# Perspectives on Community Based Prevention to Address Substance Use and Misuse

Presented to: National Academies Committee on a Blueprint for a National Prevention Infrastructure for Behavioral Health Disorders, Meeting 2, Held on 2/22/2024

Presenter: Sue Thau, MCRP, Public Policy Consultant

CADCA

*Building Drug-Free Communities*

cadca.org

# Who is CADCA?

CADCA represents over 5,000 evidence-based multi-sector coalitions that are committed to creating safe, healthy and drug-free communities globally.

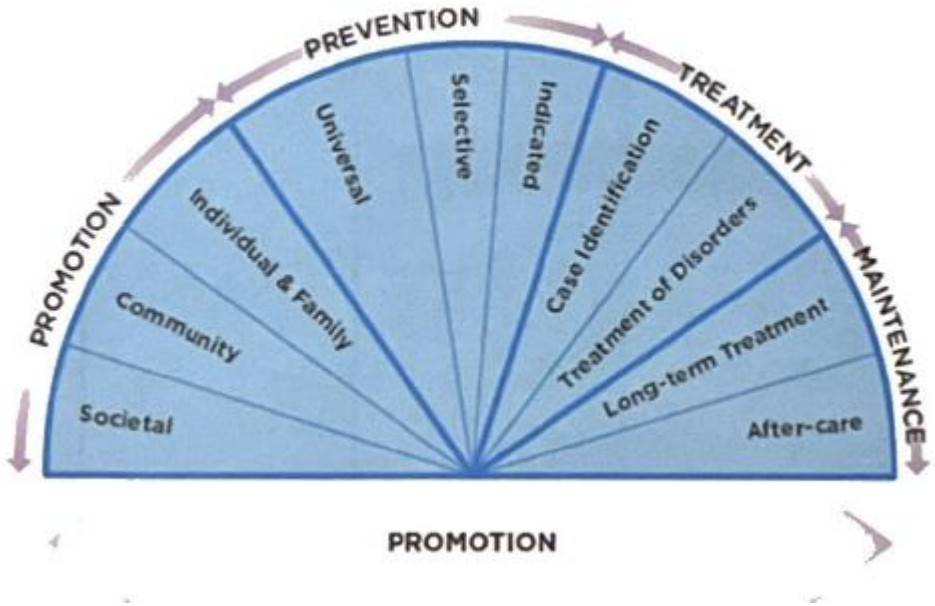
**CADCA's Mission**

- To strengthen the capacity of community coalitions to create and maintain safe, healthy, and drug-free communities globally.

**CADCA's Functions**

- To educate and train the fundamentals of preventing substance use and misuse so it can be applied directly in communities.
- To equip coalitions and other key stakeholders with sophisticated tools, strategies and resources to make changes in their communities
- To empower youth and adults with skills and abilities to advocate for appropriate and effective policies, programs, strategies and funding  to prevent substance use and misuse in local communities

# Youth Substance Use Prevention within the Continuum of Care




**Universal:** Focus on an entire population not directed at one specific group, targeted to those who have not yet initiated use

**Selective:** Interventions focused on those at a higher-than-average risk for substance use who have not yet initiated use

**Indicated:** Interventions concentrate on those already using or engaged in other high-risk behaviors without any diagnosable substance use disorder to prevent heavier, chronic use.

Reference. National Academies of Sciences, Engineering, and Medicine. Fostering healthy mental, emotional, and Behavioral development in children and youth. The National Academies Press. 2019.

Delaware Health and Social Services. (n.d.) Prevention definitions and strategies. *Delaware Health and Social Services*. https://dhss.delaware.gov/dsamh/files/pds.pdf

# Because they focus on the entire population, universal interventions tend to have the greatest overall impact on substance misuse and related harms relative to interventions focused on individuals alone.

- A relatively high percentage of substance misuse-related problems come from people at lower risk, because they are a much larger group within the total population than are people at high-risk.
- This follows the **Prevention Paradox: "a large number of people at a small risk may give rise to more cases of disease than the small number who are at a high risk."**
- By this logic, providing prevention interventions to everyone rather than only to those at highest risk is likely to have greater benefits.

U.S. Department of Health and Human Services (HHS). Office of the Surgeon General. Facing Addiction in America: The Surgeon General's Report on Alcohol, Drugs and Health. Washington, DC: HHS, November 2016.

# Funding Barriers

Universal prevention is population and not individually based and must be funded with appropriated dollars through block grants or discretionary funding mechanisms.

There are no diagnostic or billing codes for universal prevention. They are not fee-for-service eligible or reimbursable, do not fit a “medical model”, can’t be “integrated” into the health care system and must be “differentiated” in emphasis and funding.

Indicated substance use prevention for youth has not received an A or B from the Preventative Services Task Force and was therefore, not included in the ACA as reimbursable.

# Core Programs and Cuts to Substance Use Prevention Funding

**Funding for Federal Substance Misuse Prevention has been Cut by 28.9% (between FY 2009 and FY 2023)**

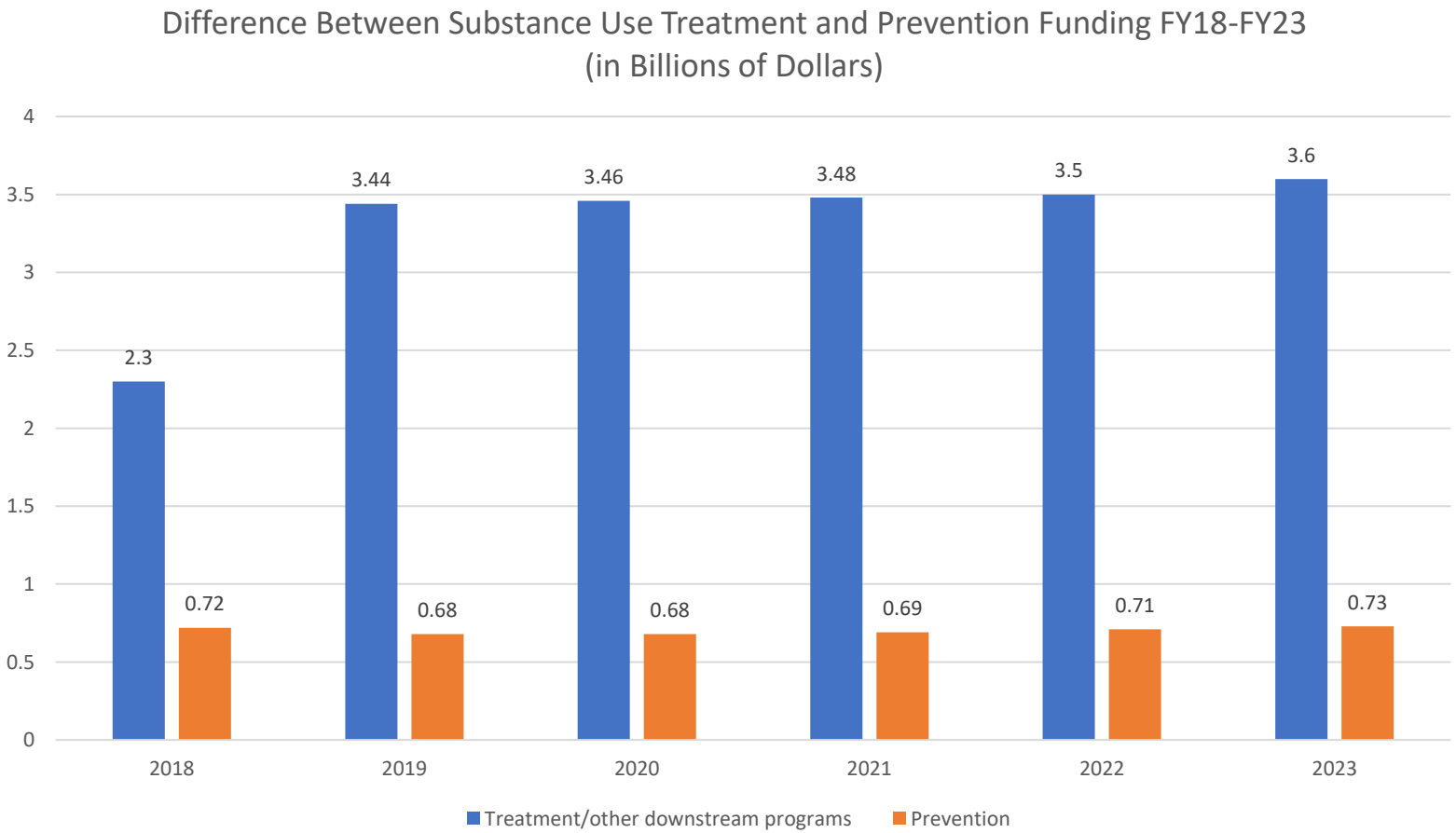
| Funding (in Millions of Dollars) | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 2009 | 2010 | 2011 | 2012 | 2013 (with sequester) | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 |
| Drug-Free Communities (DFC) Program | 90 | 95 | 95 | 92 | 87.4 | 92 | 93.5 | 95 | 97 | 99 | 100 | 101.25 | 102 | 106 | 109 |
| Comprehensive Addiction Recovery Act (CARA) Enhancement Grants | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | 3 | 3 | 3 | 4 | 5 | 5.2 | 5.2 |
| Center for Substance Abuse Prevention (CSAP) | 201 | 201.2 | 201.2 | 186.4 | 177.1 | 175.6 | 175.2 | 211.2 | 223.2 | 248.2 | 205.5* | 206.47 | 208.20 | 218.22 | 236.88 |
| 20% Set-Aside within Substance Abuse Prevention and Treatment Block Grant | 355.8 | 355.8 | 355.8 | 360 | 342 | 363.9 | 363.9 | 371.6 | 371.6 | 371.6 | 371.6 | 371.6 | 371.6 | 381.6 | 385.6 |
| State Grants Portion of the Safe and Drug Free Schools & Communities Program | 294.8 | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- |
| National Youth Anti-Drug Media Campaign | 70 | 45 | 35 | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- |
| Enforcing Underage Drinking Laws | 25 | 25 | 20.8 | 5 | 4.75 | 2.5 | -- | -- | -- | -- | -- | -- | -- | -- | -- |
| | | | | | | | | | | | | | | | |
| Total: | 1036.6 | 722 | 707.8 | 643.4 | 611.25 | 634 | 632.6 | 677.8 | 694.8 | 721.8 | 680.1 | 683.32 | 686.80 | 711.02 | 736.68 |

** Reduction reflects overdose reversal program being moved to CSAT.*

**Difference Between FY 2009 and FY 2023: $298.8 million OR -28.9%**

Federal substance use prevention funding has been CUT by **28.9%** between fiscal year 2009 and fiscal year 2023!

# Prevention is Totally Underutilized and Underfunded at the Federal Level




**Treatment Funding Level=Center for Substance Abuse Treatment Topline + State Opioid Response Grants+Substance Use Prevention, Treatment and Recovery Services Block Grant (SUPTRBG)*

**Prevention Funding Level= 20% Prevention Set Aside in the SUPTRBG , CSAP's Programs of Regional and National Significance and the Drug-Free Communities Program*

**For FY 2018, Treatment Funding Level= CSAT PRNS, State Targeted Response to the Opioid Crisis Grants and the Substance Use Prevention, Treatment and Recovery Services Block Grant Minus the 20% Prevention Set Aside*

# Although There are Many Shared Risks and Protective Factors, Substance Use Prevention Has Unique Factors That Must Be Explicitly Addressed in Any Prevention System at All Levels

- Access / Availability
- Community / Social Norms
- Perceptions of harm / risk
- Perceptions of parental attitudes toward use
- Perceptions of peer attitudes toward use

Other Factors unique to substance use that also must be addressed include:

- Place
- Product
- Promotion
- Price

Greisen, C., Grossman, E.R., Siegel, M., Sager, M. (2019). Public health and the four P's of marketing: Alcohol as a fundamental example. The Journal of Law, Medicine & Ethics, 47, S2. pp. 51-54. doi: 10.1177/1073110519857317

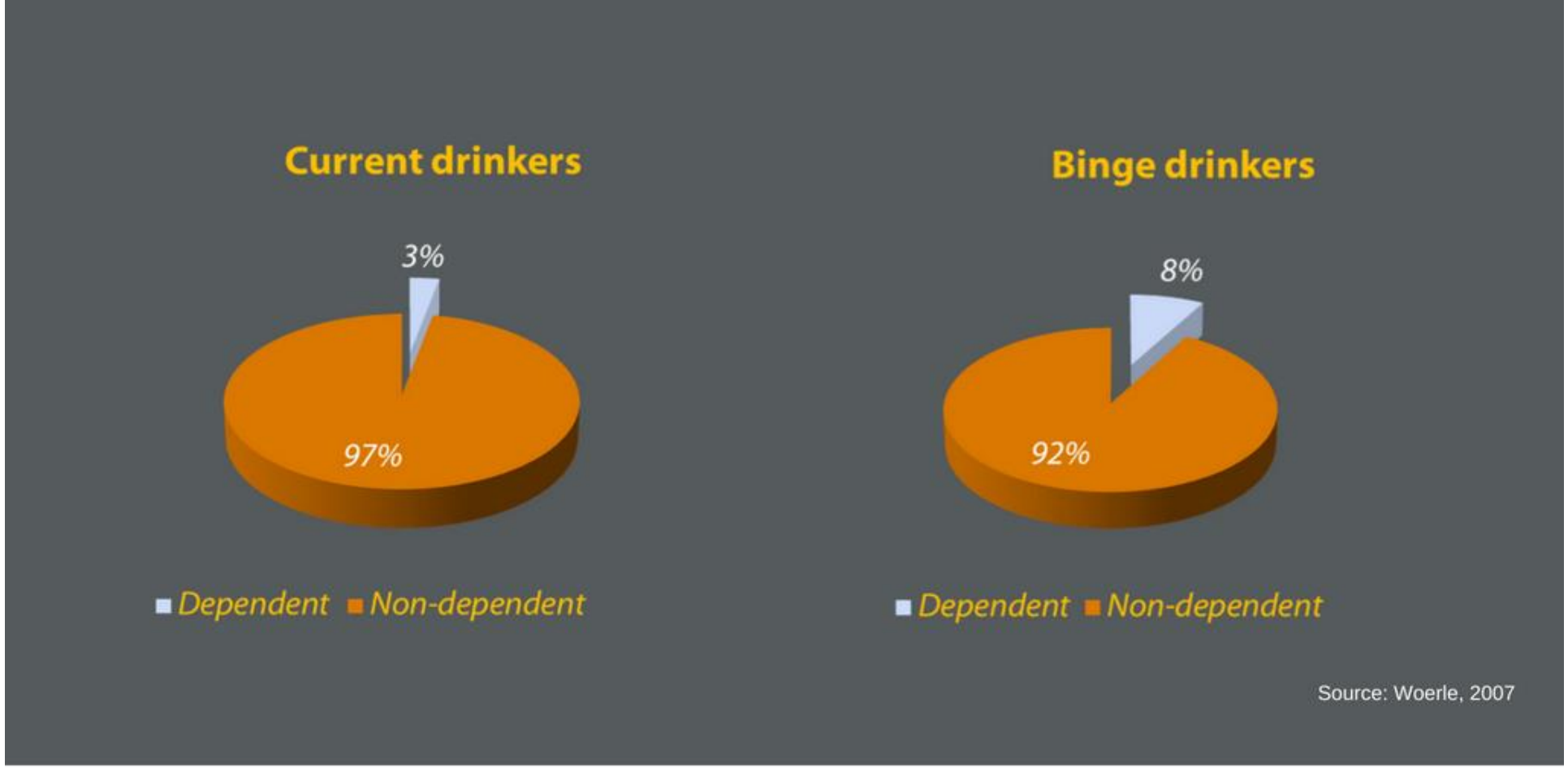
# Specific Policy Interventions Need to be Addressed in a Prevention System at All Appropriate Levels for Various Substances

## Example: Alcohol Policies with Strongest Evidence

Policies that are a high priority for implementation, based on level of evidence and population impact.

- Regulating alcohol outlet density
- Minimum legal purchase age
- Limiting days or hours of sales
- Increasing alcohol taxes
- Minimum pricing
- Limiting alcohol advertising and marketing (specific to underage drinking)
- Dram shop (commercial host) liability laws

Substance Abuse and Mental Health Services Administration (SAMHSA). *Implementing Community-Level Policies to Prevent Alcohol Misuse.* SAMHSA Publication No. PEP22-06-01-006. Rockville, MD: National Mental Health and Substance Use Policy Laboratory. Substance Abuse and Mental Health Services Administration, 2022




# MOST BINGE DRINKERS ARE NOT DEPENDENT

# Why a Multi-Sector Infrastructure is Needed for Prevention

No single entity bears the sole responsibility for behavioral health prevention because it requires a comprehensive blend of individually and environmentally focused efforts across sectors and populations.

Multi sector efforts which include multiple community / state partners are best suited as the infrastructure for prevention.

These efforts should only include state and local government agencies, but must also include other relevant sectors and citizens (parents, youth, businesses, youth serving organizations, media, faith community, etc.).

# Prevention Infrastructure Needs to be in Place Nation Wide

Prevention infrastructure needs to be in place to allow states and communities to continuously:

- Collect and assess prevention assets and needs based on epidemiological data.
- Build prevention capacity.
- Develop strategic implementation plans.
- Implement effective community prevention programs, policies and practices based on local conditions.
- Evaluate efforts for outcomes and challenges over time.

This is basically the strategic prevention framework which is the current basis of most federally funded substance use prevention program funding (SUPTRBG/Partnerships for Success/DFC)

# Although Most Stigma Reduction is Being Focused on People Who Already Use Drugs, There is also Great Stigma Concerning Substance Use Prevention

It doesn’t work / is not effective

Everyone will use substances anyway.

It’s just a right of passage.

Most kids who use don’t end up with SUDs.

**BUT**

We know how to plan, implement, and evaluate bona fide substance use prevention and have markedly reduced population levels of use.

# Drug Free Communities (DFC) Program Overview: Theory: Social Ecological Model

- **DFC coalitions utilize the collective effort of community stakeholders** to **address risk factors** and **leverage protective factors** that contribute to youth substance use.

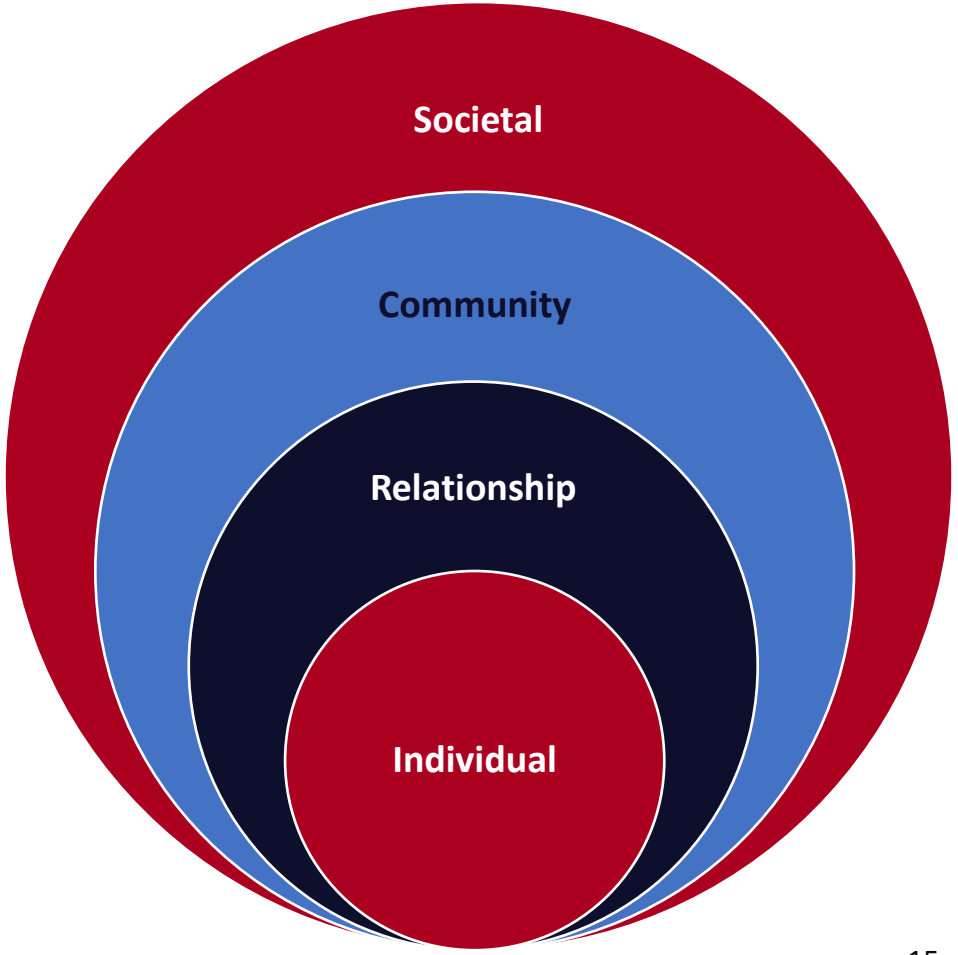
**Risk and protective factors can exist on multiple levels.**

**Societal Systems:** Societal/Cultural Norms, Health, Economic, Educational and Social Policies

**Community Systems:** Schools, Workplaces, Neighborhoods, Extended Family

**Relationship Systems:** Parents/Siblings, Social-circle/peers, Partners

**Individual level:** Gender Identity, Age, History of Use, Genetics, Education




ICF (2022). Drug-Free Communities (DFC) Support Program National Cros-Site Evaluation: End-of-Year 2022 Report. Washington, DC: Office of National Drug Control Policy.

# Drug Free Communities (DFC) Program Overview: Objectives

**Prevent/Reduce youth substance use in communities.** Address the factors in communities that increase the risk of substance abuse and promote the factors that protect against substance misuse.

**Build community capacity to prevent and reduce youth substance use.** Establish and strengthen collaboration among communities, public and private non-profit agencies; as well as federal, state, local, and tribal governments to support the efforts of community coalitions working to prevent and reduce substance use among youth.

ICF (2022). Drug-Free Communities (DFC) Support Program National Cros-Site Evaluation: End-of-Year 2022 Report. Washington, DC: Office of National Drug Control Policy.

# DFC Program Funding

FY 2023 Funding = **$109 Million in ONDCP**

Maximum grant award - **$125,000 / year for 5 years.**

**Grantees can recompete for an additional 5 years of funding for a total of 10 years.**

Number of grantees –**740**

Requires a $ for $ local match.

Enhancement Grant Programs where DFC's are the only eligible applicants:

**STOP Act** – FY 2023 appropriated level is $11 million. The program authorizes funding for community coalition enhancement grants of up to $50,000 for up to four years which can be awarded to current and past Drug-Free Communities (DFC) grantees to enhance their underage drinking prevention efforts.

**CARA Section 103** – FY 2023 appropriated level is $5.2 million in ONDCP. The program authorizes a $5 million enhancement grant program in ONDCP for current and former Drug-Free Communities (DFC) grantees to apply for supplemental funds of up to $50,000 for 4 years to deal with their community's prescription drug and/or methamphetamine epidemic in a comprehensive, community-wide fashion.

There are two more enhancement grant bills for DFC grantees pending in Congress now -

**Keeping Drugs Out of Schools Act** - This bill authorizes a new program for DFC grantees to apply for additional funding to partner with elementary, middle, and/or high schools, in order to plan, implement, and evaluate comprehensive school-based substance use prevention programing.

**Bruce's Law** – This bill authorizes a new program for DFC grantees to apply for additional funding to enhance their work in dealing with illicit drugs laced with fentanyl and other adulterants.

**Note: The DFC program works in tandem with SSA's and NPN's to build a pipeline of coalitions eligible to apply for DFC through 20% set aside in the SUPTRBG and Partnership for Success funding and helps with sustainability through these 2 funding sources.**

# DFC Program Reach in 2022

**67 million** Americans

**2.6 million** Middle school aged youth

**3.5 million** High school aged youth

lived in a community served by a DFC Coalition in 2022 (1/5)

DFC & CARA National Evaluation Team:
dfc_evaluators@icf.com • (877) 854-0731 • https://dfcme.ondcp.eop.gov

# ONDCP's Drug-Free Communities Support Program Has Proven Results Based on These Core Principles

Uses local data to assess local conditions.

Develops local partnerships with 12 required community sectors.

Develops and implements comprehensive community-wide strategies across all 12 sectors to address locally identified needs and build on community assets.

Evaluates outcomes both locally and nationally.

Ensures cultural competency and inclusiveness.

Requires a dollar-for-dollar match (cash or in kind).

Requires a coalition be in existence for six months with all 12 sectors participating to be able to apply.

Requires all year 1 grantees to attend a year long training and technical assistance academy.

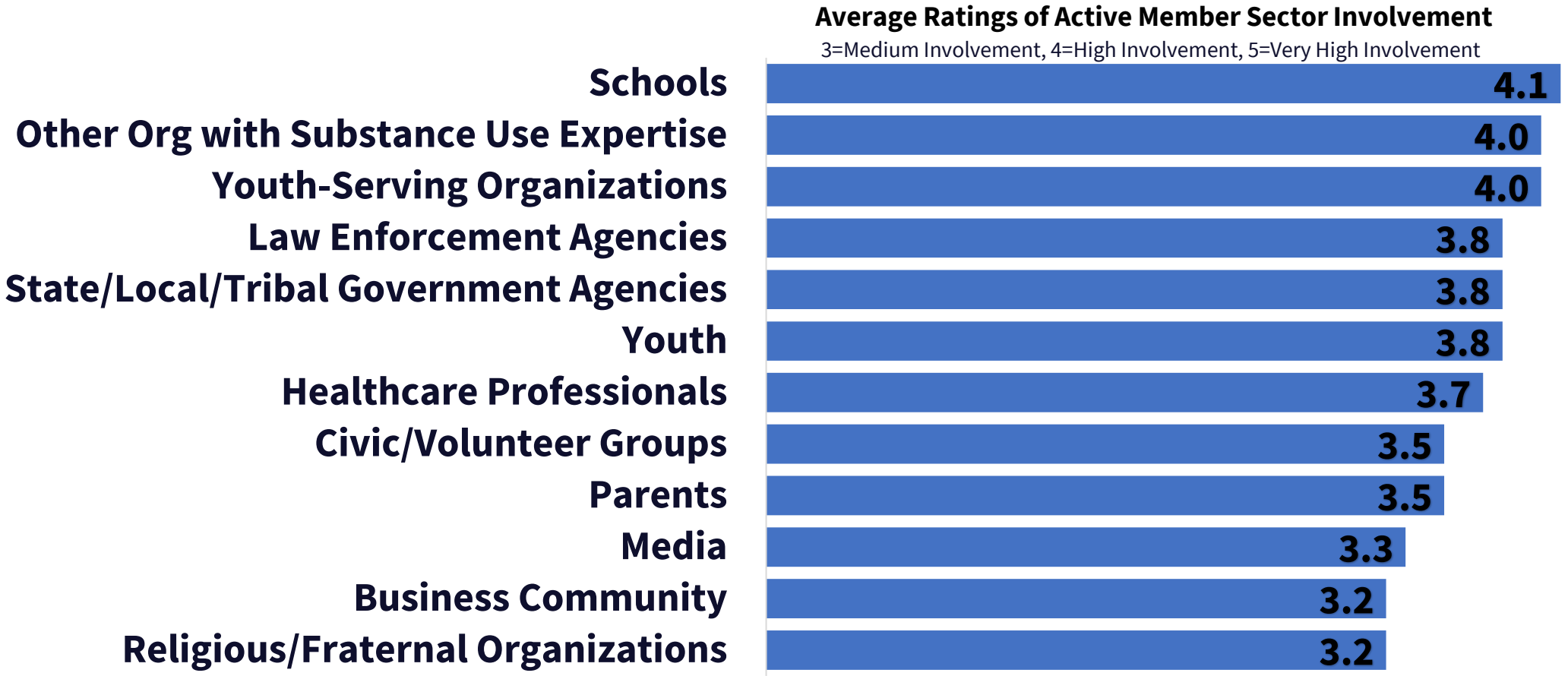
# The DFC Program Uses the Strategic Prevention Framework (SPF)

# The DFC Program Implements Comprehensive, Community-Wide Strategies Based on Actual Local Conditions.

# The Infrastructure of DFC Prevention Model – 12 Community Sectors Working as a Coalition

# Building Capacity: Sector Engagement

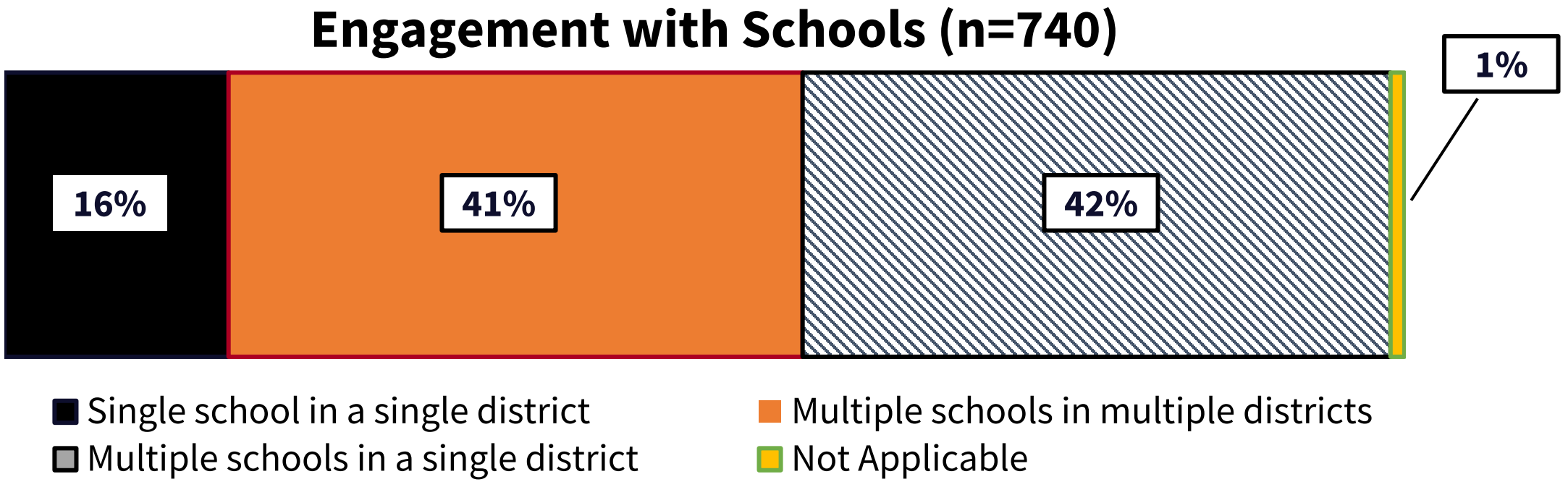
DFC Coalitions reported involvement ranging from medium to very high across all twelve sectors, with Schools being the most engaged sector (4.1 out of 5).




**Source**: DFC August 2022 Progress Report

# Building Capacity: Sector Engagement

- **99%** worked with at least one school with **83%** working with multiple schools either in a single or multiple school districts.
- **17%** identified schools as their lead sector.

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**Source**: DFC August 2022 Progress Report

# Required ONE YEAR Training Academy for all year 1 DFC Grantees

3 weeks of residential on-site training: each week followed by 3 months of intensive distance learning facilitated by prevention experts.

Coalitions receiving Training and TA from CADCA:

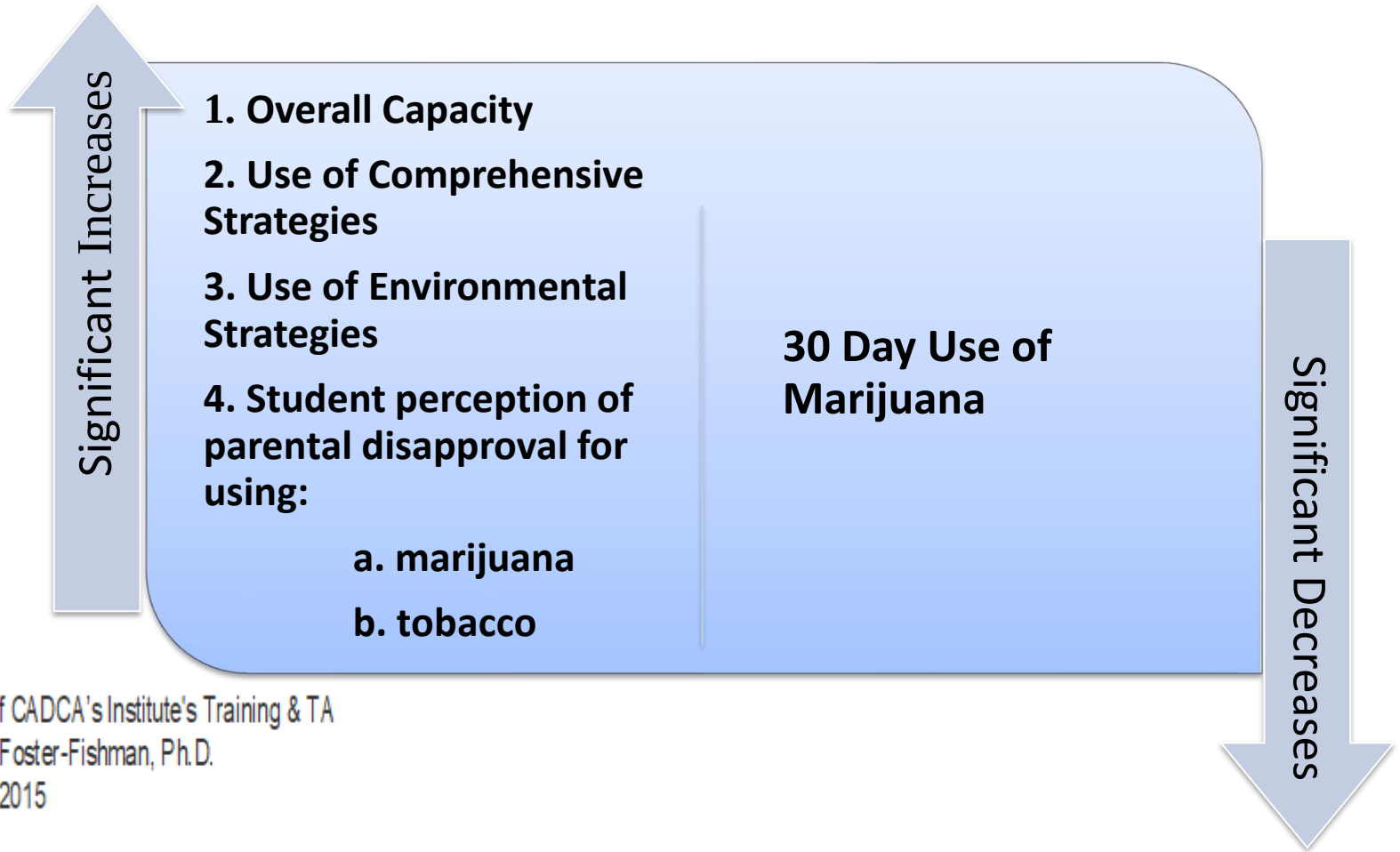
- Report Higher levels of effectiveness.
- Are engaged in a more comprehensive set of strategies to address substance misuse.
- Are more likely to have in place the essential processes that are needed to create community change.

**5 Required Products For Every Grantee**

1. Community Assessment
2. Logic Model
3. Evaluation Plan
4. Strategic and Action Plan and Evaluation Communication Plan
5. Sustainability Plan

*Source: Independent evaluation of the National Coalition Institute by Dr. Pennie Foster-Fishman, Michigan State University*

# National Evaluation on CADCA's DFC Funded Institute Impact




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

# Annual CADCA/DFC Funded Institute Trainings

National Coalition Academy

National Leadership Forum

Youth Leadership Initiative

Regional Trainings

Mid-Year Training Institute

State Level Trainings

Personal Coaches

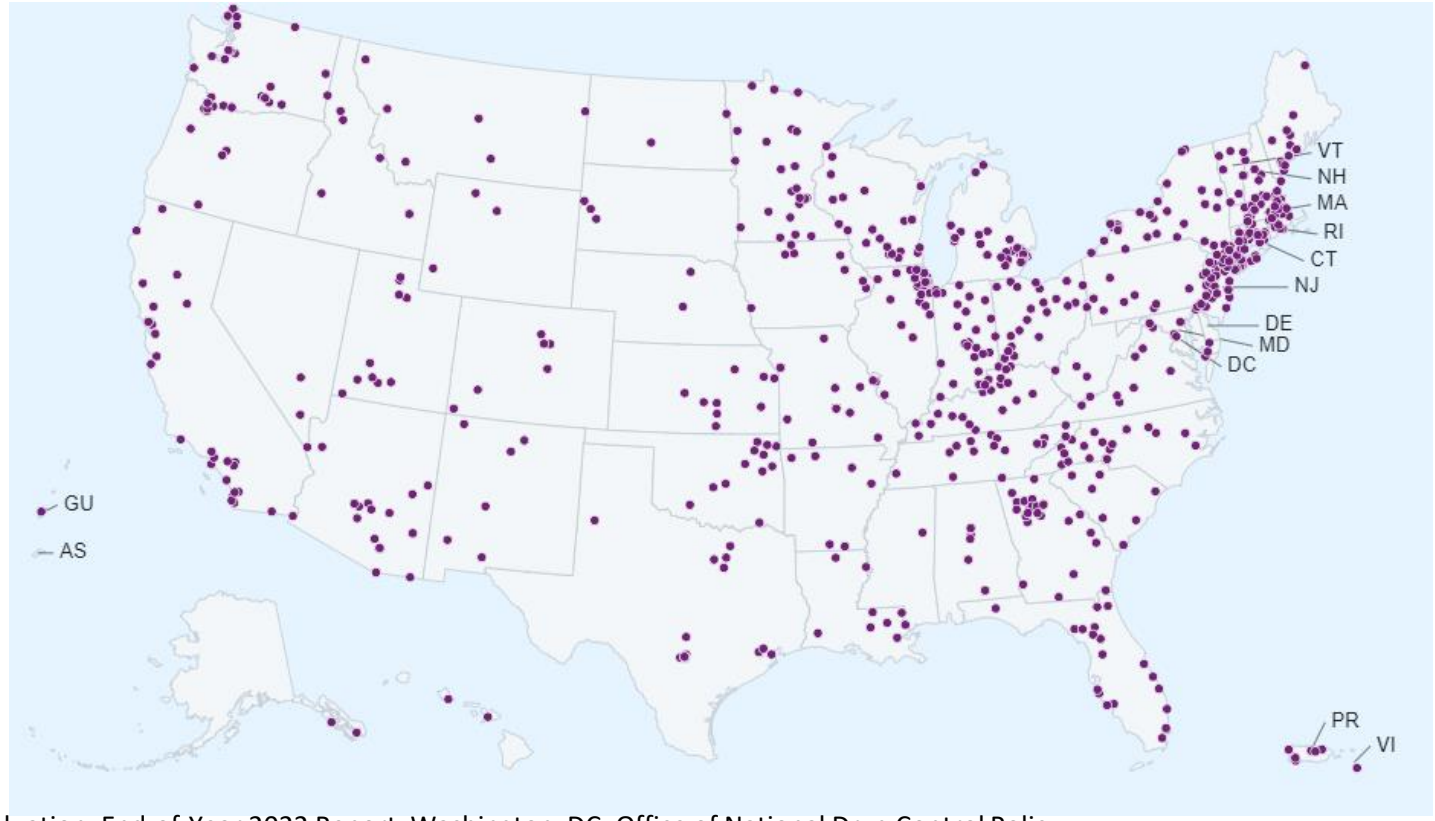
Train the Trainer

# Community Context: Community Type Served

**DFC coalitions serve a diverse range of geographic regions across the United States and its territories to address local problems with local solutions.**

On average DFC coalitions reported serving one or two of the five community types:

- Rural (51%)
- Suburban (47%)
- Urban (27%)
- Inner-city (10%)
- Frontier (3%)




ICF (2022). Drug-Free Communities (DFC) Support Program National Cros-Site Evaluation: End-of-Year 2022 Report. Washington, DC: Office of National Drug Control Policy.

# Community Context: Demographics Served

DFC coalitions serve a diverse range of demographic groups across the United States and its territories to address local problems with local solutions.

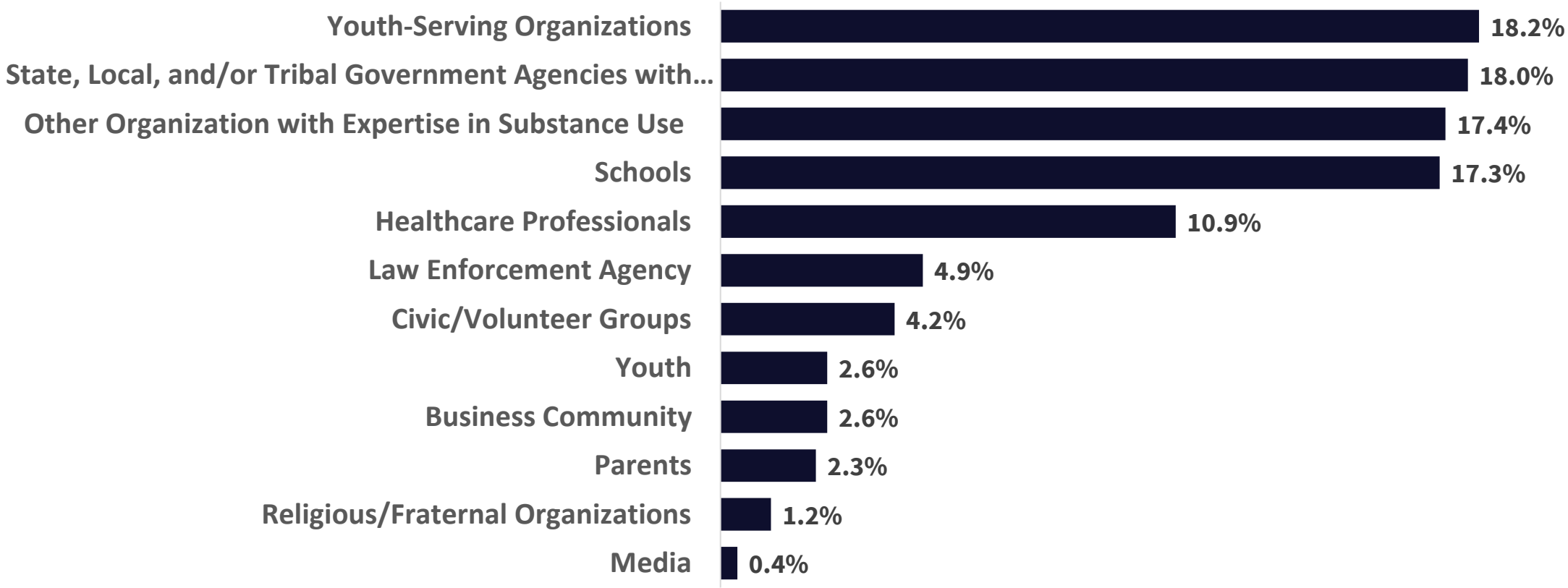
## 65% of coalitions tailored prevention efforts to diverse demographic groups

- Hispanic or Latino (43%)
- LGBTQ+ (34%)
- Black or African American (24%)
- American Indian or Alaska Native (8%)
- Asian or Asian American (7%)
- Native Hawaiian or Pacific Islander (3%)

**Note**: Coalitions could select more than one demographic.

ICF (2022). Drug-Free Communities (DFC) Support Program National Cros-Site Evaluation: End-of-Year 2022 Report. Washington, DC: Office of National Drug Control Policy.

# Lead Sector




ICF (2022). Drug-Free Communities (DFC) Support Program National Cros-Site Evaluation: End-of-Year 2022 Report. Washington, DC: Office of National Drug Control Policy.

# Community Context: Top 10 Risk Factors Coalitions are Working to Address

| Risk Factors Coalitions are Working to Address (n=740) | Percent |
|---|---|
| Perceived acceptability (or lack of disapproval) of substance use/Community norms favorable toward substance use | 89.3% |
| Availability of substances that can be misused | 89.1% |
| Individual youth have favorable attitudes towards substance use/misuse | 82.4% |
| Perceived peer acceptability (or lack of disapproval) of substance use | 80.3% |
| Perceived parental acceptability (or lack of disapproval) of substance use | 75.4% |
| Parents lack ability/confidence to speak to their children about substance use | 64.6% |
| Family trauma/stress | 64.2% |
| Early initiation of the problem behavior | 60.1% |
| Low commitment to school | 38.9% |
| Parental attitudes favorable to antisocial behavior | 36.9% |

ICF (2022). Drug-Free Communities (DFC) Support Program National Cros-Site Evaluation: End-of-Year 2022 Report. Washington, DC: Office of National Drug Control Policy.

**Source**: DFC August 2022 Progress Report

# Community Context: Top 10 Community Protective Factors Coalitions are Working to Address

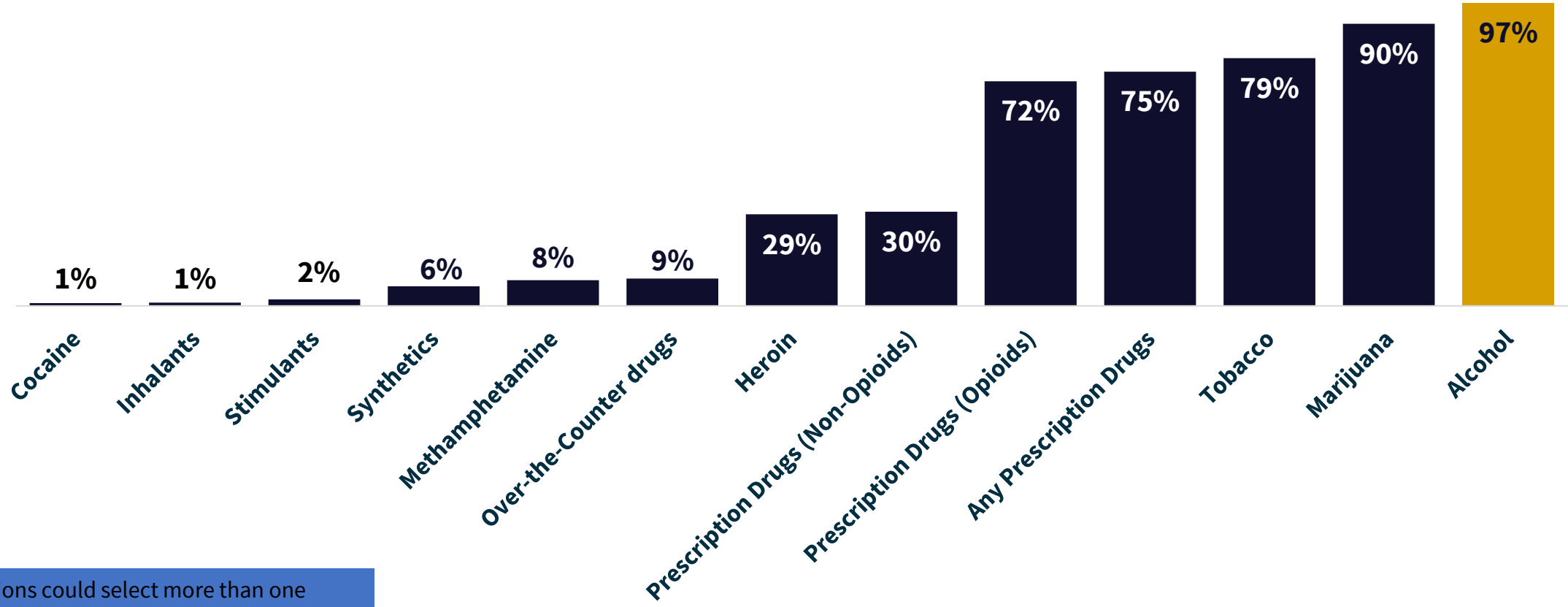
| Protective Factors Coalitions are Working to Enhance (n=740) | Percent |
|---|---|
| Pro-social community involvement | 75.1% |
| Opportunities for pro-social family involvement | 66.2% |
| Positive contributions to peer group | 64.3% |
| Contributions to the school community | 63.4% |
| Advertising and other promotion of information related to substance use | 63.1% |
| Positive school climate | 63.0% |
| School connectedness | 61.9% |
| Family connectedness | 60.7% |
| Recognition/acknowledgment of efforts | 58.2% |
| Laws, regulations, and policies | 51.2% |
| Cultural awareness, sensitivity, and inclusiveness | 51.2% |

ICF (2022). Drug-Free Communities (DFC) Support Program National Cros-Site Evaluation: End-of-Year 2022 Report. Washington, DC: Office of National Drug Control Policy.

**Source**: DFC August 2022 Progress Report

# Focus on a Range of Substances: Percentage Selecting Substance in Top 5

Most coalitions (97%) reported addressing alcohol, while a high percentage (at least three-fourths) also prioritized addressing the remaining core measure substances.




NOTE: Coalitions could select more than one substance. Only substances with ≥ 1% displayed.

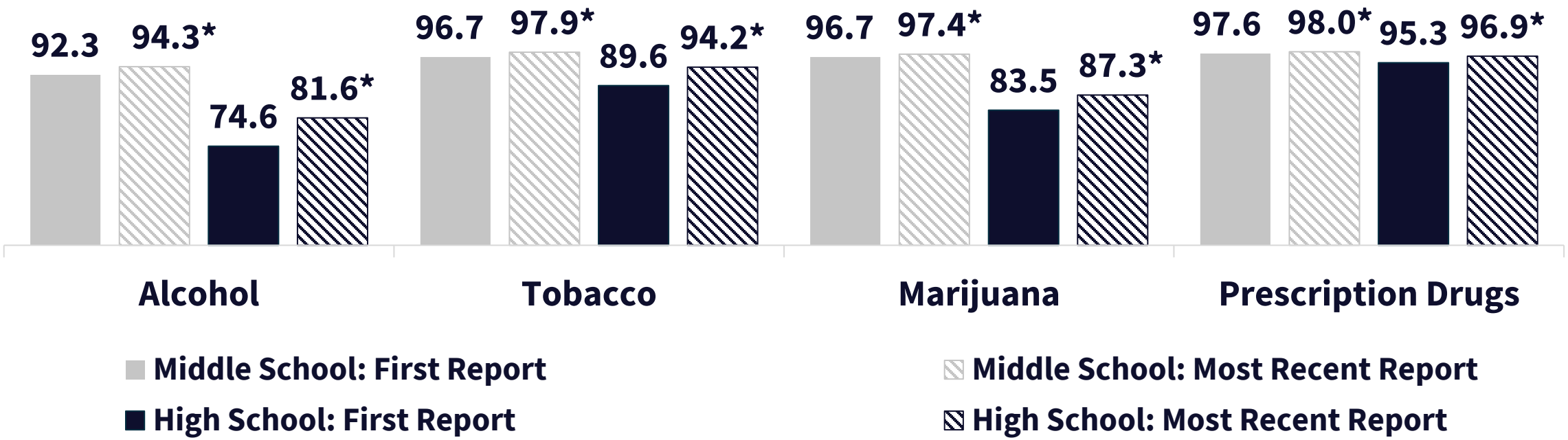
ICF (2022). Drug-Free Communities (DFC) Support Program National Cros-Site Evaluation: End-of-Year 2022 Report. Washington, DC: Office of National Drug Control Policy.

**Source**: DFC August 2022 Progress Report

# Core Measures: Prevalence of Past 30-Day Non-Use

More youth making positive choices. Past 30-day non-use rates increased significantly across all substances at both the middle and high school levels, evidence that DFC coalitions are meeting the goal of preventing youth substance use.

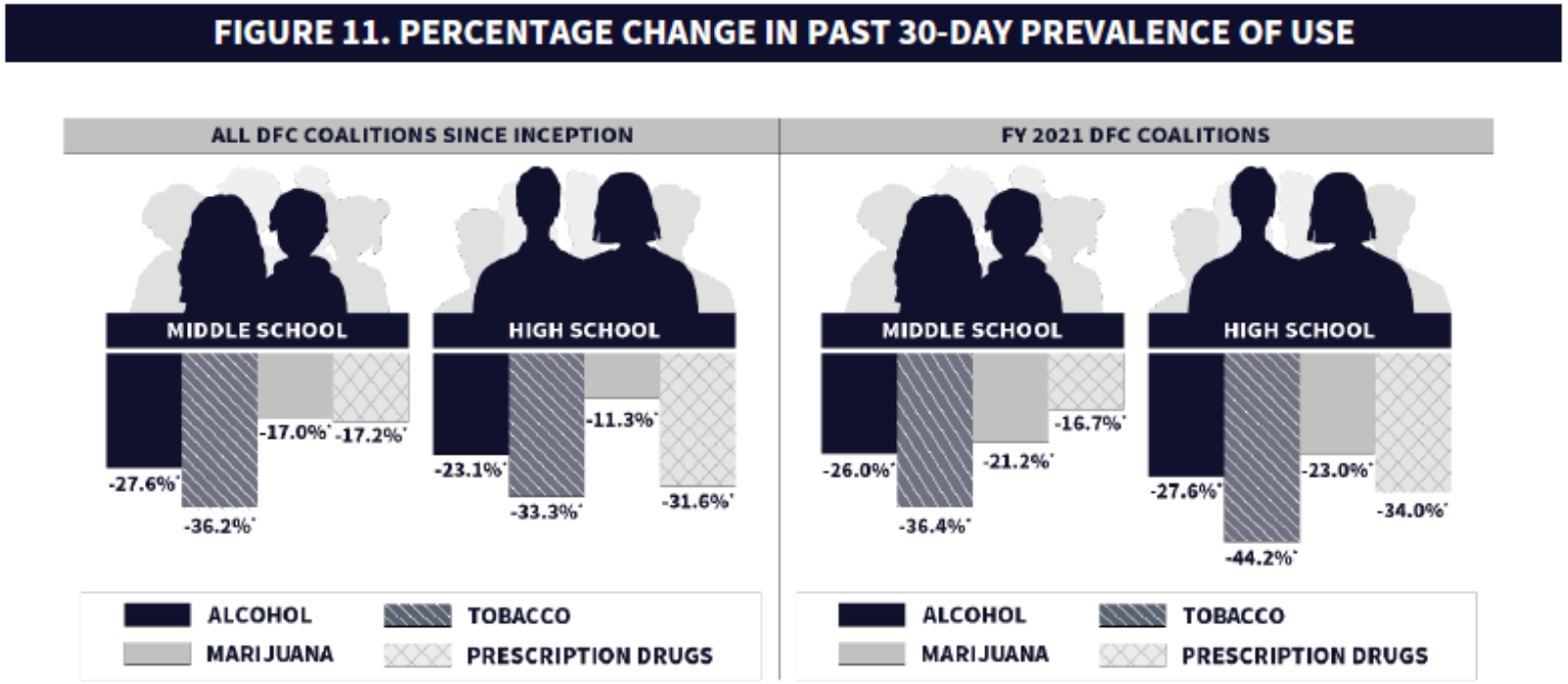
## Past 30-Day Non-Misuse, Fiscal Year 2021 Coalitions




ICF (2022). Drug-Free Communities (DFC) Support Program National Cros-Site Evaluation: End-of-Year 2022 Report. Washington, DC: Office of National Drug Control Policy.

**Source:** Progress Report, 2002–2022 core measures data

# The Drug-Free Communities Support Program is Effective in Reducing Population Levels of Youth Substance Use




**Source:** DFC 2002–2022 Progress Reports, core measures data
**Note:** * indicates $p < .05$

Results: Significant reductions in past 30-day prevalence for drug use in Middle and High Schools with the largest reductions for tobacco use.

ICF (2022). Drug-Free Communities (DFC) Support Program National Cros-Site Evaluation: End-of-Year 2022 Report. Washington, DC: Office of National Drug Control Policy.

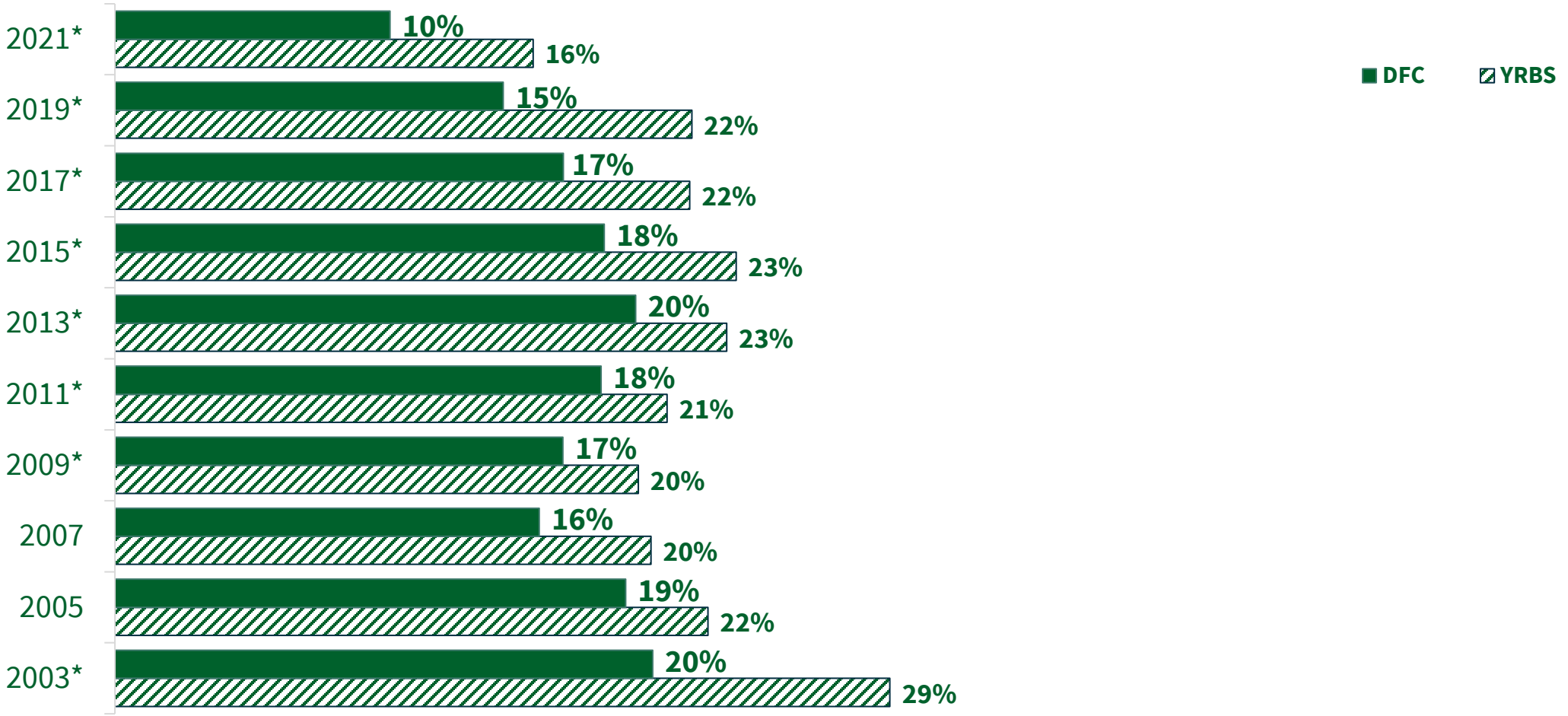
# Better Outcomes in DFC Communities

According to the most recent evaluation (August 2023) of the DFC program:

> Among high school youth, those in DFC communities reported significantly lower post 30-day use of alcohol and marijuana in 2021 as compared to a national sample (youth risk behavior survey).

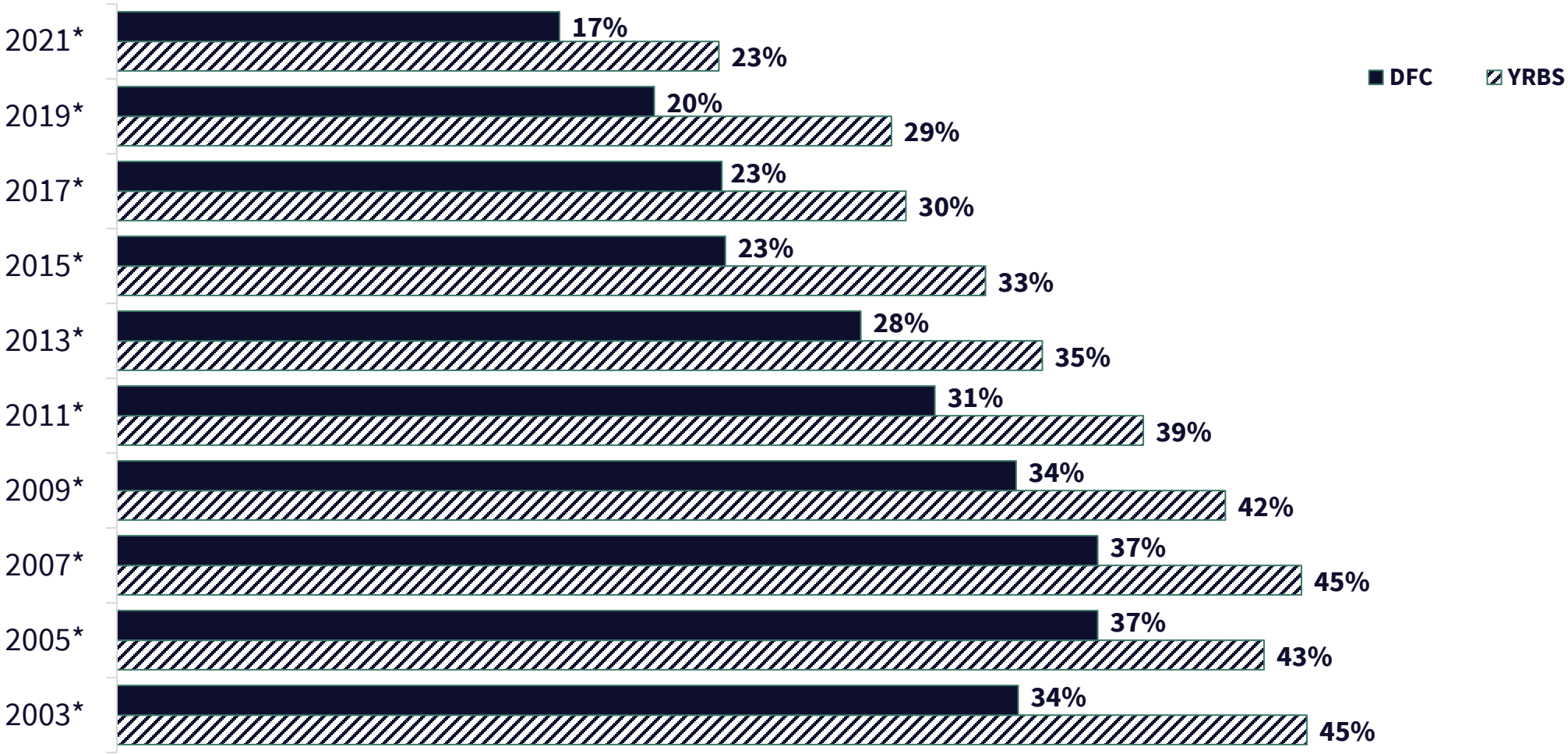
ICF. (August 2023). Drug-Free Communities (DFC) Support Program National Cross-Site Evaluation: End-of-Year 2022 Report. Washington, DC.: Office of National Drug Control Policy

# DFC COMPARISON TO NATIONAL YRBS PAST 30-DAY MARIJUANA USE AMONG HIGH SCHOOL STUDENTS (2003 TO 2021)



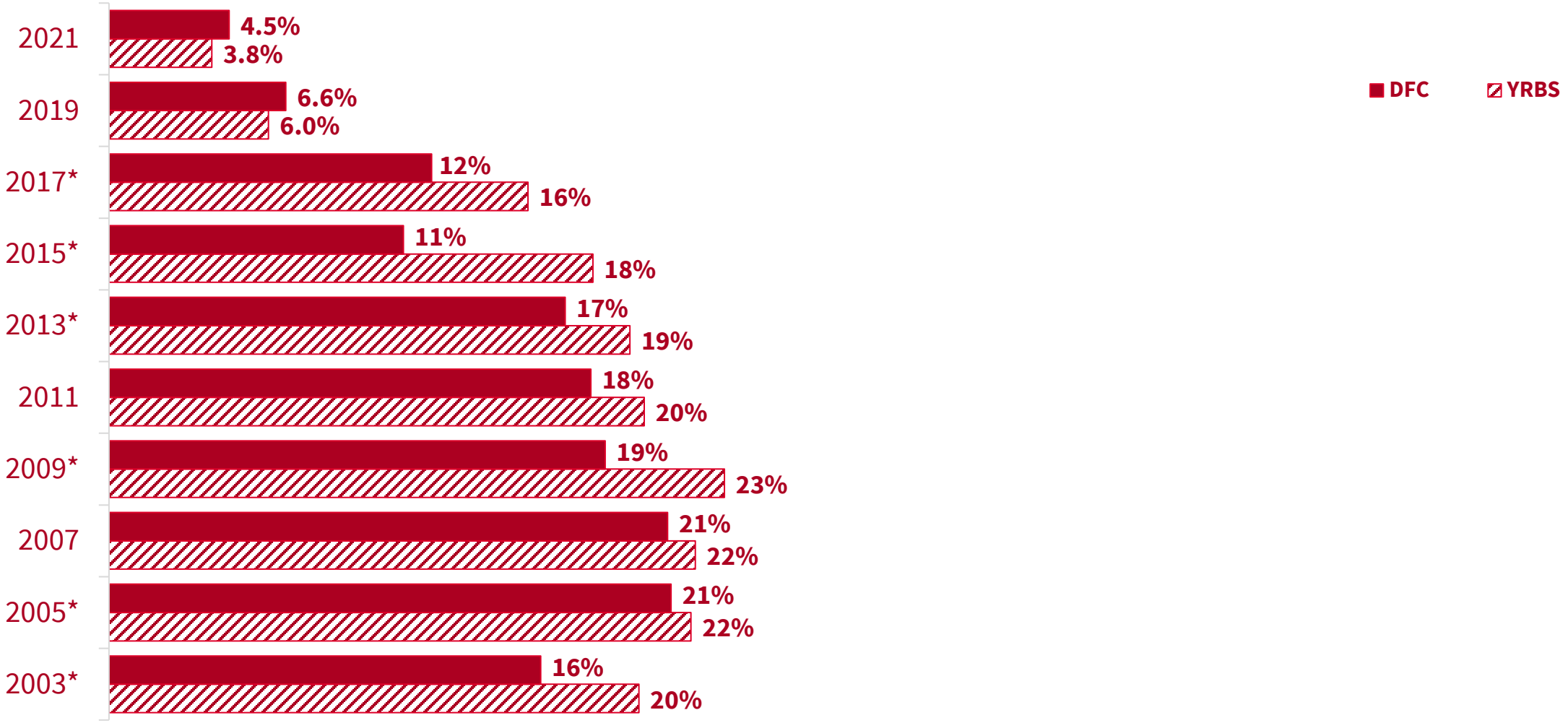

**Source:** DFC Progress Report, 2003–2021 core measures data; CDC 2021 Youth Risk Behavior Survey Data (YRBS) downloaded from https://www.cdc.gov/healthyyouth/data/yrbs/data.htm
**Notes:** Comparisons are between YRBS and DFC data examining confidence intervals for overlap between the two samples;
* indicates $p < .05$ (significant difference)**;** numbers are percentages of youth reporting past 30-day use.

# DFC COMPARISON TO NATIONAL YRBS PAST 30-DAY ALCOHOL USE AMONG HIGH SCHOOL STUDENTS (2003 TO 2021)




**Source:** DFC Progress Report, 2003–2021 core measures data; CDC 2021 Youth Risk Behavior Survey Data (YRBS) downloaded from https://www.cdc.gov/healthyyouth/data/yrbs/data.htm
**Notes:** Comparisons are between YRBS and DFC data examining confidence intervals for overlap between the two samples;
* indicates $p < .05$ (significant difference)**;** numbers are percentages of youth reporting past 30-day use.

# DFC COMPARISON TO NATIONAL YRBS PAST 30-DAY TOBACCO USE AMONG HIGH SCHOOL STUDENTS (2003 TO 2021)

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**Notes:** Comparisons are between YRBS and DFC data examining confidence intervals for overlap between the two samples;
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# The DFC Model is Effective and Has Been Successfully Adopted in Every Possible Community Setting

- Tribal
- Urban
- Rural
- Suburban

**And in communities in the epicenter of the opioid epidemic!**

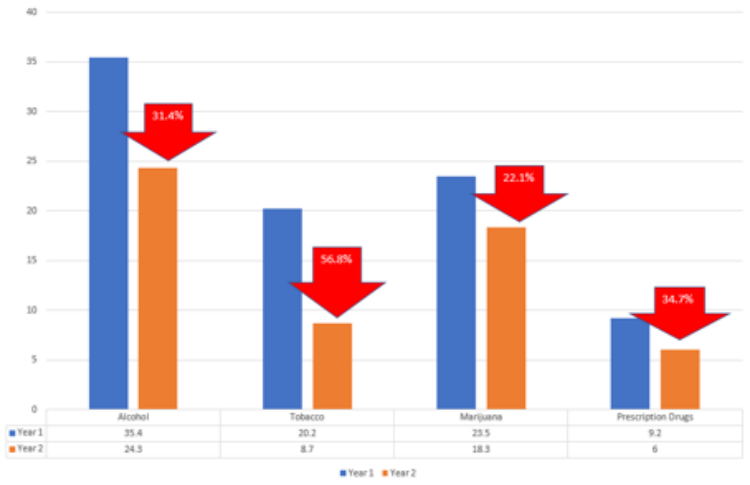
# York, Maine

Drug-Free Communities Program Outcomes

Name: Sally Manninen
Position: Project Coordinator
Org Name: The Choose to Be Healthy Coalition
Special Populations: Not specified

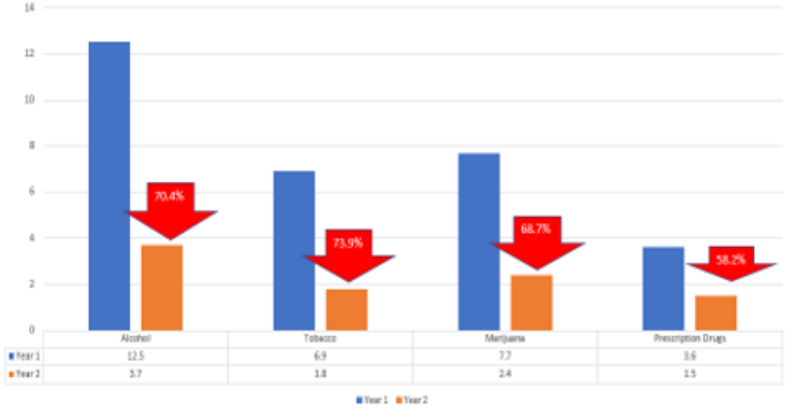
City: York, ME
Phone Number: (207) 351-2655
Email: smanninen@yorkhospital.com
Community Context: Suburban, Rural, Multiple School Districts and Towns

DFC Core Measure Data: Percent Change in Prevalence of Use for Various Substances, High School Students, York, ME




*For Alcohol, Tobacco and Marijuana, Year 1 is 2009 and Year 2 is 2017. **For Prescription Drugs, Year 1 is 2011 and Year 2 is 2017.

DFC Core Measure Data: Percent Change in Prevalence of Use for Various Substances, Middle School Students, York, ME




*For Alcohol, Tobacco and Marijuana, Year 1 is 2009 and Year 2 is 2017. **For Prescription Drugs, Year 1 is 2011 and Year 2 is 2017.

## Strategies Used by CTBH to Decrease Youth Substance Use

Choose To Be Healthy is a multisector coalition serving nine communities in southern York County, Maine.

1. **Providing Information**
- **Website** that receives thousands of visitors on weekly basis, ctbh.org
- **Social media** (Facebook, twitter and Instagram) reaches over 500 on a regular basis, 1000's of people through shares of multiple posts every week
- A bi monthly **electronic newsletter** to 1000+ subscribers
- **Monthly learning opportunities**, now via zoom, on the latest prevention and public health information
- **Mailer** of biannual media campaigns on parenting skills with info and resources on marijuana harm, underage drinking and Rx misuse via postcards sent to all parents

2. **Building Skills**
- Scholarships to webinars and conferences for coalition members. Annual attendance at **CADCA conference** for staff and members.
- Financial support and coordination for school based **prevention curriculum** training and materials including Project Northland, Prime for Life, Search Institute and All Stars.
- Skill trainings for law enforcement, schools, health care providers and youth include: **implementing youth alcohol and drug screenings, motivational interviewing, trauma** and **Drug Identification Trainings**.
- Monthly **Parent Check-In Series** on mental health and substance use reaching 100 people each year.
- **Scholarships for youth** to attend annual state youth leadership conference and **annual CTBH regional conference for youth.**

3. **Providing Support**
- Support to **local youth groups** on youth led projects and "sober friends" healthy alternative activities.
- Coordination of area community health needs assessment as part of public health district.
- Coordination of local food and gift drive for families in need at holidays.

4. **Enhancing Access/Reducing Barriers**
- Creation and coordination of **Regional Law Enforcement Workgroup**, a **marijuana workgroup for town administrations**, and a **Regional School Group** that address issues of restricting or reducing access to alcohol, Rx drugs and marijuana.
- CTBH also helps convene a weekly internal multidisciplinary team at York Hospital to improve **access to prevention, treatment and recovery**.

5. **Changing Consequences (Incentives/Disincentives)**
- CTBH **publicizes and promotes businesses** that do not sell vape products, have done well with compliance checks for alcohol and that have sent their staff to be trained in responsible alcohol seller/server training.
- **Responsible Seller Server training** provided to numerous restaurants and hotels with up to 50 participants per annual session.
- Free expertise and tools to workplaces on **supportive drug free workplace policies** to help prevent underage and over drinking and resources for young people in recovery.

6. **Change Physical Design**
- Collaboration with a local library to create a **Young Adult Reading room** with activities geared for teens who were previously hanging out in the library parking, vaping.
- **Youth led assessment** of the promotion, placement and sales of tobacco and vaping products in stores and best practice recommendations to our towns.
- Supported **placement of signage** at local beaches and parks to help restrict tobacco, alcohol and marijuana use.

7. **Modify and Change Policies**
- **Youth leaders spoke at the state legislature** on prevention policy
- **Technical assistance and policy** templates for local businesses to be tobacco, alcohol and marijuana free.
- **Education of healthcare providers** on importance of implementation of an annual screening process for youth at our hospital.
- CTBH facilitates a **student intervention and reintegration program (SIRP)** two-day education and discussion as an alternative to suspension for alcohol, tobacco or drug use at four of our five school districts.

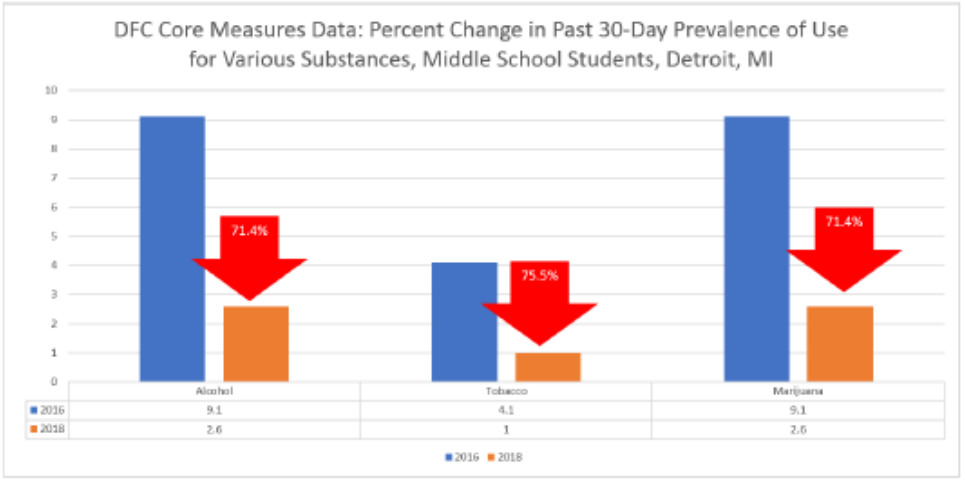
# Detroit, Michigan

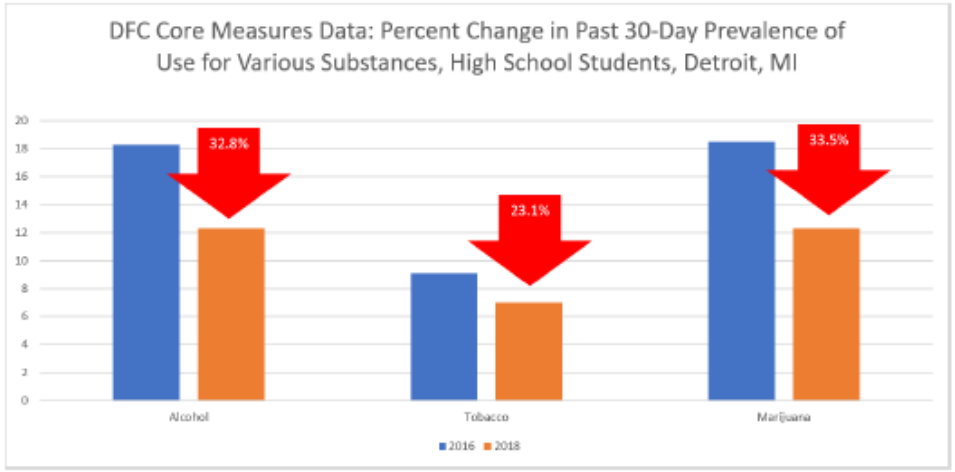
Drug-Free Communities Program Outcomes Love Detroit Prevention Coalition, Detroit, MI


Name: Dr. Grenaé Dudley
Position: Project Director
Org. Name: Love Detroit Prevention Coalition
Special Populations: Black or African-American

City: Detroit, MI
Phone Number: (248) 894-3292
Email: GDudley@theyouthconnection.org

Community Context: Multiple School Districts, Multiple Schools, City, Multiple Neighborhoods



**Love Detroit Prevention Coalition achieved these reductions in youth substance use by implementing all of CADCA's 7 Strategies for Community Change.**

1. Providing Information

- Utilized geo-fencing (setting targeted geographic/demographic areas (i.e., youth aged 10-20 who live in zip code 48234) for mobile phone notifications to target Detroit youth who entered retail establishments that sold alcohol and marijuana and sent prevention messages to their phones.
- Youth generated and collected 6-word prevention stories on alcohol, marijuana and the non- medical use of prescription drugs. The best 6-word stories were placed on billboards with their names highlighted.
- Created text messaging campaigns that sent information to cell phones of youth and adults regarding safe disposal of medications
- Youth conducted annual town halls with Hidden in Plain Site Displays, Narcan Trainings, Skits on Skittles parties, and presentations on alcohol and non-medical use of prescription drugs.
- Our prevention messages are part of our website and social media channel with our city department partners (City of Detroit Health Department and the Detroit Wayne Integrated Health Network).
- Partnered with the City of Detroit Police Department, the City of Detroit Health Department and our Area DEA and Wayne State University Lambda Kappa Sigma Pharmacy fraternity, and WSU Applebaum School of Pharmacy and MPH students, to promote the DEA take back and have placed informational displays at every Detroit Police Precinct. On the take back days our pharmacy students, volunteers and board members staff the tables and answer any questions for those dropping off unused medication.
- Through our college partnership we have hosted the multidisciplinary approach to opioid management for pharmacy, medical, nursing, and social students.
- With the WSU school of pharmacy we launched our "Truth Fairy" Project where students conducted peer to peer presentations "Just Say KNOW" for our middle and high schoolers, sent prevention messages to college students during midterms and finals, and showed up with fairy wings during our Afterschool, back to school off to college fair.
- Our DEA and City of Detroit Health Department provide collateral material for our annual Red Ribbon prevention campaigns. During COVID we created our own video and dropped off red face masks.
- Conducted Key Leaders Round tables sharing the data from Michigan Automated Prescription Service highlighting the number of opioid prescriptions and dosages that were prescribed in targeted areas of Detroit compared to neighboring suburban communities.

2. Building Skills

- Our WSU MPH students and Health Department conducted academic detailing with Detroit Pharmacists and surveyed them regarding Michigan's Naloxone Standing Order and their concerns with signing up and encouraging them to do so.
- Conducted Screening, Brief Intervention and Referral to Treatment (SBIRT) train the trainer sessions for Detroit coalitions, school-based health clinics, all coalition members and community-based organizations,
- Provided Photovoice, environmental scans, leadership, presentation, and general substance abuse prevention training to youth members of our Coalition to empower them to inform their peers and elected officials.
- Each of our sector members have been trained in the administration of Narcan to reverse opioid overdose and 3 of our Coalition members are certified to train others on Narcan administration.

Our coalition provides evidence-based programming (Botvin Lifeskills, Strengthening Families 10-14) in schools, churches, and community-based organizations. One of our sector members is currently the only agency in the USA certified to provide virtual Strengthening Families 10-14 programming during the COVID-19 pandemic.

- Provided Strategic Prevention Framework training to members of our Coalition and the community.

3. Providing Support

- Partnered with the US Drug Enforcement Agency to text links to the DEA's "Secure Your Meds" video to 100,000 Detroit residents that increased viewership.
- Utilized parent and youth-led social media campaigns (powered by geofencing) to promote participation in drug takeback events, distribute information about the harmful effects of substance abuse, and other issues that has resulted in millions of impressions and tens of thousands of clicks to receive more information and/or watch our coproduced videos.
- Worked with 2 other DFC-funded coalitions to develop and put on a DFC Virtual House Party with hundreds of youth submitting videos and learning about the harmful effects of substance misuse.

4. Enhancing Access/Reducing Barriers

- Members of our Coalition data committee along with students from the Masters of Public Health department at Wayne State University have analyzed Michigan Automated Prescription System data to determine opioid use rates, trends, and other information for us to make better-informed programming decisions. Enhancing Access/Reducing Barriers.
- The LDPC has partnered with the US Drug Enforcement Agency, Detroit Police Department, Wayne State University School of Pharmacy, and all other sectors of our Coalition membership to provide displays, promote, and execute drug takeback events at every Detroit police precinct headquarters and several other locations throughout the City of Detroit that has dramatically increased the pounds of pills collected in the City.
- Our Coalition has developed and distributed surveys to both parents and youth in our community that accurately reflects DFC Core measures (past 30-day use of substances, perceptions of harm, risk and parental approval) twice in the past two years. These surveys (results shown above) have allowed us to focus prevention trainings and programming where it's needed most. We've also distributed surveys on parental awareness of non-opioid pain management alternatives.
- Partnered with the US DEA and Detroit Public Schools Community District to host events at 5 schools reaching 335 students. Our materials were translated into Spanish to accommodate students with limited English abilities.
- To date our Coalition has provided Opioid prevention education / Narcan use trainings to over 3,000 Wayne county residents and provided each participant with a kit that includes two doses of Narcan, gloves, and other protective equipment along with a Deterra bag for easy prescription drug disposal. We've continued to provide these trainings to every Detroit Police Department precinct, nursing and pharmacy students, nurses at Detroit Public Schools, restaurant managers and crew members, and churches virtually during the COVID-19 pandemic.

5. Changing Consequences (Incentives/Disincentives)

- Hosted annual tobacco retailer appreciation events with plaques and awards for businesses that pass our annual SYNAR tobacco compliance checks and do not sell tobacco to minors.
- Youth committee made a presentation to the Detroit City Council on ensuring that marijuana billboard advertising in Detroit includes legally-mandated language letting people know that marijuana use is only legal for those 21 years of age in Michigan. Councilmember Scott Benson is currently directing the City of Detroit legal department to investigate the issue with marijuana billboard advertising.

6. Change Physical Design

- Members of our youth committee conducted environmental scans of marijuana dispensaries in our targeted zip codes to determine if they were operating with legal clearances and found a dispensary that was not operating legally. This led to a presentation to City Councilman Scott Benson and the subsequent site visit from the Detroit Building Safety Engineering and Environmental Department that resulted in the dispensary being shut down for good!
- Our Coalition worked in partnership with our local substance use prevention funding agency and all other DFC-funded coalitions in Detroit and Wayne County to develop and distribute door stickers to tobacco retailers who passed our SYNAR inspections and did not sell tobacco to youth during compliance checks. These stickers let everybody in the community know which retailers were not selling tobacco to minors.

7. Modify and Change Policies

- Members of our Coalition were selected to serve on Statewide Committees to revise the Michigan Automated Prescription System (MAPS). Our leadership was able to return zip code searches as part of MAPS (it had been taken out during a recent redesign of the system) and make sure any proposed changes were in line with the needs of stakeholders of the system across the state.
- LDPC leadership worked with Detroit City Councilman Scott Benson to earmark 2% of the excise tax on legal marijuana sales to be used specifically for youth marijuana use prevention programming in Detroit.
- Our coalition's promotion of non-opioid alternatives to pain management led to a change in DEA licensing whereby applicants had to participate in a non-opioid pain management alternatives training (one of which is being presented by one of our pharmacy sector members) in order to receive their license.
- Our multidisciplinary approach to opioid management for pharmacy, medical, nursing, and social students has resulted in this approach being added to WSU pharmacy curriculum.

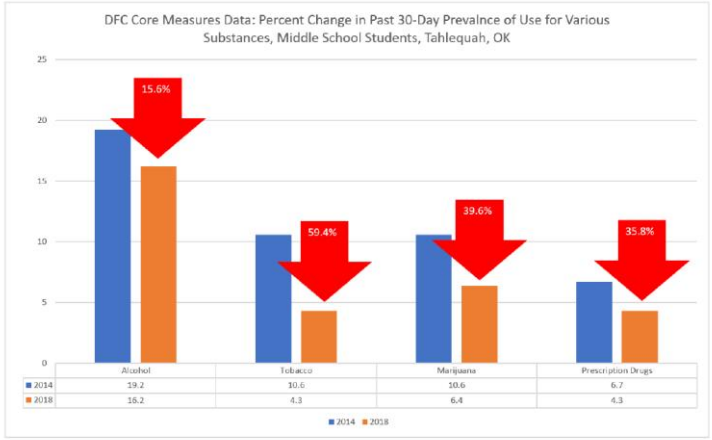
# Cherokee Nation

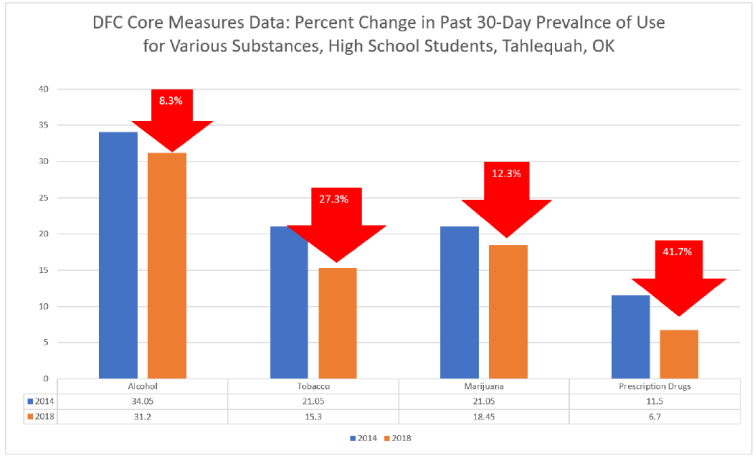
**Drug Free Communities Program Outcomes: Cherokee Nation Coalition Action Network. Tahlequah, OK**


Name: Sam Bradshaw
Position: Project Director
Org. Name: Cherokee Nation Coalition Action Network
**Special Populations: Tribal**

**City: Tahlequah, OK**
Phone Number: (918) 207-4977
Email: sam-bradshaw@cherokee.org

Community Context: Tribal community, Cherokee Nation Reservation


Strategies Used to Decrease Youth Substance Use

Cherokee Nation Coalition Action Network achieved these reductions in youth substance use by implementing all of CADCA's 7 Strategies for Community Change.

1. Providing Information
   - Tribal wide media campaigns to promote protective factors & factual substance misuse data Example: www.thinksmartok.org
   - Utilize presentations, town halls, and listening sessions with entire community to gather input from key stakeholders.
   - Provide data for local community organizations to enhance awareness campaigns.
2. Building Skills
   - Facilitate youth advocacy training & youth empowerment groups
   - Prevention education for middle and high school youth
3. Providing Support
   - Promote implementation of the Oklahoma Prevention Needs Assessment
   - Partnerships with local schools & law enforcements to infuse prevention principles in community events such as promoting pro-social messages at school sporting events, community festivals, etc.
   - Provide training to school faculty related to substance abuse prevention and resources.
   - Provide resources to alcohol vendors for better compliance with underage drinking laws
   - Partnership with local Tobacco Control efforts
4. Enhancing Access/Reducing Barriers
   - Community Rx take back events twice annually
   - Distribution of Rx disposal packets
   - Alcohol vendor compliance checks
5. Changing Consequences (Incentives/Disincentives)
   - Work with schools on access to prevention and cessation for students caught vaping
6. Change Physical Design
   - Alcohol vendor compliance training that includes alcohol marketing content placement and how it impacts youth
   - Installation of permanent Rx drop boxes in community.
7. Modify and Change Policies
   - Work with Cherokee Nation Behavioral Health to adopt a comprehensive approach to opioid crisis through access to medication assisted treatment & recovery services.
   - Presented safe syringe white paper to Cherokee Nation Opioid Advisory Workgroup for consideration.

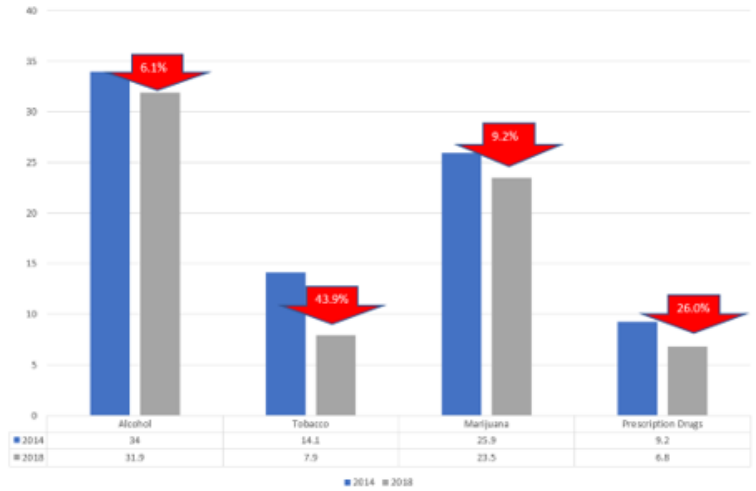
# Washougal, Washington

Drug-Free Communities Program Outcome for Unite! Washougal Community Coalition (WA)

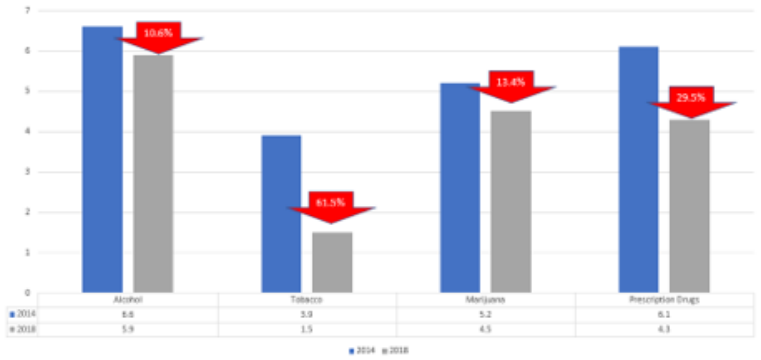
Name: Margaret McCarthy
Position: Project Coordinator
Org Name: Unite! Washougal Community Coalition
**Special populations: Hispanic or Latino; LGBT youth**

**City: Washougal, WA**
Phone Number: (360) 954-3002
Email: margaret.mccarthy@washougalsd.org
Community Context: Suburban, Rural, Multiple School Districts, City, Multiple Neighborhoods, County

DFC Core Measure Data: Percent Change in Past 30-Day Prevalence of Use for Various Substances, High School Students, Washougal, WA




DFC Core Measure Data: Percent Change in Past 30-Day Prevalence of Use for Various Substances, Middle School Students, Washougal, WA




Strategies Used to Decrease Youth Substance Use

Unite! Washougal Community Coalition achieved these reductions in youth substance use by implementing all of CADCA's 7 Strategies for Community Change.

1. Providing Information
   a. Engaged volunteers and community leaders to attend school and community events and reach under-represented sectors with prevention messages and materials. Provided information at back to school nights, open houses curriculum nights and other major community events - If there is an event happening in our community, Unite is there!
   b. Make use of school newsletters, partners' social media and webpages.
   c. Used social media including Facebook, Instagram and Twitter to get prevention messages out to every community sector.
   d. Separate social media campaigns run by youth coalition members to reach their peers.

2. Building Skills
   a. Provided training to members of all 12 community sectors in areas such as strategic planning, grant writing, capacity building, cultural competency, social emotional learning, trauma informed practices, resiliency building, family communication, parenting skills, refusal skills, coping strategies, positive community engagement, alcohol advertising awareness and restricting access
   b. Promoted skill building through evidence-based parenting classes to promote family communication and youth refusal skills.
   c. Promoted leadership and civic engagement skills training for youth to enable them to fully participate in identifying and changing local conditions that promote substance using behaviors.

3. Providing Support
   a. Partnered with other non-profits, individuals, parents and the school district when there are youth and community events to build skills with youth on coping strategies, leadership and to learn about evidence-based programming
   b. Providing support to youth at high risk for substance use
   c. Training to schools and community partners on dealing with trauma and adverse childhood experiences
   d. Provided ongoing support at area middle schools through running youth prevention clubs are engaging in mental health promotion and healthy activities, including virtual fitness and cultural exchange

4. Enhancing Access/Reducing Barriers
   a. Partnered with the DEA, City of Washougal, law enforcement, youth, parents, business, healthcare, youth serving organizations and media to bring a drug take back event to our community, as well as expanded the drug take back event to 8 other communities and 6 locations throughout Southwest Washington
   b. Translated all of our outreach and promotional materials to Spanish and Russian
   c. Conducted annual adult survey on attitudes and perceptions around youth substance use. We make this available in electronic and paper forms in English, Spanish and Russian
   d. Partnered with state, school and local agencies to bring prevention/ intervention specialist into the high school and middle school
   e. Worked with businesses so that the main grocery store locks up all hard liquor, requiring assistance for access and theft reduction

5. Changing Consequences (Incentives/Disincentives)
   a. Youth coalition members did a Community Assessment of Neighborhood Stores (CANS) to determine product placement and advertising of alcohol tobacco, vapes and other drug paraphernalia
   b. Youth coalition members trained other youth on media targeting regarding industry tactics used in advertising alcohol, tobacco and vapes to minors
   c. Formally acknowledged stores that promoted healthy choices and product placement
   d. Provided awards to businesses that promote youth friendly practices and celebrated these businesses in the local paper and through social media

6. Change Physical Design
   a. Worked with local alcohol retailers to change product placement of alcohol especially in relation to youth access and youth friendly products
   b. Worked with retailers to decrease advertising for alcohol, and tobacco products
   c. Worked with WA state liquor and Cannabis control board to help ensure that liquid marijuana products include measurement that indicate serving size to prevent adverse consequences and overdose

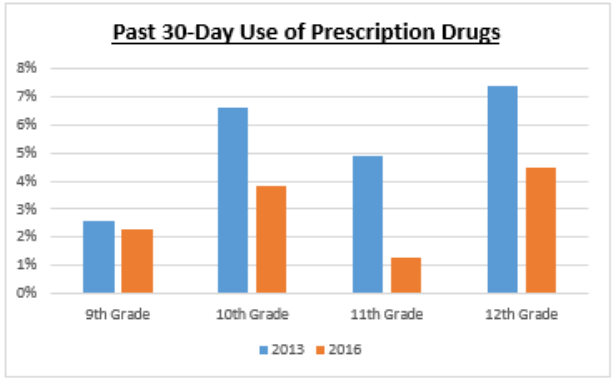
7. Modify and Change Policies
   a. Promoted awareness of vaping when it began and worked with our city to be one of the first communities in WA State to regulate the use of vape products in public
   b. Youth educated the city council about youth marijuana use and perception of harm in our community. Our community has banned marijuana, sales since 2014, while it is legal for over 21 in WA state
   c. Youth worked with principals and school administrators to reduce vaping and provide resources for smoking cessation

# Scioto County, Ohio

## Drug-Free Communities Program Outcome

Name: Lisa Roberts
Position: Program Director
Organization Name: Scioto County Coalition

City: Scioto County, OH
Phone Number: 740-353-5153 ext. 8943
E-mail: Lisa.Roberts@portsmouthoh.org




**Strategies Utilized to Decrease Youth Prescription Drug Use:**

Lisa credits her success to CADCA's National Coalition Academy (NCA), which teaches and trains leaders on the core competencies and essential processes to establish and maintain a highly effective coalition.

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 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.
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 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.
   - 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.
   - Established easy naloxone access under a county protocol allowing for people to get naloxone without a prescription at local pharmacies.
4. Changing 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.
5. 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.
6. Changing 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.
7. 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.
   - Expanded the number of Physicians who are licensed to prescribe Buprenorphine which greatly enhanced access to Medication-Assisted Treatment for opioid use disorders.

# Jackson County, West Virginia

## Drug-Free Communities Program Outcome


Name: Amy Haskins
Position: Program Director
Organization Name: Jackson County Anti-Drug Coalition

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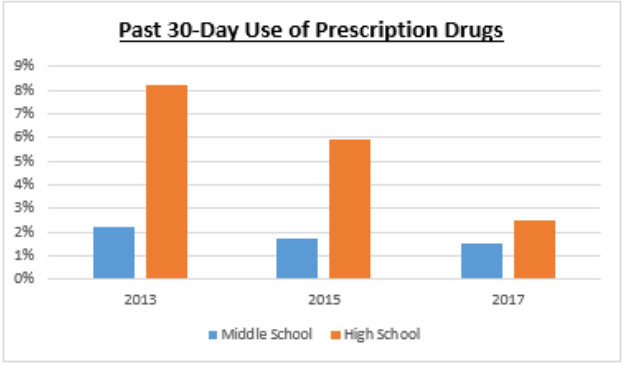


**Strategies Utilized to Decrease Youth Prescription Drug Use:**

1. Provided Information
   - Multifaceted media campaign targeting parents, youth, seniors, providers, businesses, and general public on the dangers of abusing prescription pills; the sharing culture among Appalachia; and how to properly dispose of unwanted medication
   - Utilized newspaper, radio, billboards, window clings, flyers, handouts, church bulletin inserts, social media
2. Enhance Skills
   - Classroom presentations grades 5-12 and Community presentations
   - Pill identification and diversion training for law enforcement as well as for receiving regional incinerators
   - Training on how to use the State Prescription Drug Monitoring Database
   - Substance Abuse in Employees Identification presentations
   - Proper Disposal Presentations for unused/unwanted medications
3. Provide Support
   - Encouragement of access to WV Rx Quitline and development of disposal protocols for permanent drop boxes
   - Mobilization of resources within the community to address local conditions
   - Development of disposal protocols for permanent drop boxes
   - Advocacy and encouragement of use of WV Prescription Drug Monitoring Database
   - Provide information on incinerators to State Offices for purchase of incinerators to be utilized regionally
   - Provide protocols to local law enforcement housing regional incinerators
4. Enhance Access/Reduce Barriers
   - Advocate at state level for local law enforcement to have access to WV State Prescription Drug Monitoring Database and for access to other state monitoring systems (bordering state and Florida)
   - Advocate for state wide incinerators placed regionally
   - Training for school employees on identification of substance abuse
   - Integration of disposal information into regular community communication
   - Static Take Back locations and Regular Disposal Days
5. Change Physical Design
   - Purchase of an incinerator for local law enforcement
6. Modify/Change Policies
   - Development and implementation of policy for static and point in time take backs
   - Advocacy work to mandate use of WV Prescription Drug Monitoring Database
   - Expansion of random drug testing at middle and high schools to include specific Rx drug classes
   - Development of statewide incinerator use policies and procedures for regional incinerators.

# Carter County, Kentucky

## Drug-Free Communities Program Outcome


Name: Shelly Steiner
Position: Program Director
Org. Name: Carter County Drug Free Coalition

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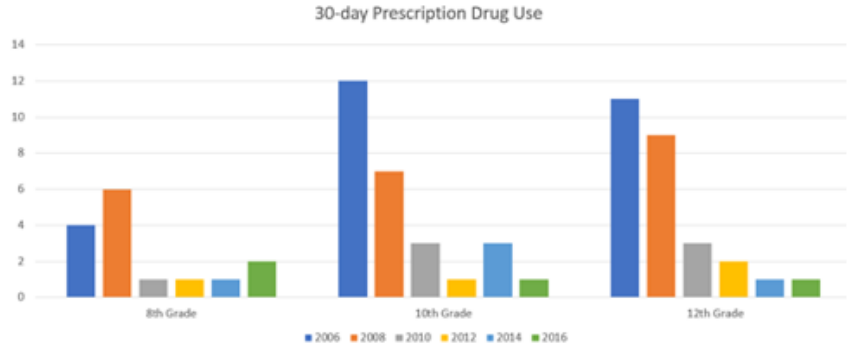
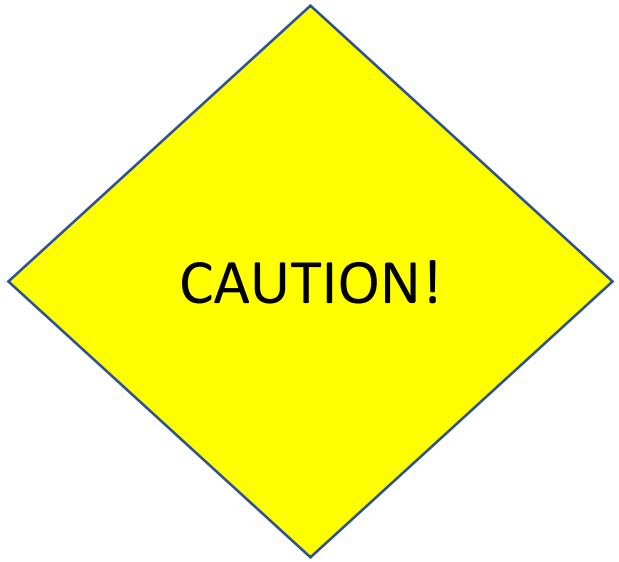
E-mail: shelly.steiner@pathways-ky.org


**Strategies Utilized to Decrease Youth Prescription Drug Use:**

Because of the Carter County Drug Free Coalition's success, college and career readiness scores rose from 23% in 2010 to 76.5% in 2016 and graduation rates for Carter County schools rose from 81.34% in 2011 to 98.8% in 2015. Given these successes, Carter County Schools were awarded a Distinguished District/District of Distinction Award.

1. Providing Information:
   - Providing Information
   - Media Campaigns (Inundated the community)
   - Lock Em' Up and Doctor Shopping initiatives
   - 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
2. Building Skills:
   - Provided training in Teens as Teachers in ATOD training
   - Parent/Guardian/Adult trainings and 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)
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 and provided support for Lifeline Recovery Support Groups
   - Health Professionals Toolkit
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/Dis-incentives)
   - Increased DUI/Drug Suppression Checks
   - Drug Free Workplace Initiative throughout the community
6. Change Physical Design
   - Create a campaign to get people to "lock their meds" and utilized GIS mapping
   - Collaborate with builders and realtors to ensure "Rx Safe Boxes" are installed or available in homes for sale
   - Promote signage at key locations (e.g. pharmacies, doctors, dentists or therapists offices)
7. Modify and Change Policies
   - Pain Clinic Ordinance and Drug Free Workplace Policies




Conflating universal substance use prevention, to stop or delay use, and harm reduction, treatment and/or recovery support can have policy and funding implications for emphasis on and funding for bona fide prevention in policy and funding deliberations.

# Conference FY19 Labor, Health and Human Services Report Language Also Included Every Year Through FY23 Senate Report Language

SUBSTANCE ABUSE PREVENTION

The conferees direct all funding appropriated explicitly for substance abuse prevention purposes both in the Center for Substance Abuse Prevention's PRNS lines as well as the funding from the 20 percent prevention set-aside in the Substance Abuse Prevention and Treatment Block Grant be used only for bona fide substance abuse prevention programs and not for any other purpose.

# Senate FY23 Report Language on Harm Reduction in CSAP After it was Proposed to be Moved  Back There in the President's FY23 Budget Request

Harm Reduction.—The Committee remains supportive of efforts to reduce the risks associated with drug use, specifically through programs that focus on harm reduction strategies. However, harm reduction programs primarily serve individuals already struggling with substance use disorders and should not be considered primary prevention programs. As such, the Committee strongly encourages SAMHSA to ensure harm reduction funding is administered through the Center for Substance Use Services and not through the Center for Substance Use Prevention Services. Accordingly, the Committee recommendation continues to fund the Improving Access to Overdose Treatment, Grants to Prevent Prescription Drug/ Opioid Overdose Related Deaths, and First Responder Training grants within the Center for Substance Use Services PRNS and not within the Center for Substance Use Prevention Services PRNS.

# Recommendations

1. Ensure to use and build on existing state and local capacity and multi-sector coalition infrastructure for substance use prevention.
2. Ensure universal substance use prevention to stop and delay substance use is a priority for funding and investment at all levels of government.
3. Ensure high quality training and technical assistance is built into the system with scale and scope.
4. Ensure sustainability of a permanent universal prevention infrastructure through adequate and continuous funding.
5. Ensure relevant local data sets and core measures are collected over time, from a baseline, for evaluation and to prove outcomes.
6. Universal prevention principles, infrastructures and strategies for substance use prevention can be successfully applied to other behavioral health issues and across the continuum of care BUT should not eclipse or replace bona fide universal substance use prevention.
7. Include sufficient emphasis on the risk factors / community conditions and policies that are specific to substance use.

# Thank You!