

Testimony of Lisa Roberts, RN

**Before the Subcommittee on Healthcare, Benefits, and
Administrative Rules in the House Oversight and Government
Reform Committee**

Local Responses and Resources to Curtail the Opioid Epidemic

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2154 Rayburn House Office Building

Chairman Jordan, Ranking Member Krishnamoorthi and esteemed members of the Subcommittee on Healthcare, Benefits, and Administrative Rules, my name is Lisa Roberts and I am the Coordinator for the Scioto County Drug Action Team Alliance in Scioto County, Ohio.

I have been a public health nurse in Portsmouth (Ohio) for 30 years, which is the county seat of Scioto County and borders Kentucky and West Virginia. It is a part of the Appalachian region that has been seriously impacted by prescription opioids since the mid-1990's. In 2010, my home county (Scioto) was identified by the state health department as having the highest prescription opioid distribution rate in Ohio with the equivalent of 123 opioid pain pills per citizen distributed in the county that year. In 2010, Scioto County also had a fatal overdose rate more than double the state average—the highest in Ohio. Scioto County was also identified as having the highest number of infants being born with Neonatal Abstinence Syndrome or opioid withdrawal at that time. Numerous other health and disease indicators showed the negative impact of prescription opioids on the citizens of Scioto County. And like so many parents, my own child developed an opioid use disorder at a young age following exposure and has struggled for many years to combat and manage this disease. It has been a long and difficult struggle for my family.

In January of 2010, the Scioto County Health Commissioner declared the opioid epidemic in the county a public health emergency and the local health departments formed a coalition to begin to address the opioid epidemic. I became the coalition coordinator for the Scioto County Drug Action Team Alliance (coalition) at that time, and I remain in that role today. With the enhanced training, technical assistance, and programmatic support provided by the Office of National Drug Control Policy (ONDCP) I have been prepared to help the coalition become an effective community change agent. This has led to significant reductions in youth substance use and improved outcomes in our population.

When the coalition first formed, the data that we had to work with primarily involved the adult population as there had been no efforts to survey or monitor adolescent substance use and risky behaviors in the county. There were no coordinated efforts to identify, prevent, or reduce substance use in the population at that time. The newly formed coalition recognized the need to invest in staff development and strategic planning in order to “get upstream” and prevent new initiates to substance use. In 2012, Scioto County was awarded both a Drug Free Communities (DFC) Support Program and a High Intensity Drug Trafficking Area (HIDTA) program from the ONDCP. These two programs have significantly improved the situation in Scioto County by providing comprehensive

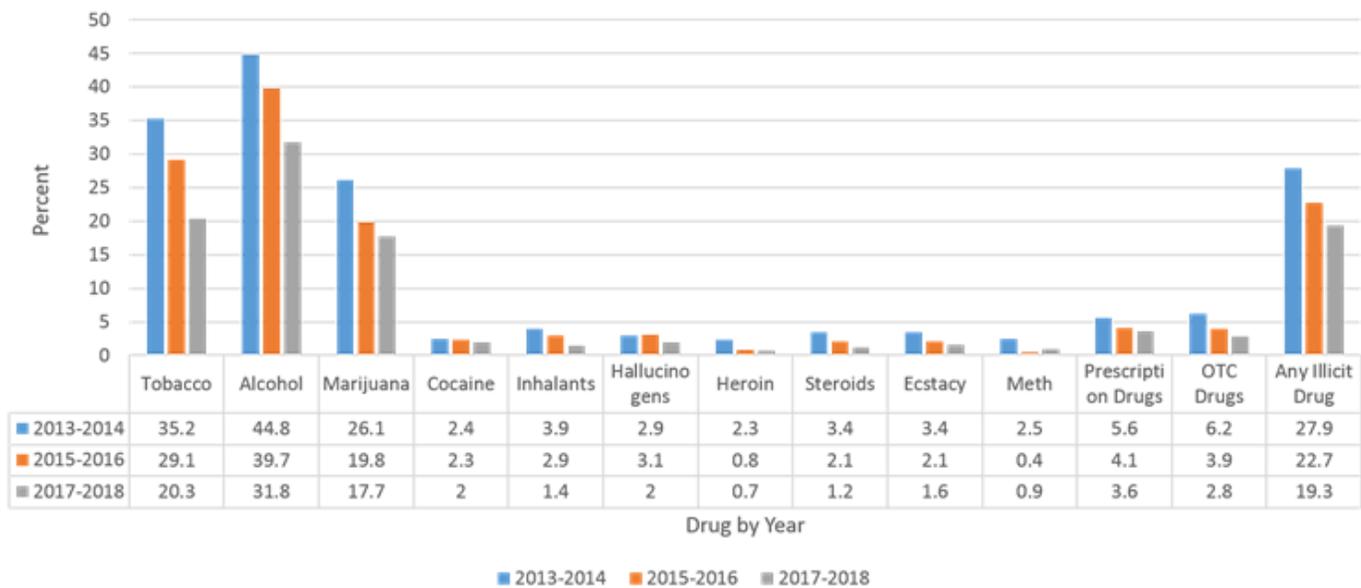
supply and demand reduction strategies to be coordinated and implemented across the community landscape. Law enforcement involvement is required of DFC Coalitions through the mandate of specific Sector Leaders which ensures that essential partners are involved in reducing access and availability of substances throughout the community. Everyone benefits from these community partnerships.

ONDCP has managed the DFC program to be optimally effective and data-driven by establishing one set of core metrics that every grantee must collect and submit to national evaluators every two years. This invaluable national data is used to monitor youth substance use trends across the country and to inform national strategies. Beginning in 2013, the DFC grant allowed us to obtain baseline data for youth substance use in Scioto County for the very first time in history. This data allowed our coalition to plan and implement locally tailored and evidence-based strategies. We are required to collect this information bi-annually to monitor trends and to measure outcomes. Youth surveys have been collected over the 5-year period that DFC has made possible. This comprehensive statistical surveillance has demonstrated continuous and sustained reductions in Scioto County youth substance use in grades 6-12 across the spectrum of alcohol, drugs, and tobacco as illustrated in the following charts:

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



**Percentage of Scioto County youth in grades 7-12 who report using drugs
annually/ by specific drug
Source: DFC Semi-Annual PRIDE Surveys 2013-2018**



I believe that these outcomes are a direct result of the DFC program and the requirement that coalitions go through a year-long Academy conducted by the Community Anti-Drug Coalition Institute which teaches coalition leaders core competencies and essential processes to establish and maintain a highly effective coalition capable of successful outcomes. This Institute training allowed our coalition to increase our capacity to identify and respond to substance use and to collect and use data to design and implement effective strategies. The strategies that we used involved adapting the Seven Strategies for Community Level Change specifically based on our local conditions. These included:

1. Providing Information:

- Educated prescribers and conducted training with Physicians on Ohio's Opioid and Other Controlled Substance Prescribing Guidelines and use of the prescription monitoring program.
- Collaborated with local hospitals to 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.

- Conducted community forums and Town Halls for the public and educated them about the opioid epidemic.

2. Enhancing Skills:

- Implemented a countywide adult and caregiver educational initiative called “Start Talking!” designed to inform parents about prescription and OTC abuse and facilitate conversations with youth about the dangers of prescription drug misuse.
- Implemented youth-led prevention initiatives in 8 school districts.
- Conducted an annual youth-led prevention training for youth and adult DFC Advisors and integrated opioid information into the event.
- Conducted Drug Free Workplace Training for local businesses.

3. Providing Support:

- Collaborated with the CDC Division of Adolescent and School Health on a pilot project for youth at-risk for substance use disorders which 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 local law enforcement in overdose response and continue to provide them with naloxone.
- Established easy naloxone access under a county protocol allowing for people to get naloxone without a prescription at local pharmacies.
- Hosted multiple DATA2000 waiver trainings for licensed prescribers to bolster community access to medications to treat opioid use disorder.

4. Changing Physical Design:

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

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 to respond to fentanyl-induced spikes in overdose.

6. Changing Consequences:

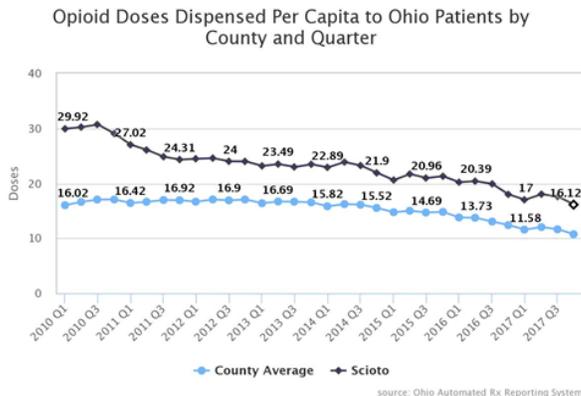
- Collaborated with local law enforcement and the Drug Enforcement Administration on stiffer penalties for criminal over prescribers which resulted in numerous convictions of pill mill operators.
- Worked with Ohio legislators to pass a Good Samaritan Law in 2016 which provides civil immunity to people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

7. Enhancing Access/Reducing Barriers:

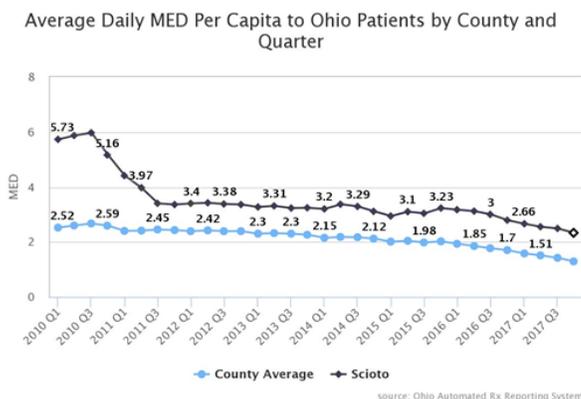
- Expanded access to treatment for opioid use disorder going from only one state-certified addiction treatment center in 2010 to 12 treatment centers in 2017, including 2 Detox Units and a Medical Stabilization Unit at the local hospital. We also established a local “hub” for treatment access called “Recovery Gateway” that case manages clients and streamlines immediate admission to an appropriate treatment program.

- Expanded the number of Physicians who are licensed to prescribe Buprenorphine which greatly enhanced access to Medication-Assisted Treatment for opioid use disorders.
- Established Overdose Response Teams at the local Emergency Department that serve as a conduit to immediate placement for addiction treatment when the client desires.

Secondary outcomes include significant reductions in opioid prescribing including both quantities and strengths of pills—which are now at the lowest point since they have been measured by the prescription monitoring program.

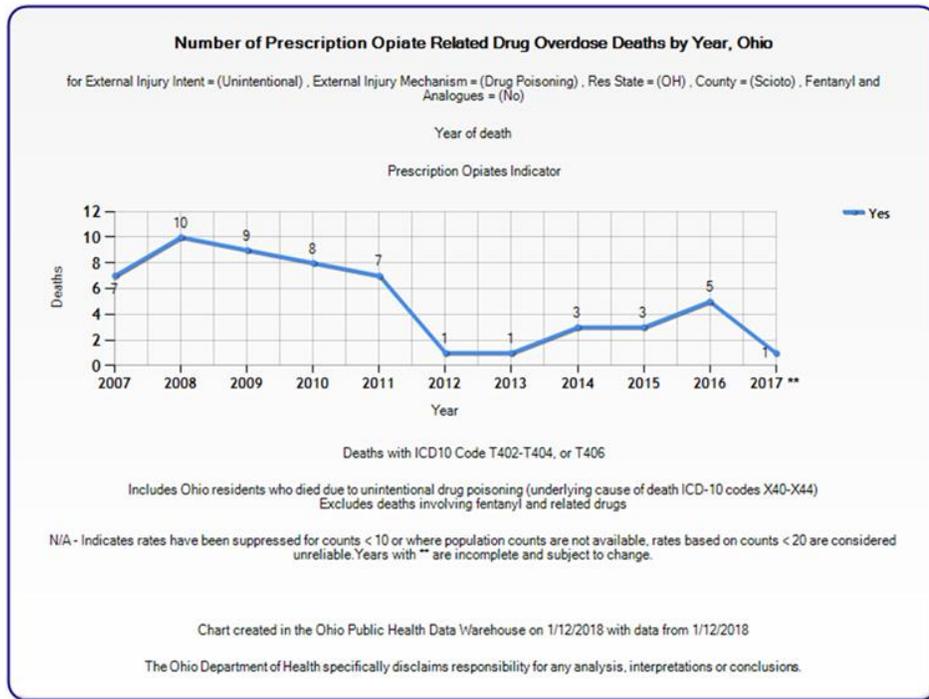


46% decrease in Rx opioids dispensed per capita (quantity)

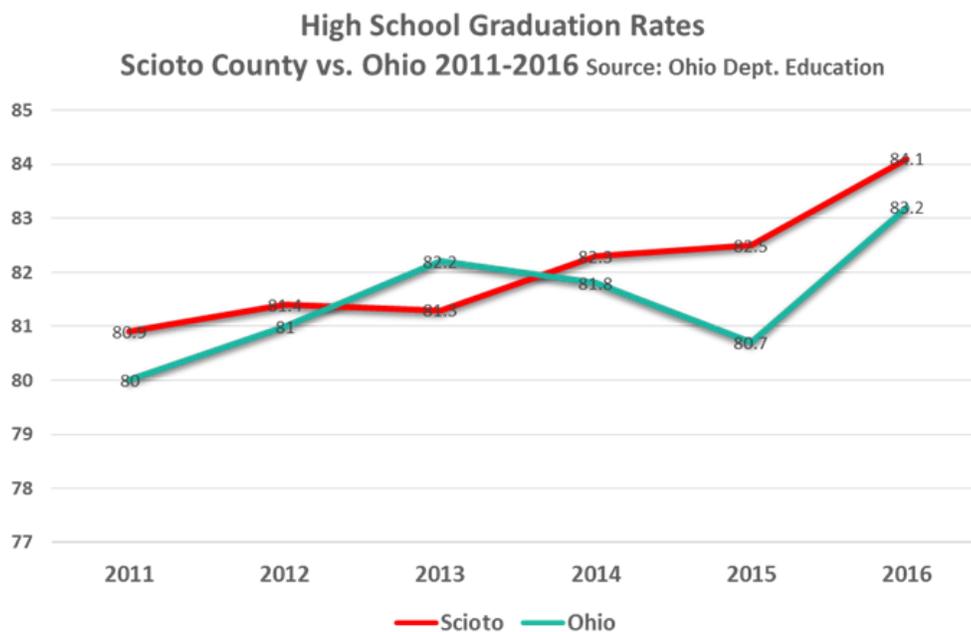


59% decrease in average daily MED per capita (strength)

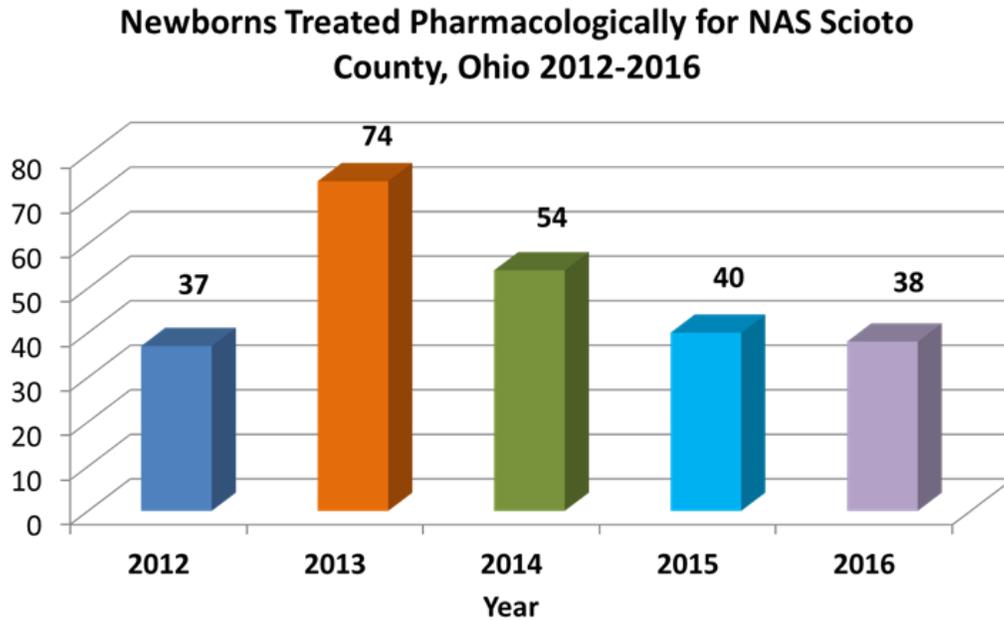
Prescription opioid-related overdose deaths have also declined in Scioto County.



Scioto County's high school graduation rates have improved and are now above the state average.



The number of newborns diagnosed with Neonatal Abstinence Syndrome and requiring pharmacological weaning at birth has steadily declined.



The DFC program has helped my community to address the opioid crisis and invest in long-term planning and strategies that are designed to offset future problems while addressing current problems. As the only federally funded drug prevention program that goes to local communities, it allowed my public health agency to apply for federal support to bolster our ability to address a local public health crisis. Because DFC coalitions must target the entire community and the program offers maximum flexibility based on local conditions, they develop and foster the kind of planning and cooperation in a community that leads to long-term community change and sustained improvements. The DFC program has also

helped us to build a community infrastructure that supports treatment and recovery from addiction, and treatment and recovery supports are accessible to our adult population — in fact, more youth are living in stable homes as a result. The DFC program has also allowed us to expand our local efforts to address adolescent Tobacco, Marijuana, Methamphetamine, and Alcohol use through collaborative interdiction with HIDTA as well as collaborations with local retailers and pharmacies. The DFC program allows us to conduct trainings and outreach with both youth and parents to provide education and support to prevent teen substance use.

DFC funding has allowed our community to come together to work toward a better future for our residents and our children. Through the coalition, members have worked collectively to align programs and services while coordinating efforts that avoid duplication and save money. We have also worked as a team to obtain additional resources to combat substance use and abuse across the lifespan. The DFC investment of \$125,000 annually must be matched by the grantee, but this investment has led to additional funding and resources for our community that we will sustain well into the future and allow us to institutionalize programs and services. The DFC program is the best example I have seen in my professional career of how a small investment of federal funds

can mobilize a great deal of concerted, coordinated, and effective efforts at the community level. The DFC program has also allowed Scioto County to assist other communities that are now dealing with the opioid epidemic. With the 2015 release of the award-winning book "Dreamland-the True Tale of America's Opiate Epidemic" by author Sam Quinones, Portsmouth (Ohio) was cast into the national spotlight as a community that was working hard to overcome the opioid epidemic. Numerous coalition members, including myself, contributed to this best-selling publication that continues to spark a national conversation about the opioid crisis. Consequently, our DFC staff are frequently tapped to assist other communities as they attempt to navigate this burgeoning epidemic. The opioid epidemic continues to be one of the biggest public health challenges our country has ever face, but because of DFC and HIDTA, Scioto County is showing signs of improvement and has lived experience to share with other communities that are just beginning to address it.

Our coalition has been able to vastly expand services to at-risk youth by working with and within local schools and youth-serving organizations to identify at-risk youth and provide targeted services to these children and their families. The coalition has been able to gain additional assistance for at-risk youth through the implementation of comprehensive youth development programs that provide

supportive environments manned by coalition-trained adult leaders. Coalition-sponsored trainings allow for these adults and volunteers to acquire the necessary skills to deliver evidence-based prevention services to the youth they serve.

The coalition is comprised of the DFC-required 12 Sector Leaders and numerous volunteers. All Sector Leaders participate in the Strategic Prevention Framework and ensure successful planning and implementation of the Action Plan. The 12 Sector Leaders include 1.) Youth Sector; 2.) Parent Sector; 3.) Business Sector; 4.) Media Sector; 5.) Youth-Serving Organization Sector; 6.) Law Enforcement Sector; 7.) Religious or Fraternal Organization Sector; 8.) Civic or Volunteer Sector; 9.) Healthcare Professional Sector; 10.) State, Local, Tribal Governmental Agency with Expertise in Substance Abuse; 11.) Other Organization Involved in Reducing Substance Abuse; and 12.) School Sector. All these sectors ensure that the coalition is able to work across the various systems that have the ability to impact substance use and abuse in Scioto County and that the efforts take place within community settings.

In 2013, I and a fellow coalition member graduated from the year-long CADCA National Coalition Institute. The Institute is designed to increase the knowledge, capacity, and accountability of community anti-drug coalitions

throughout the United States and territories. This intensive training taught us how to think strategically to implement community-wide initiatives and to evaluate our outcomes. The products that we were required to produce before completion are designed to ensure that coalition leaders have a knowledge base that can translate into the desired community-level outcomes. The Institute also provides coalitions with ongoing training and technical assistance to immerse coalitions in best practices and essential processes to achieve these community-level outcomes. The Institute helped our coalition to use evaluation processes to measure outcomes and improve coalition performance. In addition, the Institute helped us to think about the future of the coalition beyond the funding period to ensure that its efforts are sustained into the future and that the coalition's work continues to impact future generations.

There remains much stigma associated with addiction and the coalition has been able to lead efforts to reduce stigma in Scioto County. Many people who are in recovery from a substance use disorder are stepping up through coalition-sponsored trainings to become Peer Recovery Coaches which enables them to become recovery-carriers to people who have a substance use disorder. They also frequently gain employment in the substance use prevention and treatment fields and promote positive and healthy behaviors in the population while becoming

productive members of society. The coalition has also been very instrumental in moving substance abuse prevention and treatment towards a more comprehensive public health approach while facilitating the implementation of evidence-based best practices in the prevention and treatment of substance use and addiction. In 2018, Scioto County's own Health Commissioner, a dedicated coalition member, became Board certified in Addiction Treatment and is actively recruiting fellow physicians to respond to the opioid crisis.

America's current drug problems are extremely complex and dynamic. The current opioid epidemic is a prime example of a situation where the problem did not start with a poor choice or a drug dealer—it started with a healthcare system and prescribers but has since evolved into a complex epidemic involving both licit and illicit drugs. ONDCP is uniquely positioned to have a clear and broad understanding of these complexities and how they evolve, and how they can best be addressed through policy and national leadership. This federal government leadership model is so important that many cities and states are already replicating it, with others seeking to establish and implement their own "offices of drug control policy" to better inform policy and laws. In Ohio, Attorney General Mike DeWine has devised a 12-point plan to curb the state's opioid epidemic. One component of this plan calls for the "establishment of a special position reporting

directly to the Governor with Cabinet-level authority, who works every day with the single-minded focus of fighting the opioid epidemic,” which he refers to as the “Drug Czar for Ohio”. The complexities and intricacies of our nation’s drug problems requires that we support an agency that possesses expertise and influence so as to provide leadership and oversight to these important issues. ONDCP has ensured that the focus of the DFC program has stayed true to its mission to prevent substance use in youth and has ensured that the funding for the program goes directly to communities in need. I believe it is critical that the DFC program remain in ONDCP so that this successful model is not disrupted.

In closing, I want to personally thank the all Members of the Committee for allowing me to testify on behalf of the critical importance of reauthorizing the DFC program and ONDCP. It is because of these programs that we have been able to piece by piece improve our community so that future generations of children and families can live safe, healthy and drug-free. Thank you again for the time to speak on this important topic – I am happy to answer any questions you might have.

LISA ROBERTS R.N.

Portsmouth City Health Department
605 Washington St.
Portsmouth, Ohio 45662



Biographical Summary

Lisa is a Registered Nurse who has been employed at the Portsmouth City Health Department since 1989. The City of Portsmouth is located in Scioto County, Ohio which is part of the Appalachian region and closely borders Kentucky and West Virginia.

In January 2010, Lisa helped form the Scioto County Drug Action Team Alliance—a community coalition that serves Scioto County. She assisted Scioto County to receive a High Intensity Drug Trafficking Area (HIDTA) designation in 2011, and also a Drug Free Communities (DFC) Support Program grant from the Office of National Drug Control Policy in 2012. Lisa currently administers the DFC Program in Scioto County, which is now in its sixth year. The DFC program uses a data driven community-based coalition infrastructure to achieve population-level reductions in youth substance use and to decrease demand for substances among the population—complimenting the HIDTA program which addresses supply reduction. The prevention of substance use is critical to stopping the pathway to addiction and overdose, as well as a host of other negative public health outcomes.

The DFC program offers coalition's maximum flexibility to define the community's issues and to develop local solutions that fit the unique needs of the target community. This comprehensive community-based approach has been proven to be effective, and the DFC program has assisted Scioto County to build a county-wide infrastructure to identify and respond to substance use issues leading to major population level reductions in past 30-day use of alcohol, tobacco, marijuana and prescription drugs in 12-to 17-year olds as well as numerous other positive outcomes in the population. The coalition uses a multi-sector approach to ensure that its efforts are strategically planned and widely implemented within the community environment, and it actively collaborates with local, state, and national leaders to seek solutions to the opioid crisis.

Lisa has also worked extensively in the area of opioid misuse and overdose prevention and has piloted multiple projects designed to address overprescribing, accidental drug overdoses, and the harms associated with opioid use disorder. She oversaw Scioto County's first public health overdose prevention pilot program and also initiated Ohio's first community-based naloxone education and distribution program Project DAWN—that has since been widely replicated throughout Ohio resulting in thousands of overdose reversals and saved lives. In 2017, she helped her county gain a federal Rural Health Opioid Program through the Health Resources and Services Administration (HRSA) —one of only ten such programs in the US that will serve as pilot projects and will help inform a national response to the nation's opioid epidemic.