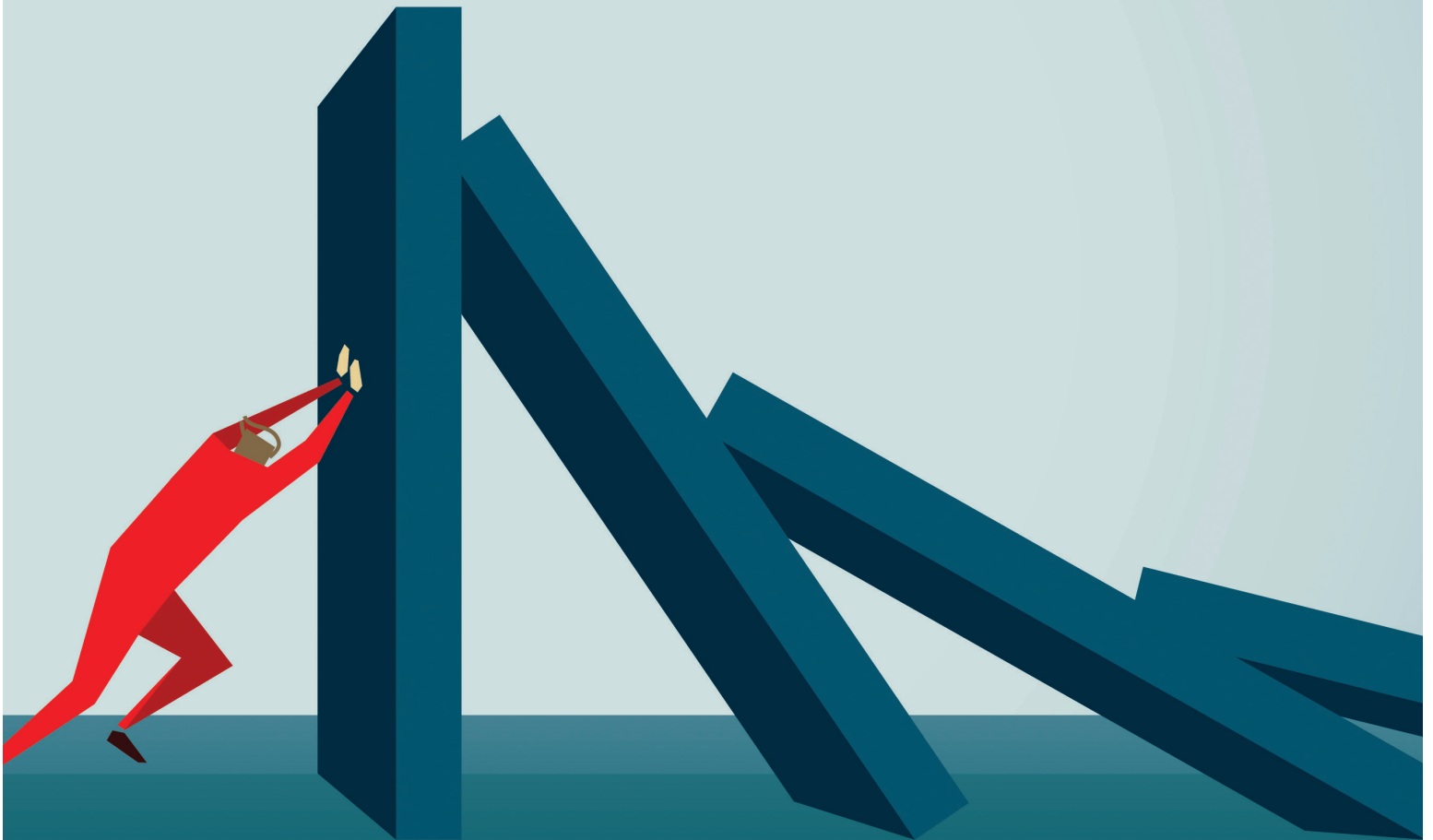# Preventing Opioid Use Disorder

A NIC PLAYBOOK

The NIC Playbook on Preventing Opioid Use Disorder seeks to present a comprehensive picture of the state of knowledge on how to detect and avert opioid use disorders. Its aim is to provide guidance – to federal, state and local practitioners, legislators and engaged executives in nonprofit organizations – about detection and prevention strategies. It also offers examples of relevant initiatives around the country, with as much data as possible regarding their efficacy. In order to illustrate the challenges of "getting upstream" of the worst public health crisis in U.S. history, the Playbook is organized around realistic scenarios (stories) that depict the path of opioid use in specific circumstances. In particular, they focus on the actions of individuals who develop misuse disorders and of practitioners who react to them.

Most pointedly, the Playbook summarizes policies, programs and projects with the potential to prevent opioid use disorders from beginning or advancing. For each play (strategy), the Playbook presents its purpose, objectives, theory of change, useful elements of implementation methodology, evaluation data (when available) and reference materials for further exploration. Our intent is for any given jurisdiction or community of interest to be able to use the plays in this document as candidates for a well-conceived and effective initiative aimed at preventing the onset and/or spread of an opioid use problem in a jurisdiction or population group. The Playbook seeks to provide the information and reference materials that will enable the design and construction of such a strategic effort, along with ways to measure its efficacy.

A few examples of these "plays" include:

Reduce the risk of developing an opioid use disorder. Childhood trauma and other adverse life experiences can contribute to eventual substance misuse, so they need to be factored into any prevention strategy. The Substance Abuse and Mental Health Services Administration (SAMHSA) includes such factors in its Strategic Prevention Framework (SPF). Its five steps and two guiding principles offer professionals a comprehensive process for addressing substance misuse and related behavioral health problems. SPF's effectiveness begins with a clear understanding of community needs and involves community members throughout the planning process.

Improve and implement better prescription-monitoring programs. The goal of this play is to ensure physicians know about and use their state Prescription Drug Monitoring Program (PDMP) and check across states to deter doctor-shopping or ensure the history of prior medication does not imply a new prescription shouldn't be written. The Prescription Drug Monitoring Program Training and Technical Assistance Center at Brandeis University has created a "Best Practices Checklist," which outlines many of the improvements that have been identified to make PDMP usage more effective.

Reduce involvement in the criminal justice system. Since recidivism is often tied to further substance use and related activities, reducing its probability through diversion programs has a preventative effect. Finding alternatives to arrest, prosecution and correctional supervision is therefore a step to consider. There are a variety of police diversion programs, for example, including models in which people referred to the police can be transported to a treatment facility instead. Another major, successful type of diversion program is the creation of drug courts.

Remove the stigma. Educating the public, health care professionals, health care systems and plans, community organizations and law enforcement that addiction needs to be treated with a comprehensive team approach will be vital to achieving success in the fight against opioid use disorder. The components of this play include educational programs, small group discussions, seminars and training in specific approaches and language that professionals should avoid. This may be the most important play to stem the tide of substance use disorder.