

Sue Thau's Answers to Questions for the Record

U.S. Senate Committee on the Judiciary

"Tackling the Opioid Crisis: A Whole of Government Approach"

Questions from Senator Charles E. Grassley for Ms. Sue Thau

Question a: Can you please explain how drug prevention, particularly through the DFC is a critical component of addressing abuse and addiction, especially for youth?

Answer: Research over the last two decades has proven that drug addiction is preventable. It is vital that prevention is heavily emphasized in all efforts to address abuse and addiction, because addiction is a developmental disorder that begins in adolescence, sometimes as early as childhood, and increasing the age of initiation is the key to ensuring fewer youth ever become addicted. Children who first smoke marijuana under the age of 14 are more than five times as likely to abuse drugs as adults than those who first use marijuana at age 18. Therefore, prevention strategies must be a critical component of any comprehensive national strategy to address drug issues.

Drug prevention is a sound investment. Each year drug abuse and addiction cost our country nearly \$193 billion in preventable health care, law enforcement and other costs. Given these facts, it makes sense to invest in drug prevention. Primary prevention, to stop substance use before it ever starts, is the most cost-effective way to deal with the addiction issues facing our nation. Research shows that for each dollar invested in prevention, between \$2 and \$20 in treatment and other health costs can be saved.

The DFC program is the backbone of community based substance use prevention in the nation because it ensures that all grantee coalitions are organized to properly plan, implement and evaluate data driven, multi-sector, coordinated responses to address all of their specifically identified substance use problems. These local responses are tailored to reduce access and availability, raise awareness, change community norms and policies and, as a result, reduce population levels of all youth substance use and misuse.

A national evaluation of the DFC program, conducted by ICF International, found that DFC coalitions have achieved significant reductions in youth substance misuse across all substances that were targeted, including alcohol, tobacco, marijuana and prescription drug use. Drug prevention generally, and the DFC program specifically are critical components of addressing use and addiction because they can effectively reduce population level rates of drug use thus lowering addiction rates. Given substance use disorders can be chronic, relapsing conditions, the most effective way to address them is to prevent them, in the first place and the DFC program has proven effective in reducing youth substance use in funded communities.

Question b: What trends do you see among youth drug use today and how can we adapt?

Answer: Vaping generally and vaping marijuana specifically are the most notable recent trends in youth substance use. Increases in adolescent marijuana vaping from 2018 to 2019 ranked among the largest single year increases ever observed in the 45-year history of the NIDA funded Monitoring the Future

Study. 20.8% of 12<sup>th</sup> graders vaped marijuana in 2019, a 58% increase over the 2018 level of 13.1%. 19.4% of 10 graders vaped marijuana in 2019, a 56% increase over the 2018 level of 12.4%. 7% of 8<sup>th</sup> graders vaped marijuana in 2019, a 59% increase over the 2018 level of 4.4%. The increase in secondary school students vaping marijuana from 2018 to 2019 translates into at least one million additional marijuana users. DFC coalitions are adapting to this explosion of marijuana vaping by working comprehensively to combat it by implementing strategies across all the 7 strategies for community change specifically directed to vaping marijuana. The strength of the DFC program is that once communities identify an issue through their local assessments they can quickly adapt their activities to deal with whatever new issues arise because they are already organized to plan, implement and evaluate comprehensive strategies throughout every sector of the community to address whatever drug issues their community may be facing.

Question c: What resources from Congress would be helpful for state and local drug prevention efforts?

Answer: Substance use prevention has been under resourced and underutilized in combatting the current opioid epidemic, with almost all the emphasis and funding being directed towards downstream approaches that deal with the problem after it has already reached crisis proportions. With billions of new dollars being appropriated for this crisis it is critical that there be a requirement that some proportion of them be specifically used to stop opioid misuse before it ever starts.

The Substance Abuse Prevention and Treatment Block Grant (SAPTBG), administered by SAMHSA, that goes by formula to every state, requires by law that 20% of the funds that every state receives annually, be used for substance use prevention. Unfortunately, the State Opioid Response Grants have no such prevention set aside. Moving forward it would be helpful to put the money for the opioid and meth issues facing our nation in the SAPTBG, so that it is sustainable over time and able to build permanent infrastructure for dealing with all drug prevention and treatment issues over time. This would also ensure that these additional funds be subject to the existing 20% required set aside for prevention and as such would greatly expand state capacity to address front end prevention .

In addition, markedly increasing the amount of money appropriated for the DFC program, to build more community capacity, to effectively deal with reducing rates of all youth substance use issues would be very helpful to community-based drug prevention efforts throughout the nation. There are still many more communities that apply for DFC funding each year than can be funded. Every additional one million dollars appropriated for DFC can fund about 8 new DFC grants.

Questions from Senator Dianne Feinstein for Sue Chau

Question 1a: Given the success of the Drug Free Communities (DFC) program and that DFC Coalitions are required to partner with schools as a condition of grant funding, could DFC coalitions and schools work together to implement school-based prevention programs if additional funds were provided?

Answer: Yes! Schools are a required sector for DFC's to work with. Given that there is currently little, if any, federal funding to implement school based drug prevention, with the elimination of the Safe and Drug Free Schools and Communities program, it makes great sense for the DFC coalitions to partner with their local schools to specifically implement drug prevention strategies, policies, programs and activities in the schools, based on local data and the coalition's already existing local needs assessment. . Given

that DFC coalition grantees are capped at \$125,000 a year and cannot spend more than 20% of their funding on direct programs, additional funding for DFC's to partner with schools to implement school-based drug prevention is necessary for this to become a reality. Both additional funding and/ a new authorization for DFC coalitions to specifically work to with schools to implement effective drug prevention would be a major step forward in school-based drug prevention. This approach would be a very cost-effective mechanism for enhancing school-based drug prevention.

Question 1b: Based on your experience what are the elements of a successful substance abuse prevention program?

Answer: The elements of a successful substance use prevention program are that they: be comprehensive, data driven, community wide and implement a mutually reinforcing combination of all of the seven strategies for community change to include: providing information; enhancing skills; providing support; enhancing access/reducing barriers; changing consequences (incentives/disincentives); altering the physical design; and modifying/changing policies. This comprehensive blend of efforts is the key to achieving population level reductions in substance use rates.

Question 2a: Do you believe the federal government is focusing disproportionately on one substance, as opposed to all drugs of abuse? Is this strategy short sighted?

Answer: Our nation needs to stop trying to deal disproportionately with only one substance at a time after it is decided that it has reached crisis proportions. This approach is flawed, as it waits too late to get on top of issues before they become epidemics and it does not consider that most people with substance use disorders tend to be poly substance users. More substantial emphasis and investments are necessary in a permanent infrastructure for the entire continuum of care from prevention through recovery support for ALL addictive substances, including opioids, other addictive prescription drugs, stimulants, (including meth and cocaine), synthetic drugs, alcohol, and marijuana. This is what is truly required to deal with the realities of both poly substance use as well as how most youth now initiate into substance using behavior- which is currently with alcohol, nicotine and marijuana. Our efforts to deal with the drug crises of the day have not worked to stem the tide of addiction and overdoses. I believe our nation must have robust and sustainable funding to deal with all substance use issues not just on a one drug at a time basis. We must also invest more in substance use prevention to delay onset, as early initiation is one of the biggest risk factors for the development of substance use disorders.

Question 2b. What steps can the federal government take to slow down or prevent the spread of emerging drug trends as soon as they appear?

Answer: The most important step the federal government can take to slow down or prevent the spread of emerging drug trends is to invest appropriately in community coalitions that include: all 12 required sectors, across the supply/demand split; continuously collect data and real time information to monitor for the emergence of the latest trends; and the ability to mobilize every sector in the community to respond in real time as new drug threats emerge. In communities where this coalition infrastructure is working effectively, they have been able to help ensure that new and emerging drug threats are immediately identified and dealt with in a comprehensive manner through implementing appropriate interventions across all seven strategies for community change, before these trends spread and begin to reach crisis proportions.

