Stop Them Before They Start: Best Practices in Preventing Substance Abuse

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CADCA®

Disclosure Statement

- Sue Thau, Public Policy Consultant, CADCA, has disclosed no relevant, real or apparent personal or professional financial relationships with proprietary entities that produce health care goods and services

Learning Objectives

Identify best practices for comprehensively reducing Rx misuse and abuse at the community level and provide resources available from CADCA to use in addressing the Rx misuse and abuse issue.

Keys To Pushing Back Against The Misuse and Abuse of Rx Drugs

com·pre·hen·sive
/ˌkämprəˈhensiv/

adjective

1. complete; including all or nearly all elements or aspects of something.
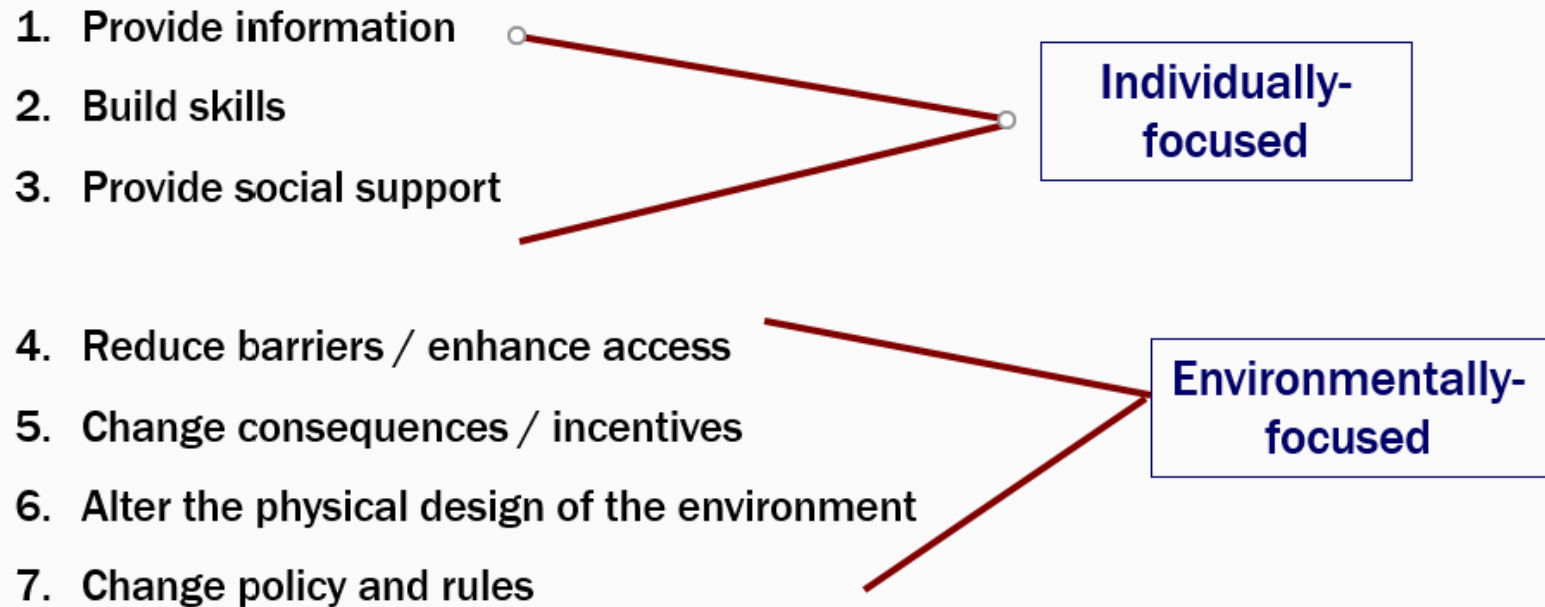   "a comprehensive list of sources"

- **Approach that appropriately mobilizes each of the key sectors and actors who have a role in reducing access to and availability of prescription drugs**

Key Sevctors

Coalitions convene and combine talent and resources to address local substance abuse issues

- Law enforcement
- Youth
- Parents
- Businesses
- Media
- Schools
- Youth serving organizations

- Faith based community
- Civic and volunteer groups
- Health care professionals
- State, local or tribal agencies
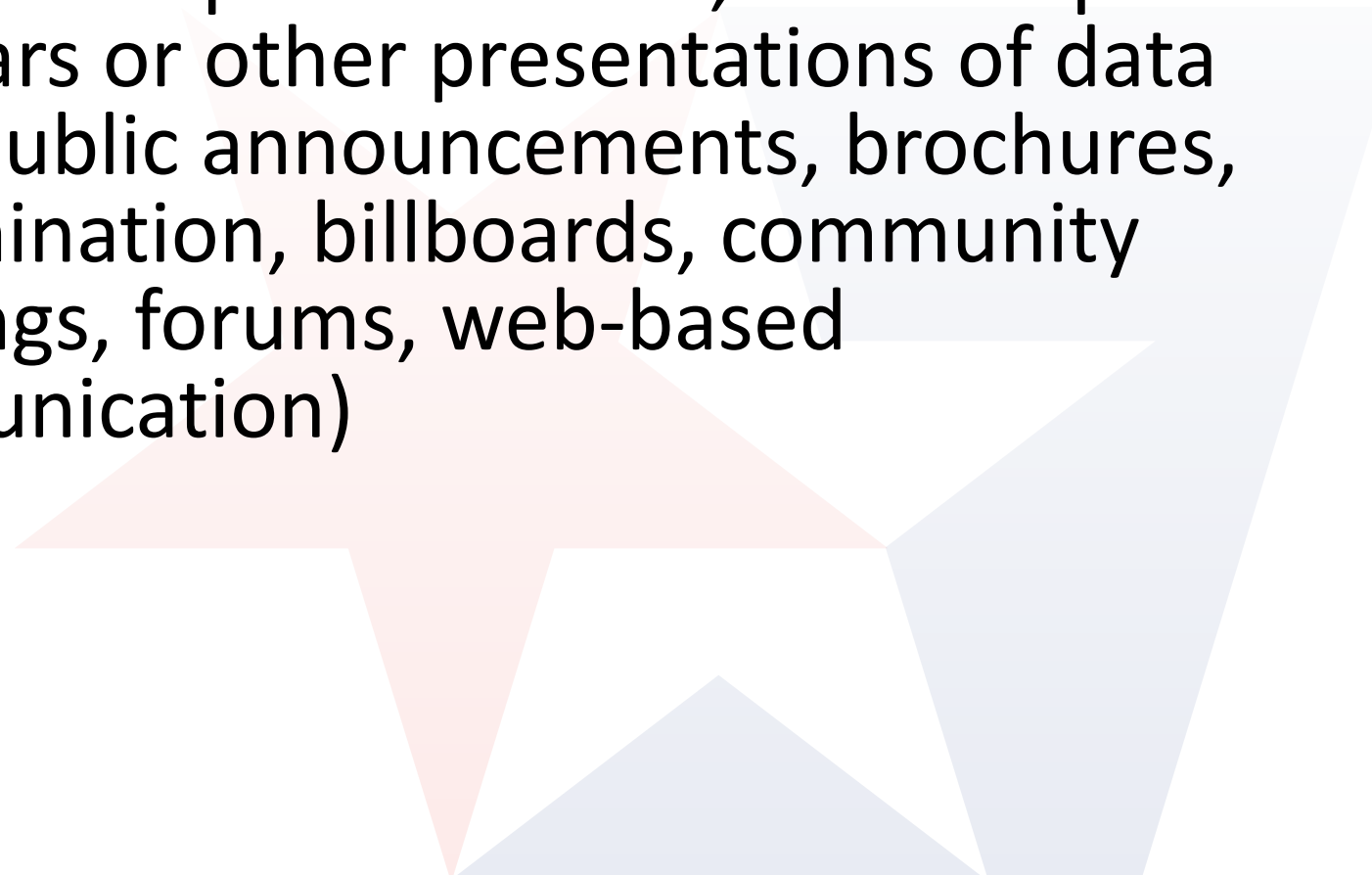- Other organizations involved in reducing substance abuse

Coalitions Pursuing Comprehensive Strategies

1. Provide information
2. Build skills
3. Provide social support

Individually-focused

4. Reduce barriers / enhance access
5. Change consequences / incentives
6. Alter the physical design of the environment
7. Change policy and rules

Environmentally-focused

Source: KU Work Group for Community Health and Development, 2007

Strategy 1: Provide Information

- Educational presentations, workshops or seminars or other presentations of data (e.g., public announcements, brochures, dissemination, billboards, community meetings, forums, web-based communication)

Strategy 1: Provide Information examples

- <u>Woonsocket Prevention Coalition in Woonsocket, RI</u> implemented widespread campaigns to raise awareness of the dangers of prescription drug abuse using traditional and social media

- <u>Carter County Drug Task Force in Ashland, KY</u> distributed 35,000 Push Cards on "Preventing Abuse of Prescription and Over-the-Counter Medications" and 35,000 Push cards distributed on "Guidelines for Proper Disposal of Prescription Drugs"

- <u>Council Rock Coalition for Healthy Youth, Newtown, PA</u> debuted a PSA at their local movie theaters to remind patrons to "Mind Your Meds" by discouraging sharing and encouraging proper disposal

Strategy 2: Enhance Skills

- Workshops, seminars or other activities designed to increase the skills of participants, members and staff needed to achieve population level outcomes (e.g., training, technical assistance, distance learning, strategic planning retreats, curricula development)

Strategy 2: Enhance Skills examples

- NCADD of Middlesex County, East Brunswick, NJ delivered community education presentations to enhance the skills of community members and provided training for emergency responders on the proper use of naloxone to treat overdoses

- Blount County Substance Abuse Action Team in Maryvale, TN provided Drug Recognition Education (DRE) training for law enforcement

- Alamance Citizens for a Drug Free Community in Snow Camp, NC taught over 250 5th and 6th graders to understand medicine labels and how to safely store medications though the OTC Medicine Safety curriculum

- Roane County Anti-Drug Coalition in Kingston, TN provided CME training on proper prescribing and addiction

Strategy 3: Provide Support

- Creating opportunities to support people to participate in activities that reduce risk or enhance protection (e.g., providing alternative activities, mentoring, referrals, support groups or clubs)

Strategy 3: Provide Support examples

- <u>Shelby County Drug Free Coalition in IN</u> provided local pharmacies with materials on prescription drug abuse to dispense with prescriptions

- <u>Roane County Anti-Drug Coalition, Kingston, TN</u> distributed materials to funeral homes to encourage individuals to have their homes monitored during the funeral and remove medications

- <u>SAFE Coalition of Hunterdon and Somerset, NJ</u> provided Rx education to the attending residents at their regional hospital on proper prescribing to reduce addiction

Strategy 4: Enhance Access/ Reduce Barriers

- Improving systems and processes to increase the ease, ability and opportunity to utilize those systems and services (e.g., assuring healthcare, childcare, transportation, housing, justice, education, safety, special needs, cultural and language sensitivity)

Strategy 4: Enhance Access/ Reduce Barriers examples

- <u>Drug-Free Collier County, based in Naples, FL</u> has 11 permanent drop boxes so residents can easily dispose of medications and also offer drug disposal, or deactivation, packets which are biodegradable and can safely be disposed of with normal trash

- <u>SAFE Coalition of Hunterdon and Somerset, NJ</u> distributes warning labels for pharmacy bags in English and Spanish and distributed lockboxes to all homes involved in Juvenile Court

Strategy 5: Change Consequences

- Increasing or decreasing the probability of a specific behavior that reduces risk or enhances protection by altering the consequences for performing that behavior (e.g., increasing public recognition for deserved behavior, individual and business rewards, taxes, citations, fines, revocations/loss of privileges)
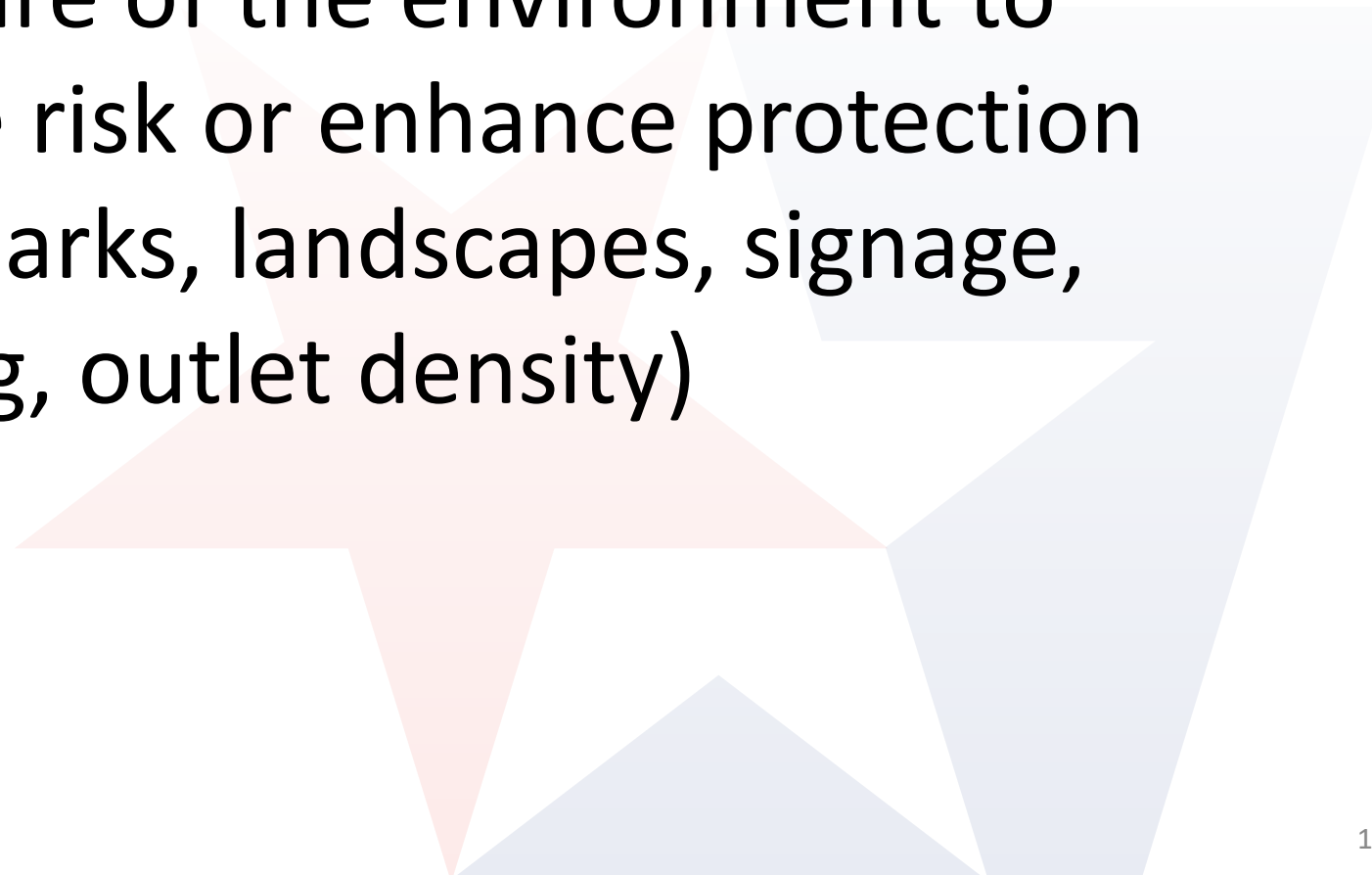
Strategy 5: Change Consequences examples

- The <u>ASAP coalition in ME</u> recognized participating physicians and pharmacists partners with a responsible business award at annual event and window cling

- The <u>SAFE coalition in NJ</u> required all 11th graders and a parent to attend a "Path from Pills to Heroin" educational event or they are not eligible for a parking spot their senior year of high school

Strategy 6: Change Physical Design

- Changing the physical design or structure of the environment to reduce risk or enhance protection (e.g., parks, landscapes, signage, lighting, outlet density)

Strategy 6: Change Physical Design examples

- <u>The Cherokee Nation in OK</u> installed a permanent medicine drop off box in the lobby of their police station and also partnered with local homebuilders to ensure that the installation of one locking medicine cabinet is standard in every new home that is built

- <u>DFC coalitions in 4 FL counties</u> gave out 40,000 drug disposal pouches as part of a research project

Strategy 7: Modify/Change Policies

- Formal change in written procedures, by-laws, proclamations, rules or laws with written documentation and/or voting procedures (e.g., workplace initiatives, law enforcement procedures and practices, public policy actions, systems change within government, communities and organizations)

Strategy 7: Modify/Change Policies examples

- <u>Sylvania Community Action Team (S.C.A.T.) in OH</u> partnered with local schools to implement clear and strict policies related to the possession of illegal and prescription drugs on school grounds

- <u>Tennessee coalitions</u> worked collaboratively to pass a Good Samaritan law

- <u>Missouri coalitions, led by ACT Missouri,</u> are advocating to bring the PDMP to their state. St. Louis County is not waiting – they are creating their own local PDMP

Case Study: Scioto County Coalition

Scioto County, OH

Case Study: Scioto County Coalition

Strategy 1: Provide 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 change and implement policy improvements related to opioid prescribing

- Developed and distributed Opioid and Other Controlled Substance Prescribing Guidelines for Urgent Cares and ED's pocket cards for patient chart holders as a resource and reminder for Physicians

Case Study: Scioto County Coalition

Strategy 2: Enhance 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

Case Study: Scioto County Coalition

Strategy 3: Provide Support

- Collaborated with the CDC Division of Adolescent and School Health on a pilot project for youth at-risk for substance use disorders which allows for 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

- Established easy naloxone access under a county protocol allowing for people to get naloxone without a prescription at local pharmacies

Case Study: Scioto County Coalition

Strategy 3: Provide Support cont.

- Piloted Ohio's first Community-Based Naloxone Education and Distribution Program that 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 prevention, 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 law enforcement in overdose response and continue to provide them with naloxone

Case Study: Scioto County Coalition

Strategy 4: Enhance Access/Reduce 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

- Expanded the number of Physicians who are licensed to prescribe Buprenorphine which greatly enhanced access to Medication-Assisted Treatment for opioid use disorders

Case Study: Scioto County Coalition

Strategy 5: Change Consequences

- Collaborated with local law enforcement and the Drug Enforcement Administration on stiffer penalties for criminal over prescribers which resulted in numerous convictions of pill mill operators

- Worked with Ohio legislators to pass a Good Samaritan Law in 2016 which provides civil immunity to people who respond to or report and overdose and alleviating fear of arrest as a barrier to summonsing emergency assistance

Case Study: Scioto County Coalition

Strategy 6: Change Physical Design

- Installed permanent Prescription Drug Drop Boxes at four locations throughout the county to compliment the semi-annual Drug Take Back Days

- Converted 3 former "pill mills" to addiction treatment centers

- Implemented a controlled substance lock box initiative through local hospice

Case Study: Scioto County Coalition

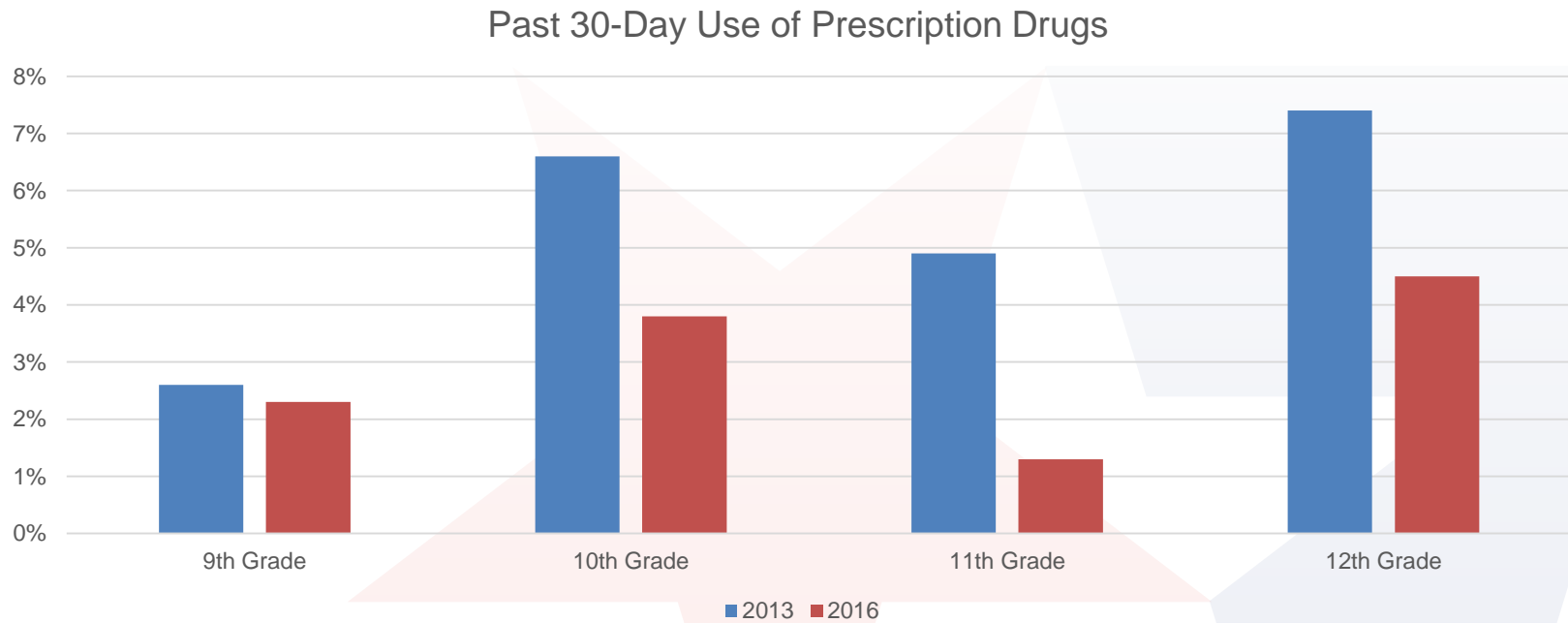## Strategy 7: Modify/Change Policies

- 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

Case Study: Scioto County Coalition

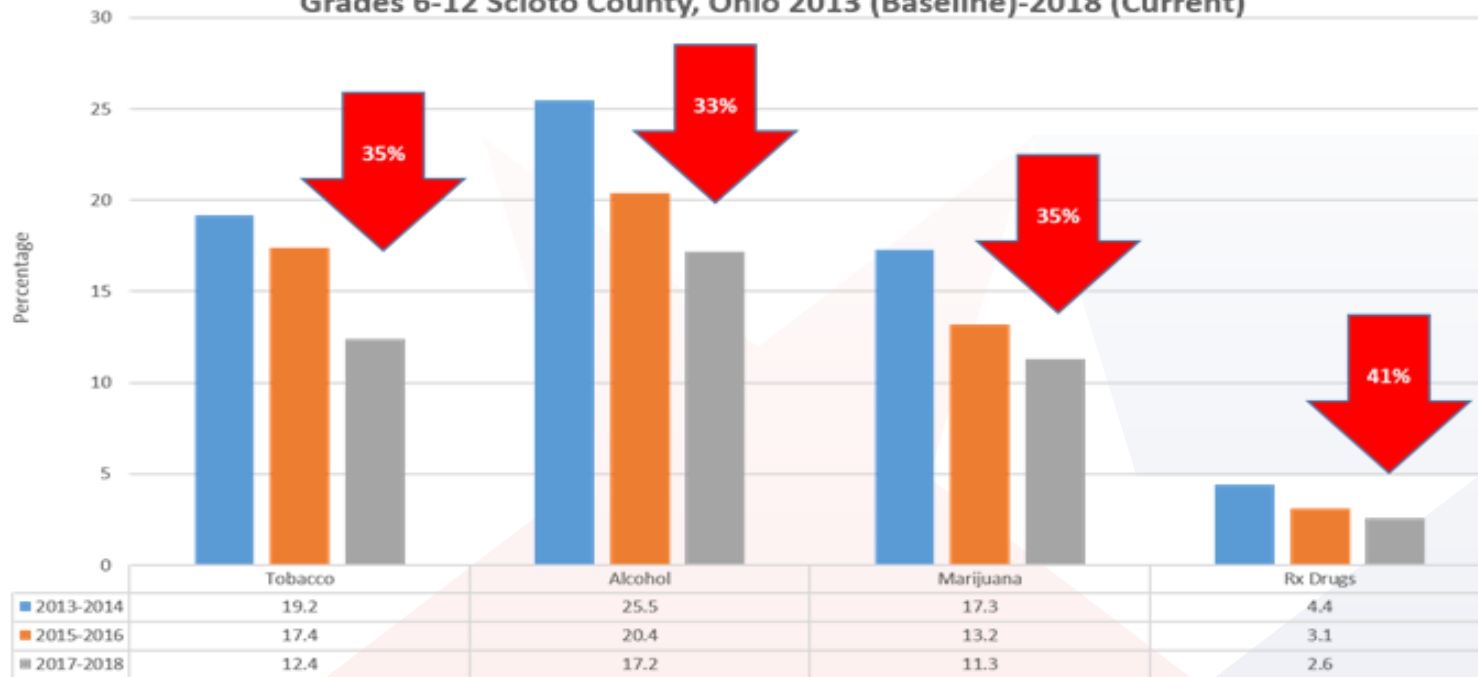**Strategy 7: Modify/Change Policies cont.**

- 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

Outcomes: Scioto County Coalition

Past 30-Day Use of Prescription Drugs

DFC Core Measures

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	Tobacco	Alcohol	Marijuana	Rx Drugs
2013-2014	19.2	25.5	17.3	4.4
2015-2016	17.4	20.4	13.2	3.1
2017-2018	12.4	17.2	11.3	2.6

35% 33% 35% 41%

Substance Use by Survey Year

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

Secondary Outcomes

Reduction in Opioid Prescribing: Both Strength and Quantity

Scioto County- Rx Opioid Consumption 2010-2018

46% decrease in opioids dispensed per capita (quantity)

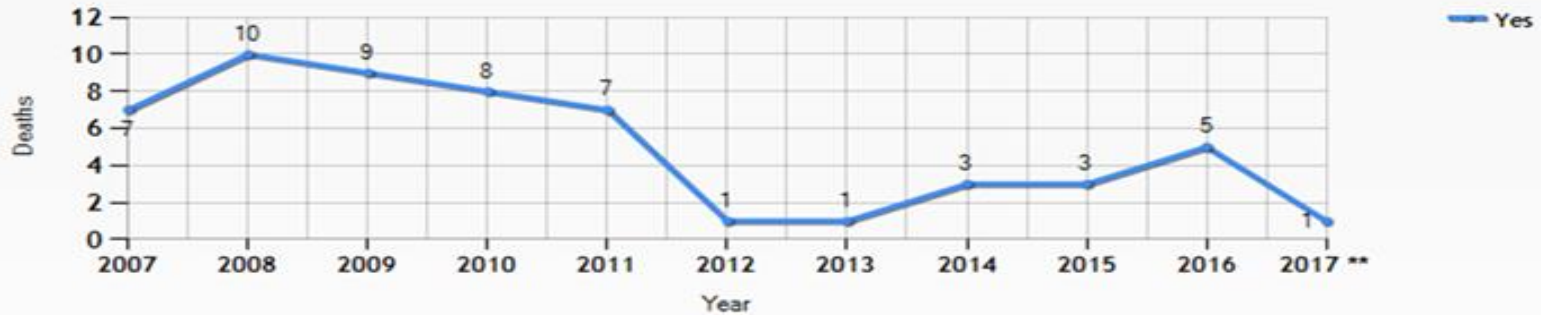59% decrease in average Daily MED per capita (strength)

Secondary Outcomes

Decline in prescription opioid-related overdose deaths

Number of Prescription Opiate Related Drug Overdose Deaths by Year, Ohio

for External Injury Intent = (Unintentional) , External Injury Mechanism = (Drug Poisoning) , Res State = (OH) , County = (Scioto) , Fentanyl and Analogues = (No)

Year of death

Prescription Opiates Indicator

Deaths with ICD10 Code T402-T404, or T406

Includes Ohio residents who died due to unintentional drug poisoning (underlying cause of death ICD-10 codes X40-X44)
Excludes deaths involving fentanyl and related drugs

N/A - Indicates rates have been suppressed for counts < 10 or where population counts are not available, rates based on counts < 20 are considered unreliable. Years with ** are incomplete and subject to change.
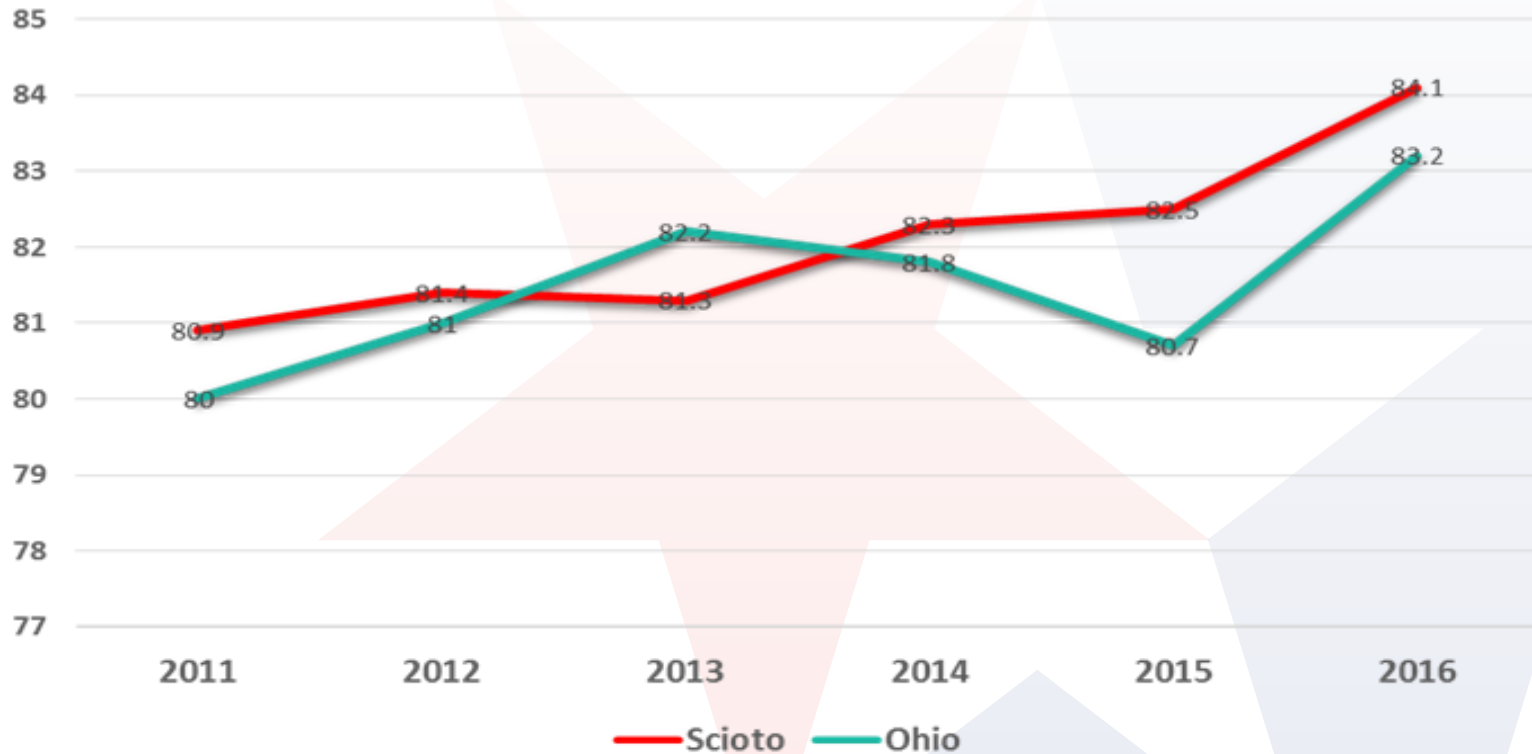
Chart created in the Ohio Public Health Data Warehouse on 1/12/2018 with data from 1/12/2018

The Ohio Department of Health specifically disclaims responsibility for any analysis, interpretations or conclusions.

Secondary Outcomes

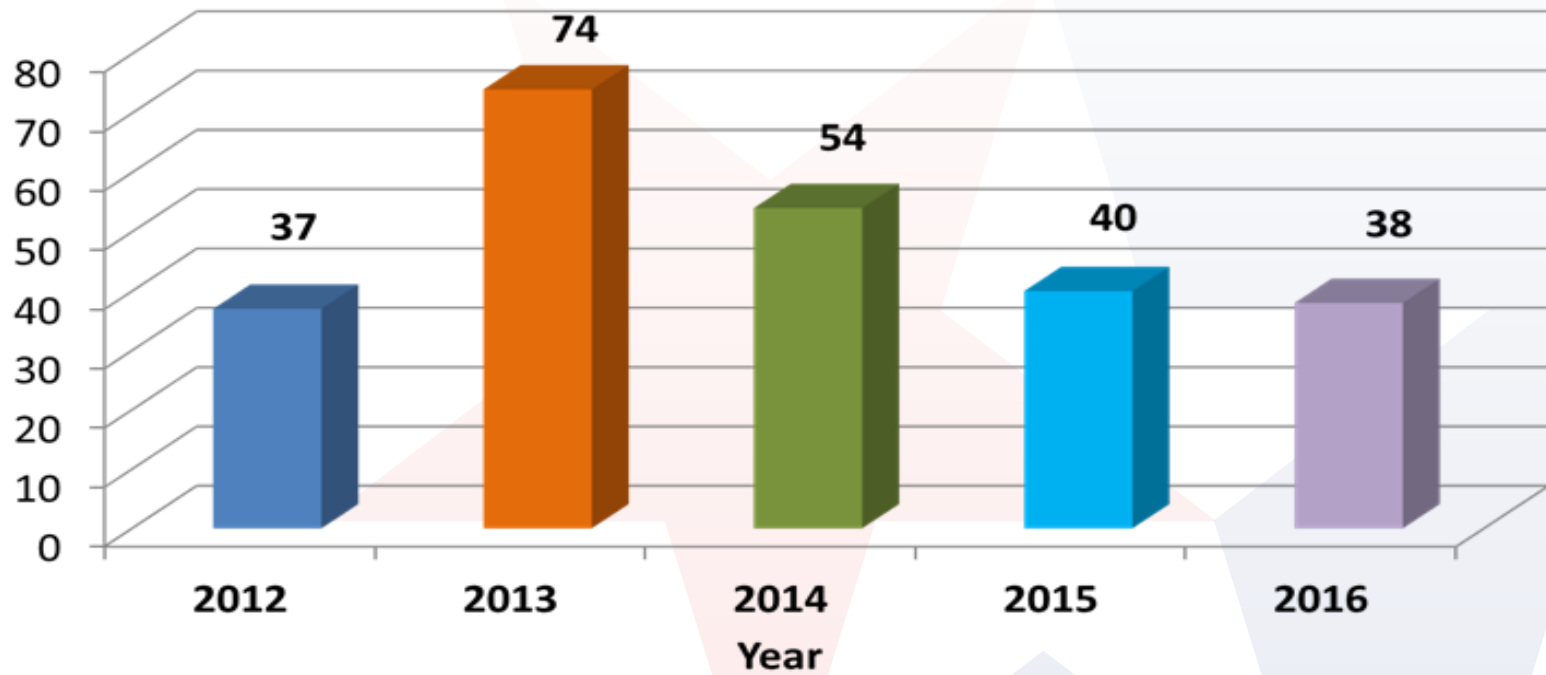*Increase in high school graduation rates*

High School Graduation Rates
Scioto County vs. Ohio 2011-2016 Source: Ohio Dept. Education

Scioto: 80.9 (2011), 81.4 (2012), 81.3 (2013), 82.3 (2014), 82.5 (2015), 84.1 (2016)

Ohio: 80 (2011), 81 (2012), 82.2 (2013), 81.8 (2014), 80.7 (2015), 83.2 (2016)

Legend: Scioto — Ohio

Secondary Outcomes

Reduction in newborns diagnosed with Neonatal Abstinence Syndrome

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

Drug-Free Communities Program

Grantees must:

- Be in existence for 6 months prior to applying

- Have community wide involvement to reduce youth drug, alcohol and tobacco use

- Have community-wide data for planning, implementation and evaluation

- Target the entire community with effective strategies

Figure 12: Percentage Change in Past 30-Day Alcohol, Tobacco, and Marijuana Prevalence of Use and in Prescription Drug Prevalence of Misuse: Long-Term Change Among All DFC Grant Award Recipients Since Grant Inception
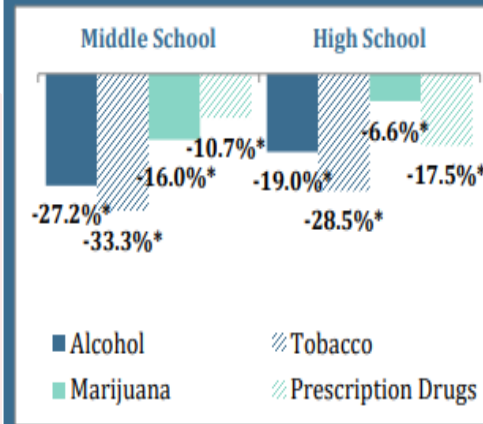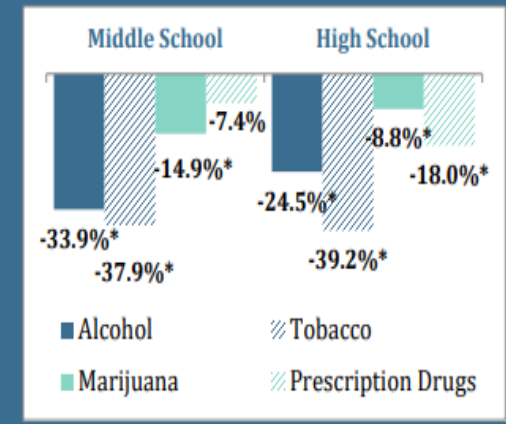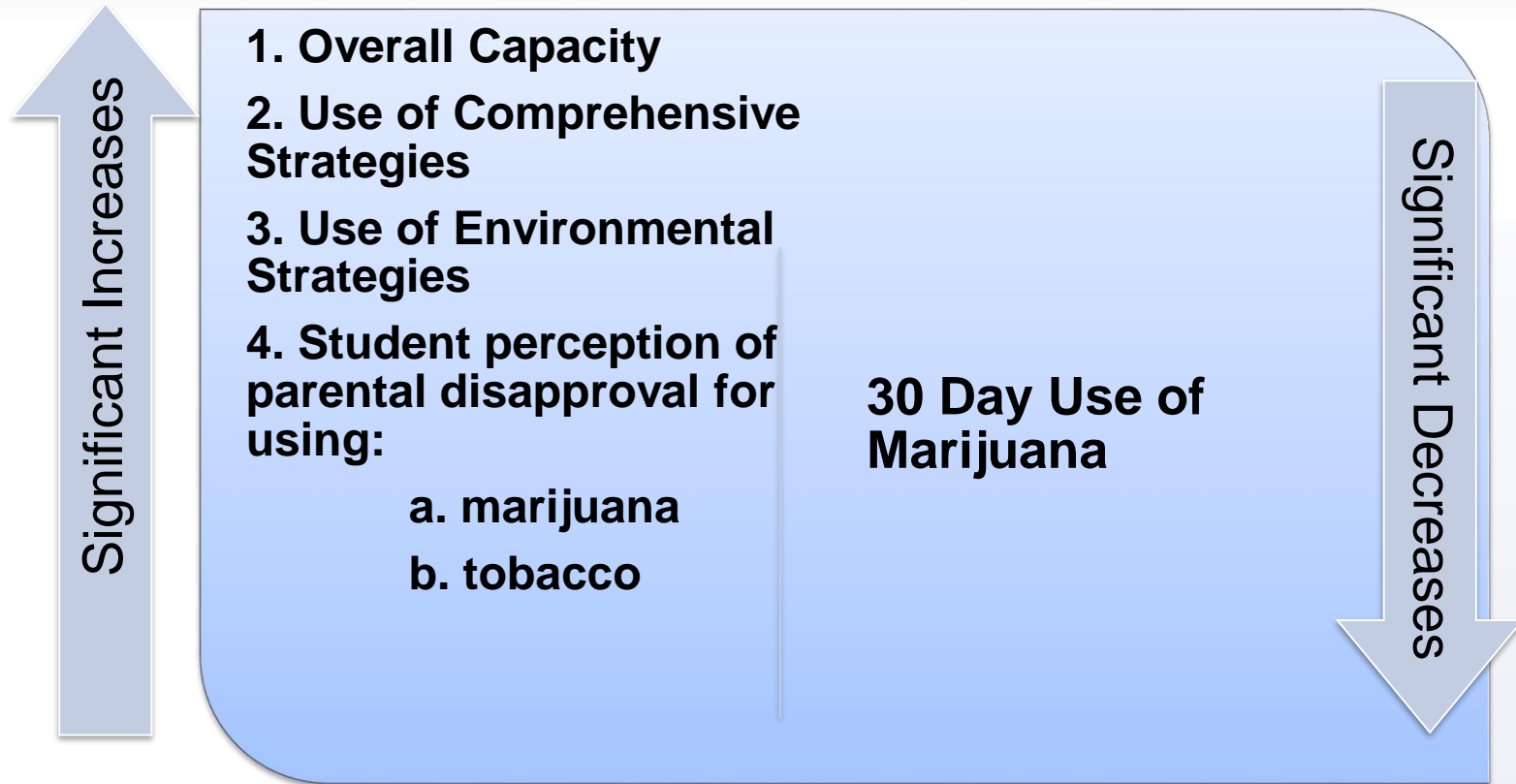
Figure 13: Percentage Change in Past 30-Day Alcohol, Tobacco, and Marijuana Prevalence of Use and in Prescription Drug Prevalence of Misuse: Long-Term Change Among FY 2016 DFC Grant Award Recipients

The program focuses on a comprehensive, multi-sector and data driven approach to prevent and reduce youth substance use/abuse in communities throughout the United States

National Evaluation on CADCA's Institute's Impact

Significant Increases

Significant Decreases

1. **Overall Capacity**
2. **Use of Comprehensive Strategies**
3. **Use of Environmental Strategies**
4. **Student perception of parental disapproval for using:**
   a. **marijuana**
   b. **tobacco**

30 Day Use of Marijuana

Longitudinal Evaluation of the Impact of CADCA's Institute's Training & TA
On Coalition Effectiveness; Dr. Pennie Foster-Fishman, Ph.D.
Michigan State University, February 7, 2015

CADCA Rx Resources

- Toolkit especially for coalitions – www.PreventRxAbuse.org

- National Medicine Abuse Awareness Month every October

- Co-convener of Collaboration for Effective Prescription Opioid Policies (CEPOP) – cepoponline.org

In Closing

- The **comprehensive coalition approach remains the best local solution to address any public health threat** – and is especially critical with the complex opioid and heroin crisis we face as a nation.

- Data shows that **DFC coalitions** are having success in this area and **CADCA's National Coalition Institute** is a factor in making coalitions more effective.

- CADCA is providing **technical assistance, advocacy and communications tools** that can help more communities "wake up" to this epidemic.

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