

PREVENTION EDUCATION WITHIN MASTER OF SOCIAL WORK PROGRAMS IN NC



Addiction
Professionals of
North Carolina



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APNC thanks the statewide committee for all of their work in creating these standards and the accompanying rubric. We are grateful for your commitment to the substance use prevention field.

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The committee expresses its sincere gratitude to the 2017 Massachusetts Governor's Social Work Education Working Group on Substance Misuse for their dedication and valuable contributions to the field of substance use. The standards set by this group served as a critical foundation, providing insights and structure that were instrumental in creating the North Carolina Standards.

The committee thanks the professors and program directors who shared their time and knowledge throughout this process. To preserve the confidentiality of the information shared, this report will not disclose the specific MSW programs interviewed.

Introduction

A 2023 report by Mental Health America (MHA) found that 15.35% of American adults reported having a substance use disorder, with a staggering 93.5% of this demographic not receiving any form of treatment.¹ Similarly, the 2023 World Health Organization's (WHO) World Health Statistics Report highlights a significant gap in the treatment of substance use disorders. Despite the availability of effective treatments, coverage and access remain critically low. The WHO report found that fewer than 20% of people receive needed treatment for alcohol use disorders. In addition, only about 7% of all individuals globally seeking substance use care were provided adequate treatment.²

Given these statistics and the growing behavioral health field, it is clear that regardless of the specific segment of the helping professions one might choose to pursue, their work will be touched by the impacts of substance use and substance use disorders.

It is vital that graduates feel prepared with a foundational

play a pivotal role on the front lines, offering support to individuals across diverse backgrounds. Those engaging in direct practice are confronted with a broad spectrum of needs, particularly concerning substance use and substance use disorders. Social workers must have a strong foundation and understanding to prevent substance misuse, identify disorders, and ability to refer to treatment.

With this in mind, Addiction Professionals of North Carolina (APNC) engaged in a collaborative effort with The North Carolina Division of Mental Health / Developmental Disabilities / Substance Use Services (NC DMH/DD/SUS). The purpose was to assess substance use prevention education within MSW programs comprehensively. APNC first convened a diverse statewide committee comprising social workers, social work students, academic faculty from social work departments, and experts in substance use prevention. This

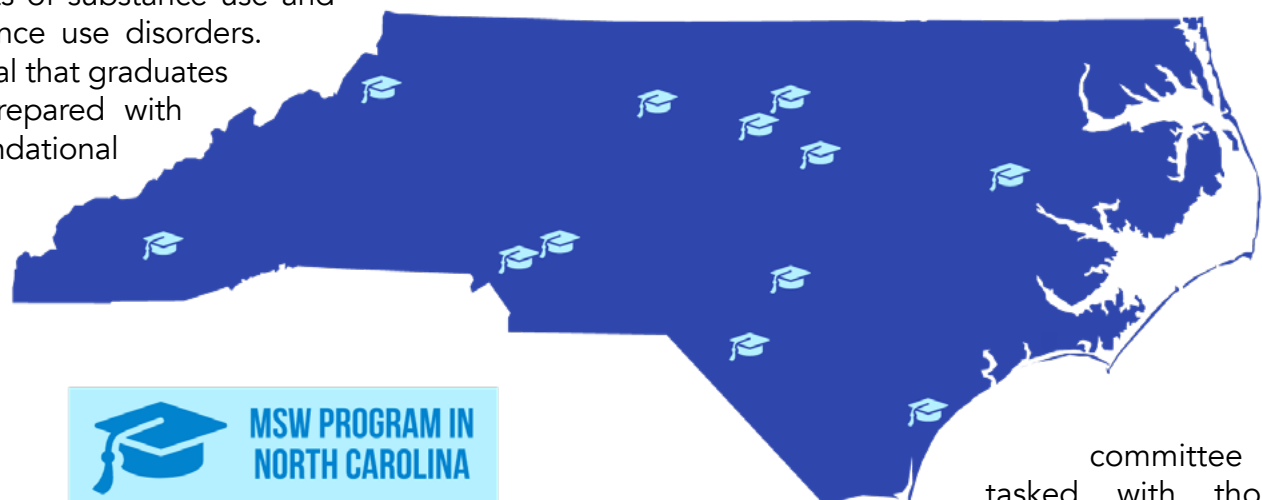


Figure 1: MSW Programs in North Carolina

comprehension of substance use prevention, including pertinent knowledge, skills, and resources, to ensure they are adequately prepared to assist their clients effectively.

North Carolina is home to 12 Master of Social Work (MSW) programs (Figure 1) with new professionals graduating every semester. These social workers

committee was tasked with thorough research on the best practices in social work education, evaluating existing resources for substance use prevention education, examining the intersection of prevention theory and social work, and reviewing the approaches adopted by other states in this domain.

The insights gleaned from this research informed the development of a set of educational standards aimed at enhancing the curriculum of

1 Mental Health America. Prevalence Data 2023, mhanational.org/issues/2023/mental-health-america-prevalence-data#:~:text=Adults%20with%20Substance%20Use%20Disorder%202023&text=15.35%25%20of%20adults%20in%20America,disorder%20in%20the%20past%20year. Accessed 22 April 2024.

2 WHO: World health statistics 2023: monitoring health for the SDGs, Sustainable Development Goals. Geneva: World Health Organization; 2023.

Master-level social work programs across North Carolina. These standards were adapted into a rubric form, detailed in Appendix A of this report. Designed as a self-assessment tool, the rubric is accompanied by a series of recommendations for its adoption by any social work program within the state. APNC succeeded in conducting interviews with representatives from five of North Carolina's social work programs, using this rubric to help guide conversations around the state of substance use prevention in current Master of Social Work programs. These materials will be made available digitally, enabling institutions to access and utilize them for the continuous evaluation and improvement of their programs as needed.

The NC MSW proposed standards work to show that prevention has a complex narrative that can be broken down into three distinct categories, which explain the strategy in which prevention is being utilized. The categories are as follows:

- Primary Prevention: Prevention efforts such as education, information dissemination, and alternative activities are prioritized to help reduce the likelihood of substance use disorders from occurring.
- Secondary Prevention: Prevention efforts that help reduce the likelihood of substance use disorders in higher-risk populations such as screenings.
- Tertiary Prevention: Prevention and treatment efforts that aim to prevent further substance use within individuals exhibiting signs and/or symptoms of substance use disorder.

SAMHSA further classifies prevention interventions by their targeted population using the terms Universal, Selective and Indicated. The classifications are defined as follows:

- Universal: Prevention efforts that target the general public, without any identification of individual risk for developing a substance use disorder.
- Selective: Prevention efforts that target individuals or groups of individuals who are at higher risk for developing a substance use disorder.
- Indicated: Prevention efforts that target high-risk individuals who are exhibiting early signs of substance use disorder.

The two categories, strategy and population classification, are closely linked and are often considered together. In primary prevention, a universal approach is usually taken, while secondary prevention often involves a selective approach and tertiary prevention adopts an indicated approach. Understanding the connection between these two categories can help in better comprehending how the NC MSW proposed standards and provided resources are related. It can also help form a complete picture of how implementing these standards might affect future social work practice regardless of the populations they serve. This document will use "primary, secondary, and tertiary prevention" to be consistent with the language used by MSW programs.

State of Curriculum

Professionals in the healthcare field have long recognized the importance of incorporating substance use disorder and prevention education into healthcare curricula. In 2017, a working group based in Massachusetts created a set of standards to be utilized by Massachusetts schools of social work.³ These standards include core principles that span primary, secondary, and tertiary substance use prevention, working to build foundational knowledge and introduce relevant skills for future social workers, who will undoubtedly encounter substance use throughout their work.

The core principles suggest enhancing students' comprehension of evidence-based prevention practices, inclusive language and services, harm reduction efforts, community referrals, breaking down societal stigmas and biases, and much more. The working group argued that adding substance use disorder and prevention education to the social work curriculum helps fulfill social workers' ethical duty to provide timely and appropriate services, as outlined by the National Association of Social Workers (NASW) Code of Ethics. The transferrable skills taught through these recommendations prepare social work

3 Governor's Social Work Education Working Group on Substance Misuse. (2017). Social Work Education Core Principles for the Prevention and Management of Substance Misuse. Retrieved from <https://www.mass.gov/doc/social-work-education-core-principles-for-the-prevention-and-management-of-substance-misuse-0/download>

students to engage in substance use prevention, provide person-centered care in all settings, and meet the ever-growing needs of those seeking their services.

Soon after this, substance use disorder and prevention-specific curricula began to emerge across the United States. In 2018, The Coalition for Behavioral Health, an interdisciplinary group of professionals working to reduce the prevalence of behavioral health problems among young adults, released four prevention modules.⁴ While a piece of larger curriculums, these modules offer coursework, activities, and resources to build students' knowledge of prevention theory, direct prevention practice, community

conducted by Dr. Dane Minnick found that social work has historically provided inadequate education on substance use concepts and minimal training specific to substance use prevention as part of social work academics, leaving past and current social work students unprepared for entering the behavioral health workforce.⁵

⁶In response, Dr. Minnick and his colleagues at Ball State Center for Substance Use Research and Community Initiatives created substance use prevention curricula recommendations. The recommendations encourage the social work curriculum to utilize immersive learning opportunities and train students on substance use prevention and related concepts.⁷

Based on these recommendations, Ball State University initiated a substance use prevention course that is available to senior-level social work students each semester.⁷ The course provides students with prevention theories, concepts, and strategies. It allows them to put their knowledge into practice through various in-person prevention activities such as drug take-back days, public health social marketing campaigns, mocktail lounge events, and community clean-up days. This prevention knowledge and community engagement experience leave students better prepared to enter the workforce and face current and ongoing challenges, such as the opioid crisis and substance use as it relates to the COVID-19 pandemic.

In recent years, the Council on Social Work Education (CSWE) and Substance Abuse and Mental Health Services Administration (SAMHSA) have released curricular guidance on substance use prevention. In 2020, the CSWE released the Specialized Practice Curricular Guide for Substance Use Social Work Practice as a response to the ongoing opioid health crisis and the knowledge that social work students will encounter substance use disorder at some point in their practice.⁸ While not mandatory,

THE CORE PRINCIPLES SUGGEST ENHANCING STUDENTS'

- **COMPREHENSION OF EVIDENCE-BASED PREVENTION PRACTICES**
- **INCLUSIVE LANGUAGE AND SERVICES**
- **HARM REDUCTION EFFORTS**
- **COMMUNITY REFERRALS**
- **BREAKING DOWN SOCIETAL STIGMAS AND BIASES**

prevention practice, and policy prevention practice. Educators are encouraged to use these modules in their classrooms to better prepare future practitioners.

In 2019, evaluations of various MSW curricula

4 Coalition for the Promotion of Behavioral Health. (2018). Training modules. <https://www.coalitionforbehavioralhealth.org/training-modules>

5 Minnick, D. (2019). Examining substance use education in social work: a survey of MSW program leaders. *Journal of Social Work Education*. <https://doi.org/10.1080/10437797.2019.1671260>

6 Minnick, D. (2019). The state of substance use education in masters of social work programs: a content analysis of course listings and faculty profiles. *Substance Abuse Journal*, p. 1-7. <https://doi.org/10.1080/08897077.2018.1550466>

7 Minnick, D. (n.d.). Training social work students to engage in substance use prevention using immersive learning. *Campus Drug Prevention*. <https://www.campusdrugprevention.gov/views-from-the-field/training-social-work-students-engage-substance-use-prevention>

8 Council on Social Work Education. (2020). Specialized practice curricular guide for Substance Use Social Work Practice.

the guide provides suggested curriculum content, multimedia content, and assignments that educators are encouraged to use to meet specialized substance use and generalist social work competencies. As with the recommendations before it, this guide offers educators the opportunity to provide students with the specialized knowledge, values, and skills of substance use disorders and how they may impact their community.

Then, in 2024, SAMHSA released the Core Curriculum Elements on Substance Use Disorder for Early Academic Career as a response to the behavioral health field's needs, policy changes, and the rise of fentanyl use and exposure.⁹ The elements cover a wide range of medical and health professionals, including social work, and suggest that undergraduate and graduate health professionals' curricula should cover substance use disorder prevention, recognition, and care, including validated screening and assessment tools, evidence-based strategies, co-occurring disorders, safety and overdose prevention, and the impact of stigma, trauma, and social determinants of health on substance use. SAMHSA provides evidence-based resources and guides on its website to help develop a curriculum that meets these recommendations and prepares future practitioners for their work, whether directly or indirectly related to substance use disorders.

Various prevention-specific curricular guides, recommendations, and modules have emerged, making it easier than ever to facilitate substance use disorders and prevention education in MSW programs with minimal effort. By evaluating their MSW programs, educators can highlight the strengths and challenges faced in their curricula and make changes based on the current needs of their students and community. As a result, students will be better equipped to face the ongoing challenges surrounding substance use disorders.

NC Standards

The standards adopted by the statewide committee include all three prevention domains and were adapted from language started in the Social Work Education Core Principles for the Prevention and Management of Substance Misuse from The Governor's Social Work Education Working Group on Substance Misuse of Massachusetts.³ The standards include all three prevention domains (Figure 2).

Primary Prevention Domain – Reducing Substance Use and Preventing Substance Use Disorders: Screening, Evaluation, and Prevention

- Demonstrate an understanding of evidence-based prevention techniques and strategies, including community assessment, the use of data to inform prevention efforts, a focus on risk and protective factors for substance use disorders, and other approaches consistent with the Strategic Prevention Framework (SPF) and other evidence-based strategies.
- Assess a person's risk for substance use disorders by utilizing age-, gender-, and culturally- and linguistically-appropriate communication, validated screening and assessment methodologies, supplemented with relevant available information, including (but not limited to) family history, co-occurring mental health disorders, and environmental indicators. Understanding that non-stigmatizing and equitable language is necessary in all forms of communication and is an ever-evolving and continual process of deprogramming implicit bias.
- Demonstrate an awareness of how to inform individuals about the risks associated with substance use, the neurobiology of substance use disorders, and to coach them about available resources, such as pharmacologic and non-pharmacologic treatment options, including opioid and non-opioid pharmacologic treatments for acute and chronic pain management.

⁹ Substance Abuse and Mental Health Services Administration. (2024, March 12). Core curriculum integration in Healthcare Profession Education. SAMHSA. <https://www.samhsa.gov/medications-substance-use-disorders/core-curriculum-integration>

Secondary Prevention Domain – Caring for Individuals at Higher Risk for Substance Use Disorders: Engaging Individuals in Safe, Informed, and Person-Centered Care

- Demonstrate an understanding of the substance use disorder treatment and recovery supports system and how to appropriately refer individuals to their primary care physician, substance use intervention and treatment services, mental health specialists, community-based supports, and/or pain specialists for consultation and collaboration.
- Demonstrate the ability to complete a multi-dimensional contextual assessment (such as the [ASAM tool](#)), including substance use and its interaction with symptoms of mental illness, which informs treatment and recovery support recommendations across the continuum of care.
- Articulate the foundational skills in person-centered counseling and behavior change, consistent with evidence-based techniques, including motivational interviewing, harm reduction, safety planning, and brief intervention skills.

Tertiary Prevention Domain - Managing Substance Use Disorders as a Chronic Disease: Eliminate Stigma and Build Awareness of Social Determinants

- Recognize the risk factors for and signs of substance overdose and demonstrate holistic skills that reduce overdose risks—including, but not limited to, correct usage of naloxone (Narcan) rescue, medical amnesty policies, testing strips, syringe access, HIV/HepC testing, referrals to social services, etc.
- Recognize substance use disorders as chronic diseases that affect individuals, families, and communities physically, mentally, spiritually, and socially. Substance use affects pregnancies and parent-child relationships significantly. Efficacious assessment, referral, community services, destigmatization efforts, and interprofessional collaboration or coalition work can treat, raise awareness for, and destigmatize substance use disorders, promote help-seeking, and make recovery accessible.
- Recognize, assess, and challenge societal stigmas and personal implicit biases about people who use or have used substances and the various pathways to healing from substance use disorders, including evidence-based medication-assisted treatment.

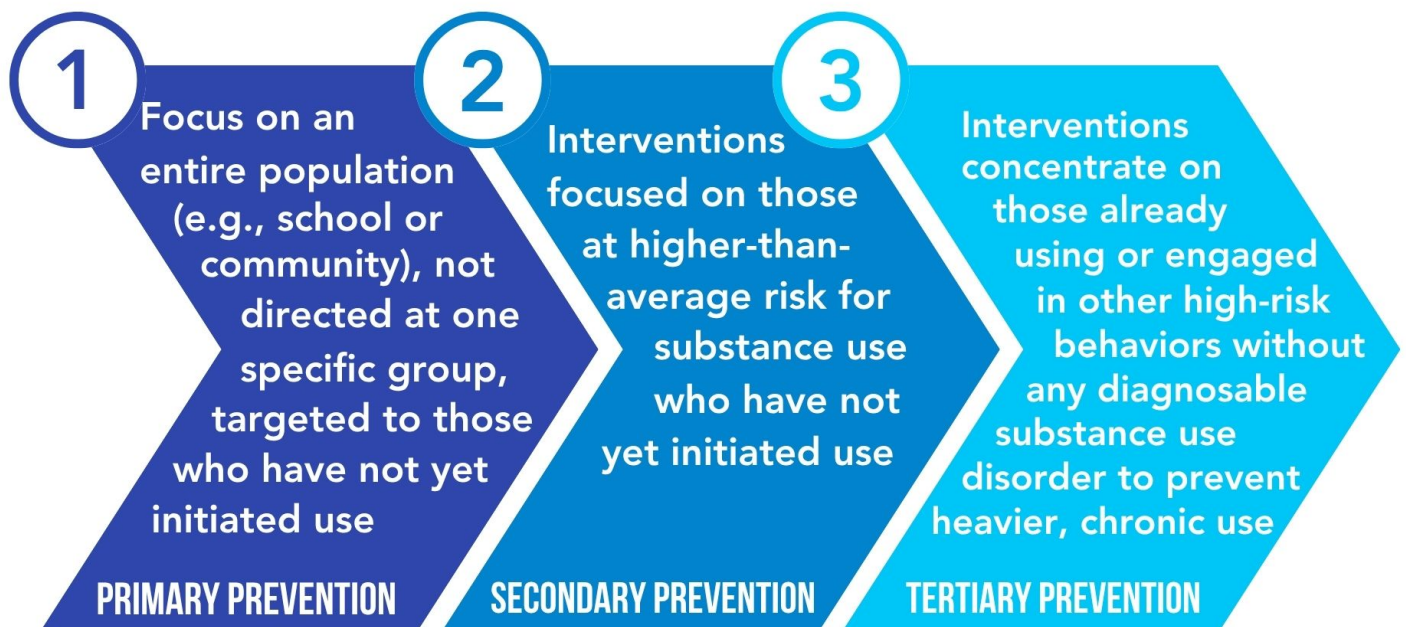


Figure 2: Substance Use Prevention Domains

- Identify, evaluate, and synthesize relevant information regarding health inequities, current and historical drug policies, justice system practices, and related forms of systemic oppression into case management. Use this information to support and empower individuals with substance use disorder. Recognize that healing from a substance use disorder is most efficacious when an individual's basic needs are met—including access to safe, stable, and supportive housing, primary healthcare, mental healthcare, and ongoing support services as needed.

Findings

Five of NC's MSW programs conducted self-assessments utilizing the provided rubric and provided their responses and feedback to APNC. Through analyzing these self-evaluations and interviews, APNC identified four major themes (Figure 3).

Common Concepts

In evaluations centered on larger frameworks and theories such as community organizing, assessment, risk and protective factors, and evaluation, campus partners predominantly assigned lower ratings of 0 or 1 to their programs. However, when asked to expand, these partners clarified that their curricula covered these concepts in a comprehensive manner without explicitly incorporating terminology related to 'substance use' or 'prevention' in their instruction. They felt that if the evaluation focused on teaching theory as a whole, their programs would all receive a 3.

Curriculum Overload

Social work is an expansive field with individuals on the front lines, from clinical therapy to policy leadership. Students enrolled in MSW programs have the same four semesters as many other graduate programs to cultivate a foundational understanding of skills and knowledge that will prepare them for hundreds of different careers. Many professors and program directors interviewed highlighted the challenge of the curriculum's breadth and how difficult it is to go

in-depth for any one sector. Teaching the larger frameworks with multiple examples is vital to show that concepts and theories can be applied to any narrower field a student should go into.

AOD Electives

One way of overcoming the curriculum overload is through elective options. While most programs interviewed did not have a required substance use course, they did offer an elective opportunity for students. For those already interested, this provides a great way to further the substance use and prevention curriculum. However, with a wide range of elective options, many students may still lack familiarity with the specifics of the prevention field.

Professor Dependencies

Feedback from campuses also indicated that the depth with which substance use topics are addressed within a course can depend on the instructor's personal background, professional experience, and knowledge. When thinking of examples for theories and concepts, most individuals tend to pull from their own experiences and history. Therefore, a program's rating could also change by semester, depending on the professor to whom it was assigned that term.

COMMON CONCEPTS

Campus partners gave low ratings but noted their curricula cover key concepts without using "substance use" or "prevention" terms. They felt a broader focus on teaching theory would yield higher scores.

CIRRICULUM OVERLOAD

Social work spans from clinical therapy to policy leadership, with MSW students having four semesters to build a broad foundation for various careers. Professors note the challenge of covering such a wide curriculum, emphasizing the importance of teaching broad frameworks that apply across different fields.

AOD ELECTIVES

Offering electives helps address curriculum overload, with substance use courses available but not required. However, many students may still miss exposure to prevention specifics due to the variety of elective options.

PROFESSOR DEPENDENCIES

Substance use topics in courses often vary based on the instructor's background and experience, affecting how concepts are taught. As a result, program ratings may change each semester depending on the professor.

Figure 3: Themes from MSW Program Self-Assessments

Recommendations

Based on feedback from interviews, analysis of provided resources, and identified overarching themes, six recommendations have been created for MSW programs. These recommendations range a spectrum of engagement from minimal additions and adjustments to existing curricula to the addition of new classes. The objective is to ensure that institutions of varying sizes and types can successfully implement at least one of these recommendations, aligning with their existing capacities and resources.

Offering AOD Resources

To guarantee that all students depart with a concrete asset post-graduation, programs can quickly provide a list of prevention initiatives, educational resources, and support systems within North Carolina. This resource list should be regularly updated and can be disseminated to students via their course syllabi or as a component of a larger learning module. An example and starting point for campus partners can be found in Appendix B.

AOD Examples for Common Concepts

Faculty members frequently utilize case studies and real-life scenarios to illustrate social work theories and practices. It is crucial to touch on a broad spectrum of social work sectors when doing this; however, examples pertaining to substance use should be regularly included. This approach should be integrated through individual case studies and macro-level courses, facilitating a comprehensive understanding of the impact of policy and systemic factors on substance use.

AOD & Intersectionality

When addressing comprehensive themes such as mental health, adverse childhood experiences, the social determinants of health, and various wellness frameworks, it is imperative to incorporate discussions on substance use and prevention. Many of these areas are intricately linked, demonstrating considerable intersectionality across different sectors of social work.

Strategic Prevention Framework

To ensure that students graduate with the skills and knowledge required to tackle issues related to substance use and other behavioral health concerns, programs can integrate the [Strategic Prevention Framework](#) (SPF) (Figure 4) into their curriculum. SPF is a comprehensive approach developed by SAMHSA that can help students understand and address behavioral health problems in their communities. The framework covers everything from problem assessment to evaluation, focusing on cultural competence and sustainability while providing a holistic approach to addressing these issues. While prevention is the namesake of this framework, its versatility cannot be overstated. There are countless opportunities to incorporate this framework into the already existing curriculum, even outside of substance use prevention. The SPF model may be used to teach prevention within any health-related courses or case studies and will serve students regardless of their future field of work.

AOD Elective

Providing at least one elective course related to AOD prevention can ensure that all students have the opportunity to seek out substance use-specific education. This course should, at a minimum, cover the topics discussed in the Primary Prevention Domain of the NC Standards. By doing so, students are given the opportunity to learn about substance use prevention and leave the class equipped with the necessary

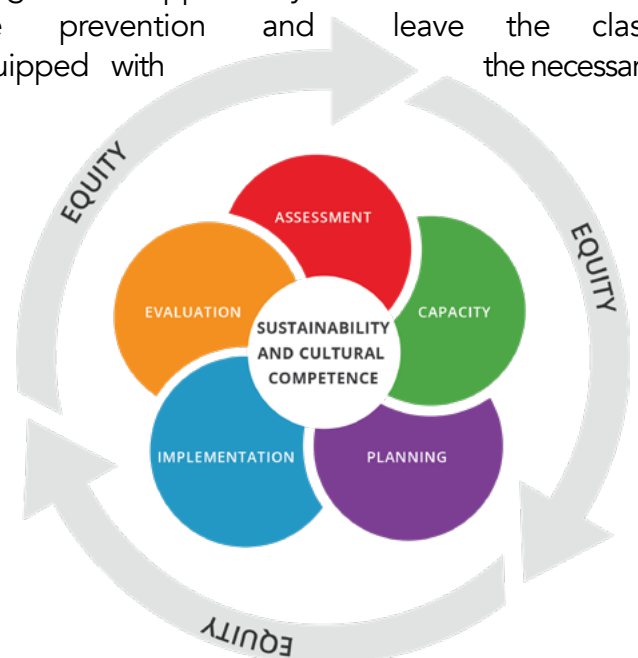


Figure 4: Strategic Prevention Framework from SAMHSA

knowledge, skills, and tools to understand, assess the risk of, and prevent substance use in their communities. Universities are encouraged to use existing AOD classes within other curricula to reduce resource and time requirements. This recommendation acts as a first step for universities, with the understanding that embedding AOD prevention into the core curriculum is the goal.

Secondary and Tertiary Prevention

Concepts from the secondary and tertiary prevention domains of the NC Standards can be integrated into required classes through related topics such as cultural humility, equity, internal biases, etc. Utilizing substance use disorder and prevention-specific skills and tools from these domains within mandatory courses will help students understand the full spectrum of the covered concepts and their relevance to behavioral health challenges.

An effective way to incorporate these domains is by providing students with Screening, Brief Intervention, and Referral to Treatment training (SBIRT). It is a comprehensive public health approach that aims to identify and intervene with individuals who are at risk of developing substance use disorders. By offering SBIRT training, students can learn practical knowledge and tools that will better prepare them for the behavioral health field. Knowing they will likely encounter substance use disorders and prevention at some point in their career, SBIRT training will equip them with the necessary skills to address these issues.



Conclusion and Next Steps

The MSW programs in North Carolina are already doing incredible work, creating engaging and knowledgeable curricula that have played a pivotal role in the success of their students and graduates thus far. As substance use trends continue to rise and more social workers are finding themselves engaging in the substance use disorder field, programs acknowledge the need to consistently evaluate their curriculum to better fit the needs of their students. Despite the challenges programs face, such as time and resource constraints, they remain dedicated to equipping their students with the tools, knowledge, and skills necessary to thrive professionally.

Moving forward, the MSW programs in North Carolina should prioritize three key factors (Figure 5). First, MSW representatives such as professors or program managers, not identified during this review, should use the provided rubric to self-evaluate their general curriculum to understand better how substance use disorders

and prevention knowledge and skills are utilized within their program. The more evaluations and perspectives that a campus has, the stronger their understanding of the strengths within their programming, as well as the potential gaps in their curriculum.

Secondly, schools are encouraged to select one of the six recommendations reported above, and incorporate it into their future curricula. If schools are unsure how to incorporate these recommendations into their programming, they should contact the North Carolina Higher Education Consortium team for support.

Lastly, the campus representative should bring their rubric results and recommendation suggestions to their Program Director. It is vital that the Program Director is informed of this process, as they will be able to aid representatives in the most effective, efficient, and sustainable incorporation of the recommendation into their curriculum.

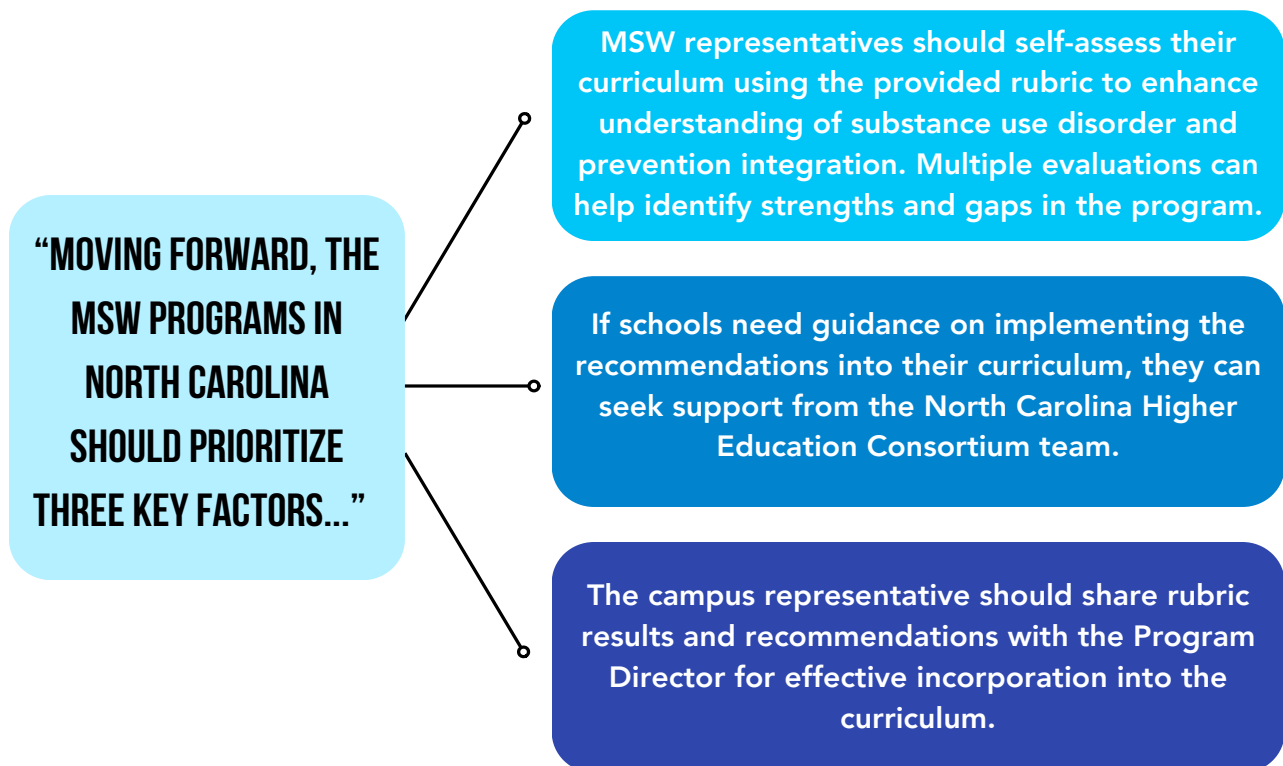


Figure 5: Proposed factors of prioritization

Appendix A: NC MSW Substance Use Prevention Curriculum Standards Rubric

Scoring:

- 3-** This topic is thoroughly covered in our curriculum and covers each of the requirements listed.
- 2-** This topic is covered in our curriculum but is missing some of the listed requirements.
- 1-** This topic is briefly covered in our curriculum but not relating to substance use.
- 0-** This topic is not yet covered in our curriculum or is not taught to students during their generalist/required courses.

Primary Prevention

	0	1	2	3
For each statement below, please check the box that most accurately represents your curriculum	☐	☐	☐	☐
Our curriculum includes the Strategic Prevention Framework and leaves MSW students with an understanding of evidence-based prevention techniques and strategies, including: - community needs assessment - the use of data to inform prevention efforts - a focus on risk and protective factors for substance use disorders	☐	☐	☐	☐
	☐	☐	☐	☐
	☐	☐	☐	☐
	☐	☐	☐	☐
Our curriculum teaches students how to assess a person's risk for substance use disorders by utilizing age-, gender-, culturally- and linguistically-appropriate communication through validated screening and assessment methodologies	☐	☐	☐	☐
Our curriculum teaches students to utilize non-stigmatizing and equitable language in all forms of communication, understanding that it is an ever-evolving and continual process of deprogramming implicit bias.	☐	☐	☐	☐
Our curriculum teaches students about relevant assessment and evaluation information including (but not limited to): - family history - co-occurring mental health disorders (for example depression, anxiety disorders, and PTSD) - environmental indicators.	☐	☐	☐	☐
	☐	☐	☐	☐
	☐	☐	☐	☐

Others covered:				
Our curriculum teaches students best practices for how to inform individuals about the risks associated with substance use and the neurobiology of substance use disorders.	☐	☐	☐	☐
Our curriculum teaches students how to coach individuals about available resources, such as pharmacologic and non-pharmacologic treatment options, including opioid and non-opioid pharmacologic treatments for acute and chronic pain management.	☐	☐	☐	☐

Secondary Prevention

For each statement below, please check the box that most accurately represents your curriculum				
Our curriculum leaves students with an understanding of the substance use disorder treatment and recovery support system. Specifically, the curriculum teaches students about: 1. appropriately referring individuals to their primary care physician 2. substance use intervention and treatment services 3. mental health specialists 4. community-based supports 5. and/or pain specialists for consultation and collaboration	☐	☐	☐	☐
	☐	☐	☐	☐
	☐	☐	☐	☐
	☐	☐	☐	☐
	☐	☐	☐	☐
Our curriculum teaches students how to complete a multi-dimensional contextual assessment (such as the ASAM tool) inclusive of substance use and its interaction with symptoms of mental illness, which informs treatment and recovery support recommendations across the continuum of care.	☐	☐	☐	☐
Our curriculum introduces students to the foundational skills of person-centered counseling and behavior change, consistent with evidence-based techniques, including: 1. motivational interviewing 2. harm reduction 3. safety planning 4. brief intervention skills	☐	☐	☐	☐

Tertiary Prevention

For each statement below, please check the box that most accurately represents your curriculum				
Our curriculum teaches students to recognize the risk factors for, and signs of, substance overdose and demonstrate holistic skills that reduce overdose risks—including, but not limited to: 1. correct use of naloxone (Narcan) rescue 2. medical amnesty policies 3. testing strips 4. syringe access 5. HIV/HepC testing 6. referrals to social services	☐	☐	☐	☐
	☐	☐	☐	☐
	☐	☐	☐	☐
	☐	☐	☐	☐
	☐	☐	☐	☐
	☐	☐	☐	☐
Others covered:				
Our curriculum teaches students to recognize substance use disorders as chronic diseases that affect individuals, families, and communities physically, mentally, spiritually, and socially. An emphasis is placed on how efficacious assessment, referral, community services, destigmatization efforts, and interprofessional collaboration or coalition work can treat, raise awareness for, and destigmatize substance use disorders, promote help-seeking, and make recovery accessible	☐	☐	☐	☐
Our curriculum encourages students to recognize, assess, and challenge societal stigmas and personal implicit biases about people who use or have used substances and the various pathways to healing from substance use disorders, including evidence-based medication-assisted treatment.	☐	☐	☐	☐
Our curriculum teaches students how to identify, evaluate, and synthesize relevant information regarding health inequities, current and historical drug policies, justice system practices, and related forms of systemic oppression into case management.	☐	☐	☐	☐
Our curriculum encourages students to use their knowledge to support and empower individuals with substance use disorder and recognize that healing from a substance use disorder is most efficacious when an individual's basic needs are met—including access to: 1. safe, stable, and supportive housing 2. primary healthcare 3. mental healthcare 4. ongoing support services as needed	☐	☐	☐	☐
	☐	☐	☐	☐
	☐	☐	☐	☐
	☐	☐	☐	☐

Appendix B : NC Substance Use Prevention Resources

New to Prevention?

- [Where Do I Start? Professional Development for New Prevention Practitioners Onboarding & Orientation Guide for Prevention Specialist](#)
- [Prevention Domain Video Series: What Do Prevention Specialists Do?](#)

Prevention Frameworks & Approaches

- [Strategic Prevention Framework](#)
 - Assessment
 - [How to Complete a Community Assessment](#)
 - [SPF - Assessment Overview](#)
 - Capacity
 - [Useful Concepts for the Practice of Community Engagement](#)
 - [Strategies for Community Change and Improvement](#)
 - [ABCD Community Organizing](#)
 - Planning
 - [Logic Models](#)
 - [CADCA Strategies for Community Change](#)
 - [Selecting Best-fit Programs and Practices](#)
 - [Guide to Online Registries for Substance Misuse Prevention Evidence-based Programs and Practices](#)
 - [CSAP 6](#)
 - Implementation
 - [Implementation Guide](#)
 - [SPF - Implementation Overview](#)
 - Evaluation
 - [Strategies for Evaluation](#)
 - [Sustainability](#)
 - [Cultural Competence](#)
 - [The Prevention Core Competencies](#)

General Resources

- [PTTC](#)
- [Health e Knowledge](#)

About Us

As the professional trade association for substance use professionals and providers in the state of North Carolina, APNC sits at the nexus of the substance use and mental health industries to provide a collective voice with a cohesive message in all matters that affect individuals, providers, and the people they serve.



Addiction
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The North Carolina Training and Technical Assistance Center works to prevent substance use and promote wellness by providing technical assistance, training and resources to increase the effectiveness of communities and prevention professionals to strategically implement research-based programs, best practices and policies.



North Carolina Training
& Technical Assistance Center

The NC Higher Education Consortium (NCHEC) is a branch of APNC made up of both prevention and recovery-focused staff. The Goal of NCHEC is to promote the health and well-being of students by building the capacity of behavioral health students and campus staff within higher education through programming, technical assistance, and advocacy.

