

Prevention Research Collaborative Meeting

June 4, 2025

10:35am – 1:00 pm PST

Theme: Collective action for prevention

NOTES

10:35 – 10:50	Welcome & Introductions
10:50 – 11:00	Impromptu Networking
11:00 – 11:20 (20 min)	Legislative update & Leadership perspective on leg session, budget and HCA priorities Sonja Pipek Sarah Mariani
11:20 – 11:45 (25-minute presentation)	Framing the conversation Federal Priorities HHS/Administration for a Healthy America (AHA), Office of National Drug Control Policy (ONDCP) Brittany Cooper https://www.whitehouse.gov/articles/2025/04/7856/ https://www.whitehouse.gov/wp-content/uploads/2025/04/2025-Trump-Administration-Drug-Policy-Priorities.pdf NASEM Blueprint for Prevention Infrastructure, National Academies Margaret Kuklinski https://www.nationalacademies.org/our-work/blueprint-for-a-national-prevention-infrastructure-for-behavioral-health-disorders
11:45 - 12:00 (15 minutes)	Break
12:00 – 12:30 (30 minutes)	Discussion on collective action to advocate for prevention e.g. PTTCs, SPR
12:30 – 12:40 (10 min)	Final PRC Mission, Vision and Values Statements
12:40 – 12:50 (10 min)	Chatterfall: updates from the prevention community
12:50 – 1:00 (5 min)	2025 Meetings – and theme for September? All meetings fall on a Wednesday, 10:35 a.m. – 1:00 p.m. <ul style="list-style-type: none">Sept 10: 10:35 a.m. – 1:00 p.m.Dec 10: 10:35 a.m. – 1:00 p.m.

Introductions (19 people at start)

- **WSU:** Clara Hill, Brittany Cooper, Erica Austin, Amy Meiser, Myah Houghton, Edith Dale
- **UW:** Margaret Kuklinski, Christine Lee, Blair Brooke-Weiss, Jim Leighty, Patricia Gomez
- **DBHR:** Sarah Mariani, Jaymie Vandagriff, Alexis Schmierer, Sonja Pipek, Codie Garza, Rebecca Ruiz, Roxane Waldron
- **HCA:**
- **HCA Communications:**
- **OSPI:**
- **WA DOH:**
- **WA DHSR RDA:** Irina Sharkova, Grace Hong, Paula Henzel, Barb Lucenko
- **WA LCB:** Kristen Haley
- **YCCTPP:** Liz Wilhelm
- **WSIPP:**
- **WASAP:**
- **King County Dept of Human Services, Division of Behavioral Health & Recovery:**
- **King County Dept of Public Health:**
- **Washington Traffic Safety Commission:**
- **Cannabis Observer:** Gregory Foster
- **Balmer Group:**

Impromptu networking

- Where have you found resilience in the last 6 months?
- What are you looking forward to over the summer?

(21 present)

Legislative update & Leadership perspective on leg session, budget and HCA priorities

Sonja Pipek and Sarah Mariani

(see slides)

Legislative overview

Talked about bills passed on alcohol and cannabis – more details on slides that accompany these notes

Important bills that passed

Alcohol bills

2SHB1515: Alcohol in public spaces. Creates a 'special community event license' to allow local governments and not-for-profit orgs to sell alcohol on and off premises, if certain local conditions are met

Cannabis bills

HB 1341 Allows LCB to verify excise tax exemptions thru medical cannabis authorization database

ESB 5206 Cannabis retailer advertising modifies/adds several restrictions to signage

ESSB 5403: Limiting financial interest agreements for licensed cannabis retailers

Tobacco bills

ESSB 5814: Modifies definition of tobacco products tax to include nicotine and synthetic nicotine products

HB 2049: Funding K12 through property tax and revised OSPI funding formula. Allows property tax growth beyond 1% up to combined rate of population growth

HB 2081: Large company taxes for funding education; raises surcharges on large businesses with taxable income over \$250 million

DB 5813: Increasing education funding through tiered tax rates; capital gains and estate taxes

Policy Issues that may return in the next session:

- BAC limit
- High THC products
- Prohibitions for flavored tobacco products
- Prohibiting gov. purchase of reversal medications
- Funding for statewide behavioral health
- Regulated substance data dashboard

To keep updated on rule-making and the status of legislative bills utilize these two URLs.

<https://lcb.wa.gov/laws/current-rulemaking-activity>

<https://leg.wa.gov/>

HCA Budget (25 participants)

With a state budget shortfall, we are concerned about cuts to our programs. Although reductions aren't as bad as they could have been, we are required to reduce our administrative overhead, which includes a hiring freeze. Other hard choices have been to postpone announcements for funding awards for community-based organizations and a reduction in direct services.

Specifically:

- 10% reduction of dedicated Cannabis account for data
- Community and schools' prevention reduced by 7% overall
- Block grant allocations reduced to previously funded prevention services of 8%

We are at capacity/understaffed. Sorry in advance for not being as quick to respond to folks.

It is important to stay true to our values, continue supporting children/families across the state; maintain infrastructure to support their services; maintain high value to equity and ensure we maintain/support work in communities of high need/risk.

Q&A

- Kuklinski: what has happened to the 20% requirement for prevention funding from Block Grant?
 - A: that requirement stands; working to balance across time periods with treatment and recovery arms of DBHR. We are fortunate in WA that the 20% requirement has helped to maintain balance for prevention. CADCA emails are a great way to find out what is happening at the federal level, <https://www.cadca.org/>

Framing the conversation

26 participants

Federal Priorities HHS/Administration for a Healthy America (AHA), Office of National Drug Control Policy (ONDCP) a high-level view

Brittany Cooper
(see slides)

HHS:

Consolidations of programs/divisions.

- OASH: <https://health.gov/>
- ATSDR: <https://www.atsdr.cdc.gov/>
- NIOSH: <https://www.cdc.gov/niosh/index.html>
- HRSA: <https://www.hrsa.gov/>
- SAMHSA: <https://www.samhsa.gov/>

Reductions of fed org staff and a list of priorities.

- Focus on ending the chronic disease epidemic by focusing on nutrition, physical activity, etc.

Office of National Drug Control Policy (ONDCP) strategic objectives/priorities

ONDCP has published 6 priorities (see slides), including Preventing Drug Use before it starts

Q&A

MK: all this info provides important perspective on our work and what we can do to find areas of alignment between policy goals and what we do in prevention

NASEM Blueprint for Prevention Infrastructure, National Academies

Margaret Kuklinski

Link to entire report; <https://www.nationalacademies.org/our-work/blueprint-for-a-national-prevention-infrastructure-for-behavioral-health-disorders>; funded by NIDA and SAMSHA

Slides provide a detailed overview of the National Academies Blueprint for prevention infrastructure

The Blueprint covers 4 areas

- Best practices
- Funding needs/strategies
- Research gaps
- Actionable recommendations

Infrastructure is the backbone needed to keep prevention going

- Governance
- Funding
- Evidence
- Data
- Workforce

- Healthy equity, reduce disparities in health outcomes
- Apply implementation science learnings to effectively implement strategies

Break back at 12:05

Discussion on collective action to advocate prevention (21 participants)

From the ONDCP letter: Please send your written feedback no later than June 20 directly to the ONDCP team at Strategy@ondcp.eop.gov.

Priority #4 from the ONDCP Letter – Preventing Drug Use Before It Starts

#4: Preventing drug use before it starts is vital to protect future generations of Americans from the devastating impact of addiction. The Administration will encourage educational campaigns and evidence-based prevention programs, particularly in schools and communities. We will collaborate with state and local organizations to focus on building resilience in youth and promoting healthy behaviors. We will use all forms of media, with an emphasis on social media, to connect directly with Americans to raise awareness and educate them about the dangers of illicit drug use and how to avoid it, how to prevent overdoses and save lives, and how to access treatment and recovery services.

Discussion

SM – opportunity to weigh in on drug strategy; It's nice that prevention was mentioned and defined in how we see primary prevention. Is there an opportunity to use this report to make a case about prevention infrastructure?

MK: Would it make sense to send a letter from combined groups, e.g. PTTC, SDRG, PRC etc. Or should it be individually?

SM: HCA is working on a possible response. From a technical perspective, we can't vet a PRC response in a timely manner. A response to a request for comments shouldn't be perceived as lobbying, but everyone should check with their organization.

Example: Cooper and Kuklinski write a letter and mention their affiliation to PRC might help, as opposed to it being on PRC letterhead, etc.

KH: Could writing a response bring undue attention to our organization; that can go poorly; don't want to be a target.

Hill: questioning what language to use, e.g. 'drug use prevention' and speaking to an abolitionist mind set.

Cooper: PTTC network has had discussions about how to message the current administration, speaking directly to these comments – e.g., 'preventing drug use before it starts'

MK: Discussing the idea that this is a risk to us is really troubling and a new feeling. We haven't really had to be fearful of retribution/punishment before

Kuklinski was asked about her 18 months working on the Blueprints report; what did she experience with the changes in the last 6 months? Was there any tension? If so, how did it manifest?

A: The report was written during the last administration. Regardless, these are meant to be scientifically-based reports.

IS: In a more typical situation, how quickly would a federal government respond to this kind of report? What's the lifespan of this report?

MK: Great question. Hard to predict. If you have the right champion, it can go quickly. It was a great time to work on this due to the relationships across agencies (SAMSHA, etc.) We could've used those as a springboard to get things started, but now that enthusiasm isn't there.

LW: In my years of experience in the field, I find that providing templates, talking points, and briefs to prevention professionals is very helpful. Vehicles to move those resources might be WASAVP, Prevention Voices, the YCCTPP Practice Collaborative, CADCA as well as PTTC as noted.

WASAVP: <https://www.wasavp.org/>

Prevention Voices: <https://www.wasavp.org/prevention-voices-wa>

Cooper: This is another group doing a lot of work in the prevention advocacy/education space:
<https://www.npscoalition.org/>

Final PRC Mission, Vision and Values Statements

MK (20 participants)

See slides

The group started working last September and worked gathering input over December and March meetings in a small group.

PRC Vision statement

To be a diverse, inclusive community bridging research with equitable and evidence-informed behavioral health prevention and promotion strategies to help all people thrive.

Action Item: Please send us your feedback and thoughts on the vision statement. It will go out in the notes, and you can take time to review them.

SM: it does land for now, but “behavioral health” might be seen as being used in the old non-scientific sense. We are in an awkward space with the language. But good for now.

Action: Have the DBHR team look at it and give feedback. Additional wordsmithing is needed. We could take this to next year as well.

Chatterfall: Updates from the Prevention World

20 participants

MK: SPR conference last week was great. Brittany's year of serving as President came to an end, and it was a hard year to be leading the conference. Many kudos to Brittany.

JV: Working on the prevention stories brief that summarizes in plain language the outcomes of two major evaluation projects over the years that Brittany and her team have done over the years. CPWI is delaying

onset of use in 10th graders and closing the gaps between CPWI groups and non-CPWI groups. It's not ready yet but looking forward to having it posted on a public-facing website of SAMSHA

Recently published paper

Effectiveness of the Community Prevention and Wellness Initiative: A community coalition-based planning framework for reducing adolescent alcohol use

<https://www.tandfonline.com/doi/abs/10.1080/15575330.2025.2464606>

Recent event on prevention

Northwest PTTC Webinar: Catalyzing Community Change - The Evidence2Success Action Guides on June 18 9:30-11am. <https://pttcnetwork.org/event/catalyzing-community-change-the-evidence2success-action-guides/>

2025 Meetings – and theme for September

All meetings fall on a Wednesday, 10:35am – 1:00pm

- ~~March 12: 10:35 a.m. -1 p.m.~~
- ~~June 4: 10:35 a.m. -1 p.m.~~
- Sept 10: 10:35 a.m.-1 p.m.
- Dec 10: 10:35 a.m.-1 p.m.

Theme for the September meeting?

- Federal landscape update might be good on a quarterly basis
- The Sept meeting will be before next year's SPR submission deadline so we could also focus on strategic efforts to present there
- Panel discussion of folks doing community work
- Invite new members of the EBP Workgroup (for December's meeting)
- Greenberg's story about how he was able to continue a grant when major funding was lost. Could we share about innovations to continue the work
- Does it make sense to think about lessons from other states - maybe bring in some of the research colleagues from the SPR offshoot?
 - BC: We have been thinking about asking folks outside on WA state on their work.
 - MK: We could have a dialogue and learning could be interesting
 - JV: Like the folks in North Carolina, Pennsylvania, Colorado, etc.; Texas and Arkansas have been great examples of navigating federal turmoil, we could reach out to them