to spread the word
- Partner with other community organizations and your host committee in building the event,



tasking each group with bringing a certain number of people

- Build a relationship with your local school district in order to get parents to attend
- Reach out to your local newspaper or community blog to publicize and notify the people of the event

The ask moving forward

If your event is successful, individuals will leave your forum primed to engage on a far more extensive level in seeing these programs come to fruition in your community. It is absolutely vital that an “ask” be made of all individuals in attendance at the end of your forum. This not only keeps them engaged with the issue, it also serves as a guiding point for next steps.

The ideal “ask” for your community will depend on your initial meetings, the precise program you develop with your host committee and other key factors in your community. Here are a few ideas for potential “asks” for your audience:

- Signing statements of support for the proposed programming that can be delivered to key community leaders

- Mapping existing community resources on [Facing Addiction’s Resource Hub](#) so others can find supports and services locally
- Empowering those in attendance to meet with/call/write key community leaders
- Encouraging those with personal experiences to speak out and tell their stories
- Forming or strengthening a community-based coalition that seeks to find community-specific solutions to prevent and address substance use
- Encouraging feedback on appropriate “next steps” to educate and strengthen the community
- Encouraging audience to learn more about local resources and how to refer friends/family to the assistance they might need

Content background

Evidence-based prevention programs

The recent report from the Office of the United States Surgeon General highlights the importance of implementing evidence-based prevention programming to decrease rates of substance misuse, along with the number of individuals who develop a substance use disorder⁴. Recent scientific studies clearly show the effectiveness of these programs. Effective programming can contribute to decreased rates of substance misuse, delivering numerous positive effects for the community. With 90 percent of those who become addicted beginning their substance misuse in adolescence, it is critical that our young people are exposed to these practices at an early age.

Successful prevention practices can and should be delivered to youth through as many avenues as possible, including school programming, the home environment, and through peer-to-peer delivery methods. Moreover, effective practices are not exclusive to younger people, as excessive substance misuse can lead to the development of a substance use disorder at any point in a person's life.

There are three primary categories of prevention intervention as defined by the Institute of Medicine (IOM). They are universal (aimed at entire population), selective (aimed at subgroups with a high risk factor for substance use), and indicated (for individuals who already use substances, but have not yet developed a substance use disorder)⁵. The Surgeon General's report recommends that communities select one of these specific approaches to best target their prevention strategy. We recommend referring [directly to the report](#) for more detailed outlines of each strategy⁶.

The following are several evidence-based prevention practices that the Surgeon General's report highlights as having shown success:

Nurse Family Partnership

- Aimed at youth under the age of 5
- Utilizes trained nurses to engage first-time mothers who are at high risk

Good Behavior Game

- Based in elementary schools settings
- Rewards children for positive behavior during classroom time
- Used with 1st & 2nd Graders; has shown decreased substance use when recipients reached ages 19 to 21

Raising Healthy Children (Seattle Social Development Project)

- Targets 1st through 6th graders
- Combination of social and emotional learning, classroom instructions for teachers, and training for parents
- Showed reductions in heavy drinking by the time recipients reached the age of 18

Fast Track Program

- 10-year intervention utilized in four communities, targeted 1st graders with high rates of aggression
- Includes both universal and selective components with goals of improving social competence at school, early reading tutoring, and home visits as well as parenting support groups through Grade 10
- At age 25, recipients show decreased alcohol and other substance use, with the exception of marijuana

Content background *continued*

LifeSkills Training

- School based program for adolescents, delivered over three years
- Led to delayed early use of alcohol and other substances for up to five years

Project Towards No Drug Use

- Targets young people at a high risk to use substances
- Contains 12 40-minute sessions
- Designed for Alternative High Schools but can also be utilized in traditional school programs

Strengthening Families Program: For parents and youth 10–14

- A universal prevention program that is family focused
- Covers parenting skills (nurturing, limit setting and communication) as well as substance refusal skills over multiple sessions
- Studies have shown that those exposed to this program have decreased substance use for up to nine years following program completion

Coping Power

- Targets 5th and 6th graders who have shown signs of early aggression
- Contains components both for students as well as parents
- Studies have shown those receiving the program have decreased substance use

Brief Alcohol Screening and Intervention for College Students (BASICS)

- Brief motivational intervention designed to help students reduce alcohol misuse
- Two one-hour interviews with internet assessment after first interview

- Follow up studies have shown decreased alcohol misuse across the college spectrum

Parent Handbook

- Given to parents the summer before their child leaves for college
- Studies show effectiveness if used before kids go to college, not after
- Combination of BASICS & Parent Handbook showed decreased alcohol consumption among those who had been heavy high school drinkers

The Surgeon General's report further outlines several programs aimed at evidence-based prevention programming in the workplace, as well as for older adults. However, these programs have been studied at far smaller rates; their effectiveness is more difficult to measure.

The report also details community coalition-based prevention models. These are programs that often unite multiple community sectors aimed at decreasing alcohol misuse. *Communities That Care*, *PROMoting School-community-university Partnerships to Enhance Resilience (PROSPER)* and *Communities Mobilizing for Change on Alcohol (CMCA)* are examples the report outlines.

Additionally, policies specifically aimed at reducing alcohol misuse that have proven effective and are analyzed in the report include targeted tax policies, restricting availability, commercial host (Dram Shop) policies, privatizing alcohol sales and stricter DUI policies. Different studies cited in the report point to the effectiveness of different variations of these policies.

For a searchable online registry of more than 350 substance use and mental health interventions please see [SAMHSA's National Registry of Evidenced-based Programs & Preventions](#).

Content background *continued*

What is SBIRT?

As [defined by the Substance Abuse and Mental Health Services Administration](#), SBIRT is a comprehensive, integrated, public health approach to the delivery of early intervention and treatment services for persons with substance use disorders, as well as those who are at risk of developing these disorders⁷.

Screenings can quickly assess for the presence of risky substance use, allow for following positive screens with further assessment of problem use, and identify the appropriate level of treatment.

Brief interventions focus on increasing insight and awareness regarding substance use and motivation toward behavioral change.

Referral to treatment provides those identified as needing more extensive treatment with access to specialty care.

SBIRT is designed to be universal; to be applied to every person in any setting. Widespread use of SBIRT would serve to make conversations about substance use routine, more comfortable, and less stigmatized. We've already begun to see younger generations speak more openly about mental health, sexuality, and other historically "private" topics. SBIRT is a way to push conversations about substance use into the open and bring about a cultural shift in the way we view and talk about alcohol and other drug use and addiction.

Additional information on the importance of SBIRT Programming:

NPR, "[To Prevent Addiction In Adults, Help Teens Learn How To Cope](#)," by Elaine Korry
November 12, 2016

NBC 5, "[5 N.H. schools collaborate, teach substance abuse early detection screening](#)," by Helena Battipaglia
March 17, 2017

Efficacy of SBIRT

The American Academy of Pediatrics has twice issued recommendations for the use of SBIRT for adolescents in pediatric settings. Mostly recently, in 2016, the AAP committee wrote:

“On the basis of a review of the limited research literature available in 2014, the US Preventive Services Task Force concluded that the evidence was insufficient to assess the efficacy of brief interventions to reduce adolescent substance use.^{8,9} Despite this early conclusion, the low cost of SBIRT, minimal potential for harm, and emerging study results together support the tremendous potential for a population-level benefit from even small reductions in substance use and provide sufficient basis for the incorporation of SBIRT practices into the medical care standards for adolescents.⁸”

The individual components of SBIRT should also be considered. The “S” (screening) is supported by the research evidence in the sense that we have several validated screening tools (including the CRAFFT⁹ and the S2BI¹⁰) that have been shown to indicate whether an adolescent is engaging in risky substance use. Brief Interventions (the “BI” in SBIRT) typically use motivational interviewing techniques. The “RT” (or Referral to Treatment) is not well-supported by evidence. There are many factors that come into play here. One is the small number of youth-focused treatment options. Another is the number of variables blocking access to treatment, such as financial means, geographic location, and other circumstances.



Models of SBIRT for youth

The Institute for Research, Education & Training in Addictions (IRETA) hosts an SBIRT for Youth Learning Community, which features some creative approaches, e.g.:

- SBIRT in school-based health centers in the Bronx, NY
<http://my.ireta.org/node/1040>
- School-based SBIRT (different from school-based health centers) in King County, WA
<http://my.ireta.org/node/1079>
- SBIRT for Youth in primary care in New Hampshire <http://my.ireta.org/node/1106>
- SBIRT in juvenile justice settings at five sites around the country
<http://my.ireta.org/node/1135>
- Massachusetts has an entire program to introduce SBIRT in schools through school nurses and counselors.
<http://www.masbirt.org/schools>
(Here are their guidelines and recommendations)
- Wisconsin implementation of SBIRT in schools
<http://www.wishschools.org/resources/schoolsbirt.cfm>
- Add NH: <http://sbirtnh.org/>

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Convening Guide Development Group

This guide was developed by Facing Addiction’s Convening Guide Development Working Group of professionals from the prevention and recovery fields.



REFERENCES:

- ¹ The National Center on Addiction and Substance Use, June 2011: *Adolescent Substance Abuse: America’s #1 Public Health Problem*
- ² Levy, S. 2013: *Screening, Brief Intervention and Referral to Treatments in Adolescents*
- ³ Office of the United States Surgeon General, 2016: *Facing Addiction in America—The Surgeon General’s Report on Alcohol, Drugs & Health*
- ⁴ Surgeon General, 2016: Pgs. 3-1 to 3-3
- ⁵ Springer, F. & Phillips, J. 2006: *The IOM Model: What Is It?*
- ⁶ Surgeon General, 2016: Pgs. 3-9 to 3-18
- ⁷ SAMHSA-HRSA Center for Integrated Health Solutions, 2011: *SBIRT: Screening, Brief Intervention, and Referral to Treatment*
- ⁸ American Academy of Pediatrics, July 2016: *Substance Use Screening, Brief Intervention, and Referral to Treatment*
- ⁹ The Center for Adolescent Substance Abuse Research, 2016: *The CRAFFT Screening Tool*
- ¹⁰ Boston Children’s Hospital, 2014: *S2BI: Screening to Brief Intervention*