

## Prevention Track

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

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# Disclosures

- Sara Howe, MS, CHES; Shelly Steiner; Sue Thau, MCRP; Becky Vaughn, MSEd; and Karen Perry have disclosed no relevant, real, or apparent personal or professional financial relationships with proprietary entities that produce healthcare goods and services.

# Disclosures

- All planners/managers hereby state that they or their spouse/life partner do not have any financial relationships or relationships to products or devices with any commercial interest related to the content of this activity of any amount during the past 12 months.
- The following planners/managers have the following to disclose:
  - Kelly J. Clark, MD, MBA, FASAM, DFAPA – Consulting fees: Braeburn, Indivior
  - John J. Dreyzehner, MD, MPH, FACOEM – Salary: Amerigroup Healthcare Insurance (spouse)

# Learning Objectives

- Identify best practices for comprehensively reducing Rx misuse and abuse at the community level.
- List resources available from CADCA to use in addressing the Rx misuse and abuse issue.
- Describe how the Carter County (KY) Drug Free Coalition has reduced RX misuse and abuse rates from among the highest in the nation to below national averages.
- Explain the three categories of prevention strategies.
- Differentiate between the prevention populations and match the appropriate strategies with each.
- Prepare the beginnings of a community plan to prevent the use and misuse of drugs.



While Naloxone is very important for reversing an overdose reaction and preventing death, it does not

**Prevent**

the misuse of prescription drugs



There comes a point where we need to stop just pulling people out of the river. We need to go upstream and find out why they're falling in.

*Desmond Tutu*



**Solution:**  
*Build a fence.*

*We know  
how to do  
that.*

# The national model of prevention

## Institute of Medicine (IOM)

Health and Medicine Division of  
*The National Academies of*  
Sciences • Engineering • Medicine



**SAMHSA's Center for Substance Abuse Prevention (CSAP)** works with federal, state, public, and private organizations to develop comprehensive prevention systems by

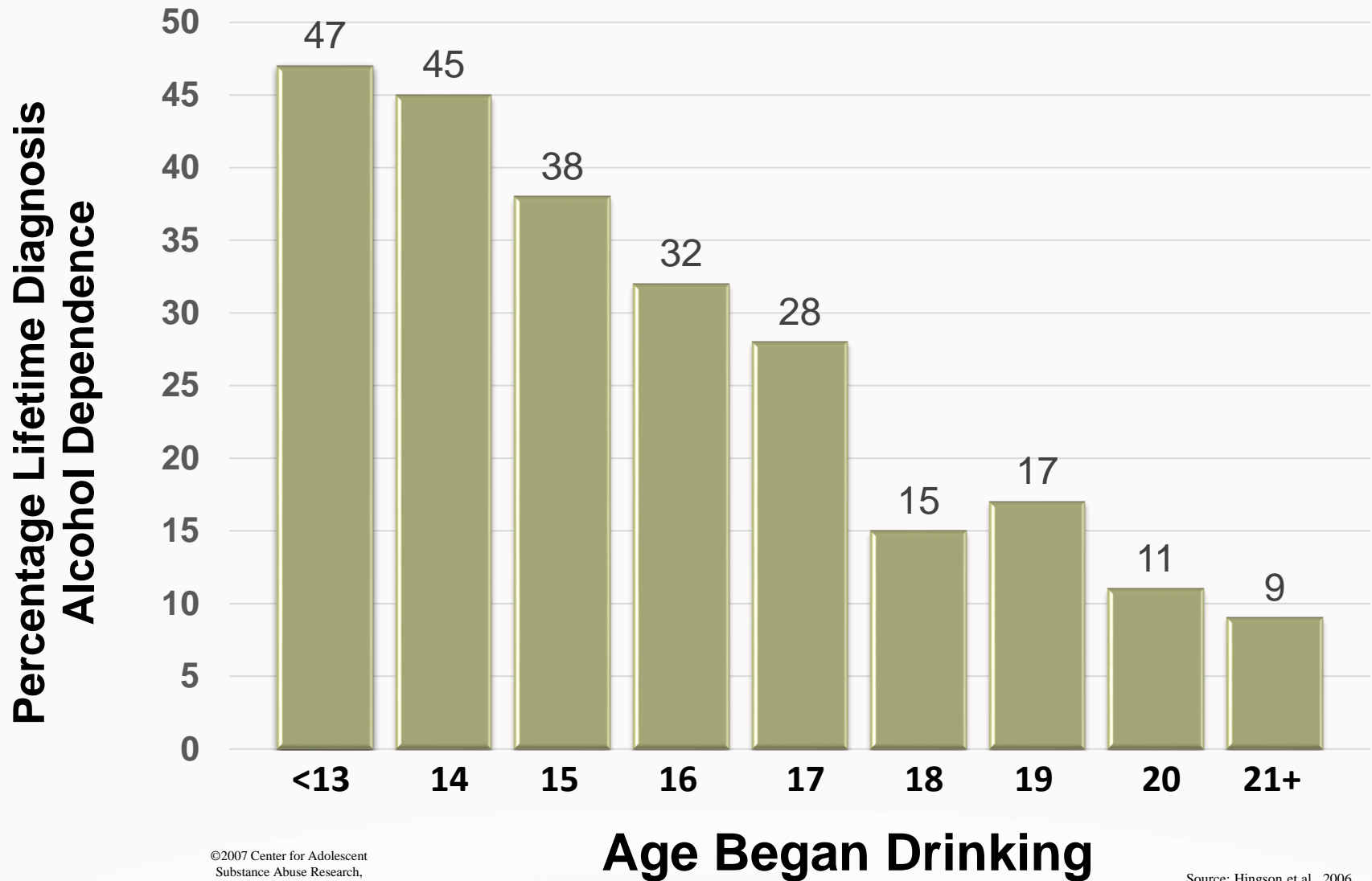


*We know how to build the fence.*

- 1. Promoting effective substance abuse prevention practices.**
- 2. Providing national leadership in the development of policies, programs, and services.**
- 3. Funding states with the prevention set-aside of the Substance Abuse Prevention and Treatment Block Grant.**

# Prevalence of Lifetime Diagnosis of Alcohol Dependence by **Age of Onset of Drinking**

# Prevalence of Lifetime Diagnosis of Alcohol Dependence by Age of Onset of Drinking



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Source: Hingson et al., 2006



**1. Prevent abuse**

**2. Delay onset of [low-risk] use**

**environmental factors**

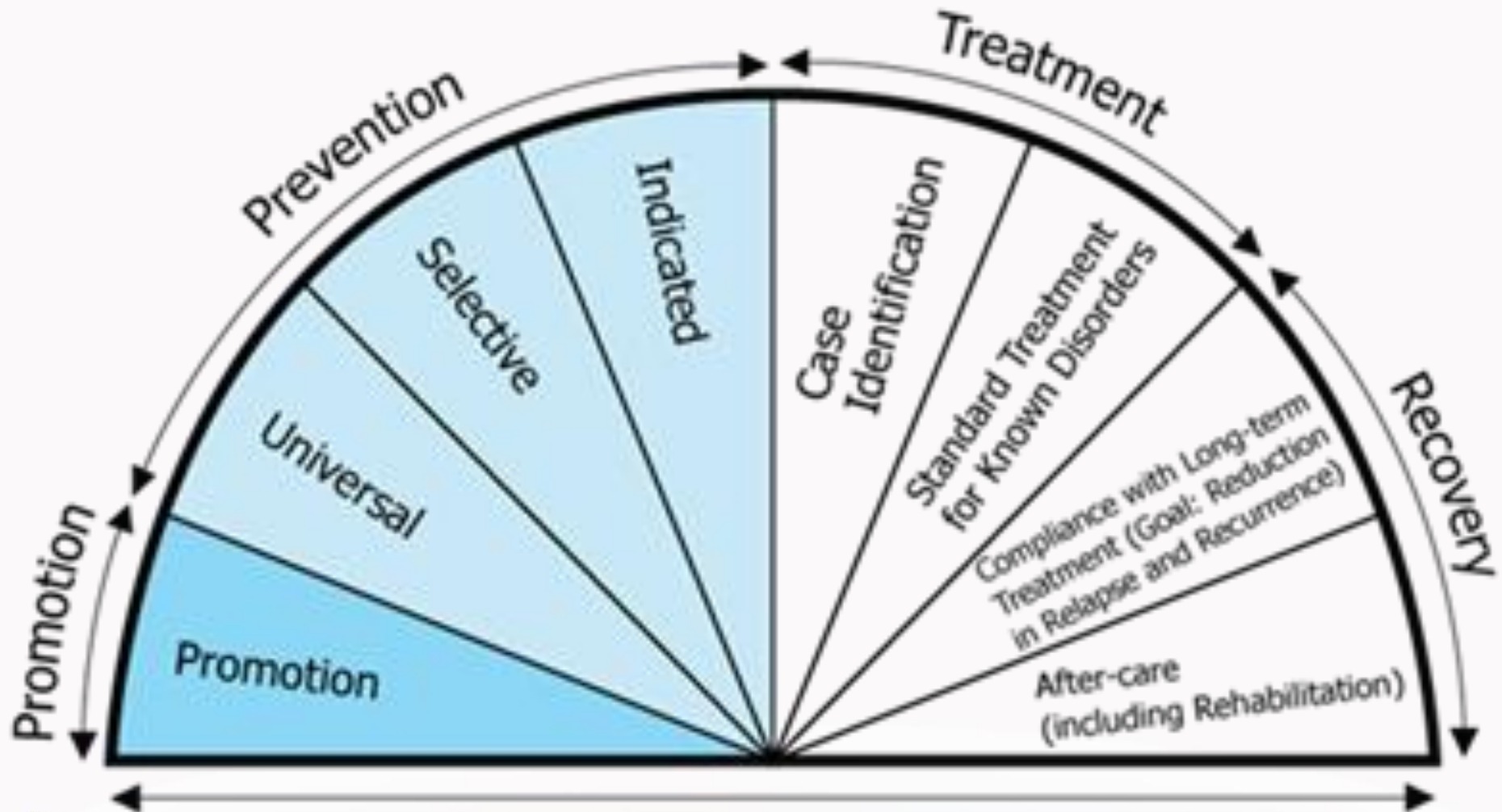
**disease agents**

**genetic predisposition**

**lifestyle choices**

**Dynamic processes whose effects are  
experienced throughout a lifetime,  
often with little awareness of the impact on  
his or her life.**

# Prevention of disease and disability are an integral component of public health care policy and programming



# SAMHSA's Strategic Prevention Framework (SPF)

*a planning process for designing and targeting services*



*We know how to build the fence.*

Effectiveness begins with an understanding of **community needs & involves community members** in all stages of the planning process



We know how to build the fence.





**It is data driven –**  
using existing,  
identifying gaps,  
and collecting new  
data



**It is dynamic –**  
adjusting to  
changing  
community needs



**It is focused on population level change –**  
using strategies that address risk and protective factors



It is intended to guide prevention across the lifespan – not just for children and youth



**It relies on a team approach – including community partners**

*We know how to build the fence.*

**Comprehensive  
primary prevention  
programs include  
activities and services,  
provided in a  
variety of settings,  
and utilizing evidence-based  
strategies:**

## 1. Information Dissemination

provides **knowledge and increases awareness** of the nature and extent of alcohol and other drug use, abuse, and addiction, as well as their effects on individuals, families, and communities; of available prevention and treatment programs and services.

It is characterized by one-way communication from the information source to the audience

## 2. Education that builds skills through structured learning processes

**of critical life and social skills** including decision making, peer resistance, coping with stress, problem solving, interpersonal communication, and systematic and judgmental capabilities.

There is more interaction between facilitators and participants than there is for information dissemination.



### 3. Alternatives

provide opportunities for target populations to participate in **activities that exclude alcohol and other drugs.**

The purpose is to discourage use of alcohol and other drugs by providing alternative, healthy activities.

#### 4. Problem Identification and Referral

aims to identify individuals who have used an **illegal drug** including the **under age use of tobacco or alcohol** with a goal of determining if their behavior can be **reversed** through education.

This strategy does not include any activity designed to determine if a person is in need of treatment.

## 5. Community-Based Process

provides ongoing **networking activities** and **technical assistance** to community groups or agencies.

It encompasses neighborhood-based, grassroots empowerment models using action and collaborative systems planning.

## 5. Environmental

establishes or changes written and unwritten **community standards, codes, and attitudes.**

Its intent is to influence the general population's use of alcohol and other drugs.

# Financing the Prevention System



# Financing the Prevention System

The Substance Abuse Prevention and Treatment Block Grant (SABG) requires a minimum of **20%** be spent on primary prevention and is the backbone of the publicly funded system

On average, these funds make up **68%** of primary prevention funding in States and Territories.

However, in

**21** States, it funds **75%** or more

**6** States, it funds **100%**

# Financing the Prevention System

**\$371.6 million** Block Grant 20%

**\$164.9 million** additional State Funding

**\$546.5 million**

**99,341,932** people  
under 24 years of age  
(35.3% of US population)

# Financing the Prevention System

\$5.50

Per Person



**How are these best practices being utilized to prevent opioid and other substance abuse as well as delay onset of use?**



# What is CGTI?

**The Cebrin Goodman Teen Institute (CGTI) is a leadership development program for middle and high school students to learn new skills, meet new people, and become empowered to create change in their communities and schools.**



# School Performance Increases with Prevention Efforts

- **Increased grade point average**  
(US Dept of Health and Human Services)
- **Increased self-reported achievement**  
(Hawkins et al, 1999)
- **Increased achievement scored in reading, math, and language**  
(Simun, Slovacek, Batie, Simon, 1996)

# Prevention Efforts & the Impact on School Behaviors

- **Decreased proportion of students repeating a grade** (US Senate)
- **Increased attendance**  
(Hawkins et al, 1999)
- **Increased assignment completion**  
(Lindmark, Marshall, Riley, & Strey 1996)
- **Increased pro-social attitudes**  
(Simun, Slovacek, Batie, Simon, 1996)

# Why Does This Matter?

A strong sense of school connectedness predicts:

- Fewer school conduct problems
- Lower levels of depression
- Greater optimism
- Higher grades

\*According to The National Longitudinal Study on Adolescent Health, 1997

# School-based Prevention Programs

- **Model Programs**
  - Project Success
  - Good Behavior Game
- **Opioid Specific Curriculum**
  - Operation Prevention



# NREPP

SAMHSA's National Registry of  
Evidence-based Programs and Practices

## Resources

- Literature Reviews
- Behind the Terms
- Needs Assessment
- Planning
- Implementation
- Evaluation
- Sustainability
- Practice-based Evidence and Cultural Competence in Evaluation
- Funding
- Courses and Training
- Links to Other Evidence-Based Repositories and Resources on Evidence-Based Programs

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

com·pre·hen·sive

/,kämprə'hensiv/

*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 Sectors

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 Providing Information

- **Woonsocket Prevention Coalition in Woonsocket, Rhode Island** implemented widespread media campaigns to raise awareness about the dangers of prescription drug abuse in their communities utilizing traditional and social media.
- **Carter County Drug Task Force in Ashland, Kentucky** 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.”
- **Council Rock Coalition for Healthy Youth, Newtown PA** debuted a PSA at their local movie theaters to remind patrons to “Mind Your Meds” by discouraging sharing and encouraging proper disposal.

## Strategy 2: Enhancing Skills

- **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, Tennessee** provides Drug Recognition Education (DRE) training for law enforcement.
- **Alamance Citizens for a Drug Free Community in Snow Camp, NC** taught over 250 5<sup>th</sup> and 6<sup>th</sup> graders to understand a medicine label and safely store medications through the OTC Medicine Safety curriculum.
- **Roane County Anti-Drug Coalition, TN** provided CME training on proper prescribing and addiction

# Strategy 3: Providing Support



- **Shelby County Drug Free Coalition in Indiana** provided local pharmacies with materials on prescription drug abuse to dispense with prescriptions.
- **Roane County Anti-Drug Coalition, Kingston, Tennessee** distributed materials to funeral homes to encourage individuals to have their homes monitored during the funeral and remove medications.
- **SAFE Coalition of Hunterdon and Somerset, NJ** provides Rx education to the attending residents at their regional hospital on proper prescribing to reduce addiction.

# Strategy 4: Enhancing Access or Reducing Barriers

- **Drug-Free Collier County, based in Naples, Florida** 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.
- **Jackson County Anti-Drug Coalition, West Virginia** developed a Quitline to improve access to resources and treatment.
- **SAFE Coalition of Hunterdon and Somerset, NJ** distributes warning labels for pharmacy bags in English and Spanish; Distributed lockboxes to all homes involved in Juvenile Court.



# Strategy 5: Changing Consequences

- **The ASAP coalition in Maine** recognizes participating physicians and pharmacists partners with a responsible business award at annual event and window cling.
- **In New Jersey, the SAFE coalition** requires all 11<sup>th</sup> 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

- **Jackson County Anti-Drug Coalition, West Virginia** purchased an incinerator to dispose of all returned medicines in their community.
- **The Cherokee Nation in Oklahoma** 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.
- **DFC coalitions in 4 Florida counties** gave out 40,000 drug disposal pouches as part of a research project.





# Strategy 7: Modifying and Changing Policies

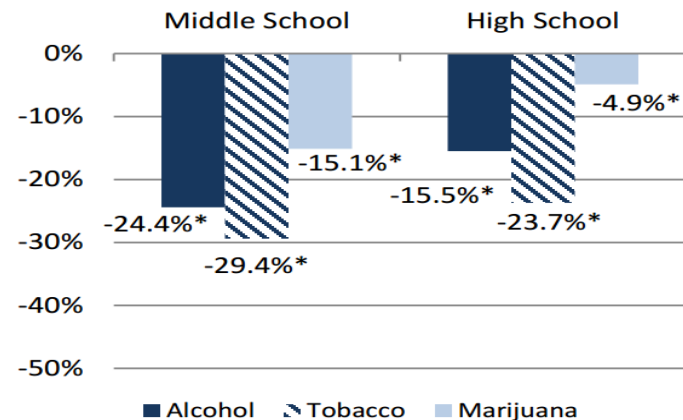
- **Sylvania Community Action Team (S.C.A.T.) in Ohio** partnered with local schools to implement clear and strict policies related to the possession of illegal and prescription drugs on school grounds.
- **Tennessee coalitions** worked collaboratively to pass a Good Samaritan law.
- **Missouri coalitions**, led by ACT Missouri, are advocating to bring the PDMP to their state. St. Louis County is not waiting – they are creating their own local PDMP.

# Drug-Free Communities Program

Drug-Free Communities grantees are local coalitions that 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
- Provide a dollar-for-dollar match for every federal dollar

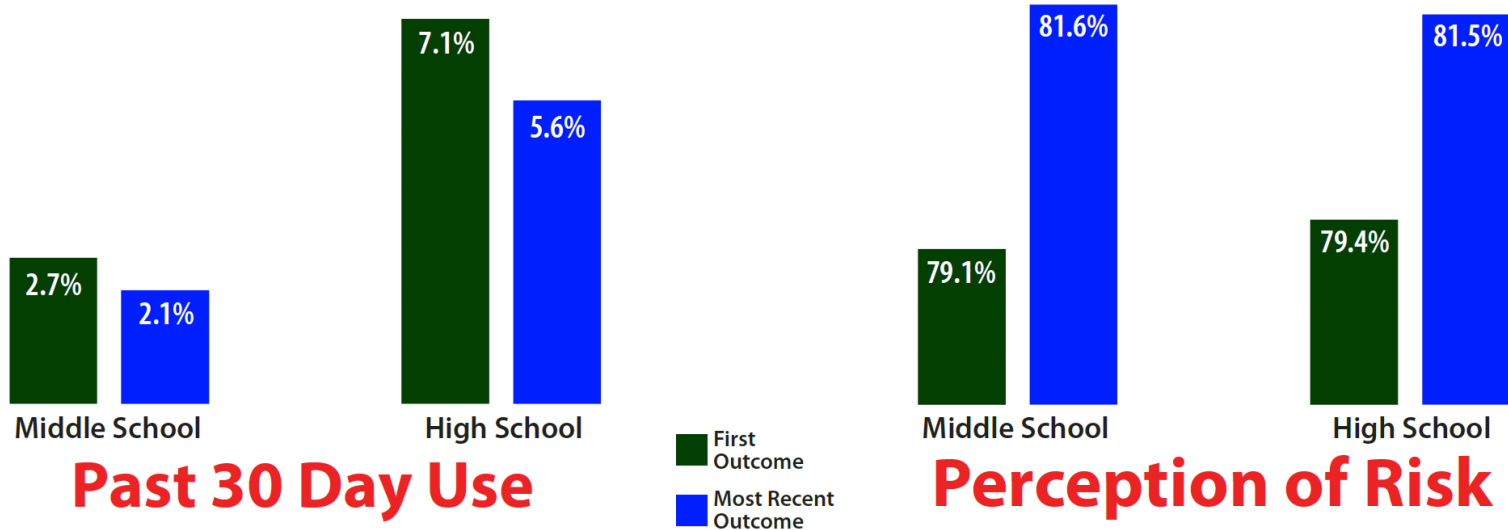
**FIGURE 1: PERCENTAGE CHANGE IN PAST 30 DAY USE: FIRST REPORT TO MOST RECENT REPORT (ALL DFC GRANTEES EVER FUNDED)**



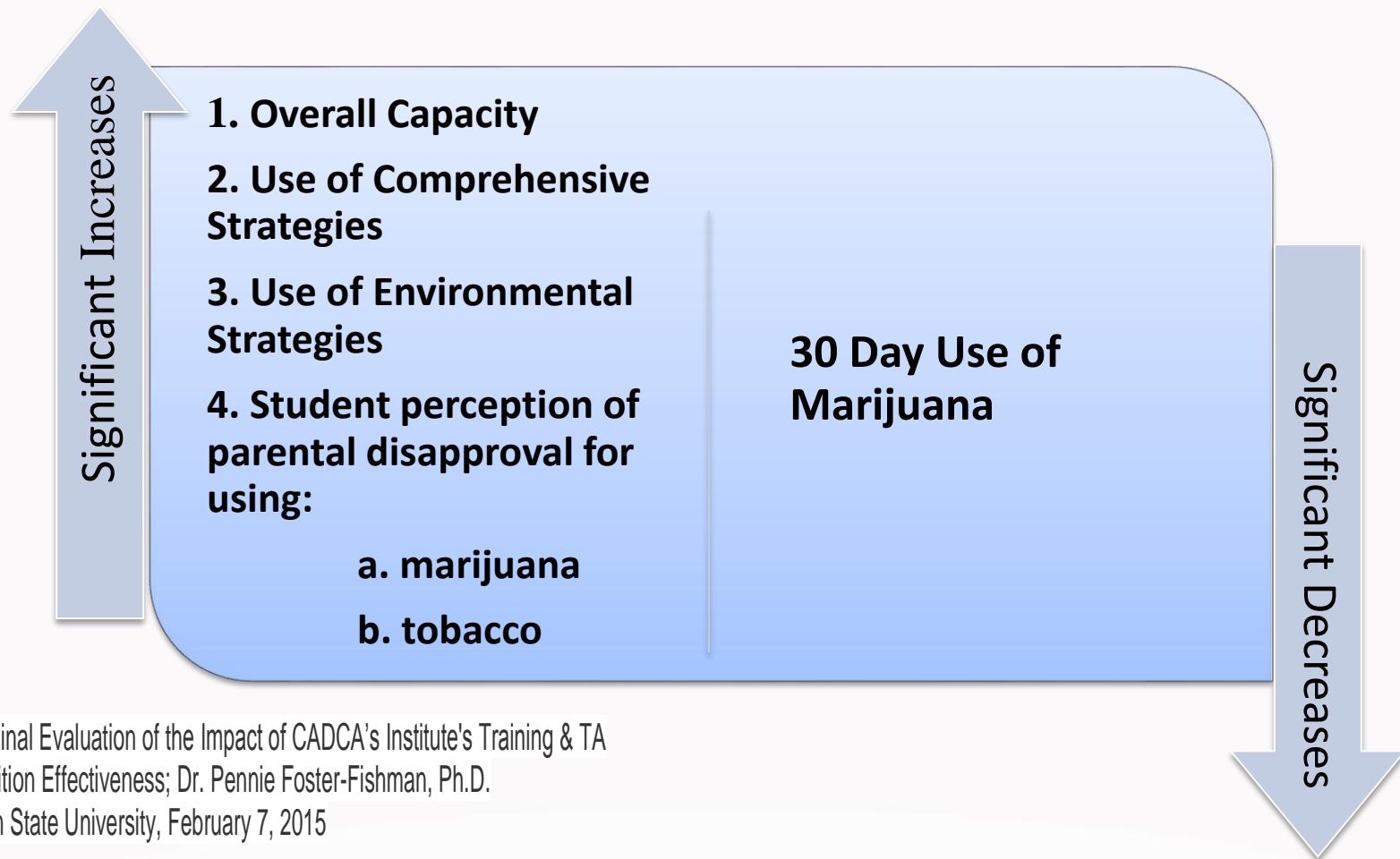
The program focuses on a comprehensive, multi-sector and data driven approach to prevent and reduce youth substance use/abuse in communities throughout the United States

# Drug-Free Communities (DFC) Support Program Findings on Illicit Use of Prescription Drugs from the 2014 National Evaluation

Core Measure Data for FY 2013 Grantees



# National Evaluation on CADCA's Institute's Impact Summary of Findings –



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](http://www.PreventRxAbuse.org)
- National Medicine Abuse Awareness Month every October
- Co-convenor of Collaboration for Effective Prescription Opioid Policies (CEPOP) – [cepoponline.org](http://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.

# Stay Connected with CADCA

Visit us on the Web at [www.cadca.org](http://www.cadca.org)

Join us via Social Media:

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- Twitter: [@cadca](https://twitter.com/cadca)
- YouTube: [youtube.com/cadca09](http://youtube.com/cadca09)
- LinkedIn: [Linkedin/company/cadca](http://Linkedin/company/cadca)





- **Carter County, Kentucky – Population 27,158**
  - Grayson (County seat)
  - Olive Hill
- **Drug Free Coalition Began September 2006**
  - Low Test Scores
  - Community Meeting to dig down
  - Substance Abuse biggest cause
- **Began Strategic Planning**
  - Strategic Planning Framework
  - Evidence-based, data driven, comprehensive strategies



# Seven Strategies for Community Change

## 1. Providing Information

- Media Campaigns (Inundated the community)
  - Lock Em' Up
  - Doctor Shopping
  - 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, at local events

# Seven Strategies for Community Change

## 2. Building Skills

- Provided training in Teens As Teachers in ATOD training
- Parent/Guardian/Adult trainings
- School Faculty/Staff trainings
- Health Professional Training-”Pharmacology, Polypharmacy and Addiction”
- Lifeskills Curriculum in 3rd-9th grades
- Generation Rx Curriculum 9th Grade and community groups (ex. Boy Scouts and Church Youth Groups)

# Seven Strategies for Community Change

## 3. Providing Support

- Provided funding for law enforcement to attend NADDI and other drug suppression trainings
- Secured funding for drug investigation overtime
- Secured funding for one and one-half substance abuse counselors
- Provided support for Lifeline Recovery Support Groups
- Health Professionals Toolkit

# Seven Strategies for Community Change

## 4. Enhancing Access/Reducing Barriers

- Prescription Drop Box-started as an event now permanent at Sheriff's Office
- Safe Homes Network

## 5. Changing Consequences (incentives/dissuents)

- Increased DUI/Drug Suppression Checks
- Drug Free Workplace Initiative throughout the community

# Seven Strategies for Community Change

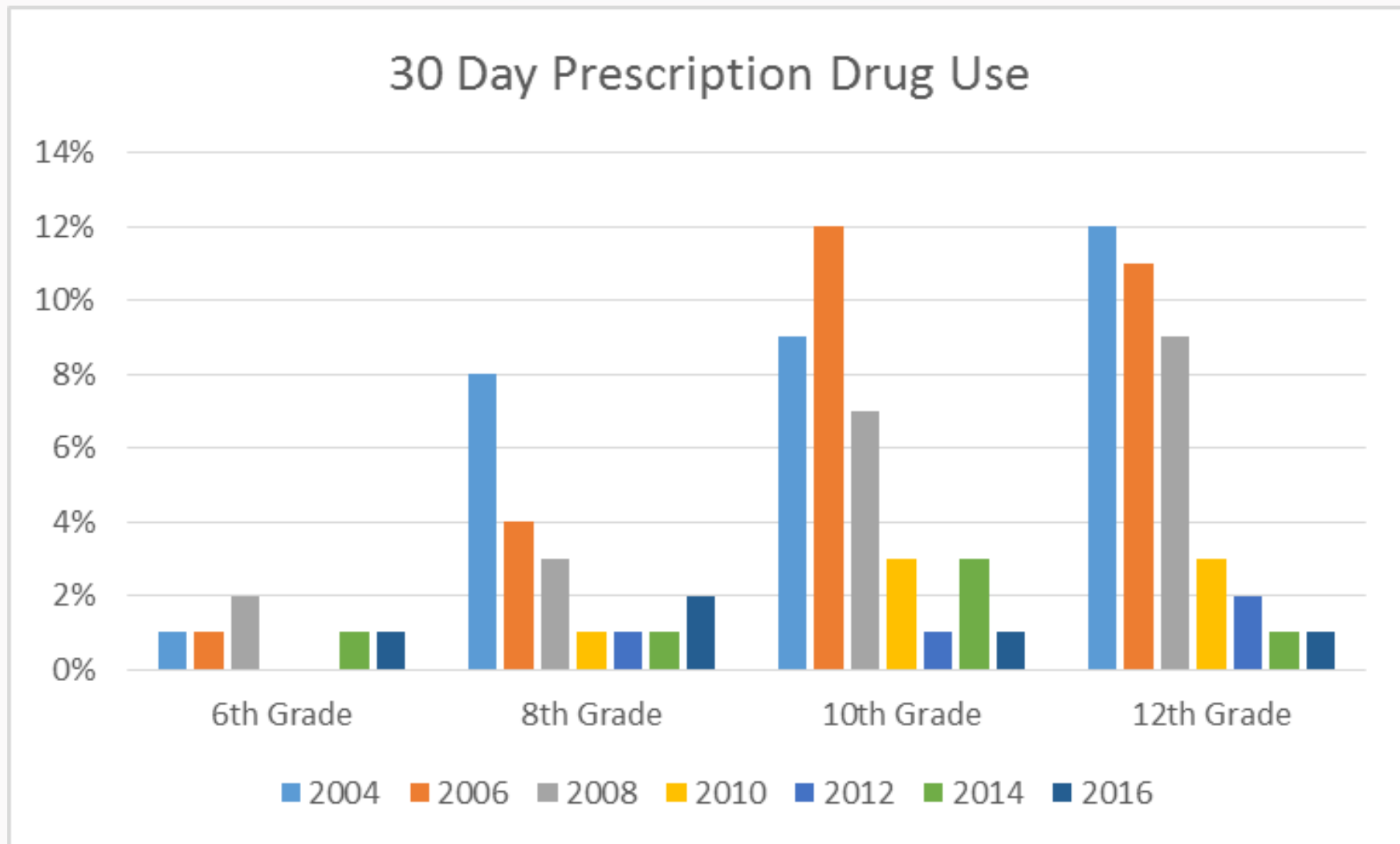
## 6. Change Physical Design

- Create a campaign to get people to “lock their meds”
- Collaborate with builders and realtors to ensure “Rx Safe Boxes” are installed or available in homes for sale
- GIS mapping
- Promote signage at key locations (e.g. pharmacies, doctors, dentists or therapists offices)


## 7. Modify and Change Policies

- Pain Clinic Ordinance
- Drug Free Workplace Policies

# 2004-2016 KIP Student Survey



# School Improvement

- 
- School test scores have risen so that Carter County Schools were awarded a Distinguished District/District of Distinction and East Carter High School a Distinguished School/School of Distinction and HUB School!
  - College and career readiness scores from 23% in 2010 to 76.5% in 2016; ACT scores from 17.2 in 2011 to 18.4 in 2016; Graduation rates from 81.34% in 2011 to 98.8% in 2015.

# Community Improvement

- Support Carter County Small Businesses Initiative
- Olive Hill Trail Town-Kayaking/Canoeing
- Work Ready Community
- East River Road Park/Grayson Sports Complex/Grigsby Outdoors
- Carter County Drug Free Coalition, Healthy Communities Coalition
- Carter County Leadership Academy
- Grayson Gallery and Arts Center programs/events, Olive Hill Historical Society Arts & Education programs



# Lessons Learned

- There is no silver bullet
- It has to be a comprehensive plan with everyone involved for it to work
- Make sure your community is ready
- It may look good on paper but make sure they are willing to do it
- You can't do it alone
- Use your youth
- Sometimes it's good to bless and release

# Questions?

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THANK YOU

#RxSummit

[www.NationalRxDrugAbuseSummit.org](http://www.NationalRxDrugAbuseSummit.org)