

Written Testimony of Sue R. Thau, Public Policy Consultant, Community Anti-Drug Coalitions  
of America (CADCA)

Before the Senate Committee on the Judiciary

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

Date: December 17, 2019, 10:00 a.m.

Location: 226 Dirksen Senate Office Building

Written Testimony of Sue R. Thau, Public Policy Consultant, Community Anti-Drug Coalitions of America (CADCA)

Chairman Graham, Ranking Member Feinstein and other distinguished members of the Senate Judiciary Committee, thank you for the opportunity to testify before you today on behalf of Community Anti-Drug Coalitions of America (CADCA) and its more than 5,000 coalition members nationwide. CADCA's mission is to strengthen the capacity of community coalitions to create and maintain safe, healthy and drug-free communities globally. We are the leading organization dedicated to improving the community-based infrastructure for substance use prevention in the world. I have had the honor of being CADCA's public policy consultant for over 25 years. During this time I have seen firsthand the impact of community coalitions, funded by the Office of National Drug Control Policy's Drug-Free Communities (DFC) program, in reducing population rates of youth opioid misuse, in communities throughout the country, including multiple communities in the epicenter of the opioid epidemic. As I will lay out in my testimony today, to stem the tide of the opioid epidemic, more emphasis and funding needs to be focused on stopping the pipeline to addiction by preventing opioid misuse before it ever starts. It is important to note that there is no one silver bullet in addressing the opioid crisis, nor is there any one sector that is the lone culprit. Rather, this is a very complex issue requiring that multiple strategies be implemented simultaneously, throughout every sector of society that has a role in both causing the problem as well as in helping to ensure adequate solutions.

**DFC Coalitions and Opioid Misuse Prevention**

In order to effectively address the opioid epidemic, prevention is key. Preventing or delaying the use of harmful and addictive substances, including opioids, is the single most critical tool in stopping the pathway to addiction and overdose. Primary prevention, to stop substance use before it ever starts, is also 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.<sup>1</sup> Unfortunately, substance use prevention has historically been under resourced and underutilized in combatting drug issues, including the current opioid epidemic, with almost all of the emphasis and funding being directed towards downstream approaches that deal with the problem after it has already reached crisis proportions. DFC coalitions are a compelling example of how communities are working to target issues related to opioids by strengthening comprehensive local responses to prevent and address opioid misuse.

The DFC program has been able to achieve significant reductions in opioid misuse both nationally and throughout the hardest hit areas in Appalachia, through the implementation of a comprehensive model for community change. This model helps communities identify the root causes of their opioid issues. It then takes them through a strategic process to plan, implement and evaluate data driven, multi-sector, coordinated responses to address their specific opioid problems. These local responses are specifically tailored to reduce access and availability of opioids, raise awareness, change community norms and policies and, as a result, reduce population levels of opioid misuse. Of the 713 FY 2017 DFC grant recipients, 89% targeted prescription opioids, heroin or both as one of the top five substances they addressed in their

---

<sup>1</sup> Swisher, J.D., Scherer, J. and Yin, R.K. The Journal of Primary Prevention. "Cost-Benefit Estimates in Prevention Research." 25:2, October 2004.

work.<sup>2</sup> A national evaluation of the Drug-Free Communities (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.<sup>3</sup> For the 2017 grantees past 30-day use rates among high school students for prescription drugs declined by 24.6 percent based on their local data, from a baseline, to their most recent reports.<sup>4</sup> The DFC community coalition model has been effective in addressing the opioid crises in diverse communities because it ensures that they have the necessary, local multi-sector infrastructure to comprehensively address this issue. The 12 sectors required to be actively involved in all DFC coalitions are:

- Schools,
- Law enforcement,
- Youth,
- Parents,
- Business,
- Media,
- Youth serving organizations,
- Faith-based organizations,
- Health care providers,
- Civic and volunteer organizations,
- State, local or tribal agencies, and
- Other organizations involved in reducing substance use.

It is when all these sectors are working together on a unified community strategy that mobilizes efforts across both supply and demand reduction that major population level reductions in opioid misuse are likely to occur.

The DFC program is structured to ensure effectiveness, outcomes and sustainability. It requires a community to demonstrate local commitment before becoming eligible to receive federal funds. This includes active participation from at least 12 sectors for a minimum of six months before a community can be eligible to apply. All grantees are also required to provide a dollar-for-dollar match (cash or in-kind) in non-federal funds, up to the maximum grant amount of \$125,000 per year. The required emphasis on local data collection, community buy-in and participation among multiple sectors is central to DFC coalitions' success.

Another major strength of the DFC program is that all year one DFC grantees are required to go through a yearlong training Academy – developed and coordinated by the National Community Anti-Drug Coalition Institute (the Institute) - a grant to CADCA. The Academy provides state of the art, customized training and technical assistance for the DFC program. It trains DFC grantees in CADCA's model for community change so that they are able to use local data to assess their specific substance use related issues and problems and develop

---

<sup>2</sup> Office of National Drug Control Policy. (2019 July). Issue brief: Drug-Free Communities (DFC) coalitions' strategies to address opioids.

<sup>3</sup> Office of National Drug Control Policy. (2019 June). Drug-Free Communities Support Program national evaluation: 2018 national evaluation end-of-year report.

<sup>4</sup> *Ibid.*

comprehensive, data driven multi-sector strategies to address them. It provides all DFC coalition grantees access to the best, latest available knowledge, tools and strategies to comprehensively plan, implement and evaluate their efforts and outcomes over time. Every coalition is required to produce the following 5 products before they can successfully complete the Academy: Community Assessment; Logic Model; Strategic and Action Plan; Evaluation Plan; and Sustainability Plan. The Academy training helps maximize the success of DFC grantees in achieving and documenting population level reductions in youth drug use, to include opioid misuse. It provides all DFC grantees with the capacity to choose the most salient set of comprehensive strategies to have the greatest impact on reducing population level rates of opioid misuse, as well as all of the other substance use issues facing their community.

Based on their local data and conditions, DFC Coalitions are trained in the Academy to implement a mutually reinforcing combination of ALL of the following *Seven Strategies for Community Change*:

1. **Providing Information** – Raising awareness through educational presentations, workshops, seminars, media campaigns and community meetings.
2. **Enhancing Skills** – Designing activities to increase the skills of participants through training, technical assistance, distance learning, curricula development and implementation.
3. **Providing Support** – Creating opportunities for people to participate in activities and services through mentoring, treatment and recovery support groups.
4. **Enhancing Access/Reducing Barriers** - Improving opportunities to utilize systems and services through childcare, transportation and cultural and language sensitivity.
5. **Changing Consequences (Incentives/Disincentives)** – Increasing or decreasing the probability of a specific behavior through public recognition/rewards, taxes, citations, fines, revocations/loss of privileges, and criminal penalties.
6. **Altering Physical Design** – Changing the physical design or structure of the environment to reduce access and availability through take back programs, use of lock boxes, drug deactivation and disposal systems, outlet density, and lighting in parks.
7. **Modifying/Changing Policies** – Changing written procedures, through ordinances and laws and other public policy actions

These *Seven Strategies for Community Change* are designed to align a coalition’s activities to target each specific local condition that contributes to opioid misuse and reinforce each other for maximum impact. These seven strategies include both demand and supply reduction approaches. They also include a synergistic combination of individual strategies (to increase awareness, enhance skills and provide support, which is what most people think of as “prevention”) with environmental strategies that change norms, policies and systems to actually modify community settings.

This comprehensive blend of individually and environmentally focused efforts adopted by implementing multiple strategies across multiple sectors of a community, is the key to the success of DFC coalitions in achieving major population level reductions in opioid misuse in their communities.

### **Three DFC Grantee Case Studies from the Epicenter of the Opioid Epidemic**

The remainder of this testimony will detail how three different DFC funded coalitions (Carter County Drug Free Coalition, Kentucky; Scioto County Drug Action Team Alliance, Ohio; and Jackson County Anti-Drug Coalition, West Virginia), all from the epicenter of the opioid epidemic in Appalachia, successfully utilized their DFC grants and the year-long required Academy training from the Institute to:

1. Build the capacity of the 12 required sectors of the community into a highly functioning coalition;
2. Use local data to assess their specific opioid issues and the community conditions that were causing the crises;
3. Develop multi-sector, comprehensive, action plans to address the local conditions that were identified;
4. Implement a comprehensive set of actions across all of the *Seven Strategies for Community Change*, that reinforce each other for achieving outcomes; and
5. Evaluate results based on local data to show stunning reductions in youth opioid misuse, opioid overdose rates and other relevant metrics

### **Carter County Drug Free Coalition (CCDFC), Carter County, Kentucky**

The Carter County Drug Free Coalition (CCDFC) began as a committee of local community leaders tasked with exploring the reasons behind low academic performance among county students. In 2004, opioid misuse among Carter County’s youth was exponentially higher than national levels with 8 percent of 8<sup>th</sup> graders and 11 percent of 12<sup>th</sup> graders reporting prescription drug misuse in the past 30 days. Local data suggested that “pain pills” were easy to acquire, parental supervision was low, and students perceived prescription drug use as legal and safe.

Also, as early as 2004, CCDFC found that Carter County opioid drug misuse and diversion rates were way above Kentucky state levels. The coalition’s community assessment showed that “pain pills” were illegally brought into the state from pain clinics in Florida. According to local police, over 550 people were under investigation for obtaining prescription medication in Florida for diversion in Carter, Boyd and Greenup counties. Additionally, 12 “doctor-shopping” and more than 70 drug trafficking cases opened in Carter County alone—93 percent related to unlawful “pain pill” distribution.

After identifying opioid prescription drug misuse as a community-wide problem, parents, law enforcement, education, businesses, healthcare, faith representatives and other stakeholders joined together to develop comprehensive long-term solutions. The coalition collected baseline data through the Kentucky Incentives for Prevention (KIP) survey, the Kentucky State Police, and the Kentucky Department of Community Based Services. In 2008, CCDFC was awarded a DFC grant.

The *Seven Strategies for Community Change* that were implemented by CCDFC based on their local conditions included:

## 1. Providing Information

- Media campaigns
  - Lock ‘Em Up
  - Stop Doctor Shopping – it’s a Class D felony
  - Forget Everything Your Mother Taught You About Sharing
- Social Norms Media Campaign – Billboards, newspaper ads, radio PSAs, push cards, bulletin inserts, posters, school athletic program ads, movie theater ad/commercial
- Partners in Prevention Campaign – mobilized hairdressers, realtors, law enforcement and educators in the community on how to recognize signs and symptoms of opioid use disorder and suicide.



## 2. Enhancing Skills

- Training for Teens as Teachers to educate other youth
- Parent/Guardian/Adult trainings
- School Faculty/Staff trainings
- Health Professional Training – “Pharmacology, Polypharmacy and Addiction” – provided CME credits for doctors, nurses, dentists, chiropractors and other healthcare providers
- Life-skills Curriculum in 3<sup>rd</sup>-9<sup>th</sup> grades
- Generation Rx Curriculum – 9<sup>th</sup> grade and community groups (ex. Boy Scouts and church youth groups)
- Fatherhood Initiative to work with fathers on the importance of them being part of their children’s lives

### 3. Providing Support

- Provided funding for law enforcement to attend National Association of Drug Diversion Investigators (NADDI) and other drug suppression trainings
- Secured funding for drug investigation overtime pay
- Secured funding for one and one-half substance use disorder (SUD) counselors in the schools
- Worked to enhance Recovery Support Groups throughout the County
- Developed and distributed a Health Professionals Toolkit

### 4. Enhancing Access/Reducing Barriers

- Permanent Prescription Drug Drop Box in the Sheriff's Office
- Safe Homes Network – for Carter County parents of school aged youth to commit to monitor and supervise all parties and activities in their homes and ensure they are alcohol and drug free
- Provided Deterra drug deactivation and disposal pouches to rid homes of unwanted and unneeded opioids and other prescription drugs

### 5. Changing Consequences (Incentives/Disincentives):

- Increased DUI/Drug Suppression Checkpoints

### 6. Altering Physical Design

- Created a campaign to get people to “lock their meds”

## Partners in Prevention

*Working together to create safer, healthier communities*



### Realtors

Prescription drug abuse is preventable when communities work together to increase awareness and reduce access. That's why we need YOUR help!

**[Become a Partner in Prevention!](#)**

Our community is a great place to call home, but like the rest of our state and nation, we're not immune to prescription drug abuse and its unwanted consequences. Although the problem is large, there are things you can do to reduce and even prevent prescription drug abuse in our communities.

**Why You?** Home showings, open houses and moving days provide opportunities for the theft, selling or illegal use of prescription drugs. Securing prescription drugs during open houses is a precaution all realtors need to remind sellers to prioritize during the selling process since they will be inviting the general public into their home. Certain prescription drugs are obtained and sold illegally, and home showings and open houses can provide quick and easy access.



*As a realtor, you offer guidance to people during the one of the most momentous occasions of one's life—the buying or selling of a home. You are seen as a trusted expert to the clients you serve, and as such, you can recommend best practices and provide information to clients to help prevent prescription drug misuse and abuse. Talk to your clients about the importance of securing their prescription drugs.*

**What You Can Do:**

- ◆ Give verbal instructions on medication safety to the home owner at the initial meeting, when discussing the importance of securing all valuables within the home.
- ◆ Inform your clients that selling or buying a new home can be an avenue for the illegal selling or use of prescription drugs.
- ◆ Instruct your clients to secure prescription medications inside a locked box and store in an area out of sight and less accessible to visitors.
- ◆ Accompany potential buyers throughout the tour of any home and do not leave them alone for any extended periods of time.
- ◆ Distribute medication safety tips to the home owner by incorporating them in your client's informational materials.



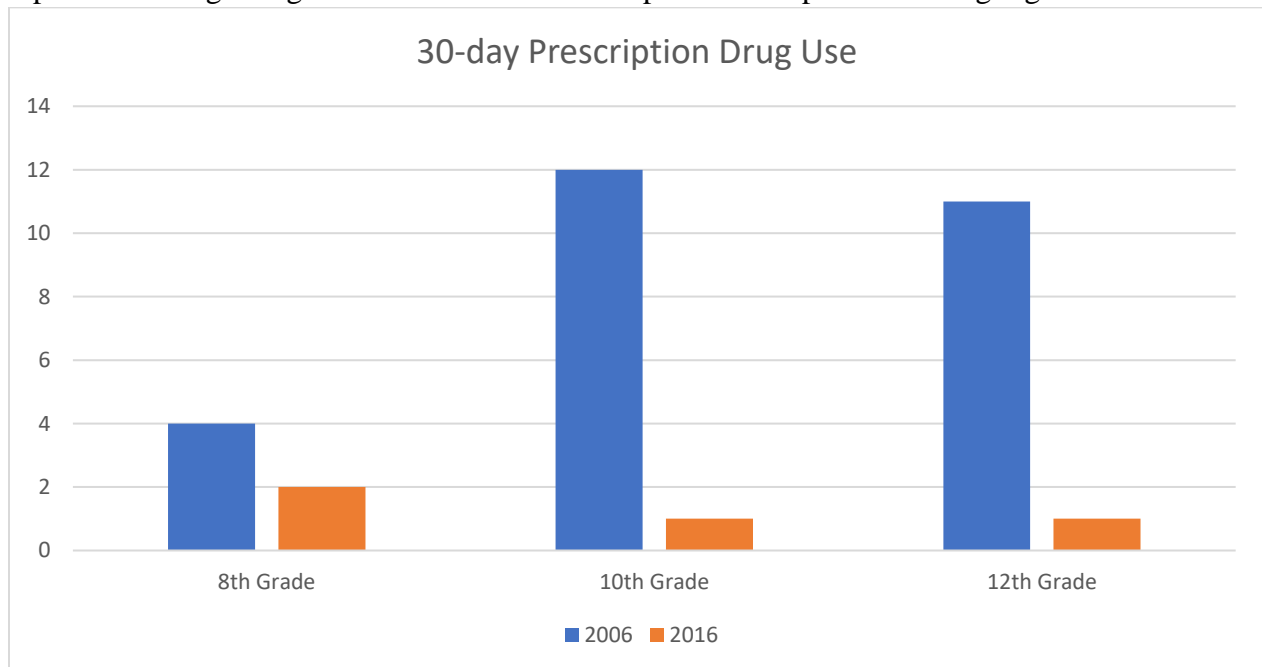
- Promote signage at key locations (e.g. pharmacies, doctors, dentists or therapists’ offices) to ensure those prescribed opioids know they are addictive

### 7. Modifying/Changing Policies

- Passed first pain clinic ordinance in Kentucky - The County Fiscal Court developed and passed a local ordinance that a pain clinic must be connected to a local hospital or legitimate clinic, take insurance and have a dedicated staff.
- Drug Free Workplace Initiative was implemented in partnership with the local Chamber of Commerce throughout the county (pre-employment and random drug testing with referrals to treatment)

### Results/Outcomes

As a result of their multi-year, comprehensive efforts through the DFC program, Carter County Drug-Free Coalition saw dramatic reductions in youth drug use – especially prescription drug misuse. As the chart below shows, between 2006 and 2016, rates of prescription drug use decreased measurably: from 4 percent to 2 percent among 8<sup>th</sup> grade students, from 12 percent to 1 percent among 10<sup>th</sup> grade students and from 11 percent to 1 percent among high school seniors.



Another major outcome of this significant reduction in youth prescription drug use rates has been improvements in local school achievement. College and career readiness scores rose from 23 percent in 2010 to 76.5 percent in 2016, while graduation rates for Carter County schools rose from 81.34 percent in 2011 to 98.8 percent in 2015. As a result of these improvements, Carter County Schools went from having been labeled as underachieving by the state of Kentucky to being awarded a Distinguished District/District of Distinction Award from the state.



## **Scioto County Drug Action Team Alliance, Scioto County, Ohio**

Southern Ohio's Scioto County became the epicenter of the nation's growing opioid crisis in the early 2000s. As the result of a decade-long expansion of illegitimate pain clinics, Scioto County attained the highest opiate prescription rate in the state—more than 9.5 million painkiller doses were dispensed in 2010, or more than 120 pills per citizen. Scioto County also had the highest number of fatal accidental overdoses, neonatal abstinence syndrome cases, and patients in treatment for opioid use disorder in the state of Ohio. Scioto was the first county in the nation to declare a public health emergency due to opioid prescription drug misuse.

The Ohio Department of Public Health brought together Scioto County officials, health departments and other sector representatives affected by the opioid crisis to develop a solution for this problem. Two county health departments encouraged partnerships among local stakeholders, leading to the formation of a community coalition focused on both curtailing the current crisis and preventing youth initiation into non-medical opioid use.

The newly formed Scioto County Drug Action Team Alliance was awarded a DFC grant in 2012. The coalition collected and analyzed student substance use data, data from the state's prescription drug monitoring program, health departments' vital statistics, community health assessments and local coroner and drug court data. Armed with this data, the coalition identified local conditions that contributed to the problem and developed a comprehensive strategy to reduce and prevent non-medical use of opioid prescription drugs.

The *Seven Strategies for Community Change* that were implemented by the Scioto County Drug Action Team Alliance based on their community's local conditions included:

### **1. Providing Information:**

- Educated prescribers and conducted training with physicians on Ohio's Opioid and Other Controlled Substance Prescribing Guidelines and use of the prescription monitoring program.
- Collaborated with local hospitals to identify and implement policy improvements related to opioid prescribing.
- Developed and distributed Opioid and Other Controlled Substance Prescribing Guidelines for Urgent Cares and Emergency Departments and provided pocket cards for patient chart holders as a resource and reminder for physicians.
- Conducted community forums and town hall meetings to educate the public about the opioid epidemic.

### **2. Enhancing Skills:**

- Implemented a countywide adult and caregiver educational initiative called "Start Talking!" designed to inform parents about prescription and OTC abuse and facilitate conversations with youth about the dangers of prescription drug misuse.
- Implemented youth-led prevention initiatives in 8 school districts.

- Conducted an annual youth-led prevention training for youth and adult DFC Advisors and integrated opioid information into the event.
- Conducted Drug Free Workplace Training for local businesses.

### **3. Providing Support**

- Collaborated with the CDC Division of Adolescent and School Health on a pilot project for youth at-risk for substance use disorders which resulted in targeted, indicated prevention strategies with the county’s most vulnerable youth.
- Established a treatment-friendly Supreme Court Certified Juvenile and Family Drug Court for families experiencing opioid-related problems that come into contact with the criminal justice system, whose goal is to prevent further penetration into the justice system, if possible, and reunify families through treatment and counseling.
- Piloted Ohio’s first Community-Based Naloxone Education and Distribution Program, which has since been replicated throughout Ohio, resulting in thousands of lives saved. Scioto County residents have been trained as community responders and have reversed hundreds of potentially fatal overdoses using naloxone distributed by the coalition.
- Conducted a county-wide educational campaign on overdose reversal, recognition, and response, and identified local “hotspots” for overdoses through epidemiological data. Conducted targeted outreach to identified high-burden communities.
- Trained 11 local Fire Departments and local law enforcement in overdose response and continue to provide them with naloxone.
- Established easy naloxone access under a county protocol allowing for people to get naloxone without a prescription at local pharmacies.
- Hosted multiple DATA2000 waiver trainings for licensed prescribers to bolster community access to medications to treat opioid use disorder.

### **4. Enhancing Access/Reducing Barriers:**

- Expanded access to treatment for opioid use disorder, going from only one state-certified addiction treatment center in 2010 to 12 treatment centers in 2017, including 2 Detox Units and a Medical Stabilization Unit at the local hospital. Also established a local “hub” for treatment access called “Recovery Gateway” that case manages clients and streamlines immediate admission to an appropriate treatment program.
- Expanded the number of physicians who are licensed to prescribe buprenorphine which greatly enhanced access to Medication-Assisted Treatment for opioid use disorders.
- Established Overdose Response Teams at the local Emergency Department that serve as a conduit to immediate placement for addiction treatment when the client desires.

## **5. Changing Consequences (Incentives/Disincentives):**

- Collaborated with the State Medical Board, local law enforcement and the Drug Enforcement Administration on medical license revocations and stiffer penalties for criminal over prescribers, which resulted in numerous convictions of pill mill operators and unscrupulous doctors.
- Worked with Ohio legislators to pass a Good Samaritan Law in 2016 which provides civil immunity to people who respond to or report an overdose while alleviating fear of arrest as a barrier to summoning emergency assistance for overdose victims.

## **6. Altering Physical Design:**

- Installed permanent Prescription Drug Drop Boxes at four locations throughout the county to compliment the coalition's established semi-annual Drug Take Back Days.
- Converted 3 former "pill mills" into addiction treatment centers.
- Implemented a controlled substance lock box initiative for all homebound patients through local hospices.
- Embedded a Code Enforcement Officer with local law enforcement to immediately secure and condemn drug houses. Established a Land Reutilization Program to repurpose confiscated nuisance properties.

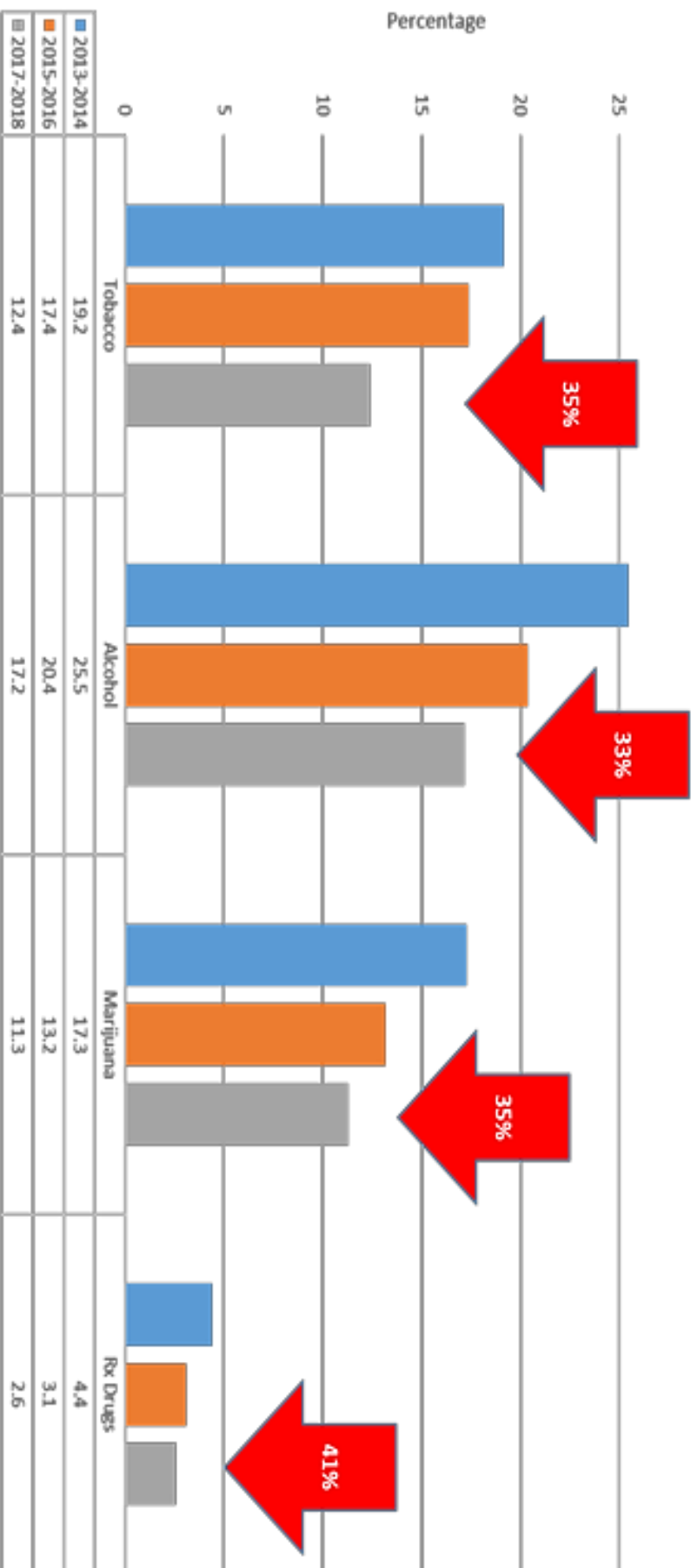
## **7. Modifying/Changing Policies:**

- Collaborated with Ohio policymakers to pass statewide legislation that led to strict regulation of pain management clinics and effectively shut down Scioto County's pill mills.
- Collaborated with the County Commissioners on passage of a local Ordinance that allows for legal abatement of any current or future establishments deemed as a threat to public health and safety.
- Worked with the Ohio Board of Pharmacy and state legislature to change laws which lead to increased access and utilization of naloxone to reverse opioid overdose.
- Developed and implemented an Overdose Rapid Action Plan through the local Emergency Management Agency to respond to fentanyl- induced spikes in overdose.

## **Results/Outcomes**

The Coalition's work led to a significant reduction in prescription drug misuse among youth. As the graph below indicates, prescription drug misuse among 6<sup>th</sup> – 12<sup>th</sup> graders declined from 4.4 percent in 2013 to 2.6 percent in 2018. This is a 41 percent decrease over five-year period.

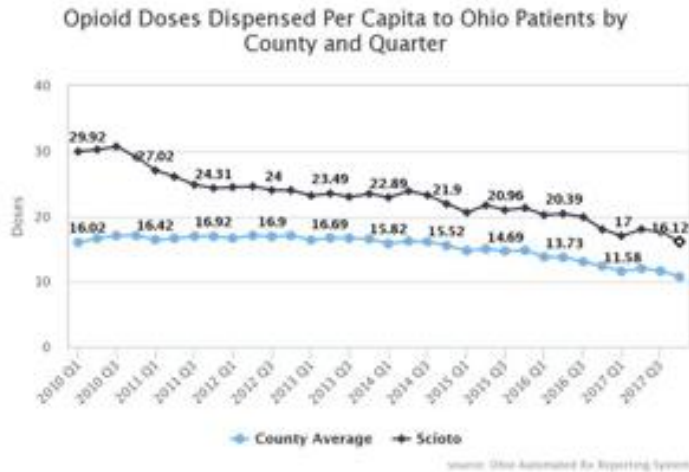
## DFC Core Measure Data Past 30-Day Use Over a Five Year Period Grades 6-12 Scioto County, Ohio 2013 (Baseline)-2018 (Current)



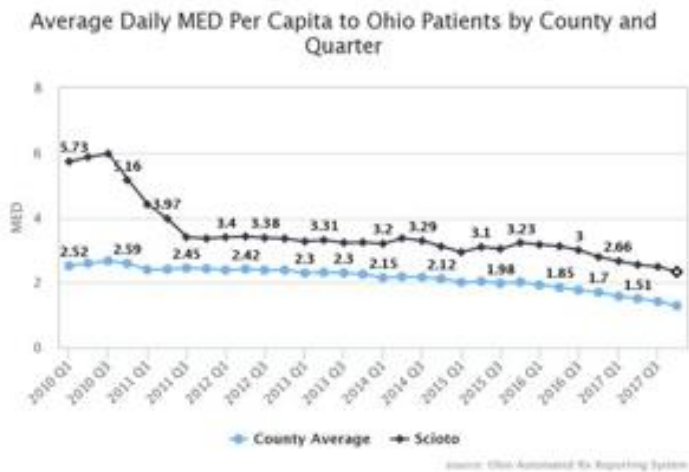
**Substance Use by Survey Year**

■ 2013-2014   
 ■ 2015-2016   
 ■ 2017-2018

Significant reductions in opioid prescribing for Scioto County include both quantities and strengths of pills – which are now at the lowest point since they have been measured by the prescription monitoring program. From 2010 to 2017, opioid prescriptions dispensed per capita declined by 46 percent. The strength of these prescriptions per capita declined by 59 percent during the same period.<sup>5</sup>



**46% decrease in Rx opioids dispensed per capita (quantity)**



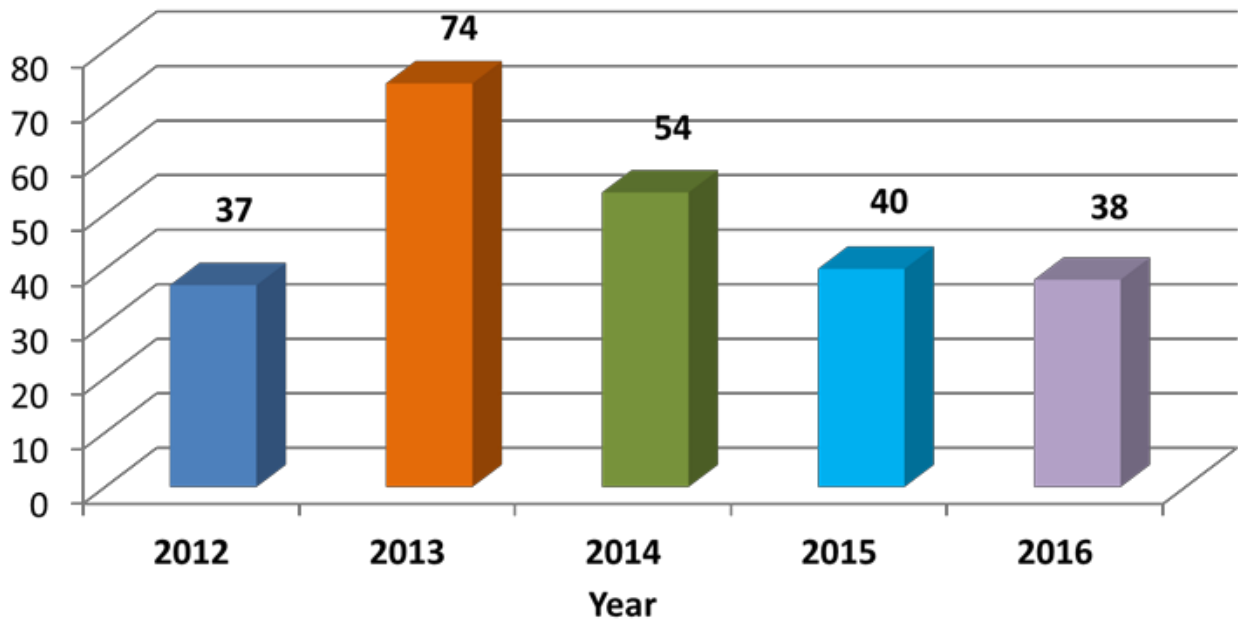
**59% decrease in average daily MED per capita (strength)**

<sup>5</sup> Ohio Automated Rx Reporting System

Prescription opioid-related overdose deaths have also declined in Scioto County. The number of prescription opioid related overdose deaths declined by 90 percent from 2008 to 2017.<sup>6</sup>

The number of newborns diagnosed with neonatal abstinence syndrome (NAS) and requiring pharmacological weaning at birth has steadily declined from a peak of 74 in 2013 to 38 in 2016.

**Newborns Treated Pharmacologically for NAS Scioto County, Ohio 2012-2016**



The DFC program has helped Scioto County address the opioid crisis as well as invest in long-term planning and strategies designed to offset future problems. Because DFC coalitions must target the entire community and the program offers maximum flexibility based on local conditions, they develop and foster the kind of planning and cooperation in a community that leads to long-term community change and sustained improvements. The DFC program has also helped build a community infrastructure in Scioto County that supports not only comprehensive drug use prevention but also treatment and recovery from addiction, which has ensured that more Scioto County youth are living in stable homes. The DFC program has also allowed Scioto County to expand local efforts to address adolescent tobacco, marijuana methamphetamine and alcohol use.

<sup>6</sup> Ohio Department of Health. (2018). Number of prescription opiate related drug overdose deaths by year, Ohio. Ohio Public Health Data Warehouse.

## **Jackson County Anti-Drug Coalition, Jackson County, West Virginia**

The Jackson County Anti-Drug Coalition was created in 2006 following what the city thought was an isolated incident of a youth heroin overdose in a gas station bathroom. In the two years following, Jackson County saw 16 young adults between the ages of 15 and 26 experience fatal overdoses in cars and in front lawns of community residents. With the number of young adults losing their lives to overdoses, most of them from the same graduating class, the community could no longer ignore the problem. Open community meetings began to take place, along with candlelight vigils to remember those who lost their lives to overdoses. The Jackson County Health Department declared a public health crisis in December of 2008.

Jackson County began looking through various data points collected through the PRIDE Surveys administered by the Jackson County Schools as well as data from the West Virginia Office of Vital Statistics to determine the top five drugs at the time of death of the 16 fatal youth overdoses. From this data, they determined methadone, fentanyl, hydrocodone, and diazepam (Valium) were the drugs of choice in their community. For Jackson County this was unprecedented information and they immediately began to work on educating all age groups about the dangers of these particular drugs. In 2009 Jackson County applied for and was awarded a Drug Free Communities Grant.

The *Seven Strategies for Community Change* utilized by the Jackson County Anti-Drug Coalition to comprehensively address their prescription drug/opioid issues were as follows:

### **1. Providing Information:**

- Engaged in a multifaceted media campaign aimed at parents, youth, seniors, providers, businesses and the public.
- Marketed an anonymous tip line for local law enforcement agencies
- Provided information to the public about proper drug disposal.
- Offered community learning opportunities around opioids, fentanyl and other drug trends.
- Partnered with local funeral homes to distribute information on proper disposal of a loved one's medications and needles.

### **2. Enhancing Skills:**

- Worked with local schools to provide presentations on addiction, how substances affect the body, as well as drug trends and their harmful effects.
- Provided training on pill identification and diversion training for law enforcement officers.
- Trained medical staff on the state prescription drug monitoring database and how best to utilize this tool in primary care offices.
- Provided presentations to the community on signs and symptoms of addiction.
- Worked with businesses to train management on identifying substance abuse among employees in the workplace.
- Collaborated with Sheriff's Department to jointly train law enforcement officers from across the state on best practices for the destruction of medications collected in permanent drop boxes and disposed of through regional incinerators.

### **3. Providing Support:**

- Advertised the WV Rx Quitline number as an additional resource for accessing treatment
- Developed disposal protocols for local law enforcement agencies and their permanent drop boxes.
- Helped develop the protocols for incinerating the medications collected on a state level.
- Advocated for and encouraged use of WV Prescription Drug Monitoring Database

### **4. Enhancing Access/Reducing Barriers:**

- Advocated at State level for local law enforcement access to WV State Prescription Drug Monitoring Database
- Advocated at State level for access to other state monitoring systems
- Trained school employees to identify signs of substance misuse
- Integrated drug disposal information into regular community communications
- Static Take Back Sites – permanent drop boxes at law enforcement agencies
- Take Back Disposal Days

### **5. Changing Consequences (Incentives/Disincentives):**

- Reinforced positive behavior for students who passed random drug tests administered by the school system
- Revised consequences in the random drug testing policy to require 6 weeks of counseling/intervention once a positive drug test is received
- Created a means by which students who were low level offenders participating in the county Teen Court Program would complete their community service hours working for the Anti-Drug Coalition. Students were required to participate in Youth Coalition activities

### **6. Altering Physical Design:**

- Worked with the West Virginia Department of Environmental Protection, to purchase the first mobile incinerator in the state of West Virginia to burn household medications collected in static take back sites

### **7. Modifying/Changing Policies:**

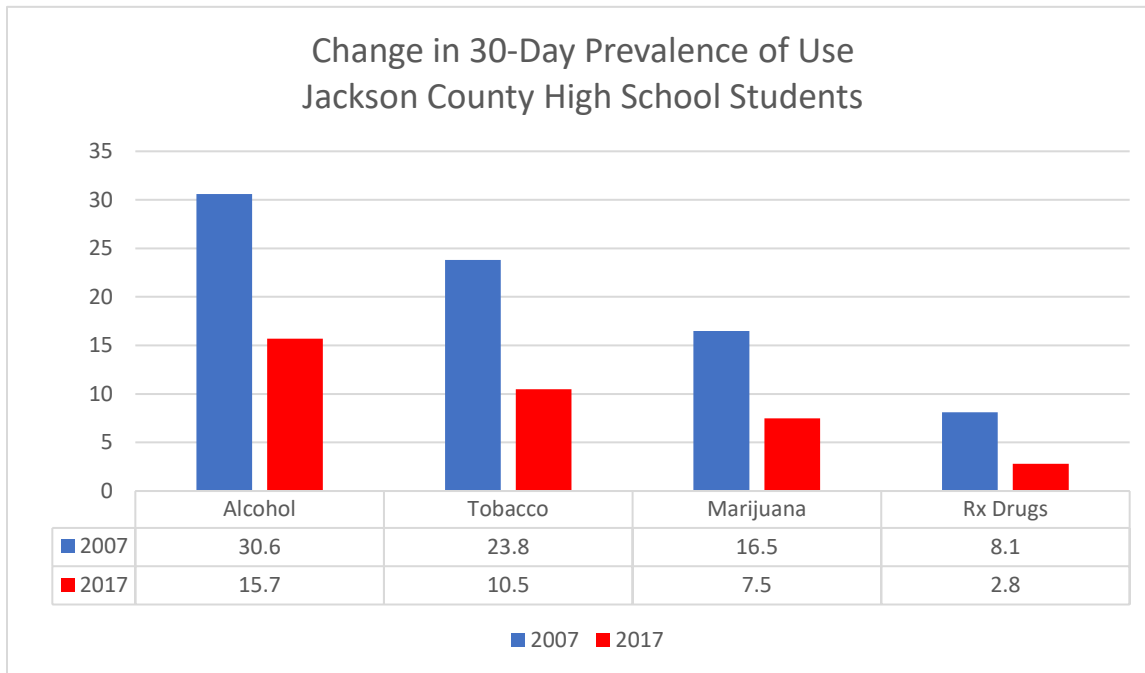
- Developed and implemented policies for static and point-in-time take back programs
- Created a local policy and assisted in the development of statewide policy for mobile incineration use.
- Advocated for mandatory use of the WV Prescription Drug Monitoring Database by physicians.
- Advocated on a state level for other communities to have access to mobile incinerators. There are now 9 incinerators across the state.
- Assisted in revising the county school random drug testing policy to require substance misuse assessment within 48 hours of testing positive in the random drug testing protocol



## **Results/Outcomes**

According to Jackson County Health Department data, overdose rates in Jackson County have decreased from approximately 10 a month in 2008 to between 1 and 3 a month in 2018.

Prescription drug misuse rates have also declined among county youth. Among high school students, 30-day use of prescription drugs declined from 8.1 percent in 2007 to 2.8 percent in 2017.



The DFC program has been instrumental in changing community outcomes in Jackson County around substance misuse. The program successfully changed norms, access and availability, to reduce population level rates of youth substance use. It has also helped to dramatically cut Jackson County's overdose rate.

## **Conclusion**

The most important lesson learned from the success of the DFC program's ability to reduce population levels of opioid misuse and its related consequences is that there is no single strategy or approach that can mitigate this crisis. As the three case studies highlight, effective substance use prevention is a comprehensive community-wide process. Communities must be trained on the CADCA model for community change and must be organized with all of the relevant sectors working together to identify the local conditions driving the epidemic so that they that they can plan, implement and evaluate locally tailored responses across all of the *Seven Strategies for Community Change*, to address each of these issues.

In all three of the communities highlighted in this testimony, small investments of federal prevention funding from the DFC program, (up to \$125,000/year for up to 10 years, with a required dollar-for-dollar match that can be cash or in-kind) coupled with extensive training and technical assistance from the Community Anti-Drug Coalition Institute, resulted in large local mobilization efforts to tackle every aspect of the underlying causes of these local opioid

epidemics. It was the process of implementing synergistic and reinforcing efforts across all 12 required sectors that led to the impressive reductions in youth opioid misuse as well as other major outcomes, such as increases in high school graduation rates, increased college and career readiness scores, and lower overdose and neonatal abstinence syndrome rates in the case study communities.

The keys to the success of the DFC program's ability to effectively address the opioid epidemic that can and should be transferred to other federal efforts to mitigate the opioid epidemic include:

- Building and maintaining adequate multi - sector capacity to assess, plan, implement and evaluate comprehensive, coordinated efforts over time;
- Providing intensive training and technical assistance to ensure appropriate knowledge and skills needed to comprehensively address the epidemic;
- Ensuring that there is a major focus on preventing initiation of opioid misuse and other substance use among youth, along with providing adequate treatment, overdose reversal through naloxone, and recovery support for those with substance use disorders.
- Breaking down silos so that all appropriate strategies, programs, services and activities, across all of the *Seven Strategies for Community Change*, are implemented in concert, across the supply/demand split, to include both individual and environmental strategies.

Thank you for the opportunity to testify today. I am happy to answer any questions you may have.