

Proven Prevention Approaches to Disrupt Pathways to Opioid Addiction: Addressing Racial and Social Inequities

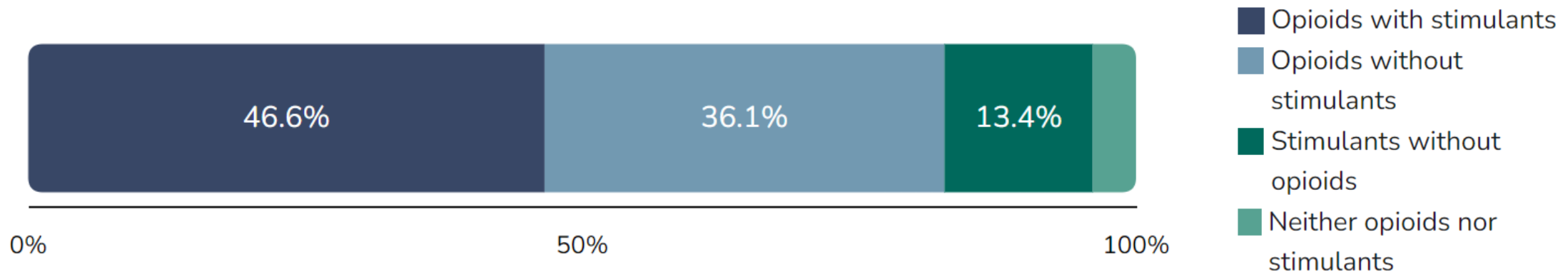
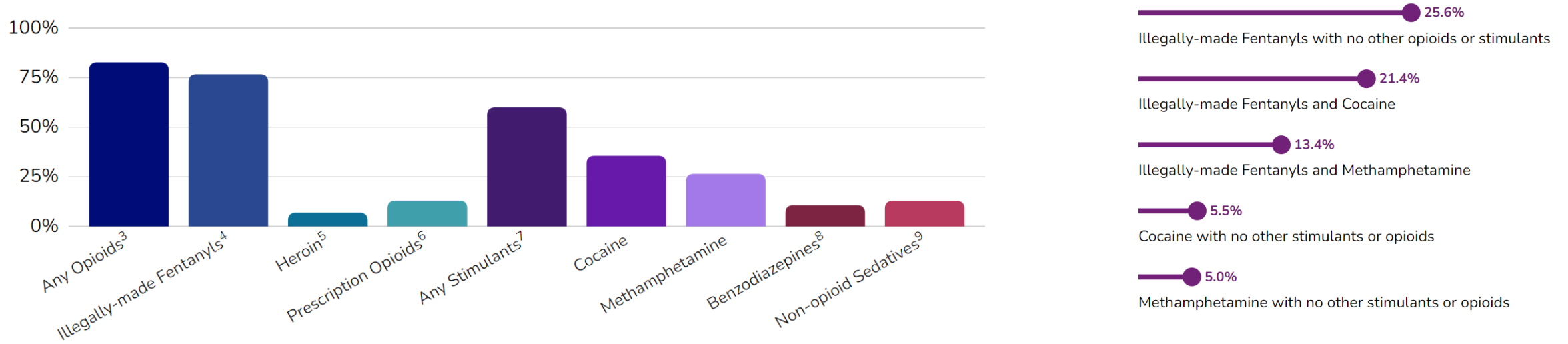
Phillip W. Graham (Principal Scientist)

RTI International

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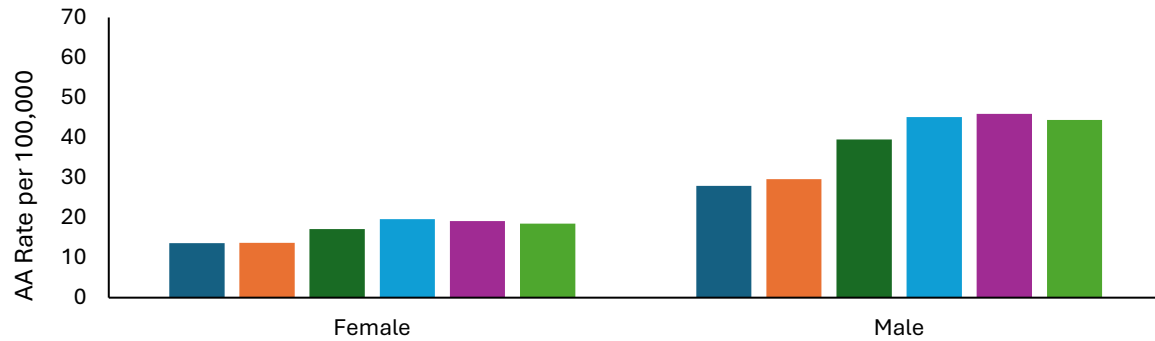
NPSC State-Level Briefing Determining Best Strategies for Allocating the Pharmaceutical Settlement Dollars to Abate the Opioid Crisis: Part II

Deaths Driven by Illicit Synthetic Opioids & Stimulants

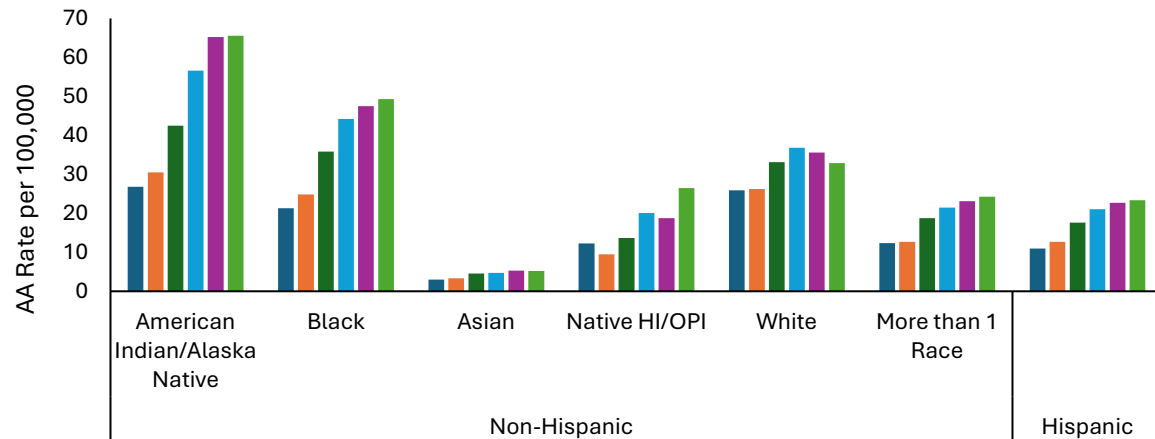


Changing Epidemiology of Overdose

Gender

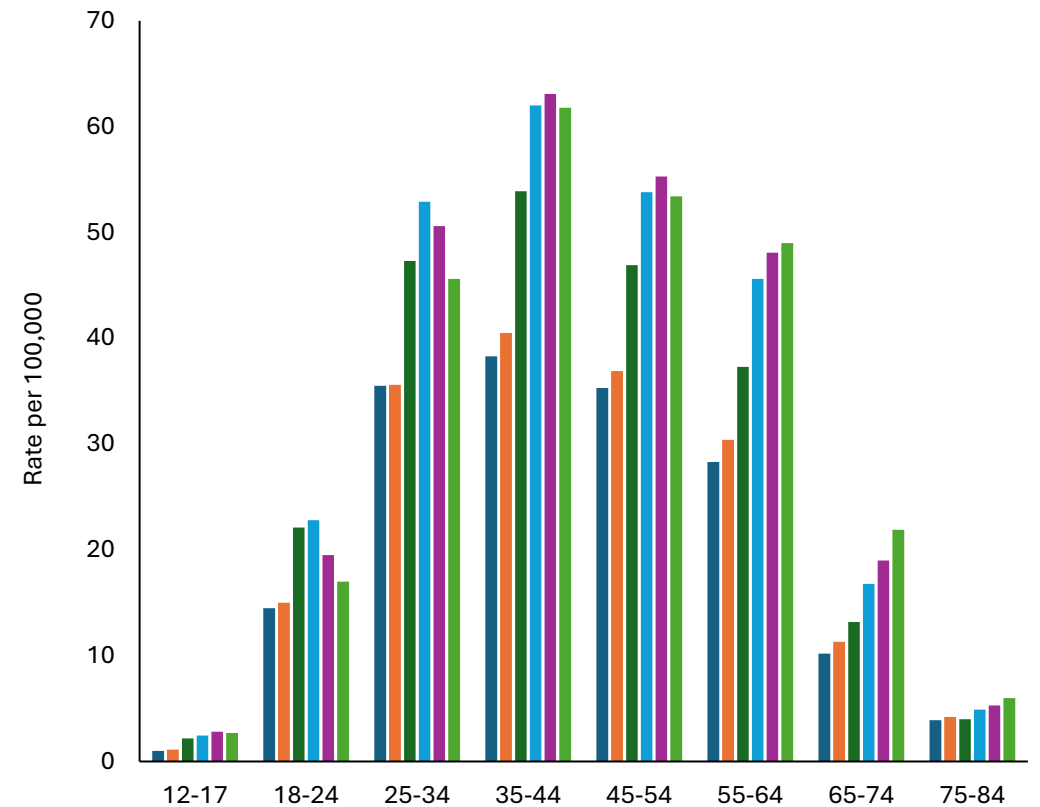


Race/Ethnicity

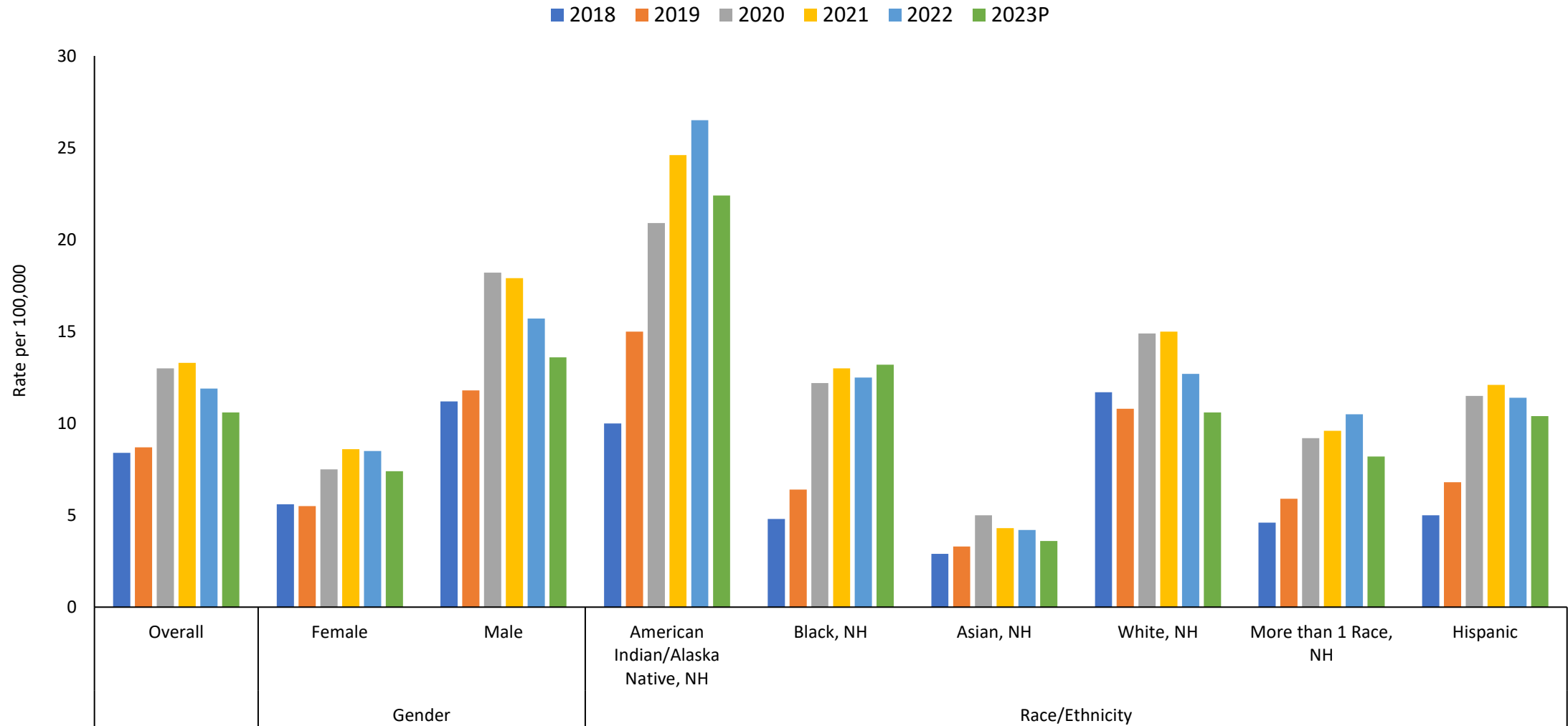


2018 2019 2020 2021 2022 2023P

Age Group

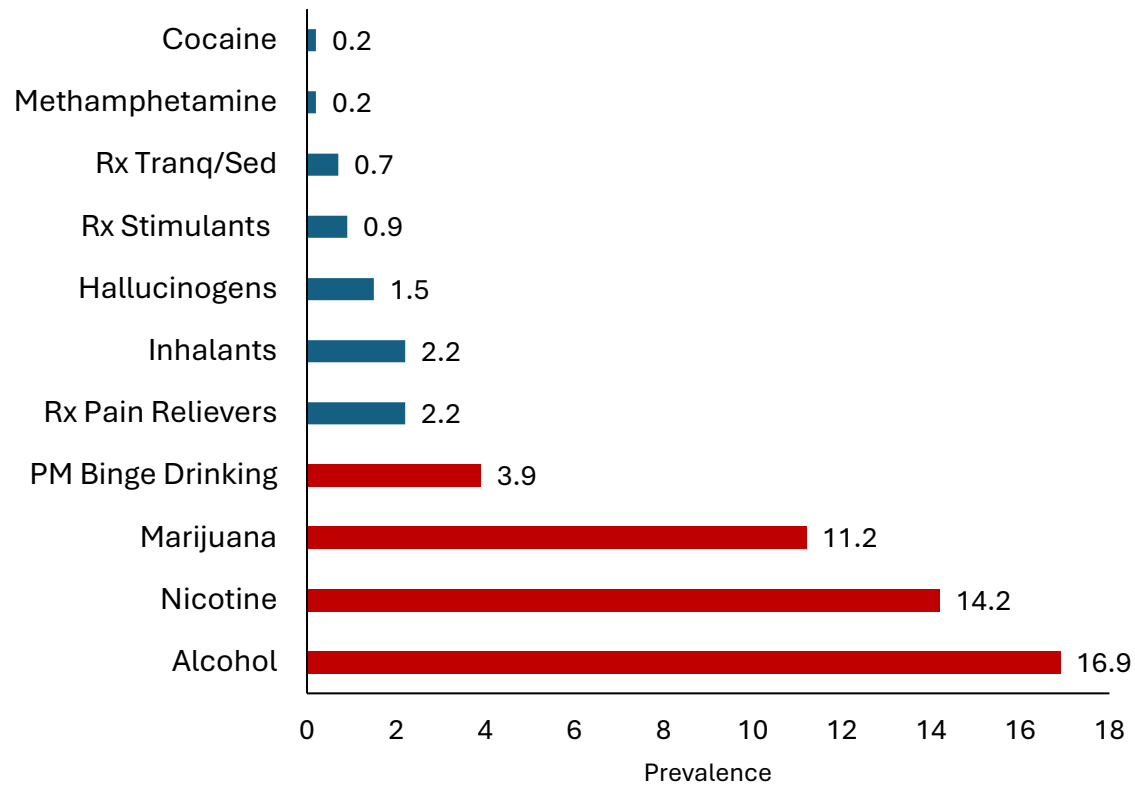


Disparities in Overdose Deaths Among Youth & Young Adults by Race/Ethnicity, 12-24 Year Olds, U.S.

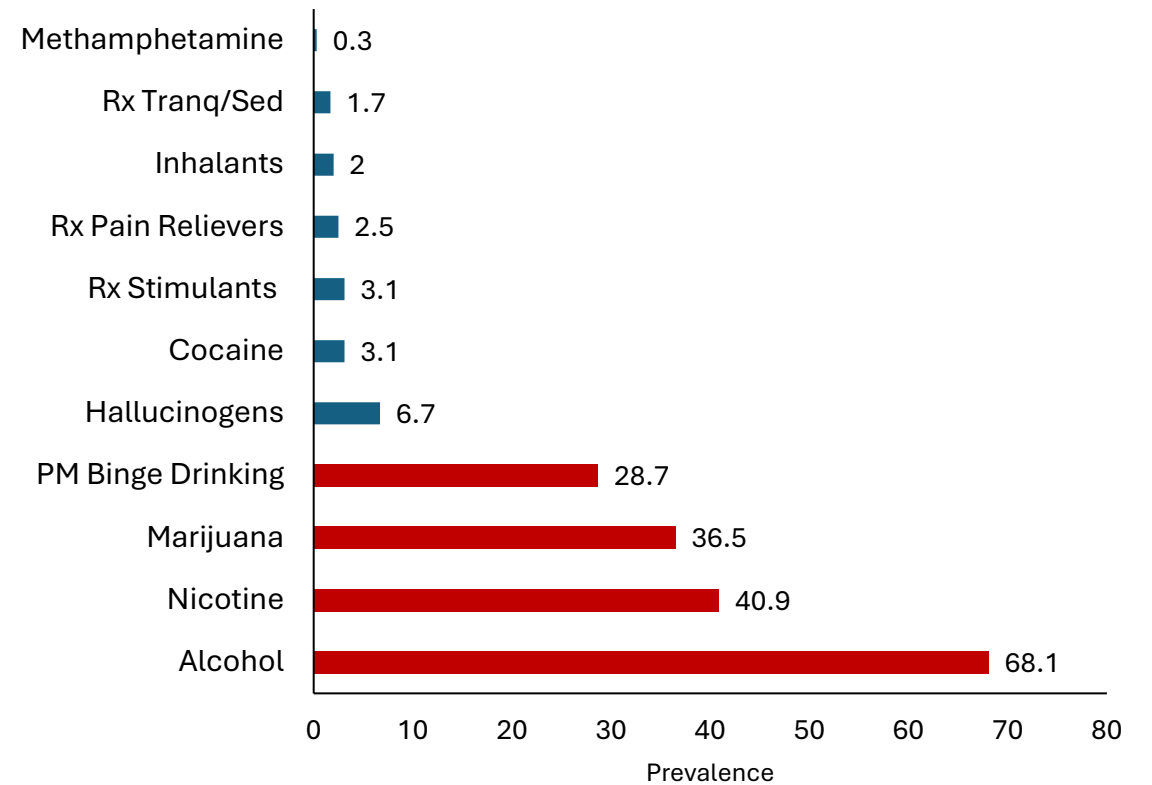


Alcohol, Nicotine, & Cannabis Remain Most Commonly Used Substances by Youth & Young Adults

12-17 Year Olds, Past Year Substance Use

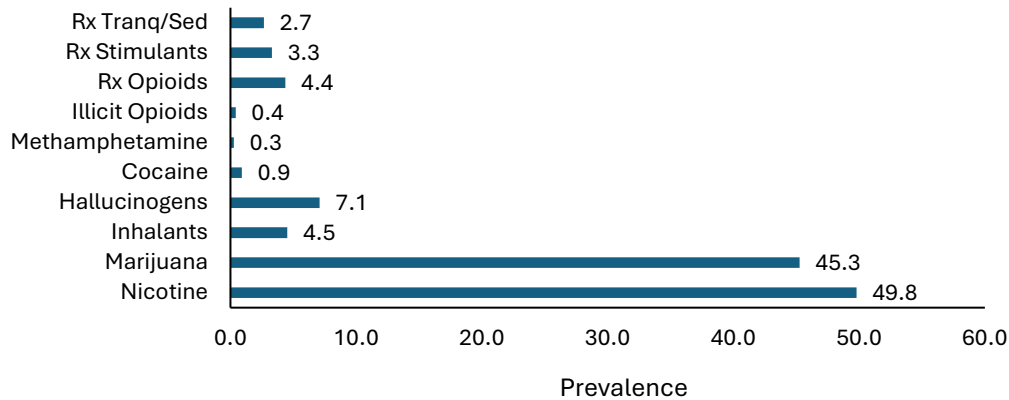


18-25 Year Olds, Past Year Substance Use

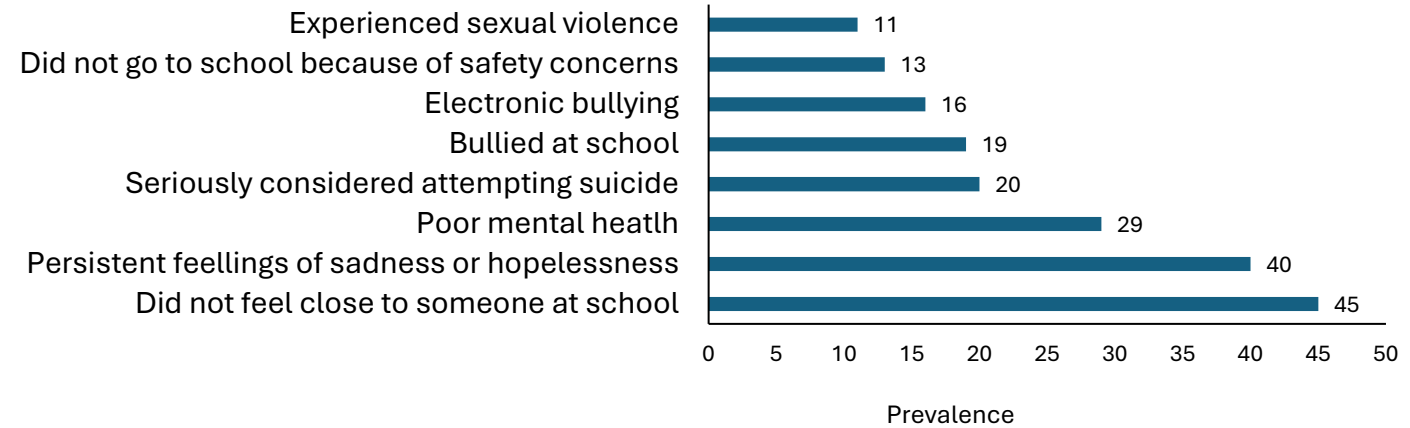


Youth Substance Use Doesn't Happen in a Vacuum

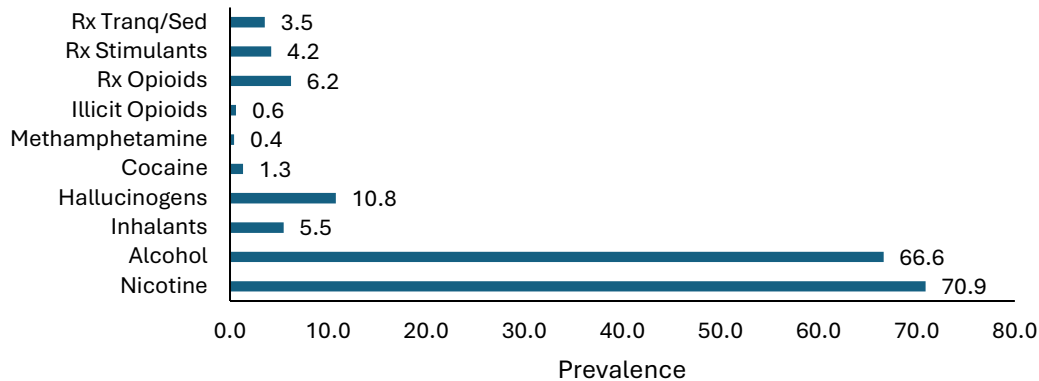
Other Substance Use Among Youth Aged 12-17 Using Alcohol in Past Year, 2023



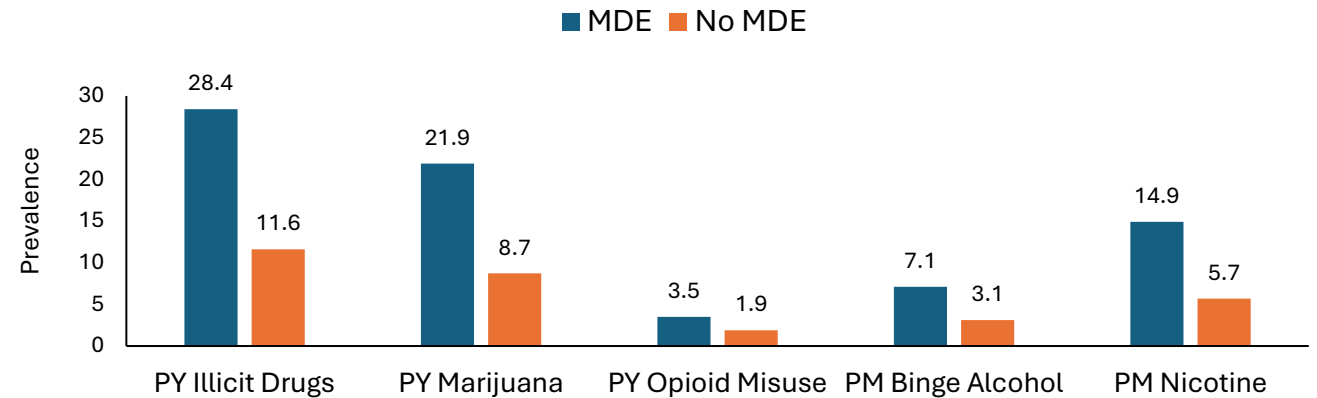
Other Challenges Among High School Students, YRBS 2023



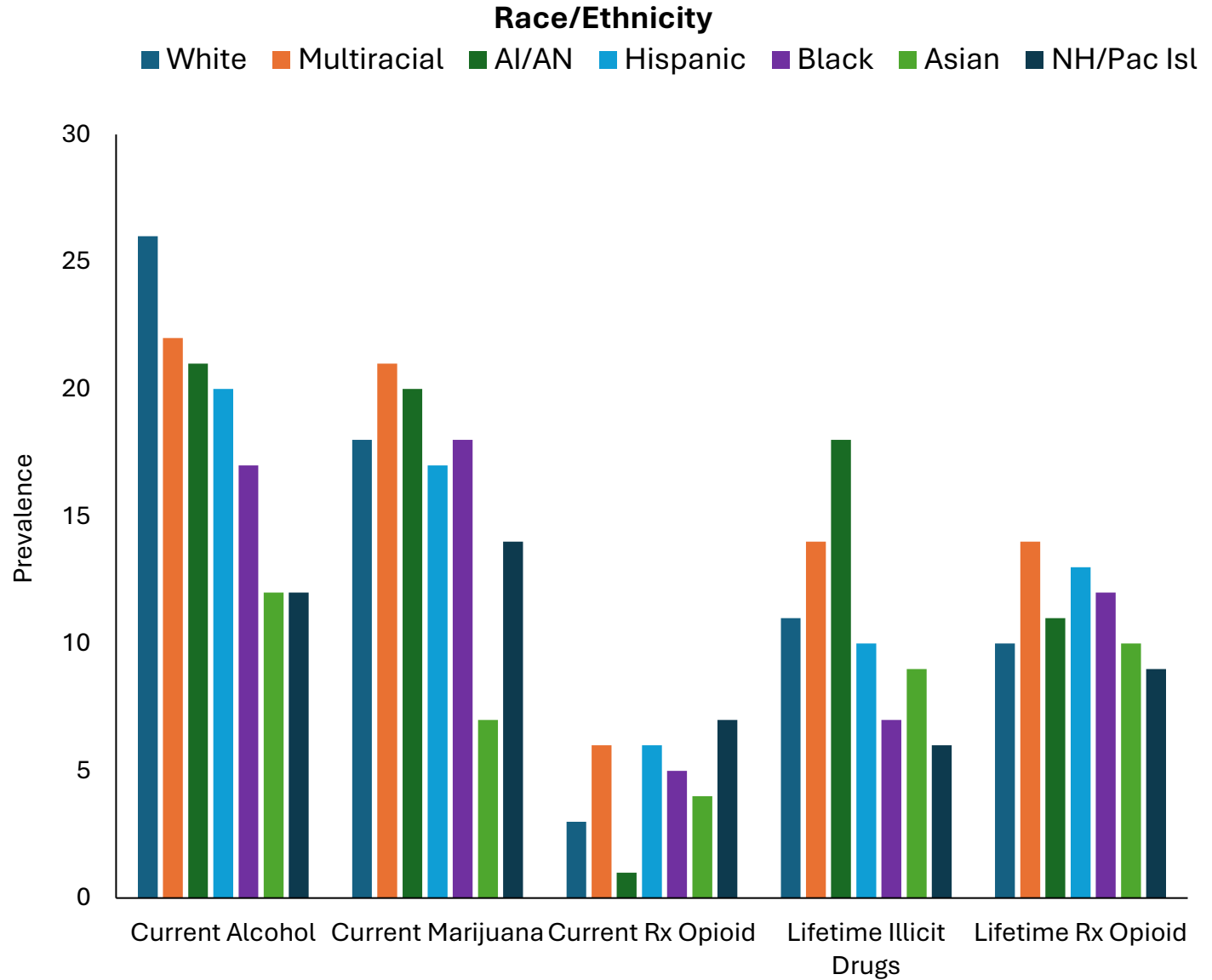
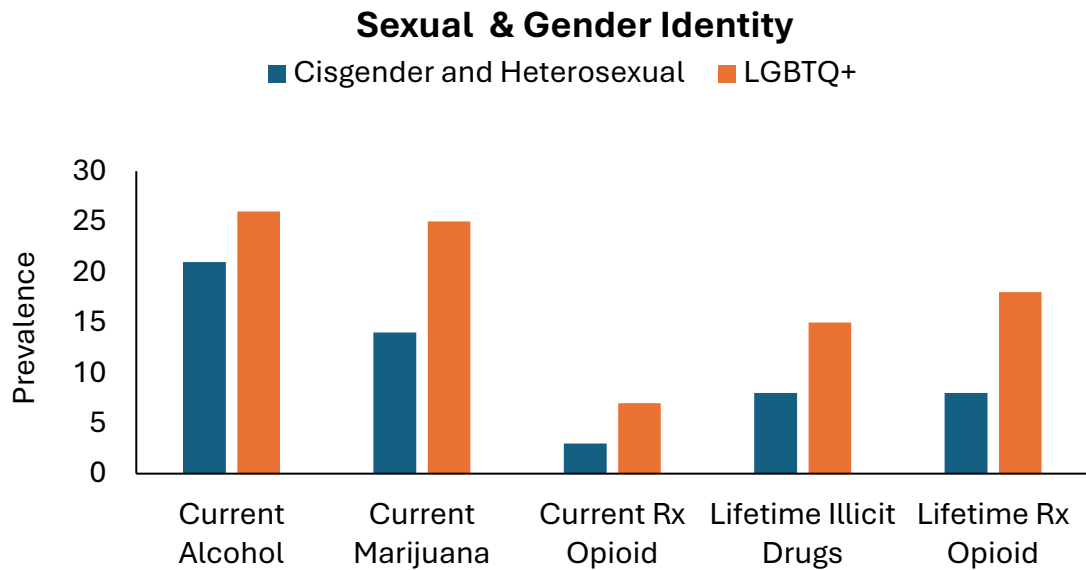
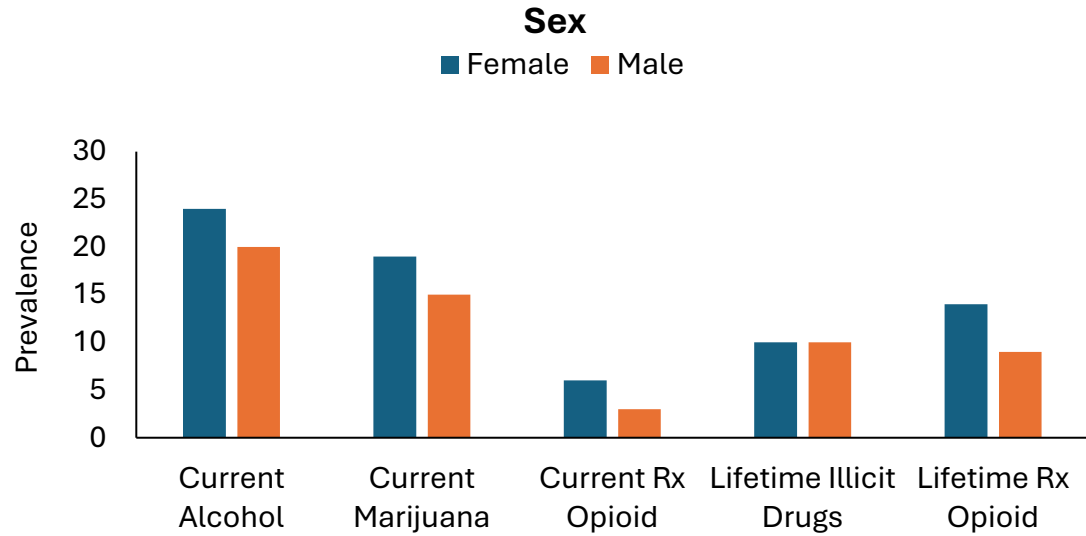
Other Substance Use Among Youth Aged 12-17 Using Marijuana in Past Year, 2023



Substance Use by Major Depressive Episode Status 12-17, 2023

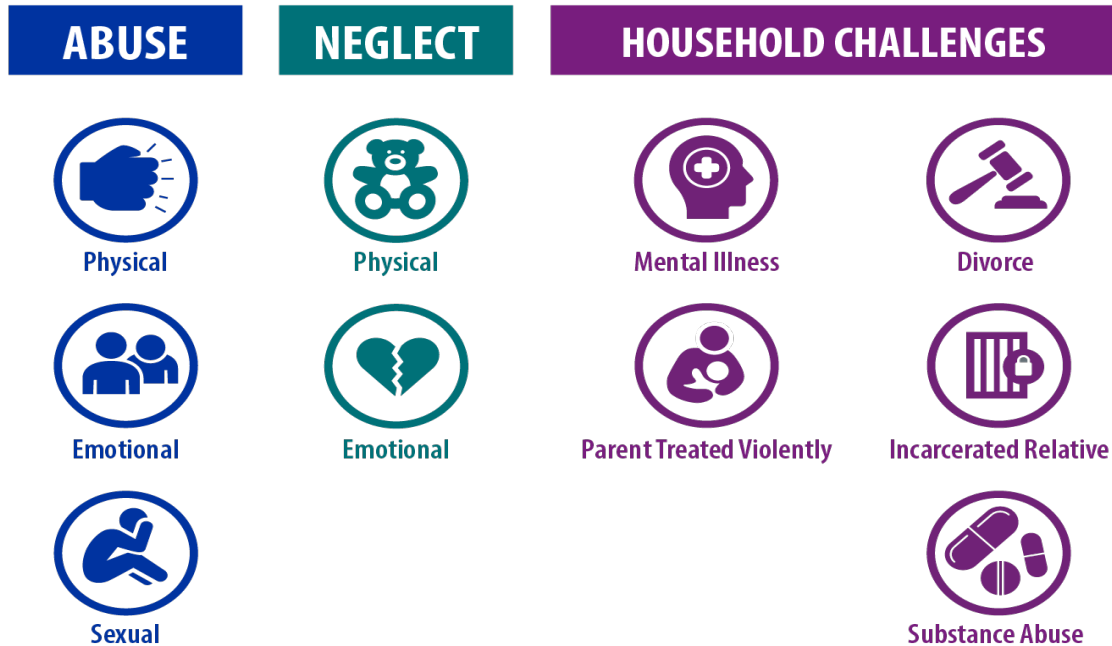


As With Overdose, Disparities in Youth Substance Use Also Exist



Moving Upstream to Get Ahead of Substance Use Challenges

Adverse Childhood Experiences



ACEs not included in the traditional measure:

- Bullying
- Violence in community or school
- Teen dating violence
- Experiencing homelessness
- Peer to peer violence
- Death of a parent

61%
adults report
experiencing
at least 1 ACE

Social Determinants of Health



Social Determinants of Health
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Healthy People 2030



1 in 6 adults report
experiencing **4+ ACEs**

Proven Prevention Strategies and Opportunities

Contributory Conditions

- Contributory conditions are factors or circumstances that, while not the direct cause of a primary issue (like substance use disorder), can influence its onset, severity, or persistence. These conditions often interact with one another, creating a complex web that exacerbates the main issue. In the context of substance use disorder (SUD), contributory conditions might include:
 - **Mental Health Disorders** (e.g., depression, anxiety, PTSD) that can increase vulnerability to SUD or complicate recovery efforts.
 - **Socioeconomic Challenges** like poverty, unemployment, or housing instability, which can increase stress and decrease access to resources.
 - **Trauma and Adverse Childhood Experiences (ACEs)**, which are strongly correlated with the development of SUD and other health issues.
 - **Lack of Social Support or Community Resources**, which can hinder recovery by isolating individuals and reducing their resilience.

Proven Prevention Strategies

School-Based Programming

- LifeSkills Training (LST), which has demonstrated success in enhancing resilience among adolescents.

Community-Driven Interventions

- Community-based models, such as the Communities That Care (CTC) program, which helps local leaders implement evidence-based strategies tailored to their community's specific needs.

Family-Based Prevention

- Family-based programs, like Strengthening Families, work to support family cohesion and build resilience among youth, reducing their risk of later substance use.

Holistic Prevention Strategies:

- However, **upstream prevention** needs to go beyond just individual or family-based interventions to address broader social determinants of health (e.g., housing stability, employment opportunities, and access to healthcare).
- Policy and Systems Change can improve access to quality healthcare, economic stability, and safe housing directly impact the effectiveness of prevention efforts.

Call to Action

Successful prevention of opioid addiction **requires** systemic change that addresses inequities as central contributors to addiction.

All stakeholders, including healthcare providers, policymakers, and community leaders, **must collaborate** to create prevention strategies that are not only evidence-based but also equity-centered.

Thank you

Contact Information

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