

FINAL COPY

SUBSTANCE ABUSE DISORDER PREVENTION

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>> We're sorting people in the breakout sessions now. I'm the presenter for this particular breakout. If you hold for a little while, we'll get everybody sorted in and we'll get started.

>> Okay. Thank you.

>> All right.

>> I'm supposed to be on breakout 4, right?

>> Yeah.

>> We'll start in a few minutes when we have everybody logged on. Hold on.

>> All right.

>> You have a copy?

>> Hello?

>> Hello.

>> Hello.

>> Hi. I'm using the breakout session number 4.

Welcome to our breakout session today. We're having issues in trying to breakout. You'll be getting an e-mail in a moment with the slides so that you can go along with our presenter with the slides as an attachment. At this time don't worry about trying to log into the Adobe Connect and participate in the

conference line and keep an eye out in your e-mail box for your slides.

>> Thank you.

>> You're welcome.

>> At this time I'll turn it over to Aaron Williams presenting on our topic of Substance Abuse Disorder Prevention.

>> So hello, everybody.

I'm Aaron Williams. I'm the director of training and technical assistance for the Center of Integrated Health Solutions here. I want to welcome you to this breakout session. This is on substance use abuse prevention. We'll go through a number of different items related to substance prevention, how that relates to some of the work you guys are going to be doing with the NMI initiative. Hopefully this will be a useful view as you begin to think about what's prevention activities that you want to engage in, and then you can go from there. Towards the end, I was hoping, wondering if the technology will allow us, what we can do by the end, I wanted to have a discussion with you all about what sort of prevention strategies you guys are engaged in already. I think in addition to having some sort of a content to, you know, to begin the discussions, I always think it is good, you know, that folks learn from peers about what sort of what's going on, what works, what doesn't, those things. We'll have time later on in the discussion to have that discussion.

Do folks have slides yet so that you can follow along as we go?

>> I don't have access to the slides. I don't think -- it says my ticket is in process. No e-mail yet.

>> No e-mail.

>> You will get an e-mail. Keep an eye out for an e-mail.

>> Okay.

>> There is no e-mail yet.

>> We're working on it. Thank you for your patience.

>> As we do that, I'll just go through verbally a bit about the agenda and hope by the time we finish with the agenda you'll be able to -- you will have the slides in front of you and we can go forward from there.

What I wanted to do is really talk about some of the current substance abuse trends in the U.S., you know, some of that new data that's come out. You know, SAMHSA does a good job of collecting the good data. We are talking a bit about that to give you an overall sense of what's happening in the country with the latest with that.

Then we'll talk about why that's important relative to work you're doing with the MIA project and how this has an impact around HIV/AIDS prevention and treatment. Once we do that,

we'll spend time, you know, on, you know, really focused on substance abuse prevention, talking about some of the principles of prevention, or substance abuse, looking at the principles, what goes into a good or a solid, as you will prevention program, what sorts of activities, what are those programs, what they accomplish.

We'll look at evidence-based practice and resources, talking about preventive initiatives that are happening nationally, as well as having discussions about where you can go when thinking about implementing a substance use prevention program in your particular sense. There are resources out there that will help you in terms of identifying the appropriate prevention resource relative to population that you're serving.

After that, we'll have the general discussion around prevention efforts and go into informational resources, links, websites to think about down the road, and then hopefully we'll have some time for questions.

While we're waiting to make sure that you have the slides, do you have questions or anything that you came to the workshops to have answered? If you have any, maybe we can start with that now, get a sense of what we're looking to get out of this.

Does anyone have thoughts or questions of what they were looking to get out of this?

Do you have the e-mails from the slides from Hannah yet?

>> No.

>> They were just sent. They should come any minute now. Some do, some don't. Okay.

>> Those -- when more folks have it, then we'll go.

>> I have mine.

>> We're warmer here.

We can go ahead and kind of start, kind of dive into some of the material here. You can follow along, and if you have any kinds of questions feel free to stop me.

Really looking at the national trends around substance use, there is a wonderful document, I don't know if many of you have seen it, it is the health barometer, it has a couple of iterations of it now, there is a new one out, the 2014, it provides a very good data and the context around the drug use, it had it in this country. It pulls the data element out of it to get started here.

Looking at -- you know, in the United States currently, there is 17 million people who were dependent on alcohol in the last year of the survey. Within a year of the survey being put out you have 6.9 million more individuals dependent on abused or illicit drugs. You start to think about youth. You think about 2.2 million adolescents who yearly illicit drugs, and another 1.6 million adolescents who were -- who were binged alcohol

drinkers in the last month prior to the survey. So substance use is still a pervasive problem in the country.

I think many of you given work that you're doing and the project that you're working on will have a fundamental understanding of the relationship between substance abuse and HIV and Hep C. A lot of that work is looking at the resources available. As you begin to think about prevention strategies for substance abuse given the thought of keeping them away of using the substances promotes positive decision making and other things that lead to them lowering the risk of infection with HIV and Hepatitis C and lowering the risk of transmission if they have those particular illnesses already.

If you look at the next slide, you really want to -- you see why this is important. Why are we talking about substance abuse initiatives and why are we, you know, really spending time talking about this.

As you may know, it certainly is in relationship between HIV and substance abuse, data polled from CDC and other entities demonstrates that. We have 1.1 million people in the U.S. who are living with HIV. 1 in 6 do not know that they're infected. 10% of those from HIV infections, also drug users. That's down from percentages of a number of years ago, but it is a significant amount of folks who are using drugs who are HIV positive. 1-6 individuals of HIV used drugs at some point, and 1 in 4 have needed treatment within the last year. There is a nexus between substance use and HIV treatment and prevention. In addition to that, the White House, you may have seen, they have an updated strategy around HIV/AIDS. It is updated out to the year 2020. With that they have a couple of areas of focus that we'll talk about here a bit. You know, looking at, you know, increasing the amount of testing and linkages, expanding places where folks can get tested, treated, looking at, you know, how to get support, people living with HIV. Many of you know, the medications are better and better, from day-to-day, month-to-month, year-to-year. People are really living longer and more productive lives with the illness. Looking how to support them, get them engaged, care, a universal, oppression, really those that have it, looking at ways to help or assist to keep the barriers at minimum levels so that they can continue to live happy, productive lives.

And then, you know, full access to services. This is a real, you know, push here to increase activity around the HIV prevention and treatment. Looking at that coming from the White House for the next five years, as a part of that, on the next slide, they have a number of progress -- there are 10 indicators demonstrating good growth towards the key areas of focus. I won't go through all of them with you, but if you look at the

highlighted ones, which is indicator 10, you're increasing the youth of persons who inject drugs with a diagnosis of HIV who are suppressed to 80%. There is a focus, benchmark indicator actually related to folks who are using substances, particularly those that are drug users. So the more programs, agencies that they have in place to help prevent, treat substance abuse, the better off you'll be in terms of moving forward around key indicators with the new HIV strategy or updated strategy moving forward.

Next slide, mainly talking about principles of prevention. What does a good, a robust substance abuse prevention have? What are the things that are in place as you begin to think about developing your own or looking at prevention programs you may want to put into your practice.

The next slide, I looked at the National Institute of Drug Use. They have a very good document -- they have had it out for a while -- the Principles of Substance Use Prevention, and in that they list about 16 principles around what should be involved, the quality evidence-based prevention program. It didn't list all of those. There is a link to the website that's in the resource section on the last page of the -- of the PowerPoints that you can go there, kind of look up that entire document if you want. What I did, I pulled out about seven of those that are actually -- I think that are relevant to the programs that are participating in this initiative. So if you take a look at those, you know, principle 1, prevention programs, the projected factors, and reverse or reduced risk factors. So whatever you're implementing, you are really looking at a program that is going to be very stretch based on things that are happening in a life, hoping to build upon the positive and then reducing those other risk factors. So really it is a strength-based approach to addressing substance use prevention. It is kind of a Hallmark of the effective space programs.

Then looking at programs that are comprehensive. Number two, addressing all forms of drug abuse, either alone or in combination. That includes smoking, you know, if someone is coming in, you know, alcohol abuse and they also smoke, you know, a good prevention program, you know, would address all elements of that. Looking at all of those different elements either together or separately, but either way, those programs will address substance abuse in a comprehensive way in terms of preventing it.

Looking at some other ones here, you know, three, you know, address the type of problem that a community has. If you think of your organization, given to the change in climate around healthcare in and of itself, the change that we're in relating

to healthcare delivery, the move towards accountability, the substitutes in behavior health, it is much more part of the healthcare system. You want to make sure that your organizations are addressing sort of the problems and the community. So looking at prevention programs designed to address the problems that are specific to your community. Really having that needs assessment and community dialogue of developing programs that are appropriate and fit a need. The community will go a long ways in terms of creating value for the organizations around your particular community. Programs should be tailored and to move forward, having programs that are specific, you know, tailoring the programs to the audience, you know, really looking at how you can be a resource to your community with a tailored program that meets the needs, whether they're -- you know, of different races, gender, authenticity, tailoring that program.

Principle 10, working with programs that are family based. Even if it is a single program alone, if you combine two more programs together, making sure that the program is more robust, that's a good idea to -- a good way to think about it. There are components of one to leverage together with another program to create a more comprehensive approach. Those are things that are positives.

If you look at principle 11, ability, the program to be implemented in multiple settings. A versatile program, a program that's able to be implemented in all of the different places in which your organization will work. I know some of you, community outreach, you may be in schools, churches, other areas of the community, a program that's implemented in those areas, so you go out, meet people where they are. You're looking at evidence-based approaches.

Principle 13, programs shouldn't be long term with repeated interventions. Programs that have, you know, duration. Prevention program that lasts only a week, chances are it won't be as effective as one ongoing for several months. Think through that, how can you really have impact, what is the duration of the program.

Principle 16, looking at just cost savings. If you implement a program that's effective, it impacts the bottom line or the community bottom line in terms of reduced cost or in terms of reduced crime cost, reduced treatment cost, depending on how you implement things, reduce costs relating to emergency room visits, other social activities so thinking of that in terms of larger impact, implementing the prevention programs.

If you look at the next slide, looking now at larger scale options in terms of prevention options that are large-scale kind of community or implementation, so the process is here. Clearly

as you talk about the implementation of the early intervention strategy, it helps reduce substance use so if you think of the work around the screening, intervention activities. We'll talk more about that in a second.

Prescription drug monitoring programs, many of you know there is a serious push in the country for reducing the abuse and access or ability to sort of misuse the prescription drugs, opiate particularly. If you look at those monitoring programs in the community, to help with that, in terms of limiting access, creating an environment in which you have a mechanism for appropriate access or safeguards around abuse of those particular combinations.

Programs, I think many of you are aware, sort of the link between trauma and substance abuse, a good prevention program in a number of communities you may want to look at addressing trauma, having the I formed or practiced programs, being sensitive, paying attention to that, a trigger for substance abuse.

Then this strategy, the larger, community-based strategies, they're limiting access or controlling access, drugs, alcohol, so you can -- so the community has appropriate access but that's access that is deemed as appropriate based on conditions and other factors in the environment.

Let's go more in detail about a few of these options here. Let's start with this. This is a -- at this point it is a well-known process. So certainly we have the treatment intervention, so there are prevention characteristics with the activities here. When you talk about expert, you know, we're talking about the framework to allow for early identification and treatment of substance abuse disorders. It is something that you use in a number of different settings, a wide variety of settings, health centers, emergency rooms, schools, mental settings, you know, a lot of non-traditional settings. It is really, really designed to, you know, intervene a more serious consequence has occurred. You know, looking at that to add a strategy to help in communities. If you're having issues with substance use, you may want to think about how you're doing the screening or the brief interventions, where the touch points in the community, where you can begin to rollout more screening or begin to have counselors available to do brief interventions with the folks looking at a traditional setting through a number of HIV clinics, they have gone to some expert-based protocols and practices. Really looking to address the substance abuse. Much, much earlier in the process and really looking to provide the supports early on so you can counter them all, the issues there.

If you look at the next slide, if you look at the expert,

again, talking about the screens, most -- if you look at the next slide.

Those folks will raise awareness, motivate clients, look at the positive behaviors. (Audio issue).

>> All guests have been muted.

>> It looks like our technology is slowly coming back up here. We muted everybody's line to just kind of make sure that there is no background noise. You know, we don't disturb that process. Looks like the capabilities are coming up. We may have opportunity later for some discussion and Q and A.

Looking at experts, so the moving of the category, if you screen in the high-risk category, most folks will not actually screen in that category. Most will screen in the low or moderate risk category. If you have a high-risk, you need the further supports, you know, maybe even substance abuse treatment, expert also provide that mechanism to get them into that specialty care in a seamless way. You need to think of how to use that as a prevention intervention and moving forward or prevention -- early intervention mechanism moving forward, that's something that you may want to consider as you look at the preventive practices.

Going to the next slide, you know, we're looking at -- you know, the prescription drug abuse epidemic. As we talked about earlier, you know, we -- in this country I think we have seen that there is numerous reports, a lot of discussion around the use and or abuse of prescription drugs, particularly Opioids, a reemergence in the country of that, you have the purity of heroin, it has gotten incredibly more so over the last few years and the price has gone down creating a demand for heroin now that a number of -- of the subscription Opioids are being controlled very tightly so you see a rise and increase. What I want to do is give you a sense with the next slide of some of the habits around the prescription Opioids. If you look at the chart I have here, it gives us a sense of what's being used. This is a chart from NIH around the use of opioids, particularly the 12 grade, what are they using in terms of drugs of abuse and interestingly enough, right behind marijuana you have essentially prescription drugs, prescription over the counter medications. You begin to think about that, you know, what's happening, clearly marijuana has been number one in the category for quite some time, but everything else on that list, the top ones on that list, they're all prescription drugs. So if you really think about what's happening in the country in terms of the use of substances, you really need to keep an eye on the use of prescription drugs. That leads into the next slide, it is really about one of the ways in which you can address that, which is the utilization of the prescription drug monitoring

programs. 49 states have the programs. You know, they're really sort of a good tool for helping to reduce the prescription drug abuse and the diversion of the medications. If you're a health center, emergency services or organizations offered some type of healthcare, really making sure that you are checking those prescription drug monitoring programs to see if people coming in, if they're doctor shopping or have multiple prescriptions out for opioids or other medications. It helps in terms of reducing the diversion of medications and also in terms of reducing the risk around opioids overdose. Really thinking about how you can connect with the prescription monitoring drug program and looking at that particular mechanism as a way that you can increase your prevention activity by making sure that your staff is well aware that that's available within the state and utilizing that.

Looking at the next slide, we'll go deeper in true Ma. -- trauma. Trauma prevention programs. So again, as we sort of discussed, you know, trauma is highly correlated with substance abuse, there's a lot of studies out there to talk about the relationship between trauma and substance abuse. Looking at programs that are trauma informed, there is a lot of training and technical assistance through entities allowing a lot of work around trauma.

If you think of an organization that's trauma informed, it understands the wide-spread impact of trauma and the eventual path to recovery, recognizing the signs and symptoms and responds with fully integrated knowledge.

Also resists anything that may retraumatize the individual. Beginning to think about the concept of what happened versus what's wrong. Really trying to create an environment that does not stigmatize and helping people focus on their treatment approaches and can move forward in addressing trauma and any other issues that they may have. You know, with an eyes toward addressing these kind of issues. There is a number of trauma specific interventions out there. I have a few up here just so you know. As many -- many of the organizations on the call, you guys may be either -- either you're engaged in effort now to become more trauma informed or becoming a trauma informed organization or you may be utilizing a number of these particular programs in your agency, there is a lot of special populations, a number of folks we're working with, whether it is veterans, women, others, these are evidence-based programs that are trauma-specific intervention, if you think about how to broaden your scope, I would mention looking at the trauma programs or figuring out how you and your staff and your organization may be more trauma informed may be an option for you.

If you look at the next slide, now we're talking a bit more about the environmental strategy so the strategy, many of the community-based organizations or prevention programs, the anti-drug coalitions, a number of them, they do a lot of advocacy work in community, they look at these environmental strategies. The environmental strategies are really the strategy that's designed to change the context of which the substance abuse occur. If you think of some examples of environmental strategies, it would be, you know, raising taxes or -- on alcohol, the alcohol tax on the community. Raising the taxes on cigarettes in a given community. They know there is a lot of data around that particularly use and abuse by youth go down as you begin to increase the cost and taxes relating to the specific items. Thinking about your environment in that way. You know, looking at other ways to limit the sale or prohibit who has access to addictive substances. You can even think about some of the work that's being done around the prescription drug monitoring programs and other things that are environmental strategy. Really thinking about, you know, how to connect with your overall community, you know, what sorts of activities shouldn't you be a part of, should you engage in, in order to move forward with the community and address their needs around substance abuse prevention. A number of options there. I have really just highlighted a few of those options to just give you a sense of what the lay of the land is or what you can think about as an organization.

On the next slide, one thing to shift gears a bit and talk about some of the options you have, you know, if you want sort of an evidence-based practice or program to address some of the issues.

A number of you are out there, you want to implement these things, you know, if you have a QI, you know, a part of your organization that goes out, looks at ways to improve or make your organization better, so you really want to have ideas and thoughts about where do I go to find these things.

So the next few minutes we'll talk a bit about some of these particular websites, other things where you can go to find out more about the evidence-based practices. Now the next slide here, it is the SAMHSA evidence-based practices and programs, nrepp, it is a wonderful database and resource developed by SAMHSA and maintained by them to have a number of different manualized programs and a lot of prevention related programs that you can do searches there, by different aspects of the program. You can look up mental health, prevention, it will give you a list of programs in the database, you can look up -- you can search by gender, authenticity, it will give you the evidence-based programs that have shown advocacy within those

particular genders or authenticities. So it is really a wonderful sort of, you know, resource if you're beginning to think about where do I go with the evidence-based practices. Certainly it is not the be all, end all in terms of the databases for this. It is a very good one and a very sort of thorough one in terms of its searchability and in terms of the information that you get about the actual evidence-based practice. There are a few others out there that are similar, I think that the University of Washington has a drug abuse sort of database that they have that they use as well. It is a very good resource here, you know, that you can look at if you're looking for some sort of manualized program or practice to implement. Then another resource, the next slide, you know, really we talked about it earlier, NEDA, the national institute on drug abuse. They do a nice job of providing a lot of information, customized, they're really the research arm of the national institute of health around drug abuse. They have the best and brightest minds who are doing research on drug abuse and they're looking at, you know, developing a lot of new protocols or practices and they have a number of resources that are helpful, particularly if you're engaged in any sort of educational programs with youth like substance abuse prevention, education programs, where you need to provide information that's a usable, readable, understandable kind of context, you know, for adolescents or for others. They have a number of other documents and manuals that we talked about earlier, the principles of the drug use prevention and other things that are there. So NIDA, it is a very good resource for looking at kind of prevention strategies.

Another one to be aware of by the CDC is really their community guide. This guide on the next slide here, they have the published help and strategies and information about the certain strategy that you may want to implement. You can take a look there. You can look at a number of different things like strategies around obesity, substance use, you know, smoking sensation, a number of different things that they're from the CDC, that they really talk about the evidence-based practices and approaches that really can help, you know, prevent the substance abuse at this level.

with that being said, that's a number of different resources, you know, that is there, that you want to go find in particular, the evidence-based practice, it is the information session, towards the end here, there are a number of different websites that I think will be helpful to you. We'll talk about those a bit later.

What I want to do now, I want to stop right here, it looks like we may be able to actually have a discussion here about

sort of where you are with your strategy.

What I put on this slide here, a number of questions. We'll be able to open up your lines here. You can share around some of the questions.

We'll start with the first question, you know, what strategies have you used in your community to prevent substance abuse? Really want people to share, if anyone has a particular program that they're using, that they found to be effective with a certain population, you know, with a part of this or, you know, with this learning community or collaborative, you know, that's the kind of information that people really want to know or have on this particular -- you know, in a particular breakout. We'll take a second here to unmute the lines and begin to look at if anyone has any thoughts and questions they would like to share.

We're trying to have a conversation but in the meantime, look at the questions and see if there is something that you would like to offer in relation to any of those. We can -- we can, you know, have some time -- we have time here so we can have a discussion about those.

We're working on unmuting the lines now. It shouldn't take more than a few minutes. Hold on a second.

>> Can everybody hear me now?

We were able to unmute people's lines. If folks want to share about what strategies you have used in the community to prevent substance abuse. Feel free. Anyone have any thoughts about that?

>> This is from special service for groups. You know, I'm not directly involved with the service provision of our substance abuse services under our program. I know we're using seeking safety, which is obviously on the MVP. I think obviously addiction is, you know, a struggle, an ongoing condition, what seems to be driving some of the seeking safety groups forward, it is a sense of social support in the groups, which is a good sense of seeking safety, feeling safe around others and asking for support. I have just noticed that the warmth and sense of community seems to go a long way with the clients.

>> Seeking safety is positive. What about others? Have others used other programs? Any other programs that people have used? Any other programs of what people think are effective.

Okay. What about the -- what about the -- let's take a look at question number 2. If you're using any of these interventions, how did those interventions fit in with your organization's workflow. Were they separate, a one off theme being done by a group of people in an organization, are you able to incorporate the larger principles? Any stories or words of

wisdom about that. Clearly, folks are looking at different types of programs to implement. I'm just wondering, have you guys actually attempted any implementation of any of these programs before? What are the challenges, were there issues with trying to implement any of these programs? Anyone want to share about what may have been a challenge that they're trying to work through?

>> I would like to share a bit of what we have experienced in our agency. We have used motivational interviewing and trying to service an array of individuals because our clinic is open for anyone ages 18 to 64. Within that we're able to service people that are LGBT, others that are not, we have a variation of community needs that we serve, a limitation we have seen is that although the matrix model, it is very much evidence-based and supported it is limited in the fact that there are people coming in with so much trauma and they need a higher level of care or intervention that only licensed people are eligible for such as EMDR which is very much used for people with PTSD and some people come in that are substance users because they also have the PTSD symptoms and we can only provide short-term therapy we're finding that some of the interventions have that limitation that we cannot provide we can't provide more until we find licensed individuals and some of us are working towards license, but that takes time. That's a limitation we have faced.

>> That's a limitation that many have faced in terms of providers to provide the interventions. You mentioned sort of the duration of the interventions like longer duration sorts of encounters and ensuring the effectiveness of the that's very common. Have you thought of strategy to work around it yet or how are you maintaining it?

>> The way we have thought about working around it. We contacted our GPO and drafted a plan to see if he would allow us to have master level interns and have themselves as follow-up care although our duration is only 20 weeks long that maybe the interns could see anyone else that needs after care. That's one of the things we're working on implementing presently to see if that would help with the duration.

>> Yes.

>> And in terms of the other interventions that we could use, several of us are hoping to get license before the year ends, that's another thing. Outside of that, I think those are our two main approaches.

>> Okay. Okay.

Those sound like good approach, you have a plan in place that may allow you to move forward with these processes, that's good.

What about others? Have others tried to implement the approaches? Had any challenges, any other issues they have overcome or successes?

Okay.

So what about in discussing the last question here which is how do you begin to think about this sort of prevention efforts in concert with hepatitis and HIV prevention? Are you beginning to use the substance use treatment efforts or preventive efforts and linking them with the HIV care and the hepatitis? How is that going for folks?

>> This is special service groups, I think we have hit a bit of a barrier in that sense. I mean, we have our services open to clients to length with some of the testing and vaccinations services and many are participating but others are shying away. There is a lot of stigma with healthcare system with a lot of MSM and a lot of the clients also have the perception of why do I need that? I have been tested a strategy we have thought about is the clinic staff coming and talking during some of our groups to provide some education on the importance of ongoing testing that if you have been tested once, it doesn't mean you're in the clear forever. I hope that that will help. There is a really tough aspect of the mistrust among the community with some medical providers. That's something we're dealing with as well.

>> Okay.

>> What about others? How have you linked these efforts with the HIV and Hepatitis C efforts? Others that are willing to share?

There has to be at least one that's willing to share sort of how things are going as they try to implement and blend these things together.

I think that's sort of the heart of the discussion here in terms of you have put together strategies to address the substance abuse and prevent that in the context of sort of HIV and hepatitis, you know, really coming down as selecting the appropriate program, you know, working that program and really then trying to take a look to see what's working, what's not working and tweak it and move forward from there. Definitely using the community and resources available to you through the community to dialogue with your peers about sort of what's been happening, what's going wrong, what's halt ever challenges people have seen, overcome, what obstacles they have overcome, it will go a long way with you moving forward with the project. That shared peer to peer training is critical as you begin to go forward.

Winding down the presentation, I want to go to the next slide here, about the resources that are available to you.

We have a wealth of information around the substance abuse prevention, if you look at the application for the technology, there is a lot of training or technical assistance related to that. That is there, that's available to agencies that are trying to implement other prevention approaches. You know, looking at the strategic prevention framework that we have, you can look at the data, the large-scale preventive activities that are there. Again, there is a link acting to the guide to that site that's cited earlier by the CDC, they were a clearing house of a number of different resources, HIV, AIDS, hepatitis, others, we talked about that, a number of different resources here. The drug coalitions, they have a wealth of documents and initiatives that are related to the prevention and how to get the local community support and how to build and maintain anti-drug situations in the community. CDC has a number of -- another website around the effective interventions and that's for HIV and hepatitis that you can go to that website to find other evidence-based solutions around reducing the spread of HIV and Hep C. Addiction technology transfer, they have the training and technical assistance grant that's related and already connected with those. If you're in that area, I would encourage you to connect with them, they have training around the interviews and other things that may be of benefit to the organization and staff as you think about how to expand your prevention efforts.

Looking at this, there is a program, a bureau and they have a number of different resources if you're a health center, a primary care, looking at those different resources certainly it may help you moving through with this process.

With that, I'll stop, and we have a little bit of time left still. Any comments, feel free to ask.

Are there any questions? Comments -- any questions? Comments. okay. On the last slide, I have the information. If you have any other questions, comments, things that come up, feel free to contact me. You know, let me know if you're looking for more information on something or had a comment on something. Definitely feel free to just give me a call, use my e-mail address. I'll do my best to try to do -- answer that question or find the answer to it. I definitely want to thank you all for participating in the web-based meeting today. We're actively working with Adobe Connect trying to minimize the technical issues. We definitely want you to join us tomorrow at 1:00 p.m. eastern time for day 2 of the web-based meeting. Use the same link that you had before. Again, we'll -- we're still working with Adobe Connect to work through the issues and we thank you for your patience today. I know that not having the screen up we have -- it is hard to follow, it is more difficult

for folks. Thank you for your patience. Thank you for participating in this breakout. If you have questions, concerns, give me a call. We'll go from there.

Thank you.

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