

Category	EBP	Outcome and Timeframe	Notes
Prevention			
Health Promotion	education campaign	depends on message and goals	education campaigns can be effective, but there are a lot of parameters around what makes an effective campaign
Primary Prevention			
Children	nurse home visits to newborns	reduced ACES, reduced substance use at age 12 for high risk families: long term outcome	
	strengthening families	reduced drug use, long term outcome	
	life skills school based program	reduced drug use, long term outcome	
	school based social emotional learning	reduced drug use, long term outcome	
	community coalitions	delayed initiation, fewer youth use drugs, long-term outcomes	
Young Adults	no evidence of effective strategies aimed at this age group		Most EBP programs targeted to young adults used alcohol use as the outcome. Research on effect for other drugs is not available
All Adults	safe opioid prescribing	medium and long term outcomes	restrictions on prescribing for existing patients may have increased heroin users and use of diverted and imitation pain medication. There are many different activities that fall under this strategy

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Secondary Prevention			
Children	most EBP primary prevention programs also work with at risk children		
	brief strategic family therapy	reduction of adolescent drug use in three studies	
Interventions to mitigate harm to children of parent's who misuse opioids	comprehensive treatment for parents integrated with health care		
	family drug court		
Adolescents and Young Adults	Screening, Brief Intervention and Referral to Treatment	reduced use, in at least one study effect lasted a long time	
Young Adults	no evidence of effective strategies aimed at this age group		
All Adults	workplace prevention programs		the research is mixed and setting dependent

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Treatment			
OD	MOUD: Buprenorphine, Methadone	reduce risk of OD death by 59-86% depending on study and time frame. Longer treatment leads to lower risk	many experiments in delivery methods, patient recruitment and retention methods
Stimulant Use Disorder	Behavioral therapies: Contingency Management, Cognitive Behavioral Therapy, Community Reinforcement Approach	no data on effect on death, but CM has a moderate to strong effect on use of stimulants and other drugs. time frame to action is short. CM interventions can be a brief therapy. Time frame for length of effect can be long.	
Polysubstance Use Disorder	Contingency management and pharmacotherapy	effect on use is moderate to strong. Effect on death not measured	
Recovery Support	housing	immediate and long term outcome	many housing models are effective for different groups of people
	Peer support	depends on implementation	many experiments in use of people in recovery as outreach workers, support in treatment and for follow up after treatment

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Harm Reduction	Safe injection sites	immediate but short term, evidence is limited but no evidence of increased harm	
	Safe use equipment (syringe services, clean pipes etc.)	effect on OD is linked to referral to treatment so effect on OD is longer term, effect on infection immediate and long term for patient and community	syringe service programs have the largest effect when they are low barrier, don't require exchange
	naloxone distribution	immediate but short term, moderate to large effect	many ways of distributing naloxone, with fentanyl, needs to be available immediately, so important to address issues regarding solitary use of drugs
	test strips	immediate but short term	
	harm reduction education	immediate and medium term	