

**U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
**SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION**  
**Center for Substance Abuse Prevention**

***Minutes of the Center for Substance Abuse Prevention National Advisory Council Meeting***

***February 14, 2018***

***Rockville, MD 20857***

**Meeting of the  
Center for Substance Abuse Prevention (CSAP) National Advisory Council (NAC)**

*Substance Abuse and Mental Health Services Administration (SAMHSA)*

*CSAP NAC*

*5600 Fishers Lane, Conference Room 5A02*

*February 14, 2018  
(9:30 a.m.–5:00 p.m.)*

**Chair:** Frances M. Harding

**Designated Federal Officer Present:** Matthew J. Aumen

**Council Members Present:** Anton Bizzell, M. Dolores Cimini, Wilson Compton (*ex officio*), Judith Cushing, Pamela Drake, Scott Gagnon, Steve Keel, Michael Lindsey, Valerie Mariano, Craig PoVey, Kathy Reynolds, and

**SAMHSA Staff:** Stephanie Blake, Richard Carmi, Kim Thierry English, Jennifer Fan, Dan Fletcher, Shadia Garrison, Greg Goldstein, Castella Green, Clarese Holden, Jewel Marsh, Kim Nesbitt, Nel Nadel, Charlotte Olson, Charles Reynolds, Hyden Shen (in place of Ron Flegel), Gerlinda Somerville, Rob Vincent, Allen Ward, and David Wilson.

**Guests:** Elinore F. McCance-Katz

**Call to Order**

Matthew J. Aumen called the meeting to order at 9:34 a.m. He greeted participants and announced a quorum. Mr. Aumen turned the meeting over to NAC Chair Frances Harding.

**Welcome, Introduction, and Opening Remarks**

Ms. Harding thanked NAC members for their attendance and participation and asked participants to introduce themselves. Ms. Harding stated what a pleasure it is to meet with an assemblage of great minds in this room. She introduced Judith Cushing, who will be joining NAC this summer upon completion of official paperwork. Ms. Cushing has been working in prevention for many years; she is an incredibly seasoned historian in the prevention field.

Ms. Harding spoke about Assistant Secretary McCance-Katz and her attendance at the meeting later in the afternoon. Dr. McCance-Katz is here for everyone in the U.S. Department of Health and Human Services (HHS) in order to ensure that the work SAMHSA is conducting is shared with everyone.

Through the 21st Century Cures Act, NAC is now entitled to two *ex officio* members (Dr. Wilson Compton and Dr. Ralph Hingson). They are here to discuss with participants their potential role in NAC. Ms. Harding championed the state-targeted response (STR) grants.

**Approval of August 2017 Meeting Minutes**

*CSAP NAC Directors*

Mr. Aumen requested a motion to approve the August 10, 2017, CSAP NAC notes. The motion was moved, seconded, and subsequently approved.

### **Opioid Update**

*Frances Harding; SAMHSA Staff*

Ms. Harding spoke about receiving adequate funding for prevention, noting that treatment partners and prevention partners are working together, speaking together, and aligning their visions, thanks to the STR grant. She discussed how we are struggling in prevention right now—*where do we fit in? Are we straying too far from what we know the science is telling us to do?* She expressed the need to work together to overcome the opioid crisis. We cannot tolerate any longer the lives lost due to opioid misuse. We must include all of the prevention programming and techniques at our disposal (e.g., primary, universal, and environmental prevention).

Ms. Harding noted that there is not one epidemic or disease that we have defeated in this country that didn't have a strong leading position with prevention, using cigarette smoking and heart disease as examples. When alcohol misuse increased to approximately 5,000 young people to drinking and driving accidents annually, it garnered national attention. In the prevention field, we have been successful in inserting ourselves into these crises, yet we struggle with inserting ourselves into this opioid epidemic. Approximately 54 percent of misused opioid medication comes from family and friends.

Ms. Harding urged participants to articulate areas of the opioid crisis that members consider of great import, and she encouraged comments and questions. Mr. PoVey said as Congress and federal officials address the crisis, there is a continued push to understanding that we can address, but urged people not to forget what it will look like down the road if we don't promote and implement primary prevention to reduce risks in our communities. We need to help the policymakers understand that an investment in the pre-primary part will lead to less of a crisis in the future. Also, we must stay on task in the use of evidence-based strategies and policies and not be distracted by a specific campaign.

Mr. Gagnon intoned that we need to address the challenges in this epidemic going forward. We need to plant the seeds that we need to conduct both prevention and treatment. It is an opportunity to get the public to understand and to help drive policy. Mr. Lindsey addressed the adolescent issue around opioid misuse. The best available data comes from the Monitoring the Future study, which suggest that use is declining among adolescents. We need to dig deeper and understand subgroups of adolescents most at risk. *What led to the decrease? Are efforts working? Where are they working?* Ms. Mariano agreed that primary prevention is important and not losing sight of that, to ensure we are not simply promoting a "band-aid approach."

Dr. Cimini stressed the importance of the capacity we have to conduct prevention and workforce issues. The workgroup she helped lead looked at a report/study, which indicated that when social workers leave school, 97 percent are unprepared to deal with substance use issues. They are geared more toward mental health. We need to look at infrastructures to train individuals to address substance use. Dr. Bizzell stated we should look at the root cause of what got this epidemic going in this direction, and we need to look at training and technical assistance we can use to address the pain that prescription drug misuse causes.

Ms. Reynolds stated that it is critical to recognize the core driving force of who and what we are in the prevention field and to keep those programs and techniques and institutional knowledge in place, going forward.

Ms. Harding discussed the myriad organizations at our disposal to address the opioid epidemic. She asked participants to think about how they can change the course of the opioid epidemic. Regarding some of the

tools at professionals' disposal, it is important to address the issue of how there isn't a single source of data that can be used by all of us to get that out to the public. We must clearly define the language of what prevention actually entails. There are different approaches to combating the opioid misuse problem, and both prevention and treatment need to work in concert. She challenged the group to put together messaging that everyone will understand, and transform that into messaging that reaches the people who make the policies.

Mr. Reynolds stated that we need to show the states and communities that prevention is helping; it would go a long way to get people to pay attention. Ms. Mariano stressed the importance of addressing the different levels in terms of root causes regarding why people self-medicate, and providing them with the strategy and skills to combat that instinct. Mr. Keel stated that we must balance between applying pressure via data and also to commit ourselves to using evidence-based practices.

A federal campaign is being worked on, and this is good news in terms of the initial level of work being directed out of the White House; SAMHSA will help with this effort. The second level/layer includes attaching prevention programming to the campaign. The goal for the second level of the campaign is to get each community to attach itself to the campaign and message prevention appropriately. Dr. Bizzell referenced the different faces and voices of prevention and recovery. There are challenges in how to put a person's story on the face of the research.

Ms. Harding sought further thoughts and comments from participants regarding stemming the tide of the opioid epidemic. Ms. Drake brought up the idea of people investing in their own children and in the children within their own communities. We need to provide parents with tools to help in the prevention effort. Ms. Reynolds discussed her idea of keeping a steady hand on the rudder of primary prevention in order for us to see our way through this crisis. The idea was brought up for a potential role for the NAC to support SAMHSA and project officers in their prevention work, perhaps via webinars sponsored by the NAC. Further points included the link between pain and substance use, and the fact that many people who engage in substance use also engage in poly-substance use.

Ms. Harding replied that Dr. McCance-Katz conducted a deep dive on the National Registry of Evidence-based Programs and Practices (NREPP) research projects and found that many didn't stand up to the evidence that they claimed they had, and that's the reason why these projects were taken down. CAPT Chris Jones has been asked to lead a group that will collect programs and evidence documents going forward. The new research will not be another registry. Ms. Harding urged participants not to stop the research they are doing. Mr. Keel stressed that SAMHSA should exert pressure on hospitals to treat substance misuse like other diseases. He added that a large amount of the opioids are still coming from doctors themselves. SAMHSA can message these points going forward.

Mr. Aumen will be tasked with following up by asking participants to continue to proffer ideas and approaches to stemming the opioid epidemic tide upon the conclusion of today's meeting.

### **Opioid Update Continued (STR)**

Kim Nesbitt (prevention) and Kim Thierry English (treatment) spoke on their experiences vis-a-vis STR. States were asked to conduct a full continuum of care—prevention, treatment, and recovery. SAMHSA brought multiple teams together; they discuss strategy and goals and work in concert.

Ms. Nesbitt began by shedding light on the programs and activities that grantees have been embarking on with the STR grant. Speaking to the prevention effort, this grant was awarded just under a year ago. The grantees took on completing needs assessments and strategic plans—requirements of the grant itself. They looked at the particular states, founds each state's needs, and began by building and implementing

prevention plans. Requirements included improving state prescription drug monitoring programs, training for health care practitioners, referring patients to treatment programs, and supporting access to health care services.

She addressed the focus on target populations ranging from individuals to professionals to communities. The prevention strategies listed include drug disposal, enforcement, monitoring, and education. Specifically, Ms. Nesbitt noted the difference in states' approach to disseminating information and materials across the country. In looking at the element of enforcement, a Massachusetts project is implementing an interesting strategy based on a crisis intervention team model, where they partner with social and law enforcement agencies and officers. They generate reports based on 911 calls and follow up with those people involved to provide education. This is an innovative and effective strategy.

Ms. Nesbitt also mentioned that a number of police departments across the country carry Naloxone; they have been largely convinced that this is important. There are also town hall meetings that allow them to meet many different populations. There is also tracking and monitoring conducted through the enhancements of the PDMP.

The state of Washington covers the entire continuum of care. Washington receives more than \$11 million in care. Providers in the state are conducting prescriber education and plan to host a forum with dental schools. The state's prevention activities include: prescriber/provider education, UW TelePain, public education campaign, safe storage curricula and training, prevention workforce enhancements, community enhancement grants, program analysis, as well as community prevention and wellness (CPWI) expansion.

Ms. Thierry English addressed the issue by focusing solely on the treatment end. She also focused on Washington as a model, which uses medication-assisted treatment (MAT), recovery support services (RSS), transition services, and service provisions to under and uninsured populations. Washington state has taken a broad perspective and implemented the Hub and Spoke Model. These hubs act as regional centers to support the spokes. Each hub has 4–5 spokes, and these spokes provide a broader continuum of care (e.g., primary care, wraparound, family services, etc.).

Ms. English also mentioned the Washington state Low Barrier Buprenorphine Pilot program. This looks at a rapid induction of MAT services to the Native American population. This means it is a 1- to 48-hour process with flexible dosing hours, and provides case management support. Another program is the Pathfinder Peer Project, which is an initiative focusing on the homeless population. It uses peers who seek and provide support.

The initiative called the Bridge to Recovery's purpose is intended to provide education to youths, along with providing employment opportunities for work to youths. Additional initiatives include the Mobile Van Opioid Treatment Program, as well as an initiative called Tribal Treatment.

### **Discussion With CSAP NAC *Ex Officio* Members**

The *ex officio* members who will now be attending NAC meetings are Dr. Wilson Compton and Dr. Ralph Hingson. Dr. Compton has a long history of working with CSAP and collaborating on many projects with Ms. Harding through the years. NIDA was instrumental in developing the science of prevention from a human development perspective. Through joint work with SAMHSA, there have been numerous initiatives over the last 15 years. An early CSAP initiative was the evaluation of the SPF-SIG program. The program implements an evidence-based approach across states. He discussed fine-tuning prevention.

Dr. Compton discussed the last 5–7 years of fruitful collaboration across agencies. Regarding the opioid crisis, he sees the role of prevention science as vital. He notes that we are in uncertain times regarding the federal budget, vis-à-vis appropriations for prevention projects.

Mr. Lindsey asked what specific ideas Dr. Compton might have about prevention science interventions, particularly as they relate to adolescent and school-based prevention science. Dr. Compton stated that there is limited evidence of effective preventions. He highlighted a program that conducted long-term follow-ups on youths who are now less likely to engage in prescription opioid drug misuse. Life skills training was also studied and was effective at reducing prescription opioid misuse. He suggested thinking in terms of the organizational systems—particularly CTC or Prosper. Mr. Keel inquired about the term “evidence-based.” and asked how Dr. Compton defines that. *Is everyone understanding it the same way?* “Evidence-based” means there is strong evidence that the intervention or approach used will produce the outcome you are looking for. Typically, that means more than one study where possible. Sometimes you may use lesser degrees of evidence if/when you have nothing else to go with. Ms. Mariano inquired about thoughts on the social and environmental models. The intent is to change the cultural norms in order to minimize the targeted behavior.

Dr. Cimini stated that what helped move the field forward was being a recipient of a grant on a college drinking initiative. Interventionists were partnered with schools to minimize substance abuse. They were able to move the dial with the support of researchers. She went on to inquire about the possibility of having an opportunity to look at the research side and the skills that researchers have, and to create a mechanism for a partnership where communities can benefit from the knowledge of these professionals. Dr. Compton stated that he is hopeful that will be the case going forward.

Mr. PoVey pointed out that the two biggest impacts for the success of prevention are SIG grants and the Red Book, which was updated in 2003. He thinks an opportunity to team up with SAMHSA to release an updated Red Book is a good idea. There have been updates at National Academies of Science that might help expedite that process. There is a greater chance of success in partnering with the service delivery system. Mr. Lindsey observed trends regarding the details around opioid epidemic for adolescents and the subgroup differences. He has seen from 2015 to 2016 a decrease in opioid use. He is also seeing a decrease over the year for white and Latino youths, but an uptick for black youths. Also, there is an uptick for youths in poverty-impacted settings. Generally, this is a conundrum around the opioid prescription misuse issue: it does not show increases over the last 15 years. *How do we reconcile that with increasing death rates?* One of the things done is to examine infrequent use compared to heavy use. Those who use opioids frequently have increased, but the numbers that have dropped are the infrequent users. They are not having an impact on the high-risk individuals.

Regarding opioid misuse disparity along racial/ethnic lines: In looking at Native Americans, opioid misuse rates vary greatly across the country and between tribes. Race and ethnicity can be a marker for something else going on locally.

Dr. Compton expressed interest in asking participants questions around NIDA and CSAP’s early adolescence prevention efforts.

### **Discussion With the Assistant Secretary**

*Elinore F. McCance-Katz, Assistant Secretary for Mental Health & Substance Use*

Dr. McCance-Katz thanked participants for being part of the CSAP NAC. This is her first NAC meeting as Assistant Secretary. She is navigating what to say to each of these various groups and would like to spend this time hearing from NAC participants, both in the form of questions as well as discussion points. Regarding prevention, it is hugely important and out front vis-à-vis the opioid epidemic. There is much

work to be done on the prevention side. SAMHSA has done a very good job on first responder training and purchase and distribution of Naloxone. The president's budget shows an increase in funding for this program. Additionally, CSAP has provided guidance to the states around the STR funding for the epidemic. The Cures Act helped regarding the allocation and distribution of money states. SAMHSA is now receiving over a billion dollars, and a significant amount of this money will be allocated to prevention efforts. Another issue Dr. McCance-Katz would like to speak more about pertains to the serious risk of marijuana. It is important for the health of our nation's children.

Mr. Gagnon responded regarding marijuana that he is seeing the conflicting information through the media or various channels of science that it is a solution to the crisis, yet on the other hand it's part of the problem. There's also the risk factor of normalization. How can SAMHSA support communities to navigate these challenges? Dr. McCance-Katz responded that there is no voice to taking on the risk that marijuana use represents. Studies are beginning to show how toxic marijuana use can be, particularly to a developing brain. Once we start to receive these findings, it is important to talk to communities about these risks. Regarding the issue of marijuana being an answer to the opioid crisis, Dr. McCance-Katz stated: "no, it's not." A recent study discussed marijuana dispensaries had lower rates of opioid overdose deaths. Dr. McCance-Katz believes the reporters who are reporting of these papers don't actually read the papers in their entirety. These papers indicate the lowest rates of overdose deaths were actually in the non-adopter states (states that did not have dispensaries).

Ms. Reynolds asked about her thoughts on behavioral health workforce development. Dr. McCance-Katz stressed the import of the workforce coming into SAMHSA and to the administration. SAMHSA takes its position as stewards of taxpayer dollars seriously. As such, funneling money into programs where there isn't a trained workforce isn't preferable.

There is controversy around the concept of "evidence-based practice." Participants sought clarification on what this strong evidence might be. Dr. McCance-Katz explained that in those terms, SAMHSA is developing a new site that will be part of its policy lab. It will put forward what it believes qualifies as "evidenced-based programs" that can be developed by communities. She has concerns about isolated practices that have "varying" amounts of evidence (i.e., a person who may not have the requisite background on what constitutes good evidence-based care might think that a single practice is sufficient; it is not). SAMHSA has many resources at the ready to provide state-of-the-art approaches that are evidence based and go through a number of reviews.

Dr. McCance-Katz found the cost of items on the NREPP site prohibitive. These things should be available at no cost, and SAMHSA will attempt to ensure that going forward.

Dr. Compton asked what Dr. McCance-Katz's vision is for how she can help combat the opioid epidemic. Congress wants to see SAMHSA make a major change away from what it thought was not true evidence-based approaches. NIH has asked for federal input from other federal agencies in where they see the research gaps and where we can better serve American communities. SAMHSA will focus on the behavioral health needs of the nation, and to developing a new approach to technical assistance and training available to families and individuals.

Dr. Cimini appreciated the effort to enhance the evidence base for this work. She expressed concern over individuals who are selling products and come into the territory and colleagues who aren't sophisticated consumers of evidence-based products want to buy and use these. She referenced the possibility of creating a focus on how communities and colleges can become good consumers of true evidenced-based strategies.

Mr. Keel inquired about the Strategic Prevention Framework and asked if SAMHSA will continue to support assessment models to match up with community needs. This approach makes sense and will continue. Evidence-based practices have been tested in various settings. They must be molded to the needs of the community so that you have an evidence base, but it might not look exactly like what you may have read in an article or a book. Otherwise, it is virtually impossible to have a practice that has put in every possible iteration of a situation. Practitioners must maintain flexible thinking in that regard.

### **Discussion—Substance Use Prevention Workforce: Credentialing & Outreach**

*Facilitated discussion with NAC and CSAP Leadership*

Mr. Aumen introduced the session, stating that NAC since February 2016 has expressed an interest in workforce development around prevention.

Dr. Cimini discussed the Prevention Outreach Workgroup. She began with primary prevention, i.e., looking at entire communities to build resilience. This is about building a workforce that can address primary prevention. The socioecological model is important when discussing primary/universal prevention and when looking at workforce outreach and credentialing. What challenges are there in dealing with individuals workers, training, their understanding, the relational level between the person and those around them to mentor them about careers in prevention, the institutional level, etc. At the very top is the policy level, which involves the bodies that accredit or certify prevention training and how that interfaces with the prevention work that is done. In summary, the group has followed a comprehensive approach including a literature review on the different professions that engage in prevention work, the different certifications that exist across professions, and the facilitators and barriers. The workgroup also collected data and it found outcomes that are interesting in terms of exposure to prevention and attitude toward doing prevention work.

The literature review revealed that prevention work takes place across a variety of professions. Prevention is not addressed in many professions. One of the challenges involves a report from CSAP on a study on training of social workers in substance abuse (including prevention treatment and early intervention). They conducted a national survey, and the most concerning finding was that 97 percent of social workers are not equipped to work with or manage any type of substance use prevention. Yet the same faculty talked about substance abuse prevention as an important issue moving forward to fight the opioid epidemic crisis. The ensuing set of recommendations set out to help correct this disconnect.

There is a potential workforce out there, from youths to individuals trained in a variety of professions, but they are not necessarily prepared to do prevention work. In speaking with students, they expressed concerns around their self-efficacy. They believed if they intervened on a community level, they might make things worse. At the institutional level, the report mentions several gaps in social work programs, including that they don't have access to competencies, not having curricula in substance abuse prevention, and not having the capacity to teach the proper courses. *What can prevention professionals do to make these issues visible at conferences and meetings and talk about the necessity of engaging in outreach and prevention?*

Mr. Gagnon presented his portion of the workgroup and stated he was encouraged by the Assistant Secretary's comments. Since the draft recommendation, the workgroup has come together and discussed individual and state experiences. The aim and key issues include identifying and understanding the key barriers to credentialing programs and ensuring programs build sufficient skills in prevention. A review of the data gathered includes a demographics survey that emphasized why we need to be looking at this (aging process, lack of gender diversity in the field, lack of knowledge of other languages, low amount of folks identifying as being in recovery field, etc.). Prevention as a field comprises many different academic

and professional backgrounds. The group created an NPN query that went out to NPN members to learn what some of the advantages to having credentialing requirements were.

Data findings included that workforce training and credentialing were necessities. Many people do have certifications, but there are also many who don't. *How can we increase that base level skillset?* Collaboration between SAMHSA and states to develop credentialing programs is vital. The draft proposed several potential strategies to increase workforce competency, training, and credentialing. There is an attendant shift in recommendations to promoting and implementing a possible tiered approach. The tiered system will establish a base-level minimum skillset and responsible stewardship of resources. Training modules for other professions helps further dissemination to professions that intersect with prevention, and to broaden awareness of prevention principles.

NAC members discussed that there are some pieces in place already that could be useful in creating a successful tiered credentialing system. Ms. Harding believes NAC is close to a very good proposal and believes the ideas are well conceived, but that a major issue is that there is no incentive to attain credentialing in prevention. Dr. McCance-Katz mentioned an entirely different technical assistance structure in our country. The NAC members further discussed capacity issues for credentialing and outreach.

Dr. Bizzell wanted to ensure some NAC members were involved with the planning document on some level to ensure that our sentiments are carried through with that document. A suggestion was made to perhaps have SAMHSA/CSAP require people working on the grants to have some level of credential.

Dr. Bizzell stated that Job Corps could be used as a model to develop a curriculum for youths to then be placed into positions and then subsequently be placed in a job. This could be a collaboration with SAMHSA. *Is there a feasible public-private partnership regarding workforce development that can be discussed on top of the recommendation?* Members agreed that if a need arises, there are usually private entities that will then meet those needs.

NAC members expressed that the next step is to proceed, but also to refine more. The timeline presented is set for August for the recommendation.

### **Public Comment**

Mr. Aumen turned the meeting over to public comment via phone. There were no questions. Mr. Aumen then read a comment submitted via email, which came from the American Nurses Association. The comment provided background on the Association's expertise and credentials. The opioid crisis and nurses' role in addressing this issue is a major concern for the Association and this goal continues to be front and center in helping battle this epidemic.

### **Wrap-Up**

*Greg Goldstein, Deputy Director, CSAP*

Mr. Goldstein congratulated NAC members on their participation. The meeting was successful in addressing many common themes. The next steps for NAC include a follow-up call regarding the workforce going into a single group and developing recommendations for the August meeting, as well as a second goal to ascertain NAC's thoughts on steps it can take to assist SAMHSA with the opioid crisis.

### **ADJOURNMENT**

Mr. Aumen adjourned the NAC meeting at 4:57 p.m.

**CERTIFICATION OF MINUTES**

I certify that to the best of my knowledge, the foregoing minutes are accurate and complete.

5-24-2018  
Date

Frances M. Harding  
Frances M. Harding  
Chair, CSAP NAC